

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in Committee Room 1, County Hall, Morpeth on Tuesday, 3 December 2019 at 1.00pm

PRESENT

Councillor J Watson
(Chair, in the Chair)

COUNCILLORS

E Armstrong
L Bowman
T Cessford

I Hutchinson
K Nisbet
E Simpson

OFFICERS

C Angus
M Bird
C Malone
C McEvoy-Carr

S Nicholson
L Robinson
K Wright

Scrutiny Officer
Senior Democratic Services Officer
Communications Business Partner
Executive Director of Adult Social Care
and Children's Services
Scrutiny Coordinator
Senior Public Health Manager
Strategic Safeguarding Manager

ALSO IN ATTENDANCE

E Fletcher

D Hope
C Kurek
P Mead

B Rosson
A Topping

Cumbria, Northumberland, Tyne and
Wear NHS Foundation Trust
SORTED
Northumberland Recovery Partnership
Independent Chair, Safeguarding Adults
Board
Northumbria Police
NHS Northumberland Clinical
Commissioning Group

One member of the press and two members of the public were also in attendance.

56. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Dungworth, Jones, Moore and Rickerby.

57. MINUTES

RESOLVED that the minutes of the Health and Wellbeing OSC held on 5 November 2019, as circulated, be approved as a correct record and signed by the Chair.

58. FORWARD PLAN OF KEY DECISIONS

Members received the latest Forward Plan of key decisions (enclosed with the official minutes as Appendix A).

RESOLVED that the information be noted.

59. HEALTH AND WELLBEING BOARD - MINUTES

The minutes of the Health and Wellbeing Board meetings held on 12 September and 10 October 2019 were presented for the scrutiny of any issues considered/agreed there (enclosed with the signed minutes as Appendix B).

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

60. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Substance Misuse Update

This report (enclosed with the signed minutes as Appendix C) provided an update on the work undertaken during 2019/20 to reduce the harm caused by substance misuse, which included both drugs and alcohol.

The Senior Public Health Manager introduced the report, of which key details included how one in three people used drugs at some point, whom in society was more likely to most suffer harm as a result, treatment work, challenges being faced including those in rural areas and a 500% increase in the cost of medication; the work of the Drug and Alcohol Steering Group including support for people in Northumberland affected by drugs and alcohol. Another key concern of the police was the impact of County Lines operations, resulting in an increasingly higher purity and greater danger from drugs in circulation.

Other partners involved in addressing substance misuse were also in attendance to answer any questions from members. Detailed discussion then followed of which the key areas of questioning and answers were:

It was clarified that the drug related death rate in Northumberland was higher than the national average but lower than the average for the north east area.

In response to a member's suggestion that current approaches to tackling drug use were

less strict than previously and concerns that drug use was now more readily referred to in conversations, members were advised that rather than just enforcement, the public health approach focused more on addressing the causes of substance misuse and recognising that these were linked to adverse experiences, poor mental health and other issues for which users were also victims. Prosecutions occurred but out of court disposals were being tried which took into account young people's circumstances and helped them access support rather than get sentences.

Members were advised that many people who use drugs would pass through a period of experimentation without experiencing harm. Alcohol had a greater impact than many drugs but remained more socially acceptable and also had a greater impact upon police and healthcare resources in terms of contributing to the costs/harm resulting from antisocial behaviour, crime, social care, hospital admissions/accident and emergency, domestic violence.

In response to a point that young people with problems could turn to their GP rather than drugs, members were advised that some people were not likely to approach their GP if they had depression or other mental health difficulties and it was important to work instead with such young people to improve their life chances through employment and education.

Replying to a question about why targeting the bigger drug dealers was not a more effective tactic, members were informed that much experience showed that a new dealer would replace one removed as there would then be a gap in the market as the demand remained.

A member referred to drugs problems in past generations and the importance of tackling middle level dealers and the problems and impact of drugs in deprived areas. The substance misuse service was doing well and whilst it was not easy to see an end solution, it was important to keep supporting any young people affected.

A member requested that any future report should include the numbers of cases rather than just percentages, which could be more misleading, for example a statistical increase from one person to two would be a 100% increase.

The demand for the substance misuse services continued to outstrip the available resources it had; there was a high level of unmet need for alcohol misuse services.

The cost of buprenorphine had increased from £1 to £17 a tablet and there were limited alternative options. Members expressed concern that companies were making such profit levels on the back of people's addictions. Directors of Public Health were lobbying hard nationally regarding concerns about this increase in medication cost.

It was clarified that harm from rather than use of drugs was higher in more deprived areas. There was a correlation with crime levels, resulting from people breaking the law to pay for drugs. By giving treatment for drug use, crime levels could be reduced as treatment would be used to stabilise people's conditions and move them to other support as required. Psychosocial interventions could also be organised. In other parts of the country services were piloting administering medical grade heroin which could lower the risk of HIV from shared needles and also impact on crime and health levels. The Blue Light Project coordinated services for alcohol and provided service user engagement.

Balance had developed a campaign for influencing adults about their alcohol usage around young people. Work to target alcohol consumption was considerably behind success with tobacco products, such as the introduction of smoke free legislation. Other key initiative included Dry January, Sober October and a campaign about links between alcohol and cancer. It continued to be of concern that alcohol was more harmful than many drugs but did not have the same stigma and also cost the country more. Another concern about alcohol was that often people did not seek support for misuse of it until it was overdue, for example if it led to a family break up or other problems.

All evidence gathered supported the positive impact of the introduction of a minimum unit price for alcohol in Scotland. It had not resulted in more pub closures, but instead reduced consumption of alcohol by people who were drinking it mostly dangerously, for example cheap and strong supermarket cider. Wales and Ireland were also bringing in legislation. Much lobbying in support of this continued.

Ms Robinson, Ms Fletcher, Mr Hope, Ms Kurek, and Mr Bosson were thanked for their contributions and it was then:

RESOLVED that the following be noted:

- (1) the ongoing work undertaken by partners to reduce the harms caused by drugs and alcohol during 2019/20;
- (2) the financial pressures on Northumberland Recovery Partnership; and
- (3) members' comments.

61. REPORT OF THE SAFEGUARDING ADULTS BOARD INDEPENDENT CHAIRPERSON

North Tyneside and Northumberland Safeguarding Adults Annual Report – 2018/19

The report (enclosed with the signed minutes as Appendix D) provided an overview of the work carried out under the multi-agency arrangements for safeguarding adults in 2018/19.

The report was introduced by the independent chair of the Safeguarding Adults Board, who provided an overview of what had gone well and what reflection had taken place and changes would be sought. Other key points during this overview included:

- some areas of threat/for attention during 2018/19: County Lines, crime, sexual exploitation, modern day slavery, domestic abuse and self neglect. An area for improvement was responses to criminal exploitation, which was a new area in terms of how it was systemically delivered
- a new multi agency strategy had been introduced to tackle sexual exploitation
- the learning from two Safeguarding Adults Reviews and work with police, health, probation and social care colleagues to ensure cases were looked at quickly
- further strengthening would be undertaken for work on transitions and early identification of cases of modern day slavery.

In response to questions about the serious case reviews, members were advised that

both Local Authorities involved were not considered high in the number of cases they had to deal with, but there was no complacency and internal learning reviews were undertaken to take from good practice taking place. Members were also given anonymised brief overviews of the two serious case reviews, whose circumstances were very different.

Ms Mead and Ms Wright were thanked for their attendance and it was:

RESOLVED that the report be noted.

62. REPORT OF THE SCRUTINY COORDINATOR

Health and Wellbeing OSC Work Programme

Members considered the work programme/monitoring report for 2019-20 (enclosed with the official minutes as Appendix E).

Members were advised that the Northgate presentation had slipped to January's meeting, and the Berwick update would now be presented to February's meeting.

RESOLVED that the revised work programme be noted.

63. NEXT MEETING

It was noted that the next meeting would take place on Tuesday, 7 January 2020 at 1.00pm.

CHAIR _____

DATE _____