

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a remote meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held on Tuesday, 12 January 2021 at 1.00pm

PRESENT

Councillor J. Beynon
(Chair, in the Chair)

COUNCILLORS

Armstrong, E.
Bowman, L.
Cessford, T.
Dungworth, S.
Hutchinson, J. I.

Lawrie, R.
Nisbet, K.
Rickerby, L.J.
Simpson, E.
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CABINET MEMBER

Jones, V.

Adults Wellbeing

OFFICERS

Angus, C.
Brooks, P.

Little, L.
McEvoy-Carr, C.

Taylor, M.

Wright, K.

Scrutiny Officer
Service Lead – Northumberland
Communities Together Hub
Senior Democratic Services Officer
Executive Director Adult Social Care and
Children’s Services
Director, Business Development &
Communities
Senior Manager - Safeguarding Adults

ALSO IN ATTENDANCE

Mead, P.

Independent Chair, North Tyneside and
Northumberland Safeguarding Adults
Board

Mitcheson, R.
Nugent, D.
Railton, T.

Healthwatch Northumberland
Cumbria Northumberland and Tyne &
Wear NHS Foundation (CNTW)

135. MINUTES

RESOLVED that the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on Tuesday 2 December 2020, be approved as a correct record and signed by the Chair.

136. FORWARD PLAN

The latest Forward Plan of key decisions (attached to the signed minutes as **Appendix A**) were received. The Scrutiny Officer advised that the Corporate Services and Economic Growth Overview and Scrutiny Committee would consider a report on the Council's Budget 2021-22 and Medium Term Financial Plan 2021-24 at their meeting on 8 February 2021 to which all Scrutiny Members were invited. Any Members wishing to attend should advise the Chair, Councillor Bawn, to ensure that invitations were issued to the virtual meeting.

RESOLVED that the information be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

137. NORTH TYNESIDE AND NORTHUMBERLAND SAFEGUARDING ADULTS ANNUAL REPORT 2019-20

The report (attached as **Appendix B** to the signed minutes) 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.

The Committee was advised that the multi-agency arrangements ensure that all partners worked together in a coordinated way to safeguard adults who were at risk and those organisations who had a duty to safeguard and protect adults were all represented. 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 majority of cases investigated had occurred in people's own homes, however some had taken place within a care setting. 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 a unique model as these were usually separate entities, with a CNTW representative also now involved. The use of the Herbert Protocol had now been introduced which prepared information regarding vulnerable adults, so that if they went missing all information was on record and could be given quickly to the Police.

The four main priorities were outlined as follows :

- Transitions – to manage the arrangements for vulnerable young people moving to adult services from children's services

- Early identification of domestic abuse – the Police were now reporting more incidents of domestic abuse and violence since lockdown.
- Criminal Exploitation – an inspection had found that whilst Northumberland had a good understanding of sexual exploitation, more work had been required around criminal exploitation of both young people and vulnerable older people and work on the processing and gathering intelligence had led to improvements being made.
- Embedded Safeguarding – to ensure that everyone was engaged.

During Covid lockdown the key message to partners had been that safeguarding still applied, in fact probably more so, with multi agency leads meetings being held weekly, then fortnightly followed by monthly to gain assurances from them. A Covid risk register was compiled to identify and manage risk and, after it was found that there was a duplication of resources, this was joined with children's services as many of the same officers were involved with both, and it had been found to work well.

There had been one serious case review, with 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.

In response to questions from Members it was clarified that there was a clear procedure in place on when to override consent to referral, i.e. if the individual lacked the mental capacity to make the decision; if it was in the public interest or the individual would be a risk to others or if it was felt that the individual was acting under coercion or was under the control of another person. Any decision would be fully documented and would be explained to the individual. In respect of alcohol abuse evidence suggested that it was now the over 50's who were more dependent on alcohol with younger people being more likely to be dependent on drugs. There had been a lot of work undertaken, following concerns by Public Health England and the CCG on the prevention of suicide.

The Committee thanked Paula for her excellent report.

RESOLVED that the report be noted.

139. COVID VACCINE

A presentation which provided details of the Covid Vaccine was provided by Rachel Mitcheson, Service Director for Transformation and Integrated care and Elizabeth Morgan, Director of Public Health. A copy of the presentation would be filed with the signed minutes and be uploaded to the Council's website.

Members were advised of the excellent response by GPs in delivering the vaccine to patients aged over 80 along with residents and staff of care homes within Northumberland from 15 December 2020, across 10 sites in the County and the reasons why these sites had been chosen. Details of other locations along with the categories of people who were eligible to receive the vaccine at the current time were also outlined. There had been some 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.

In relation to the push to vaccinate teachers, it was clarified that the vaccine was being provided to individuals based on clinical risk with age being the biggest risk. Some teachers would fall into the clinical priority groups identified by the Government as being more at risk.

D Nugent, Healthwatch, thanked both Officers for their presentation and the information provided which had gone some way to addressing some of the issues which Healthwatch had heard from residents, and she highlighted the need for continuing and varied communication. There was a lot of uncertainty surrounding the vaccination programme and it was very important to have good communication going forward. Issues which had been brought to Healthwatch had been surrounding when and where would people be vaccinated and how would they get there. Healthwatch had prepared some materials about being prepared, such as ensuring patients' details were current and up to date with GP surgeries and to think about how they would get to the relevant location if they did not have their own transport, which was particularly relevant to the over 75's especially in rural areas. The greater use of local centres would allay some fears surrounding travel, however more options being available for travel would allow a better take up of the vaccination, especially when last minute appointments were offered. She questioned what Healthwatch could do to alleviate some of the uncertainties and maintain the momentum of the vaccine programme.

In response to questions from the Committee the following information was provided:

- Initially it had not been possible for the trays of the Pfizer vaccines to be split, however with the co-operation of the GPs it had been possible for some to be transported to care homes. The initial vaccines had a short shelf life and the distribution of these had been logistically challenging. The roll out of the Oxford/AstraZeneca vaccine was now allowing vaccinations to be provided to the housebound by District Nurses.
- Government advice would need to be provided on when areas could move through the different groups to be vaccinated.
- The different vaccines could not be mixed.
- As part of the Covid regulations and guidance, Local Authorities had been urged to provide an undertaking for homeless people to be rehoused or be provided with accommodation if they were willing to accept this. The Council were also looking to see how they could support homeless people to become registered with a GP in order that they had medical support and would be able to be vaccinated through the programme. However it was stressed the vaccination was voluntary and there would be some people who would not want it.
- There had been very little usable data so far provided on the take up of the vaccine provided by NHS England. It was thought that the take up by the over 80's had been good and there had been a positive response by the majority of care home staff. A list was kept of those in high risk jobs who could be contacted at short notice to receive the vaccine to avoid any wastage.

- The clinical trials of the vaccines had looked at whether they prevented symptoms and markers of immunity, it was not known if the vaccines prevented transmission and there was ongoing research into this.

Councillor Nisbet highlighted the excellent work which was being undertaken at Railway Medical Group based in her Ward in Blyth in delivering the vaccine and Members thanked all those concerned for their work across the whole of the Northumberland.

RESOLVED that the information be noted.

140. CEDAR

A presentation was provided from T Railton on behalf of the CNTW on CEDAR, which had been circulated prior to the meeting. A copy of the presentation would be filed with the signed minutes as **Appendix C** and would be uploaded to the Council's website. He advised that the CEDAR Programme consisted of three major developments, two of which were relevant to Northumberland. A state-of-art mental health and learning disability secure facilities at Northgate Hospital near Morpeth and improved mental health and learning disability in-patient facilities for children and young people at the Ferndene Hospital, Prudhoe, including new medium secure facilities. Planning permission had been secured for both sites with CEDAR being approved as one of the Government's 40 new hospitals programme and had both Treasury and NHS approval. The focus was to improve accommodation and provide a secure environment to focus on rehabilitation and provide a step down from higher security levels.

In response to questions from Members, the following information was noted:-

- There was an obligation as part of the planning permission to provide just under £250,000 to improve the bus services to Northgate and a cycleway was also to be provided. As part of a patient's care package assisted travel was provided to allow families to visit if they lived some distance away. The design of the site provided for two new bus stops, one within the development and the other at the entrance to the St Andrews housing development.
- There would be no emergency admissions made to Northgate, all admissions would be through assessments as this was a highly specialised provision. Emergency admissions would be made to either the unit at Gosforth or St. Georges Hospital. In respect of Ferndene, the young people would have received assessments in other secure environments to go into the medium secure unit, however there were some beds for some genuine emergency care for young people. The demand for beds had reduced significantly over the last few years as more care for young people was provided at home or in the community.

The Committee welcomed and thanked Mr Railton for his presentation.

RESOLVED that the information be noted.

141. NORTHUMBERLAND COMMUNITIES TOGETHER

M Taylor, Director, Business Development & Communities provided an update on the activities undertaken by Northumberland Communities Together across the Christmas period, which had gone smoothly. A lot of activity had taken place in the run-up to this period with additional support provided to the local community groups who were providing excellent services in their areas. A lot of work had been done in relation to the winter support grant and arrangements for funding for free school meals, food vouchers and essential support to local communities. Northumberland Choices had piloted a scheme in Berwick which had allowed vulnerable families to get a food delivery or have a meal with their family from local providers, prior to the further lockdown and this would be taken forward when allowed.

The County had 20,000 shielded residents with the advice that they should continue to stay at home. A lot of communications were provided to support this. The level of calls had not escalated to the Hub over the Christmas period, which could be credited to the work done over the last nine months to provide reassurance to residents. There had been some concerns regarding the availability of food slot deliveries for shielding residents in the run up to Christmas with more people using these, however this did not materialise with the supermarkets doing a good job in managing these. The shielding list was monitored with a further 217 people being added. Every shielding resident had received a further letter at the beginning of the current lockdown and therefore it was not considered appropriate to send out further correspondence repeating the same information. There were still risks once vaccinated and the need to continue to shield was important to protect themselves and prevent the further spread of the virus.

Northumberland Communities Together would continue to do the activities to prevent isolation and loneliness and keep the connections with vulnerable residents which had worked well and would continue to support families who were struggling. There were proposals for the development of Community Hubs and a report would be provided later in the year.

The Committee thanked Ms Taylor for her update.

RESOLVED that the information be noted.

142. WORK PROGRAMME

Members considered the work programme/monitoring report for the Health and Wellbeing OSC for 2019/20. (Report attached to the signed minutes as **Appendix D**)

RESOLVED that the work programme be noted.

143. NEXT MEETING

The next meeting would take place on Tuesday 2 February 2021 at 1:00 pm.

CHAIR _____

DATE _____ - _____