North Tyneside Council

Caring Sub-committee

Wednesday, 20 March 2024

Thursday, 28 March 2024 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm**.

Agenda Item		Page

1. **Apologies for Absence**

   To receive any apologies for absence.

2. **Appointment of Substitute Members**

   To be notified of the appointment of Substitute Members.

3. **Declarations of Interest or Dispensations**

   You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.

   You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

   Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

If you need us to do anything differently (reasonable adjustments) to help you access our services, including providing this information in another language or format, please contact democraticsupport@northtyneside.gov.uk.

Agenda Item		Page

Members of the Caring Sub-committee

Councillor Jane Shaw (Chair)

Councillor Liam Bones

Councillor Michelle Fox

Councillor Andy Holdsworth

Councillor Louise Marshall

Councillor Martin Murphy

Councillor Gary Bell (Deputy Chair)

Councillor Julie Cruddas

Councillor Tracy Hallway

Councillor Joe Kirwin

Councillor Pam McIntyre

Councillor Tricia Neira

This page is intentionally left blank

Caring Sub-committee

Wednesday, 24 January 2024

Present: Councillor J Shaw (Chair)
                 Councillors G Bell, L Bones, J Cruddas, T Hallway,
                 A Holdsworth, J Kirwin, L Marshall, P McIntyre,
                 T Neira and J O'Shea

                 In attendance:
                 Councillors Janet Hunter

Apologies: Councillors M Fox and M Murphy

C25/23   Appointment of Substitute Members

The following Substitute Members were noted:

Councillor J O'Shea for Councillor M Murphy.

C26/23   Declarations of Interest or Dispensations

The following declarations of interest were noted:

Councillor Jane Shaw – declared a registerable personal interest in Item 5 as a Governor of CNTW Trust.

Councillor G Bell – declared a personal interest in Item 5 as he is in receipt of funding from the NHS.

C27/23   Minutes

Resolved: That the minutes of the meeting held on 28 November 2023 be agreed as a correct record.

C28/23   **Overview of North Tyneside Safehaven and Northumberland and North Tyneside Universal Crisis Service**

The Sub-committee considered the report which provided an update on plans to provide the North Tyneside ICB area with a crisis alternative in the form of a third-sector led Safehaven offer. The report also provided an update on Northumberland and North Tyneside Universal Crisis service, providing support to those presenting in a mental health crisis.

The sub-committee was advised that progress is being made towards opening a Safehaven space in Wallsend. The necessary capital works are being funded via NHS England, with revenue funding provided by the ICB. A third sector provider, Everyturn, is contracted to run the service for an interim period of 12 months. There are also plans for a Safehaven service to be located in Newcastle and Northumberland.

The Safehaven service will aim to provide safe, high quality and flexible support to people experiencing mental health crisis. The service will provide a non-clinical urgent mental health service to people in mental health crisis as well as support for families and carers.

It was noted that Healthwatch had been involved in creating an insights report on views, wants and needs of the local community for a safehaven crisis alternative offer. The outcome of the insights report was taken on board in identifying Wallsend as a preferred location, and the operation of the service 7 days per week between the hours of 2pm and 10pm.

It was noted that the North Tyneside Safehaven will have two key support access routes:

- A physical mental health safe haven space for people in North Tyneside who are experiencing a mental health crisis to access face to face support in a safe and non-clinical environment;

- A telephone support option for people experiencing a mental health crisis who cannot or choose not to access the service in-person.

The Sub-committee was also provided with information about the Northumberland and North Tyneside Universal Crisis Team (UCT) which provides an ageless service to those presenting in a mental health crisis. The support has three defined pathways: young persons pathway, older persons pathway and working age adult pathway.

It was noted that the UCT operates 24 hours a day, 7 days a week, with no restrictions on referrers. A referral can be made by contacting the 24/7 telephone number or text message service.

The team offer a telephone triage function, assessment, home based treatment, and carer support to those experiencing a mental health crisis. The main focus of the service is to treat individuals in their home, where it is deemed safe to do so.

Members asked for clarification on the difference between urgent clinical mental health need and urgent non-clinical need. It was noted that there are criteria to be met for accessing urgent clinic mental health services. Urgent non-clinical need will cover issues that may impact on mental health but which may not meet the clinical criteria.

Members welcomed the decision to base the Safehaven service in Wallsend as it was felt there are a lack of services in the area. It was also suggested that there is a need for the service to continue on a long-term basis as there is a need across the borough for this service.

Members asked about the challenges for the crisis support team of defining what is clinical mental health need, and asked to be provided with any data on the number of people who try to access the service but who don't meet the clinical criteria for support. It was noted that there alternative provision is available to those who don't meet the clinical criteria via 'Together in a Crisis' which the crisis team can refer to. Once the Safehaven provision is in place this will also offer an additional alternative option.

Members raised some concerns about how the service will be monitored to ensure that it is meeting need and that it does not exacerbate existing problems with anti-social behaviour in Wallsend. Members also highlighted the need to ensure the safety of workers who will be relatively low paid non-clinical staff and working unsocial hours. These issues were acknowledged and would be taken on

3

board as part of the risk assessment.

It was noted that the Safehaven service will be monitored and evaluated during the first year by the Steering Group in order to evaluate the service. There is also a need to ensure the service is not overwhelmed and is able to cope with demand. It is hoped that there could be more Safehaven services opened across other parts of the borough.

There was some discussion about the issues linked to drug and alcohol problems and the need to address dual problems when they are interlinked. It was noted that this is an issue that is being addressed and that there is now a dual diagnosis worker within mental health teams.

Members raised concerns about mental health support for young people and the problem of waiting lists for clinical support for young people which are phenomenal, and how young people are supported while they are on a waiting list for help. It was noted that in North Tyneside, mental health services for young people are not provided by CNTW, but by Northumbria Trust. While it was acknowledged that waiting lists are an issue, young people would be prioritised if they are at risk. There is also support available in schools and primary care services via family partners.

There was some discussion about the plans to advertise or signpost the Safehaven service once it is available. It was noted that a communications plan is being drawn up, whilst recognising the need to manage demand so that the service is not overstretched and also to ensure the right people are accessing the service.

Members also raised an issue about IT systems and the problems of working across Trust boundaries due to incompatible IT systems. It was noted that IT systems are an issue in other areas too and that work is underway to improve this.

It was stressed that the aim of the Safehaven service is to provide additionality to existing services. It has been recognised that services are under pressure and NHS England has provided additional funding as part of the transformation programme to address demand.

The Chair thanked officers for the informative report and presentation.

It was agreed that:

1. The report be noted;

2. Officers be asked to provide the following additional follow up information which was requested during the discussion:

   - Information from Healthwatch on the findings of the Insight Report used to shape the development of the Safehaven service.

   - More information about how the Safehaven will link with citizens advice and also the police.

   - Data on the number of people currently attempting to access crisis support but who don't meet the criteria for urgent clinical mental health support.

C29/23   Adult Social Care Dashboard

The Sub-committee considered the adult social care dashboard.

It was noted that the number of people waiting for packages had reduced dramatically and there had been an increase in the number of bids from providers for packages. There will be a need to manage supply going forward to ensure that capacity issues do not arise if providers are not able to win packages.

Members asked if this was also the case for the North West of the Borough which had traditionally experienced more difficulties in receiving bids for packages and it was agreed that this information would be provided following the meeting.

The Sub-committee agreed to note the information contained in the dashboard.

C30/23   Work Programme 2023-24

It was noted that the following items were due to be considered at the next meeting of the sub-committee on 28 March 2024:

- Northumbria NHS Foundation Trust Quality Account

- Suicide Prevention

BIG SIGNALS 2023-2028

- Support our patients and our people
- Grow our own people, and keep them
- Continue our strong performance
- Support economic growth, tackle inequalities and climate change
- Innovate and continuously improve our services
- Make progress digitally
- Develop our estate
- Work in partnership across our system

Service Pressures

- Continued demand on our non-elective services – seen through number of patients attending ED at NSECH and UTCs

- Additional bed capacity opened – which has kept surgical inpatient capacity ringfenced

- Impact of industrial action – minimal cancellation of activity but increasing impact on resilience of teams

- Improvement in >62 day cancer backlog number but still pressure in tumour sites to achieve 62 day access to treatment

- Still challenging position re reducing number of patients waiting >18 and 52 weeks for treatment

Quality Account 2023/24

Quality Account 2023/24

- Look back at safety, quality and improvement priorities for 2023/24 and focus for 2024/25

- Standard requirements for all trusts to report

- Written in line with annual reporting guidance

- Key measures and phrases used that are auditable

- Includes information on mortality and preventable deaths, areas of achievement

- Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators will be tested again this year

- The council of governors will therefore not be required to select an additional indicator to be audited

Quality Account 2023/24

- Process underway

    - Draft account ready end April 2024

    - Circulated to stakeholders for formal opinion May 2024

    - Final, including stakeholder comments, submitted to NHS England end of June 2024

    - Upload to NHS Choices by end June 2024

- Date for submission to Parliament still to be confirmed

Safety, quality and improvement priorities 2023/24

Our 2023/24 safety, quality and improvement priorities

1. Improving flow: reducing ambulance handover delays

2. Reduce medication errors – timeliness of critical medications (Parkinson's Disease)

3. Improving cancer pathway standards

4. Deteriorating patient – Community News (C-NEWS)

5. Improving delirium – assessment and management

6. Patient Experience

7. Staff Experience

Performance on our safety, quality and improvement priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Improving flow: reducing ambulance handover delays	Reduce waits >60 mins	Handovers of >60 mins reduced but remain variable. Objective target is end of Q4	
	95% of handovers within 30 mins	64.7%* (77.8% Q2) *December 2023 being particularly difficult	
	65% of handovers within 15 mins	26.7% (37.1% Q2) *December 2023 being particularly difficult	
	Improve number of patients waiting for a bed in ED every morning	Remains variable but objective target is end of Q4	
Reduce medication errors – timeliness of critical medications (Parkinson's Disease)	Eliminate delays of >60 mins	Over 60 minute delays on ward 9 reduced from 15% to 7.5% in (pilot ward)	
	95% of doses administered within 30 mins of prescribed time	Administered within 30 mins has gone from 65% to 84% (pilot ward).	
	Roll out education and training to ward staff on the essentials of in-hospital care for patients with PD	59 of 65 staff have received microteaching session	

Performance on our safety, quality and improvement priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Improving cancer pathway standards *(Q2 provisional data as still being validated)*	Achieve 93% 2 week wait	94.9%	
	Achieve 75% 28 day faster diagnosis	76.9%	
	Achieve 85% of patients seen and received 1st treatment by 62 days	77.6%	
Deteriorating patient – Community News (C-NEWS)	Improve compliance with C-NEWS	Compliance now 60% (baseline 5%) System improvements identified to increase compliance further	

Performance on our safety, quality & improvement priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Improving delirium – assessment and management	Roll out Delirium Awareness Training on Trust Induction	On Induction Programme since Q1	🟩
	Design and deliver delirium focussed Workshops to improve compliance and appropriate use of 4AT, SQiD and A PINCH ME *(Assessment, Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment)*	Baseline data collection completed Q2. Workshops amended and 1-1 drop-in ward sessions now planned for Q4.	🟧
	Improve compliance with the new assessment Q – SQiD 'Are they different today?'	Baseline data collection completed. Compliance is good but evidence suggests SQiD is not completed accurately, nor is it prompting repeat 4AT. Dementia & Delirium Steering Group and digital working group plan to review ALL assessments move SQiD question within NC.	🟩
	Q3 October - December 2023 Post Workshop Evaluation - 4AT on admission assessment - SQiD - frequency of completion - Repeat 4AT completion - if indicated by SQiD - A PINCH ME Care planning (evidence of documentation in MDT notes)	Not completed due to workshops not running in Q2/Q3. Post workshop Evaluation to commence in Q4	🟧

Performance on our safety and quality priorities 2023/24

Page 22

Priority	Objective	Q3 performance	Progress to date
Patient Experience	Develop a Northumbria Patient Charter	On target	
	Develop a coproduced Trust Strategy for Unpaid Carers	On target	
	Development of a coproduction approach for the outpatients transformation programme	On target	
Staff Experience	Establish robust recognition framework for staff	On target	
	Finalise Staff Experience Programme offer to BU/depts/teams with a targeted approach using SE survey results	On target	
	Develop methodology to support the identification of areas/teams for focus and collaborative action planning to quantify qualitative SE data	On target	

Safety, quality and improvement priorities 2024/25

Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety, quality and improvement priorities

- For next year, we have identified seven possible quality improvements

- Some of these priorities build on previous improvement work and others are new priorities aligned to the wider Patient Safety Strategy

- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

2024/25

SQ&I Priority		Update
1	Reduce medication delays – Parkinson's Disease (NSECH ED, Ward 3 and Ward 6)	• Eliminate delays of >60 mins • 95% of doses administered within 30 mins of prescribed time • Train 85% of medical and nursing staff on the essentials of in-hospital care for patients with PD
2	Improving cancer pathways – patients presenting through ED with a likely/suspected cancer (new or recurrent malignancy) to handover to a specialist team.	• Reduced patient delays from presentation to ED to diagnosis and treatment (baseline audit already completed) • Fewer complaints relating to cancer care • Explore how patient experience data can be captured
3 NEW	Improving Urology Cancer Pathway Performance: Prostate cancer	• Improve performance of 28-day faster diagnosis standard • Aim to achieve > 75% • Quarterly Plan Do Study Act (PDSA) cycles implemented at various points along the mapped cancer pathway.

2024/25

SQ&I Priority		Update
4	Improving bedrail/ bed height risk assessment and application	• Monthly audit compliance with completion of assessment (Nerve centre) • Monthly Datix audit of incidents of patients falling from a bed to check compliance with the risk assessment recommendation • Achieve 90% compliance by end of Q2 • Achieve 95% compliance by end of Q4
5	Pressure Ulcers - Reduce incidence of trust acquired pressure damage in the orthopaedic-geriatric patient journey	• Monthly audit of Datix incidents of all PU on wards involved in specific pathway. Quarterly improvement targets of reduce by 25%, zero cat 3 or 4 PU by end of Q4. • Qualitative data collected from clinical area confidence/competence surveys. Pre and post training.

2024/25

	SQ&I Priority	Update
6	Maternity – Reduce incidence of post-partum haemorrhage (PPH) of more than 1.5L	Baseline data collected Q4 2023/4 to provide quarterly improvement metrics starting in Q1 2024/25: • Monthly audit incidence of PPH or >1.5L
7	Infection Prevention and Control - Reduce the incidence of urinary tract associated gram negative blood stream infections	Baseline data collected Q4 2023/4 to provide quarterly improvement metrics starting in Q1 2024/25: • Monthly audit of incidence of urinary tract associated gram negative blood stream infections (GNBSI) • Quarterly improvement targets to reduce by 25%
8	Deteriorating Patient	**RECOGNISE** • Timeliness of observations done on time across adults, paediatrics and neonates • Device login to Nervecentre **REALISTIC** – compliance and appropriateness of Treatment Escalation Plan (TEP) audit **RESPOND** - National Emergency Laparotomy Audit (NELA) - Decision to operate and arrival in theatres

Potential Priorities 2024/25

SQ&I Priority		Update
9a Page 28	Staff & Patient Experience	**Employ technology to improve the quality and efficiency of the staff and patient experience programmes:** • Pilot the 'ImproveWell' staff experience and quality improvement App with the maternity team. • Pilot the PEP Health AI platform to provide a deeper level of insight and understanding of patient experience qualitative feedback. • Pilot the use of Microsoft Power BI as an analysis and reporting tool for staff experience.

Potential Priorities 2024/25

SQ&I Priority		Update
9b	Staff & Patient Experience	**Establish approaches to involvement and engagement that promotes equality and inclusion for patients and staff:** • Pilot and evaluation of patient experience focussed pathway coordinator roles for Deaf patients and identified outpatient specialities. • Develop a patient experience measurement programme for patients with a learning disability and unpaid carers. • Introduction of a digital Staff Training & Deaf Awareness programme. • Establishment of World Café's for staff with the aim of engaging with staff to understand their views and ideas on key topics.

Thank you

www.northumbria.nhs.uk | building a caring future

Meeting:	Caring Sub-committee
Date:	28 March 2024
Title:	Strategic Approach to Suicide Prevention in North Tyneside

Author:	Rachel Nicholson Head of Public Health Strategy and Policy	**Tel:** 0191 643 8073
Director:	Wendy Burke, Director of Public Health	
Service:	Public Health	
Wards affected:	All	

1   Purpose of Report

To provide the Caring Sub-committee with a comprehensive overview on strategic approach to suicide prevention in North Tyneside in the light of the new Government Strategy published in September 2023 and in response to the outcome of the Council Motion on Suicide Prevention debated on 19 January 2024.

The report will cover:

- National, regional, and local strategic context for suicide prevention.
- Key data, trends and risk factors relating to suicide in North Tyneside.
- A summary of key services and activities focussed on suicide prevention.
- North Tyneside's refreshed suicide prevention action plan for 2023 – 2025

2   Recommendations

The Caring Sub-committee is asked to note:

- Longstanding and established multi-agency approach to suicide prevention in North Tyneside
- Current suicide data and trends for North Tyneside
- Priorities for preventing suicide in the borough.
- Essential contribution that voluntary sector partners make to suicide prevention work in North Tyneside.

3   Details

3.1 Background

Suicide is a global public health problem that contributes to years of life lost and has devastating impacts on families, communities, and wider society.

Local authorities have a key role in suicide prevention and the Government recommends that Directors of Public Health lead on local Suicide Prevention Action Plans. However, suicide prevention is not the sole responsibility of any one sector of society, or of the Local Authority alone.

Suicide is not inevitable; it is a preventable cause of death that, due to its often-complex contributory factors, requires a multiagency approach to prevention.

National evidence and research have found that several factors can determine how vulnerable a person is to suicidal thinking and behaviour. These include:

- **life history** – for example, having a traumatic experience during childhood, a history of sexual or physical abuse, or a history of parental neglect
- **relationships** – relationship breakdown, being socially isolated, being a victim of bullying or having few close relationships.
- **employment** – such as poor job security, low levels of job satisfaction or being unemployed or those who have never worked.
- **lifestyle** – for example, misuse drugs or misuse alcohol

2

- **physical and mental health** – for example, those with long term illness or disability or developing a serious mental health condition, such as schizophrenia or a history of self-harm.
- **financial insecurity**
- **bereavement** by suicide.

Whilst the risk of suicide is much higher in those with mental health problems, three quarters of people who die by suicide are not in contact with mental health services.

In the UK, the highest rate of suicide is among men aged 44-54. Other higher-risk groups include people who have previously attempted suicide, people working in certain occupations, people in contact with the criminal justice system, LGBTQ+ people and people from some cultural and ethnic groups.

3.2. Government Policy

A new National Suicide Prevention Strategy for England 2023-2028 was published in September 2023. Developed to identify and bring together action to tackle suicide rates in groups of concern and to address suicide risk factors, the aims of the national strategy are to:

1. Reduce the suicide rate within 5 years (with initial reductions in 2.5 years)
2. Continue to improve support for people who self-harm.
3. Continue to improve support for people who have been bereaved by suicide.

This strategy sets out over 100 actions led by government departments, the NHS, the voluntary sector, and other national partners to make progress against these areas, particularly over the next 2 years.

The national strategy key priorities are:

1. Improving data and evidence
2. Tailored, targeted support for priority groups
3. Addressing common population level risk factors
4. Promoting online safety and responsible media content
5. Providing effective crisis support

Page 33

6. Reducing access to means and methods of suicide
7. Providing effective bereavement support ("postvention")
8. Making suicide prevention everybody's business

3.3. **North Tyneside Suicide Prevention Steering Group and action plan**
Under the leadership of the Director of Public Health North Tyneside's suicide prevention group was established in 2014 and is committed to reducing the risk factors and increasing the protective factors for suicide across the life course.

Suicide is a major inequality issue. Evidence demonstrates that there is a significant association between socioeconomic disadvantage and suicidal behaviour. National research from Samaritans and academic partners in highlighted how men living in the most deprived areas of England from lower social classes are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas.[1] The work of the Steering group and action plan supports the delivery of North Tyneside Health and Wellbeing Board Strategy 'Equally Well' which is focussed on reducing Health Inequalities in North Tyneside.

Effective suicide prevention requires a partnership approach with health, social care, voluntary sector, education, communities, business, and wider partners working in a coordinated way to reduce risk and to support our residents.

There are a broad range of services across the system in North Tyneside that support residents' mental health and wellbeing which includes Early Help, Community Hubs, employability work programmes, primary care, Talking Therapies, specialist drug and alcohol services, domestic abuse services and cost of living support. The ICB is currently leading a Mental Health transformation programme of work to ensure that residents can access appropriate support for mental health needs.

Many of the services that build individual and community resilience are provided by our local voluntary sector. Working with organisations such as If You Care Share, Whitley Bay Survivors of Bereavement by Suicide (SOBS), North Tyneside and Northumberland MIND and our local Mental Health

---

[1] Samaritans (2017) Dying from Inequality

Alliance enables statutory partners to reach into local communities and connect and support vulnerable residents who might not engage with services. Organisations such as Samaritans, Papyrus and the Campaign against living miserably (CALM) are regularly promoted to raise awareness that people should not feel alone and support is available.

The Suicide Prevention Steering Group includes representation from North Tyneside ICB, Northumbria Healthcare Foundation Trust, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), Northumbria Police, Tyne and Wear Fire and Rescue Service, Housing, CAMHS, Department of Work and Pensions, local voluntary sector organisations, people with lived experience with input from H.M. Coroner when appropriate.   The Steering group meets regularly to monitor local data, trends and oversee an annual multi-agency evidence-based action plan.

Some of the key pieces of work that the Steering Group has undertaken over the last 10 years include:

- Two in-depth local Suicide Audits which involved auditing deaths registered from suicide cases identified via Coroner's records and reports contained therein.
- Regular Suicide Health Needs Assessment to describe the current local data and trends, assess the approach to suicide prevention and make recommendations to help meet that need.
- Continual monitoring of real-time suicide surveillance to ensure a timely response to any emerging concerns in a timely manner.
- The roll-out of a range of suicide prevention training courses and refresher training to frontline workers in statutory organisations and voluntary sector groups working across the system who support a range of vulnerable groups in our local communities.
- Awareness raising and outreach to encourage residents of North Tyneside to reach out to those around them and offer an ear to those who may be struggling.
- Providing timely and appropriate postvention support through If You Care Share and Whitley Bay SOBS. When someone dies by suicide, the shock is profound and widely felt, by families, friends, colleagues and professionals. Postvention programmes have the potential to

address known links between suicide bereavement and social isolation, increased physical and mental ill health, and difficulties with meeting work or study commitments.

- Development of a Cluster response plan. Suicide clusters involve an excessive number of suicides, suicide attempts, or both, that occur close in space or time or involve social links between cluster members. Although Suicide Clusters are fortunately very rare it is important that partners are prepared and able to implement a coordinated and timely response to suicide clusters.

- ***North Tyneside Action Plan 2023-25***

Action to prevent suicide in North Tyneside aims to take an inclusive, compassionate approach that builds individual and community resilience, avoids the marginalisation of individuals, and supports people at times of crisis to help to prevent suicides.

The refreshed Suicide Prevention Action Plan for 2023/25 (appendix 1) was developing using local intelligence and the recommendations from the National Suicide Prevention Strategy for England 2023-2028. The collective work outlined above ensures that the Steering Group has a comprehensive understanding of suicide at a local level and enables the group to support an intelligence-driven approach to suicide prevention. The local action plan brings together activities and programmes of work to tackle suicide rates in groups of concern and to address suicide risk factors in North Tyneside.

3.4.   North Tyneside's rate of suicide and trends

The national suicide prevention profiles produced by the Office of Health Improvement and Disparities (OHID) were updated in Jan 2024 and provide local place-based data for 2020/22 covering:

- associated prevalence.
- risk factors.
- service contact among groups at increased risk.

6

Key points from the profile are presented below and the full profile for North Tyneside can be found [here](#).

In presenting data on suicide three year rolling averages are used to compensate for annual fluctuations due to small numbers. Table 1 shows the latest national data, with the suicide rate in England being 10.3 per 100,000 population. The North East has the highest rate of suicide in England (13,5 per 100,000); however, the latest data shows that North Tyneside's suicide rate is similar to the rate for England (11.2 per 100,000). This rate equates to approximately 20 individuals each year in North Tyneside dying by suicide.

Table 1: North East Region Suicide Rate (Persons) 2020 – 2022

England	–	15,415	10.3	
North East region	–	933	13.5	
South Tyneside	–	36	8.9	
Gateshead	–	57	11.0	
Northumberland	–	92	11.2	
North Tyneside	–	61	11.4	
Newcastle upon Tyne	–	92	11.8	
Stockton-on-Tees	–	63	12.5	
Sunderland	–	102	14.0	
Hartlepool	–	35	14.9	
Darlington	–	45	15.9	
Middlesbrough	–	62	16.5	

Table 2 shows that the current suicide rate in North Tyneside:
- is similar to the rate in 2001.
- has fallen since 2009 and
- since 2017 has not been significantly different to the rate for England.

Table 2: North Tyneside Suicide rates (persons)
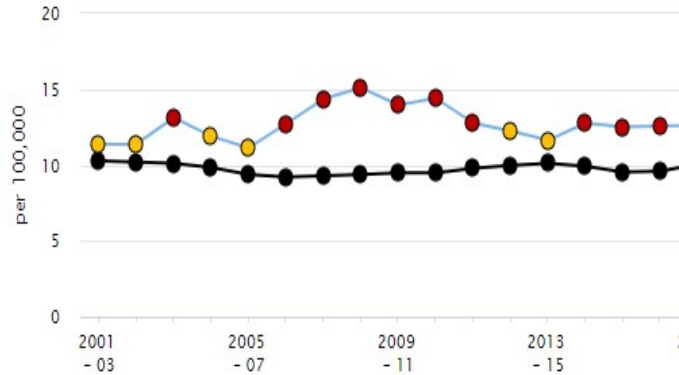
- *Near Real Time Suicide Surveillance (NRTSS)*

There are often delays in accessing timely data on suicides due to the coronial system and length of time inquests can take.   To address this gap regional work has been undertaken and the North East now has a near real time suicide surveillance (NRTSS) interactive system which allows monitoring of suspected suicides through police data.

The NRTSS PowerBI dashboard updates daily alongside a monthly report. A member of North Tyneside's Public Health team has access to this dashboard which gives specific area-based information and alerts. This enables the identification of any changing trends or potential clusters in a timely manner and take lessons learned and build them into our prevention approach.

- *Local suicide intelligence*

Although the circumstances of every death are unique, by bringing together all the local information held, there are some common factors across cases. Key intelligence from suicide audits, needs assessments and the NRTSS show that in North Tyneside:

- More than 75% of suicides in North Tyneside are male. This reflects the national picture of a much higher number of suicides among men than women (a ratio of 3:1).
- The highest number of suicides is observed in males aged between 41-60 years, which is similar to the national data.
- Most people died of suicide in their own home.

- The highest number of suicides were observed in people who lived alone.
- Majority of people were single, divorced, separated, or widowed.
- The most common form of suicide for men and women was suspension.
- A higher number of suicides happen in areas of greatest socio-economic deprivation.

3.5. Regional arrangements for suicide prevention

In addition to the local Suicide Prevention Group, the Director of Public Health and team input into regional work and national work programmes on Suicide Prevention including:

- North East and North Cumbria ICB Suicide Prevention Programme (part of the NENC Integrated Care Partnership Strategy Better Health and Wellbeing for All).
- Association of Directors of Public Health (ADPH) North East Network to oversee regional suicide prevention work with Wendy Burke being the lead NE DPH for suicide prevention.
- The All-Party Parliamentary Group (APPG) on Suicide and Self-harm Prevention chaired by Rt Hon Liz Twist, MP for Blaydon.
- Supporting the Baton of Hope' the biggest suicide prevention initiative the UK has ever seen, when it visited North Shields and Whitley Bay last year. The Baton of Hope toured around the UK giving a unifying message of hope to the thousands of people across the country that are suffering as a result of suicide bereavement.

4. Appendices

Appendix One: North Tyneside Suicide Prevention Action Plan 2023/25

5. Background information

The following documents have been used in the compilation of this report:

9

Department of Health and Social Care: (2023) Suicide prevention strategy for England: 2023 to 2028 - GOV.UK (www.gov.uk)

Office for Health Improvement and Health Disparities (2024) Suicide Prevention Profile - OHID - Public Health England

North Tyneside Suicide Prevention – Annual Action Plan: 2023-2025

The following Action Plan has been updated based on local intelligence and the findings and recommendations of the recently published (Sept 23) National Suicide Prevention Strategy for England 2023-2028. Developed to identify and bring together action to tackle suicide rates in groups of concern and to address suicide risk factors, the aims of the national strategy are to:

1. Reduce the suicide rate within 5 years (with initial reductions in 2.5 years)
2. Continue to improve support for people who self-harm.
3. Continue improve support for people who have been bereaved by suicide.

Suicide marks the ultimate loss of hope, meaning and purpose to life and it has a wide-ranging impact on families, communities and society. The factors that cause a person to take their own life are very often complex and include socioeconomic factors, experiences, certain risk factors and physical and mental ill health. Two thirds of people who take their own life are not in contact with mental health services but may be in contact with other local services.

Suicide is a major inequality issue. Suicide prevention is not the sole responsibility of any one sector of society, or of the health services alone. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide must address this complexity.

The areas for local action follow the national strategy priorities:

1. Improving data and evidence
2. Tailored, targeted support for priority groups
3. Addressing common population level risk factors
4. Promoting online safety and responsible media content
5. Providing effective crisis support
6. Reducing access to means and methods of suicide
7. Providing effective bereavement support ("postvention")
8. Making suicide prevention everybody's business

North Tyneside Suicide Prevention – Annual Action Plan: 2023-2025

We are committed to reducing the risk factors and increasing the protective factors for suicide across the life course. Effective suicide prevention requires a partnership approach with health, social care, voluntary sector, education, communities, business, and wider partners working in a coordinated way to reduce risk and to support those affected. North Tyneside suicide prevention task group will oversee the delivery and monitoring of the local action plan. Updates on progress will go to the Health and Wellbeing Board, Safeguarding Boards, Children and Young People's Partnership Board and Caring Sub-Committee (Scrutiny Committee.)

Recommended priorities for short term action over the next year within our longer term co-ordinated whole system approach are set out in the table below. Each action has a named lead; however, it is expected that all members of the steering group will support actions where required.

<u>Suicide prevention supporting actions log.</u>

The purpose of this log is to identify the most appropriate place for the broad range of suicide prevention activities to sit without having an unwieldy suicide prevention plan, engaging the right range of partners, embedding public mental health, and avoiding duplication. It aims to provide a log of activity so that overall suicide prevention progress can be monitored through the inputs of a range of partners.

North Tyneside Suicide Prevention – Annual Action Plan: 2023-2025

	1. **Improving data and evidence** - to ensure that effective, evidence informed, and timely interventions continue to be developed and adapted. Improve system learning from available data to be able to adapt/escalate local approaches where possible, taking account of intersectionality of factors that contribute to suicide.		
	Objective	**North Tyneside Local Actions**	**Lead**
1a	Regularly monitor local data and trends to identify changing trends, clusters, or areas where action could be taken to prevent suicides in a timely manner.	Analyse local data, comparing with national and regional routine data where available share with relevant stakeholders to facilitate wider system understanding. Monthly monitoring and analysis of near real time suicide surveillance data. This work is enabled with the new, interactive NRTSS PowerBI dashboard which updates daily alongside a monthly report. Public Health have a login to this dashboard which gives specific area-based information and alerts.	Public Health linking with the Suicide Prevention Co-ordinator & Regional data analyst.
1b	Ensure our local approach to suicide prevention includes lived experience e.g. families, carers, friends directly affected by suicide.	Explore options so that the voices of people with lived experience are embedded in suicide prevention approaches in North Tyneside	Mental Health Alliance and Launchpad and Healthwatch SOBS, If You Care Share

Page 44

1c	Develop a North Tyneside suicide cluster response plan to: • provide support to the bereaved, and • reduce the risk of further suicides. It is a stepped approach which will vary from one incident to another.	The suicide cluster response components will include: **surveillance** – to identify and monitor occurrence of suicidal acts. **information sharing** – between relevant agencies to ensure consistency of response. **media issues** – to ensure responsible reporting. **bereavement support** – to help those bereaved and affected by suicide. **prevention** – to reduce risk of further suicides. **monitoring and review** – to assess the impact of the response, what has been learned and to inform future plans.	Small Task and Finish group from the Suicide Prevention Steering Group
1d	Support regional work and specifically the near real time suicide surveillance (NRTSS) to compare regional routine data, explore partnership working and share good practice and intelligence with neighbouring authorities.	Attend monthly regional NRTSS meetings and NENC Suicide Prevention Strategy Programme meetings.	Public Health & NENC ICB.

| 1e | Understand needs of our local population; particularly identified 'at risk' groups from local data, service and partnership intelligence. | Learning used to shape suicide prevention activity and approaches.
Opportunities include intelligence from:
- Relevant JSNAs – e.g., Gambling; Drugs and Alcohol,
- Schools' health and wellbeing survey (SHEU survey)
- Right Care, Right Person approach
- Talking Therapies IAPT
- Crisis Teams
- Street triage
- Community Treatment Team
- Primary Care Mental Health Wellbeing Service
- North Tyneside Recovery Partnership
- CAMHS
- Participation and Engagement work

- VCSE Mental Health Alliance
- Poverty Network
- Safeguarding Boards
- Employability Partnership - DWP
- Domestic Abuse Partnership
- Domestic Homicide Review Learning | Suicide Prevention Steering Group Members |

Page 46

| 1f | Support the clinical audit work with NECs and NENC ICB and share learning. | Developing the clinical audit of deaths notified through the nRTSS and the subsequent thematic analyses of collated multiagency data. The intention is to create a mechanism for cross-organisational learning to drive preventative activity through supporting ICB and Place strategies which will include establishing high risk groups, trends and taking any learning into action. The data will be used for the primary purpose of learning lessons and identifying improvement actions at an individual level and population level. | NENC ICB |

<table>
<tr><td colspan="4" style="background:#9fc687">2. Tailored, targeted support for priority groups - including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone. Some population groups face an increased risk of suicide, and our priority is to reduce risk in these groups. We will ensure there is bespoke action and interventions that are effective and accessible for everyone.</td></tr>
</table>

	Objective	North Tyneside Local Actions	Lead
2a	Increase overall suicide prevention awareness and build community resilience, recognising that suicide prevention is most effective when it is combined with wider work addressing population health, the social determinants of health, and their link with health and wellbeing.	Ensure key messages, campaigns, and communication about suicide prevention reach the community and key at-risk groups throughout the year e.g., use the borough's social media channels and other communication channels to promote World Suicide Prevention Day and other relevant campaign days. Use Council Community Hubs and VCSE partners including the North Tyneside VCSE mental health alliance to promote services and support that reduce isolation, loneliness and increase community connectivity. Peer Led support – Discover ME/ Recovery College model Support employers to improve the support they provide for the mental wellbeing of employees – through the Better Health at Work award.	Public Health and Mental Health Alliance with all partners

Page 47

Page 48

2b	Deliver workforce suicide awareness and prevention training, so that frontline staff have more confidence and skills to talk about suicide in line with their job role and understand what local support and organisations are available in North Tyneside	Establish baseline of the number of individuals /organisations trained and required investment for a co-ordinated programme of suicide prevention training. Survey Primary Care Networks to establish suicide prevention needs of GPs and staff in in primary care setting (training, resources, best practice guidance). Develop a workforce programme of tailored suicide awareness and prevention training. To include primary care, and people working with priority groups outlined in the national strategy and 'at risk' groups identified locally based on intelligence and past audits.	Public Health will fund and organise roll out of training programme.
2c	Deliver Community Mental Health Transformation locally for improved access to effective mental health services to improve patient outcomes and experiences.	Increase accessibility of community mental health services for adults and older adults in line with the national requirements of the community transformation programme Safe Haven opening	Community Mental Health transformation Steering Group

3. **Addressing common population level risk factors** - to provide early intervention and tailored support Work done 'upstream' to promote good mental health, emotional resilience and wellbeing can play a role (by reducing the flow of people into 'at risk' groups) in our plans for suicide prevention. This includes giving people the tools and confidence to talk openly about their mental health.		
Objective	**North Tyneside Local Actions**	**Lead**
3a Improving mental health and wellbeing across the life course at a population level (with targeted support for priority groups), focusing on the protective factors for positive mental health and reducing the risk factors for poor mental health	Delivery of the CYP Mental Health and Emotional Wellbeing Strategy	CYP MH Strategic Group and Barnardo's Alliance Working Age Adults Group Ageing Well / Living Well Partnership
3b Protecting and supporting those with multiple and complex needs, specifically around substance misuse.	Map and review pathways of support for people with co-occurring mental health and substance misuse conditions for all ages Suicide awareness training and safety planning for drug and alcohol service	Drugs Alliance

3c	Protecting and supporting economically vulnerable residents	Ensure the strategic work being done to minimise health and socio-economic inequalities in North Tyneside through the Poverty Partnership and Network empowers partners to promote comms, provide brief advice and strengthen signposting to appropriate services.	Local Poverty Partnership Employability Partnership.
3d	Self-Harm: Many people who die by suicide have a history of self-harm, and we know that self-harm is a significant concern in its own right. This action plan will consider self-harm in relation to suicide risk.	Understanding more about the local picture through a public Health Assessment into alcohol-specific hospital admissions and self-harm related hospital admissions in young people in North Tyneside. Link in with the regional 'near miss' suicide group for shared learning	Public Health CAMHS / ICB
3e	Promoting physical activity and mental health benefits	Continue to provide insight to Active North Tyneside on suicide prevention and mental wellbeing, and empower partners to promote comms, provide brief advice and strengthen signposting to appropriate services. Monitor any activity and themes coming from Active North Tyneside's Mental Health First Aid Network	Public Health and Active North Tyneside.

Page 50

10

North Tyneside Suicide Prevention – Annual Action Plan: 2023-2025

<div style="color:green">

4. **Promoting online safety and responsible media content** - to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm. There has been some emerging evidence of the link between the online environment and suicide across different age groups.

</div>

Objective		North Tyneside Local Actions	Lead
4a	Ensure sensitive coverage of suicides in the local media, recognising that there is a link between media reporting of suicide and imitative behaviours.	Ensure local media are aware of, and encourage them to follow, the Samaritans' guidance on responsible media reporting. Risk Factors – what are they – how to promote it/ raise awareness with the general population - Debt/ social housing/ relationship breakdown.	LA Comms working as appropriately with ICB et al communication teams
4b	Ensure responsible reporting during any potential clusters.	Included in Cluster Response Plan (point 1.C)	Cluster response T&F group

North Tyneside Suicide Prevention – Annual Action Plan: 2023-2025

5. Providing effective crisis support - across sectors for those who reach crisis point.			
Objective		**North Tyneside Local Actions**	**Lead**
5a	Ensure that anyone experiencing suicidal crisis can access timely and effective support in the most appropriate environment for them.	Improve accessibility and signposting to timely and effective support and information for anyone experiencing suicidal crisis. Development of the "Safe Haven" – Crisis Café / Together in a Crisis – Every Turn Street triage	Community Mental Health transformation Steering Group Crisis Teams
5b	Ensure safer hospital discharge with follow up within 72 hours after leaving hospital.	A&E – psychiatric liaison team – 72 hour follow up	

6. Reducing access to means and methods and of suicide - where this is appropriate and necessary as an intervention to prevent suicides. Reducing access or delaying access to the means of suicide for that crisis moment can prevent a suicide from taking place.		
Objective	North Tyneside Local Actions	Lead
6a Tackle high frequency locations in North Tyneside and monitor for new/emerging methods of suicide.	North Tyneside does not have high frequency locations for completed suicides as in some other regional areas. Continue to monitor NRTSS for emerging new methods of suicide/patterns.	Public Health

Page 53

Page 54

7. Providing effective bereavement support ("postvention") - to those affected by suicide In addition to the need for immediate emotional and practical support, people who are bereaved through suicide are at greater risk of suicide and poor mental health.		
Target areas	**North Tyneside Local Actions**	**Lead**
7a	Continue to promote effective, peer led postvention support for adults in North Tyneside	Ensure postvention support is offered and available to those recently bereaved and affected by suicide. Promote 'If U Care Share', Cruse Bereavement and SOBS Whitley Bay which is available to North Tyneside Residents bereaved by suicide for postvention support. Promote Barnardo's bereavement counselling for Children and Young People support. Promote bereavement support through Living Well North Tyneside & MECC platforms.	ICB

8. Making suicide prevention everybody's business - so that we can maximise our collective impact and support to prevent suicides. System leadership, quality improvement and communications requires clear leadership and governance across the wider suicide prevention system are essential to coordinate and drive suicide prevention efforts.		
Target areas	**North Tyneside Local Actions**	**Lead**
8a	Bringing together the wider partners across the North Tyneside system	An annual face to face event to share good practice and local delivery via the MH Alliance	Suicide prevention task group / MH Alliance

This page is intentionally left blank

Homecare in North Tyneside

Brokerage list (awaiting package of care)

	Aug 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024
Package of Care Clients on brokerage list	**92** clients 929 hours £14,914 cost	**20** clients 217.75 hours £3441 cost	**22** clients 206 hours £3,275 cost	**15** clients 249 hours £4,005 cost	**9** clients 80 hours £1,321 cost

Current Location of New Clients awaiting Homecare Package

- AT HOME: 6
- REABLEMENT/ AT HOME: 2
- STP EASTSIDE GARDENS: 1
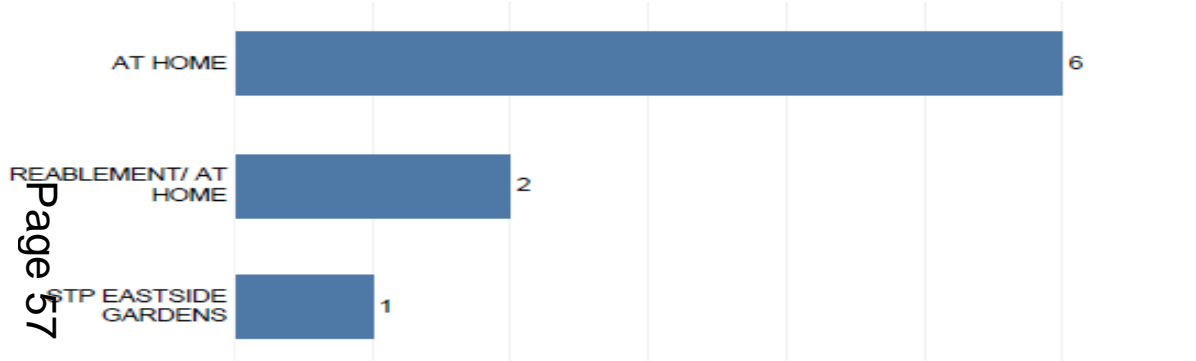
Homecare

There were 940 clients receiving 11,780 hours of **home care** per week during February 2024. This has increased steadily over the last year
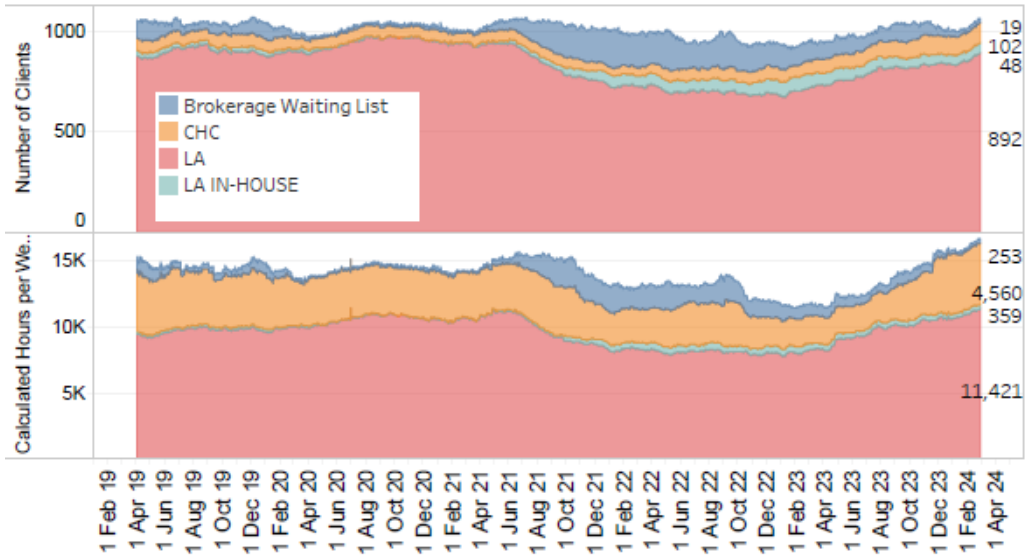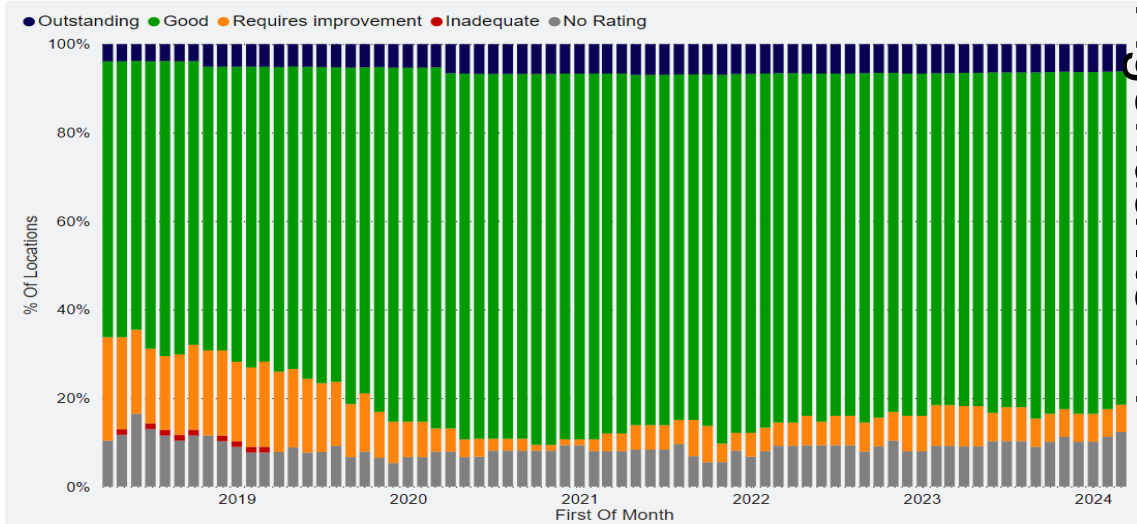

CQC Registered providers

Performance Commentary

Four CQC registered locations are currently rated as requiring improvement – a reduction from six when compared with July.

The Ferns Care Home (Roseberry Care Centres) – 48 beds
Primrose Lodge Care Home (Roseberry care Centres) – 48 beds
The Old Vicarage Care Home (SVP Health care Limited) – 36 beds
Eastside Gardens (Lifestyle Care): 90 beds

No locations are inadequate
Five locations are outstanding

This page is intentionally left blank