

NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 14 January 2021.

PRESENT

Councillor R.R. Dodd
(Chair, in the Chair)

BOARD MEMBERS

Brown, S.
Dungworth, S.
Firth, R.
Jones, V.
Lothian, J.
Mackey, J. (part)
Mead, P.

McEvoy-Carr, C.
Morgan, E.
Riley, C. (substitute member)
Thompson, D.
Travers, P.
Warrington, J. (substitute member)
Watson, J.

ALSO IN ATTENDANCE

Bridges, A.
Mitcheson, R.

Todd, A.

Head of Communications
Service Director: Transformation
and Integrated Care
Democratic Services Officer

67. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. Briggs, Councillor G. Renner-Thompson, Councillor H.G.H. Sanderson, G. Syers and C. Wardlaw.

68. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 10 December 2020, as circulated, be confirmed and signed by the Chair.

69. ITEMS FOR DISCUSSION

Ch.'s Initials.....

69.1 REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (A copy of the powerpoint presentation has been filed with the signed minutes).

Liz Morgan, Director of Public Health updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland. The presentation covered the following:-

- The weekly case rates across those LA7 had been very similar.
- After the peak of cases across the region the numbers of positive cases were now falling with officers remaining cautiously optimistic that cases would continue to fall.
- The heat map provided identified the spread of COVID positive cases across age bands. Those people over the age of 60 remained the age range most concerned about and most likely to be linked closely to potential hospital admissions.
- Almost every age band was seeing a fall case rates.
- Graphs showing the increase in admissions to hospitals and related cases to deaths were shown. It demonstrated that the increasing number of cases seen in the early part of the month would likely result in an increase in the number of admissions and unfortunately, in an increase number of deaths.
- Confirmation that Hospital Trusts were now experiencing increasing admissions due to COVID and a larger proportion of their patients with COVID needing to stay in hospital.
- Regarding controlling the infection across Northumberland there were now two different tests available; the PCR test and the Lateral flow device (LFD). The PCR tests were used to test people with symptoms and the LFD for those who were displaying no symptoms.
- Support and encouragement was being offered to schools to help with the roll out of rapid testing using the LFD. This would enable children coming back into school to be tested along with weekly testing of staff. This would allow close contacts to remain in school as long as they did not receive a positive test result.
- It was reported primary schools and maintained nursery schools were to commence home testing of staff.
- Domiciliary care staff would also be tested weekly using PCR.
- Regarding targeted community testing, PCR testing was available to book at sites across the county.
- It was noted that a Task and Finish group had been set up to drive forward the delivery of community rapid testing using the LFD's.
- The four wrap around support teams continue to be extremely busy especially the care homes team. There had been reported some significant outbreaks in a few of the care homes and support was being offered to assist. There were concerns that some care home staff may not take up the offer of a vaccination. Work was currently taking place to understand their reasoning behind this.
- The work of the infection prevention and control nurses in supporting care homes was commended.

Ch.'s Initials.....

- It was reported that there were currently 5800 children still within a school setting in the county which equated to about 13.5% of the pupils that would normally be attending.
- Support and guidance continued to be in place for workplaces and businesses. A business information pack had been developed by Northumberland County Council and was being shared and agreed with the Northumbria Local Resilience Forum (LRF) Compliance Cell to provide consistent advice to businesses across the LA7. Specific focus had also been on how to provide support during this new lockdown and responding to complaints, observations and requests for assistance.
- The high-risk individuals, communities and settings group continued to focus on the key principles and was always well attended by all stakeholders.

It was felt that schools were now facing additional pressures following the move to online learning. It was reported that this school closure had seen more children back than the previous time. Schools had to ensure key worker and vulnerable children were safe and socially distanced at school as well as continuing to educate all. A question was raised as to how to ensure those children identified as vulnerable were supported and how to guarantee a school place would be available if they needed it. In response, it was reported that data was collected about how many vulnerable children and key worker children were attending schools. Many professionals were in contact and actively speaking to parents to ensure vulnerable children continued to be where they needed to be, whether that was at home or in a school environment. There was an element of parental choice but officers would help facilitate any child's attendance at school if it was felt right for the individual. Guidance for schools continued to be monitored and updated with officers in dialogue with the DfE. However, the guidance was clear that schools should be open to as many children as needed whether they were deemed as vulnerable or that of key worker children.

RESOLVED that:-

1. the information be noted;
2. the infection rate in Northumberland and current issues, be noted, and
3. comments on the progress of the local COVID 19 Outbreak Prevention and Control Plan be noted.

69.2 COVID 19 Vaccine Roll Out

Rachel Mitcheson, Service Director for Transformation and Integrated Care provided a presentation on the COVID 19 vaccine roll out. (A copy of the powerpoint presentation have been filed with the signed minutes).

The presentation detailed the following:-

- The key communication messages from the NHS regarding the vaccine roll out.
- The excellent response by GPs in delivering the vaccine.
- The confusion surrounding the Government's decision to postpone the second vaccination, which had been expected to be 21 days after receiving the first dose, to allow more people to receive the first dose, but this was now mandatory.
- The different types of vaccine were highlighted with District Nurses now able to vaccinate housebound patients.
- Details on the Astra Zeneca/Oxford Vaccine which had recently been approved for use along with the Moderna Vaccine.

- The rollout specifying the phased priority groups. It was hoped by the end of the week to have vaccinated to vast majority of care homes.
- It was noted that the data flows were being managed tightly nationally.
- It was advised that this was a fast moving programme which was changing daily.
- The Centre of Life had been identified as a Vaccination Centre and it was hoped initial issues regarding people arriving too early for their appointment slot and queuing had been addressed. Starting this week it was also envisaged that the centre would operate under a national booking system.
- It was planned that community pharmacies would come online to support with the Oxford Vaccine. It was also hoped that there may be some capacity within the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) to also help with the rollout.
- The North East and Yorkshire had so far delivered 175,000 vaccines (130,000 delivered by Primary Care). It was reported that we were so far the best performing region in England.
- The excellent feedback being received from those who have received their vaccination.

Following the presentation a number of comments and questions were raised, including:-

- Congratulations to Primary Care for their work so far regarding the roll out of the vaccination.
- Comments on the initial problems that had been reported regarding people arriving too early for their appointments at the Centre of Life.
- Clarification on the immunisation programme and when certain workforces/professional groups could be offered a vaccination. It was confirmed that although the immunisation programme had been established in order to protect those who were at the highest risk from serious illness or death, discussions were taking place regarding further professional groups being included within the programme such as teachers, police and fire and rescue.
- Clarification was also sought as to what was deemed as an at risk group within the priority chart for the vaccine rollout. It was agreed for an answer to this question to be provided to the board member after the meeting.
- It was reported that there was transport available to anyone struggling to get to a vaccination centre with Age UK being commissioned to provide assistance. It was advised that due to the level of uptake GP receptionists were not automatically arranging transport as many family members were able to take relatives to their appointment. However, transport was available to anyone unable to arrange a lift and people had to advise their surgery accordingly.
- It was confirmed that GP surgeries did hold information of those people registered as carers. This list would be used when arranging vaccine appointments. The importance of those people registered as carers identifying themselves to their GP surgery was noted.
- Members were informed of the differences between those deemed as clinically extremely vulnerable and those clinically vulnerable.

RESOLVED that the presentation and comments made be noted.

69.3 Northumberland Strategic Safeguarding Partnership (NSSP) Annual Report April 2019- September 2020

Ch.'s Initials.....

The report provided an overview of the work completed by the NSSP undertaken from April 2019 to September 2020 and was presented by Paula Mead, the Independent Chair, who advised it was a statutory requirement for the Board to produce and publish an Annual Report. (A copy of the report has been filed with the signed minutes as Appendix A).

The report described a range of achievements and progress of the NSSP priorities during the year and highlighted the transition into the Northumberland Strategic Safeguarding Partnership set out in the Children and Social Act 2017 undertaken in June 2019.

The report also highlighted the work of the NSSP during the current coronavirus pandemic to monitor, scrutinise and provide an information sharing opportunity for all partners. The meetings ensured quick identification of risk and actions agreed to mitigate the risks and the development of a Covid-19 performance framework to identify any areas where there was an increase and used this to plan for increased demand post Covid-19.

It was noted that the NSSP also undertook a series of Multi-agency audits. The audits all included a robust action plan and have driven forward change across all partner organisations.

It was also noted that the views of children were captured and incorporated into planning and meetings. In response to a question as to what sort of comments were received back from young children. It was confirmed that in general, they wanted to feel safe, happy, and healthy and to have fun.

The Board thanked Paula for her excellent report and the achievements of the NSSP during the last 18 months.

RESOLVED that the report be received for information.

69.4 North Tyneside and Northumberland Safeguarding Adults Annual Report – 2019/20

The report provided an overview of the work carried out under the multi-agency arrangements for safeguarding adults in 2019/20 and was introduced by Paula Mead, the Independent Chair, who advised it was a statutory requirement for the Board to produce and publish an Annual Report. (A copy of the report has been filed with the signed minutes as Appendix B).

The Committee was advised that the multi-agency arrangements ensured that all partners worked together in a coordinated way to safeguard adults. There had been an increase in reports of concern and safeguarding enquiries over the reporting period, which the Board had been pleased to note as it meant that people were coming forward. The cases had mostly involved physical abuse with some neglect and financial abuse also being reported.

Achievements over the period were highlighted including the further development of the joint Children's and Adults MASH, which was unusual as these were usually separate entities, with a CNTW representative also now involved.

During the pandemic the key message to partners had been that safeguarding still applied, in fact probably more so, with meetings being held regularly. It was reported that there had been one serious case review. A number of cases which had been referred did not meet the statutory requirements for a review however; the learning from these had been disseminated to staff.

Regarding future Councillor training it was suggested that safeguarding training be mandatory for all County Councillors.

The Board thanked Paula for her excellent report the achievements of the Adults Safeguarding Board.

RESOLVED that the report be noted.

69.5 COMMUNICATIONS AND ENGAGEMENT

Ann Bridges, Head of Communications gave a communications and engagement update (a copy of the powerpoint slides have been filed with the signed minutes).

The update included:-

- The changing of measures from tier restrictions to a full lockdown and the excellent work of the team to ensure the correct measures were being relayed to the public.
- There was continued work being carried out with the national message around lockdown.
- There had been some frustration from the public towards the new full lockdown.
- There had been reports of people finding loopholes to avoid restrictions.
- Information provided by partners on vaccination was being shared.
- It was being emphasised that patients needed to wait until they had been contacted for their vaccination appointment.
- It was reported that it was not just the local beauty spots that had seen a rise in the number of visitors recently. There had been reports of people travelling to go sledging or access beaches not deemed local to their area. It was advised that the 'stay local' message was being advertised and digital signage used to further reinforce the 'stay local' message.
- Work continued supporting the wraparound groups.
- Messages regarding the Northumberland Communities Together Hub, free school meals, remote learning and business grants had been generated.
- There were detailed weekly briefings to Elected Members.
- There was targeted work being carried out in Haltwhistle and Berwick following local outbreaks.
- 51 Community Champions had been recruited and work was ongoing to build upon this further.
- Examples of the updated radio, TV and signage being used to get the updated messages out to the public were shown to members.
- The continued excellent partnership work and support being offered to healthcare partners.

Ch.'s Initials.....

- Wider behavioural insight work would be carried out in the LA7 and Teeside. Also targeted work was going to take place regarding people who were anxious or had concerns about the COVID vaccination, particularly those who worked within a care setting.

RESOLVED that the information provided within the presentation be noted.

70. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members were presented with the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix C).

RESOLVED that the forward plan be noted.

71. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 11 February 2021 at 10.00 a.m.

CHAIRMAN _____

DATE _____

Ch.'s Initials.....