Adult Social Care, Health and Wellbeing Sub-Committee

6 July 2017

Present: Councillor G Bell (Chair)
Councillors P Brooks, J Cassidy, K Clark, E Hodson, A Percy, L Spillard

ASCHW10/07/17 Apologies

Apologies for absence were received from Councillors K Barrie, L Bell and M Reynolds.

ASCHW11/07/17 Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute Member was reported:-

Councillor E Hodson for Councillor K Barrie

ASCHW12/07/17 Declarations of Interest and Dispensations

There were no declarations of interest or Dispensations reported.

ASCHW13/07/17 Minutes

Resolved that the minutes of the meeting held on 15 June 2017 be confirmed and signed by the Chair.

ASCHW14/07/17 Royal College of Nursing

The Senior Regional Officer of the Royal College of Nursing gave a presentation on the work of the Royal College of Nursing (RCN).

The RCN was the world's largest nursing-specific trade union and professional body with over 435,000 members, including 38,000 student nurses and midwives.

The sub-committee heard about issues facing nurses and were informed that around half of nurses feel worse off than 5 years ago and less that half of nurses would recommend nursing as a career.

The RCN represented the professional interests of nursing staff working in the public, private and voluntary sectors and were not affiliated to any political party. They also had an influencing and lobbying role and were currently involved in a number of active campaigns. Detailed information about the work of the RCN was outlined in the presentation.

The sub-committee were informed that the RCN had assisted in the transfer of school nurses and health visitors from the NHS to North Tyneside Council, and this had gone well.

The Director of Public Health explained that the Council aimed to be an exemplar employer and had recently advertised 10 school nurse posts and received 30 applications. This was a good response and down to the good terms and conditions offered by the Council.

A member sought clarification on the role of the RCN legal team. The Senior Regional Officer explained that the team advised on employment issues, unfair dismissals; and also investigated medical negligence cases on behalf its members.

The sub-committee expressed concern about the percentage of nurses not belonging to a pension scheme and asked why this was the case. The Senior Regional Officer explained that one reason was that younger nurses were opting out of the pension scheme because they needed their money now; it was also in part due to nurses wages not increasing.

Members heard that there were currently more than 40,000 nursing vacancies across the country. In light of this members asked questions in relation to the reduction in student nurses and nurses generally. It was explained that the reduction in student nurses was partly due to the impact of ending the bursary scheme for student nurses. Student nurses now had to apply for a student loan to pay course fees and could accrue debt of up to £57,000. This was putting off a lot of people from going into nursing, including mature students with young families who would previously considered nursing as a career. There was no longer a basic entry level for nursing and you now needed to have A levels or a Degree to enter nursing. The sub-committee were also informed that the numbers of qualified nurses coming from abroad to work in the NHS was reducing due to the uncertainty surrounding Brexit.

Jen Coe of Northumbria Healthcare Foundation Trust (NHCFT) informed the sub-committee that there was a lot of positive work happening in relation to training and supporting nurses who work at NHCFT and offered to ask the Executive Director of Nursing to provide an update on this at a future sub-committee meeting.

The Chair thanked the Senior Regional Officer for the presentation.

It was **agreed** to include an update on the support and training offered to nurses employed by NHCFT on the sub-committees work programme 2017/18.

ASCHW15/07/17 Health Inequalities

The Director of Public Health gave a presentation on health inequalities in North Tyneside.

The presentation started by explaining that:

- Health was not just the outcome of genetic or biological processes but was dependant upon the social and economic conditions, in which we are born, grow, work, live and age.
- The unequal social and economic conditions and influences, often beyond an individual's control, gave rise to unequal health status and health outcomes for different social groups.
- Health inequalities were avoidable they do not occur randomly or by chance, but they were socially determined by circumstances largely beyond an individual's control. These circumstances disadvantaged people and accumulated across the life course limiting the chance to live longer, healthier lives.

The sub-committee were informed that a child born today in the most deprived part of the Borough would live 10 years less than a child born in the least deprived part of the Borough. People in poorer areas and in other certain groups such as mental illness not only die earlier but spend more of their shorter lives with a disability and in poor health. A graph which highlighted the percentage contribution that the broad causes of death made to the gap in life expectancy in North Tyneside; showed that for males the biggest cause of death was cancer and for females it was circulatory problems. Another graph showed that there were a total of 761 additional deaths due to these broad causes in the less affluent areas of the Borough.

The presentation outlined the key risks factors in relation to health inequalities. Smoking was the single biggest contributing risk factor and accounted for around half the gap in life expectancy. Other lifestyle risk factors included alcohol, poor diet, physical inactivity and these risks were unequally distributed in the population driven by social circumstances.

The causes of health inequalities were inherently complex and we needed to determine and tackle the background causes. The presentation outlined how we were aiming to tackle health inequalities in North Tyneside through 'proportionate universalism'. It was stressed that there needed to be action from across every aspect of society and not just the Council to combat health inequalities.

The presentation detailed the targeted work which was happening in Chirton and Riverside Wards in relation to education, employment, housing and health.

A member queried if industrial diseases was still an issue in North Tyneside. The Director of Public Health explained that although not specifically an industrial disease, cancer, particularly lung cancer was high in men and that this may be a compounded problem due to the high prevalence of smoking amongst routine factory workers and people who had jobs in the industry sector.

A member queried why smoking prevalence was higher for women than men. The Director of Public Health pointed out that smoking prevalence wasn't much higher in women, however amongst young people more women than men were starting to smoke; one reason for this was that young women believed smoking helped to control their weight.

In relation to smoking a member asked if this contributed to poor air quality. The Director of Public Health explained that air quality in North Tyneside was generally good and that we had two stations which continuously monitored the quality of air in North Tyneside. The number of deaths attributable to air quality was fortunately relatively low in North Tyneside. Ill health due to poor air quality was very difficult to quantify and we weren't able to do this.

A member mentioned that she was aware of an on-going air quality problem in East Howdon area due to a nearby water treatment plant. Unfortunately the majority of people who lived in this area had little choice about where they lived. Although there had been some action it continued to be an issue and a health risk to local residents.

The Director of Public Health explained that although the health inequalities gap hadn't reduced in North Tyneside, there had been some improvement overall as everyone was living longer and living healthy longer, also the gap hadn't widened.

The Chair thanked the Director of Public Health for the presentation.

ASCHW16/07/17 Suicide Prevention

The sub-committee considered a report which provided an update on suicide prevention in North Tyneside.

A whole system approach was required to address suicide, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play.

Under the leadership of the Director of Public Health a suicide prevention task group was established in 2014 with representation from relevant organisations. The task and finish group had carried out a number of pieces of work including a Suicide Health Needs Assessment; a local Suicide Audit (2012-2015) utilising coroners files and an audit of current services and gaps in provision. All this work ensured that we understood local suicide rates, groups at greater risk and trends over time. It meant that we could respond to any emerging themes and take action in a timely manner.

The current focus of the group was to have clear proposals for the additional investment which would come to CCGs for suicide prevention work in 2018.

Statistically, between 2007-12, the North Tyneside rates had been significantly higher than the England rate. However, the latest national data showed that North Tyneside's suicide rate per 100,000 general population had reduced since 2013 (11 suicides per 100,000) and we are now not statistically significantly different to the England rate.

Working with the local coroner an in-depth suicide audit was completed by analysing all 92 cases of suicide in over 18s from 2012-15. Although the circumstances of every death were unique, there are some common factors across cases. The main key findings from the audit were outlined in the report.

The numbers of young people North of Tyne (Northumberland, Newcastle and North Tyneside) who die by suicide were thankfully small and vary on a yearly basis. 15 cases were identified as suicide or deliberate self harm from 2008 – 2016 in young people under the age of 18 and were examined for the audit.

The under 18s audit described the circumstances that young people may be facing prior to taking their lives. The key findings were that most of the young people in the audit had experienced longstanding difficult circumstances including parental substance misuse, history of mental illness in the family, abuse or witnessing domestic violence.

In addition, substance misuse and previous self harm were commonly seen in the young person's past history, particularly in females. Self harm was strongly associated with an increased risk of future suicide, therefore access to services for self-harm was crucial to addressing suicide risk.

The refreshed North Tyneside suicide action plan attached at Appendix 1 to the report, was based on national guidance and covered the six key areas identified in the Governments Strategy for suicide prevention. However, taking into account our local intelligence a whole system approach for short term action was detailed in the action plan for 2017-18 and focussed on:

- Reducing risk in men
- Preventing and responding to self harm

- Improving mental health of children and young people
- Treatment of depression in primary care
- Ensuring safe acute mental health care
- Reducing isolation
- Monitoring locations of suicide
- Providing bereavement support.

All partners were signed up to the refreshed action plan.

Progress on the key actions from the 2015-16 action plan included:

- The public health team had commissioned suicide awareness training for 45 frontline staff specifically aimed at services that came into contact with men (the key at risk group). The training had been well attended and positively evaluated.
- North Tyneside's Mental Health Crisis Concordant was agreed across a wide range of partners which focused on improving the response to individuals experiencing mental health crisis.
- Street triage pilots were funded locally. These were collaborations between the police and mental health professionals to ensure the police were informed of when somebody was mentally ill and those people received appropriate care and support. The street triage pilots were being positively evaluated.
- The CCG introduced liaison psychiatry services in North Tyneside, based at A&E and also in the older people's and rehabilitation wards.
- The public health team led an awareness-raising campaign for suicide prevention day (2015 and 2016) by working in partnership with sports and leisure services, licensing and the local Pubwatch scheme. Venues where men were known to frequent were targeted to raise awareness of support available; for example by displaying Samaritan's posters in men's toilet cubicles.
- Council staff and partners were also involved in supporting regional work around suicide prevention. A stakeholder workshop of local experts to explore key themes around suicide risk factors and themes took place in 2016. The regional group continued to meet to identify and share good practice and to identify areas for collaboration.

In response to member's questions, the Director of Public Health informed the sub-committee that:

- Training had taken place with the Council's revenue and benefits team to raise awareness of suicide and the signs to watch out for.
- Although it could be more than one thing that tipped someone over the edge, it was what was recorded by the police at time of death; we often don't get the full picture.
- To address issues relating to men not sharing their feelings and being unwilling to talk to someone when they feel suicidal; the public health team had commissioned training specifically aimed at services that come into contact with men. Posters had also been put up in men's toilets to encourage them to talk to someone.
- Although we don't currently work with schools at exam times, we could consider doing this in future.
- In relation to how people at risk of suicide were identified it was a mixed picture; some people don't display any warning signs and others do for example they may have attempted several times to commit suicide or had self harmed.
- We had to be very careful about how we raised awareness and how much publicity was given so that it didn't result in more suicides.

A member expressed concern about people who fell between different services and was aware of someone with serious mental health problems and an addiction problem; he was passed from one service to the next and unfortunately did commit suicide. The Director of Public Health explained that if a person was known to the drug and alcohol service, as this was delivered by Northumberland, Tyne and Wear Trust they would be supported by trained mental health workers.

The Chair informed the sub-committee that he had invited a representative of 'If U Care Share' to give a presentation at the next sub-committee meeting.

The Chair thanked the Director of Public Health for the report.

ASCHW17/07/17 Sustainable Transformation Plan

The Democratic Services Officer informed the sub-committee about the proposals to establish a Joint Health Scrutiny Committee to scrutinise the development of the Northumberland, Tyne and Wear and Durham Sustainable Transformation Plan (NTWDSTP) and any subsequent major service changes particularly when they cut across local authority boundaries.

Six out of seven of the affected local authorities were willing to work towards the establishment of the Joint Scrutiny Committee and would be taking the proposals to establish a Joint Scrutiny Committee through their own Council processes to seek approval.

A fuller report including the draft protocol and terms of reference for the Joint Committee would be presented at the next sub-committee on the 7 September. The report would include a recommendation that the establishment of a Northumberland, Tyne and Wear, North Durham Joint Health Overview and Scrutiny Committee was referred to Council on 28 September 2017 for approval. Council would also be requested to appoint three representatives onto the Joint Committee. It was envisaged that the first meeting of the Joint Committee would be at the beginning of October.

The Chair expressed concern that the sub-committee were not getting the detailed information needed in relation to the NTWDSTP and the impact changes may have on local health services and hoped that the establishment of a Joint Committee would strengthen scrutiny of the plan.

Councillor Spillard asked for it to be noted that she would be interested in being on the Joint Scrutiny Committee.