

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 12 January 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	Pattison, W.
Blair, A.	Reiter, G.
Boyack, J.	Sanderson, H.G.H.
Bradley, N.	Simpson, L.
Ice-ton, A. (substitute)	Syers, G.
McCartney, S.	Snowdon, H.
Mead, P.	Taylor, M.
Mitcheson, R.	Watson, J.
Nugent, D. (substitute)	Wardlaw, C.
O'Neill, G. (substitute)	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
A. Johnson	North East & North Cumbria Integrated Care Board
K Wright	Senior Manager – Safeguarding Adults

124. APOLOGIES FOR ABSENCE

Apologies for absence were received from M. Hall, S. Lamb, L. Morgan, and Councillor G. Renner-Thompson and D. Thompson.

125. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 8 December 2022, as circulated, be confirmed as a true record and signed by the Chair.

126. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT (MARCH 2021-APRIL 2022)

Members received the Child Death Overview Panel (CDOP) Annual Report and a presentation from Alison Johnson, Designated Nurse Safeguarding Children, North East & North Cumbria Integrated Care Board.

Alison Johnson raised the following key points:-

- The role of the Panel included
 - review the death of every child normally resident in the area regardless of where death occurred. The report on all children whose deaths had been reviewed in 2021/22 regardless of the year in which they died.
 - There was a statutory duty to scrutinise each case and challenge the agencies involved to enhance learning and improve service delivery and patient experience.
 - Determining the contributory and modifiable factors and make recommendations to all relevant organisations.
- The total number of death notifications for Northumberland in 2021/22 was 19 in comparison to 16 in 2020/21 with 10 being reviewed. Circumstances such as police procedures may delay the review of a death. In six cases, modifiable factors were identified.
- Modifiable factors identified included
 - Parental smoking, missed immunisations, delays in diagnosis, maternal obesity during pregnancy, unsafe sleeping arrangements, and failure to recognise vulnerability in young people.
- The Designated Nurse Safeguarding Children would be informed of any themes and modifiable factors relating to the review of the death of a Northumberland child in order to share these with appropriate organisations.

The following comments were made:-

- There appeared to be an increase in male deaths, however, it was difficult to identify any trend with such small numbers and only over a two year period.
- There was an increasing trend to include the deaths of very premature children who would not have survived as well as still births at term. It was important to consider delineating between the two, whilst it did not diminish the tragedy for families of the first.
- It was noted that the governance of the CDOP annual report formerly lay with the Safeguarding Partnership and now lay with the Health & Wellbeing Board. This was important to note in relation to the modifiable factors that these needed to be explicitly taken on by the Health & Wellbeing Board.
- The reviews undertaken by the CDOP were looked at as isolated events whereas there was a need to consider whether there were clusters in particular communities and modifiable factors such as smoking. This could be taken into family hubs.
- Health Visitors did a comprehensive assessment commencing in the ante natal period and a home environment assessment was built into this working with parents about sleep habits and risk factors. Action plans were built into the assessment process.
- The CDOP report had been shared with the Tobacco Partnership.

Ch.'s Initials.....

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- The Registrar service was based within Family Hubs in Northumberland and holistic, wraparound service could be offered for bereaved families.
- Child immunisation rates in Northumberland had always been good and above the national average.
- Parents were informed that their child's case was being reviewed but not about any modifiable factors which were identified.
- It was important that all Members should take this report back to their organisations to ensure that they were working to the best of their ability regarding children and young people.

RESOLVED that the report and presentation be received.

**127. NORTHUMBERLAND CHILDREN AND ADULTS SAFEGUARDING PARTNERSHIP (NCASAP) ANNUAL REPORT SEPTEMBER 2021 – AUGUST 2022
SAFEGUARDING CHILDREN IN NORTHUMBERLAND**

Graham Reiter, Service Director Children's Social Care and Interim DCS, reported that the Children and Adult Safeguarding Partnerships were to be integrated into one Partnership from April 2023. It was felt that the Partnerships could be integrated to enhance learning, streamlining and working more efficiently.

Members received a report setting out Northumberland's multi-agency safeguarding arrangements for children and young people. The purpose of the report was to ensure transparency for children, families and practitioners about the activity agencies have undertaken and how effective these arrangements had been in practice. The report was presented by Paula Mead, NCASP Independent Safeguarding Scrutiny and Assurance Chair.

Paula Mead raised the following key issues:-

- The conclusion of the report was that Northumberland was working effectively and the Partnership was an effective Safeguarding Partnership. There was a great deal of goodwill amongst partners to be open and transparent to ensure that children and young people's welfare was at the heart of what was done.
- Improvements over the period included work around the voice of the child, particularly for vulnerable children.
- There were a number of priorities which would be reviewed over the next few months. These included:
 - The impact of Covid-19
 - Mental Health, suicide, self-harm, social media impact/bullying
 - Neglect
 - Safeguarding children under one year old including non-accidental head injuries and co-sleeping.
 - Impact of domestic violence on children including child to parent violence and abuse.

- Harmful sexual behaviour.
- Local Children Safeguarding Practice Reviews had replaced Serious Case Reviews although the purpose was the same. The process had changed as these were rapid reviews. Reviews held over the last year included child suicide, neglect and domestic homicide.
- It was believed that the Northumberland Partnership had worked well and met its statutory duties and delivered safe and effective services to safeguard children. There was also evidence of improvements over the last year.

The following comments were made:-

- Staff visiting homes in a professional capacity were trained to identify potential issue and to know how to refer the problem on to the appropriate organisation.
- Northumbria Police had been invited to comment on the report and it was noted that it had a dedicated Safeguarding Department to support the Safeguarding Boards, young children and vulnerable adults. Safeguarding 'was everybody's business', and all police officers were trained to recognise vulnerabilities and safeguarding concerns.
- It was important to note that it was a strength of the Partnership that every partner organisation was open to challenge

RESOLVED that the contents of the report be noted.

128. NORTH TYNESIDE AND NORTHUMBERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22

Members received an overview of the work carried out under the multi-agency arrangements for safeguarding adults during 2021/22. The report was presented by Karen Wright, Senior Manager, Safeguarding Adults.

Karen Wright raised the following key points:-

- Northumberland had experienced a 38% increase in safeguarding concerns and a 6% rise in safeguarding enquiries in 2021/22. The main location of abuse had been within the home but there had also been an increase in reports relating to nursing and care homes.
- There had been surges in activity relating to Covid including self-neglect, isolation, domestic violence and mental health issues.
- There had been a focus on understanding the impact of the pandemic on local safeguarding activity enabling a response to changing safeguarding needs, identifying lessons learnt and informing future planning and priorities.
- The MASH (Multi-Agency Safeguarding Hub) had been extremely effective in providing a multi-agency response in Northumberland and enable quick action in responding to safeguarding concerns.

- Key strategic priorities outlined in the report would be revised with the integration of the Children and Adults' Boards, however, there would still be some focus on Children or Adults only themes.
- Much of the work done in Northumberland had been recognised as good practice nationally.
- In the previous Annual Report, the increase in domestic abuse had been of significant concern. The increase had continued this year but at a lower rate. This was a concern for both the Children and Adult Boards and it was expected to continue under the joint arrangements.
- Regarding criminal exploitation, there was a delivery plan to increase community awareness.
- It was always a priority to make safeguarding personal. Adults at risk were asked what they wanted to happen and achieving those outcomes. It was hoped to involve adults at risk more in the working of the Board going forward.
- There had been no safeguarding adult reviews in the last year under the criteria but two learning reviews had been commenced. A recent joint review with the Children's Board had resulted in significant learning.
- In addition to the integration with the Children's Safeguarding Board, it had also been decided to separate from the joint arrangements with North Tyneside and to operate with a more place-based focus.

The following comments were made:-

- It was confirmed that there was voluntary sector representation in the wider partnership. The membership of all the sub groups was being reviewed as part of the new structure to ensure that bodies were represented on the groups most relevant to them.
- There was a safeguarding adults training programme and lots of guidance documents regarding self-neglect. An animation had been recently produced aimed at the public and volunteers. These were available on the Safeguarding Adults website.
- The wider governance was being looked at to streamline and maximise the work as there were so many different governance oversight arrangements. It was aimed to keep developing and evolving, to avoid unnecessary duplication and be more effective.

RESOLVED that the contents of the report be noted.

129. BETTER CARE FUND AND THE ADULT SOCIAL CARE DISCHARGE FUND

Members received a report seeking endorsement of plans for the use of funding received through the Better Care Fund (BCF), including £2.6m of additional funding intended to support discharge from hospital during the winter months. The report was presented by Neil Bradley, Director of Adult Services and Rachel Mitcheson, Director of Place and Integrated Services – Northumberland.

Neil Bradley explained that the guidance for the submission of the plan for Better Care Fund had not been published until late July with a requirement to submit the plan by 26 September 2022. It had not been possible to seek approval by the Health & Wellbeing Board. Details of further funding, Adult Social Care Discharge Fund, had been published in November 2022. As it had not been possible to seek approval by the Health & Wellbeing Board before submitting plans, the Board was now being asked for ratification.

The BCF funding was recurrent funding whereas the Discharge Fund had to be spent within the financial year. From the Local Authority point of view much of the BCF funding went into domiciliary care services. Funding had also been put into the hospital discharge team which had been able to grow substantially. Appendix 1 of the report outlined expenditure in the BCF plan for 2022/23 and was entrenched in core services. Funding was split into three areas:-

- Core funding via the ICB
- The improved BCF which came direct to the County Council, although there was a requirement to consult with the ICB as to how this funding was used.
- ICB's own part of the BCF which was predominantly allocated to community services

Regarding the Adult Social Care Discharge Fund, time had been limited to make plans to use this funding effectively. Capacity of the workforce was currently the biggest problem within social care along with the very short timescale available to use the funding. Schemes had been identified which it was hoped would be able to make use of the funding over the next three months. The following had been identified:-

- Bringing forward the Living Wage pay award to carers working in domiciliary care and residential and nursing care. It was hoped that this would stem the flow of workers out of this sector.
- More flexible solutions for domiciliary care support which would bring together different groups of carers and residents to offer a more flexible service. Live in carers may be possible where there were transport difficulties.
- Equipment including specialist beds could be provided to help get people out of hospital, thereby freeing up beds.
- Some beds in care homes had been block booked along with some out of area dementia beds.
- Premium payments to care homes offering rapid discharge
- Short term support service – extend into overnight care for patients on discharge from hospital. There would be no new recruitment, but overtime would be offered to existing staff.

The following comments were made:-

- Northumberland Communities Together was the main interface with the voluntary sector in relation to the hospital discharge schemes and in

mainstream community provision. There was an existing problem with the provision of care with a number of packages of care which could not be met.

- Healthwatch welcomed the proposals and addressed issues which people had come to it about. Communication with patients, families and the community sector remained a big issue.
- Work was being done around virtual wards. It was aimed to get people home from hospital and into their own environments and was a clinical model.
- The impact of the wage increase was uncertain, but it was a route taken in many other areas across the country. Regarding the bulk buying of beds, there was an argument to favour bulk buying beds for intermediate care. The ICB may be asked whether the intermediate bed provision was right to deal with the scale of the problem.

RESOLVED that

- (1) the main contents of the Better Care Fund Plan for 2022/23 as set out in Section 1 of the background to the report be endorsed.
- (2) The contents of the additional plan submitted to the Department of Health and Social Care for the use of the Adult Social Care Discharge Fund during the current winter as set out in Section 2 of the background of this report be endorsed.

130. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings; the latest version is enclosed.

Councillor H.G.H. Sanderson requested that a report be submitted to the March meeting outlining the situation in Northumberland regarding GP appointments, waiting lists, ambulance response time etc.

131. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 9 March 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____