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North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 25 September 2019

Thursday, 3 October 2019 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 apologies for absence from the meeting.	
2.	**Appointment of Substitute Members** To be notified of the appointment of Substitute Members.	
3.	**Declarations of Interest** 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.	
4.	**Minutes** To Confirm the minutes of the meeting held on 5 September 2019.	**5 - 8**
5.	**Armed Forces Covenant** To receive a report on how the Council is meeting its commitments under the armed forces covenant in relation to healthcare and safeguarding.	**9 - 16**
6.	**Northumbria Healthcare Foundation Trust**	

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Agenda Item		Page
	The Trust has been invited to provide information on the following issues as a follow up to their presentation to the Sub-committee on the Quality Account: • Realistic Medicine • Bereavement services • Freedom to speak up initiative	
7.	**Drug Related Deaths** To consider a report on Drug Related Deaths in North Tyneside.	**17 - 32**

Circulation overleaf …

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Trish Brady
Councillor Karen Clark (Chair)
Councillor Joe Kirwin (Deputy Chair)
Councillor Tommy Mulvenna
Councillor Cath Davis
Councillor Alan Percy
Councillor Joanne Cassidy
Councillor Muriel Green
Councillor Nigel Huscroft
Councillor Margaret Reynolds
Councillor Les Miller
Councillor Paul Richardson

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Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 5 September 2019

Present: Councillor K Clark (Chair)
Councillors J Cassidy, C Davis, M Green, J Kirwin, N Huscroft, T Mulvenna, A Percy and P Richardson

In attendance:
Councillors M Hall

Apologies: Councillors T Brady and M Reynolds

ASCH17/19 Appointment of Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Cllr J O'Shea for Cllr T Brady.

ASCH18/19 Declarations of Interest

There were no declarations of interest or dispensations.

ASCH19/19 Minutes

Resolved: that the minutes of the meeting held on 4 July 2019 be confirmed and signed by the Chair.

ASCH20/19 Primary Care Networks

Dr Ruth Evans, Medical Director, North Tyneside CCG, attended the meeting and gave a presentation outlining the development of Primary Care Networks across North Tyneside.

It was noted that the development of Primary Care Networks was a national initiative but was building on developments already in place in North Tyneside in relation to place based future care/Primary Care Home. This is based on the themes of: providers working together; strengthening primary/community services; and hospital by exception.

It was noted that four Primary Care Networks had been established in North Tyneside based on four existing GP localities, with neighbouring GP practices working together and typically covering 30-50,000 people. The Networks are delivered and funded via a Direct Enhanced Service (DES) contract between the CCG and the Network.

It was noted that the priority areas for the Networks for 2019/20 will be:

- Extended access
- Clinical Pharmacy
- Social Prescribing

The sub-committee was advised that the expected benefits to patients would include: better access to NHS services, including GP access; better management of on-going illness and specialist care closer to home; more joined-up care involving GP practices, community services, hospital specialists, social care and the third sector; and more health promotion/self care with hospital by exception.

Members had a number of questions in response to the presentation.

In general members were supportive of the establishment of Primary Care Networks and expressed the view that GP practices and other services working closer together would be of benefit to patients. However, some questions were raised about how patients would be expected to understand the new system, and whether there were any plans to communicate information to patients. In response, the sub-committee was advised that it shouldn't be necessary for patients to understand the system. The changes should make it easier for patients to navigate/be guided through the system to the most appropriate service, resulting in a more efficient use of professionals' time.

There was some discussion about how the involvement of other agencies, such as pharmacies, could impact on the responsibility for patient records and safeguarding issues. It was noted that GPs would retain overall reasonability for patient records and all agencies already follow safeguarding procedures.

It was noted that the Primary Care Networks were a national initiative and that the DES is the same in all areas, but the way it is implemented may look different in different areas. It was noted that North Tyneside appears to be in a more advanced position than many areas as the process is building on networks that have been in place for some time.

Members thanked Dr Evans for her presentation and suggested that the Sub-committee be kept updated on the development of the Networks as they progress.

ASCH21/19 Mental Wellbeing in Later Life and Dementia Services

The Sub-committee considered the report which provided an update on the work of the Mental Wellbeing in Later Life Board and Dementia Services.

The sub-committee noted the progress made in setting up the Mental Wellbeing in Later Life Board and the proposal that the Board be now chaired by the Commissioning Manager from NTCCG with the objectives of the Board aligned with the Future Care Objectives.

It was noted that the Board has been considering a range of information on current services, including the mapping of services undertaken as part of the Mental Wellbeing in Later Life Strategy, research conducted by Healthwatch, consultation with older people's residential and nursing care providers and carers groups, reviewing NICE guidance around dementia, and a workshop with clinicians working in older peoples' mental health.

The sub-committee noted the priorities identified for 2019-20. These include exploring opportunities for a service that appropriately manages people in the community and is wider than just a psychiatric model of care; a review of crisis support for older people outside of normal operating hours; improving access to psychological therapies; a review of post diagnostic support for people with dementia and their carers; better support for carers, including older carers; and developing a single model of service across the two providers of older people's mental health services in the borough.

In addition, officers outlined the current situation in relation to Dementia Friendly Communities and the decision of the Health and Wellbeing Board to explore a plan for taking this forward with local communities.

There was some discussion about post diagnostic support available in the borough with some members suggesting that support available via GPs can be better than the specialist services available. The sub-committee was assured that the post diagnostic support available is good and is more comprehensive than the support that could be offered by GP practices alone.

There was some discussion about 'prevention' in the context of addressing isolation and loneliness issues. It was acknowledged that this is a complex area, but that there are developments in place through the social prescribing service, with a strong offer in North Tyneside for people to link in to.

There was some discussion about Dementia Friendly Communities. It was noted that Wallsend was the first town to be registered with the Alzheimer's Society as a Dementia Friendly Community, and Whitley Bay had been working towards registration. However, in order to retain registration an annual assessment is required. The Alzheimer's society had notified the Council that due to inactivity and no further progress being made, they were considering de-registering the Wallsend area.

The Health and Wellbeing Board has now committed to continuing with the Dementia Friendly Communities initiative and is looking at how this could be taken forward. A workshop is being arranged in October to scope out this plan. However, any approach would need to be led external to the Council and be sustainable after any initial funding ceases.

The Sub-committee was asked to consider whether it wished to have a role in the initiative. As a start, it was agreed that some representatives of the Sub-committee should attend the forthcoming workshop, with a view to reporting back to the to the sub-committee at the next meeting. Members were invited to volunteer outside of the meeting if they wished to attend.

It was **agreed** that:

1. The report be noted;
2. Volunteers be sought from Members of the Sub-committee to attend the forthcoming workshop on Dementia Friendly Communities.

ASCH22/19 Exclusion Resolution

Resolved that under Section 100A(4) of the Local Government Act 1972 (as amended) and having applied a public interest test as defined in Part 2 of Schedule 12A of the Act, the

press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Act.

ASCH23/19 Social Care - Direct Provision of Services

The Sub-committee considered a presentation from officers which provided further information, as requested by the Sub-committee, on options evaluated by officers in relation to alternative delivery mechanisms for adult social care and information on approaches taken in other authorities to direct provision of services.

The sub-committee noted the information and agreed that this may be a topic that would benefit from more in-depth consideration by a small sub-group of Members. It was agreed that this should be taken forward and that volunteers should be sought from across non-executive members to join this group.

It was **agreed** that an Adult Social Care Sub-group should be established and Members from across the Council invited to volunteer to join the group.

Meeting: ASCHWB Sub-committee

Date: 3rd October 2019

Title: Support for serving and Ex members of the Armed Forces linked to the North Tyneside Covenant

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Author: Felicity Shoesmith

Service: Commissioning and Asset Management

Wards affected: All

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1. Purpose of Report

To update the committee on the Armed Forces Covenant in relation to Health and Well-being

2. Introduction

In September and October 2018 the North Tyneside Strategic Partnership and the North Tyneside Armed Forces Forum updated the North Tyneside Armed Forces Covenant (attached as appendix one).

In August 2019 North Tyneside Council received a Gold Covenant Award from the Ministry of Defence. This is the highest award possible in recognition of the support received by current and ex-members of the armed forces and their families.

The Sub-committee have asked for an update on how the Covenant has influenced activity in relation to Health and Well-being. Members of the armed forces, their families and veterans will receive Health and Well-being services in the same way, and of the same quality as every other North Tyneside resident, however the covenant helps us to recognise that as a Local Authority we are committed to ensuring that any one that has served, and their families may have additional needs. The actions below highlight someone of the additional activity focused on Health and Well-being.

3. Details

North Tyneside has an Armed Forces Forum that meets three times a year. This has good multi-agency involvement including representation from the reservists and regular services, charities representing organisations that support veterans, the business forum, CCG, Mental Health Trust, DWP, Public Health and a range of other Council services. It is chaired by Cllr Gary Bell with Phil Scott as the Deputy Chair.

Mark Mirfin, Assistant Director for Whole Life Disability (children's and adults learning disability) and Special Educational Needs with responsibilities across Children's Social Care, Adult Social Care and Education will be joining the North Tyneside Armed Forces Forum to represent HECS.

Over the next 3 months, across Children and Adult Social Care the Armed Forces Covenant will be raised at team meetings, reminding officers to ask about any involvement in the Armed Forces. If this raises any specific issues these will be reviewed by the Senior Management Team for HECS.

SIGN network and MyCare North Tyneside has a wealth of information, including specific information about organisations supporting current and ex-members of the armed forces.

The Council has a full time Armed Forces Officer (Laura Potter), who can offer help and guidance, as well as sign post people into HECS.

The CCG attends the Armed Forces Forum. As part of their commitment primary care can access two specially commissioned services

- Veterans' Mental Health Transition, Intervention and Liaison Service
- Veterans' Mental Health Complex Treatment Service

Voluntary and community organisations working with veterans can access safeguarding training and will be subject to the same safeguarding requirements as any organisation supporting vulnerable people.

4. Background Information

The North Tyneside Covenant (attached)

5. Appendices

North Tyneside Armed Forces Covenant
2018 - 2021

An Armed Forces Covenant

between

North Tyneside Strategic Partnership

and

The Armed Forces Community in North Tyneside

Signatories

North Tyneside Armed Forces Forum

ARMED FORCES
COVENANT

Cllr Gary Bell
North Tyneside Council
Armed Forces Champion

8th October 2018

ntsp
North Tyneside Strategic Partnership

ARMED FORCES
COVENANT

Norma Redfearn CBE
Elected Mayor of North Tyneside

Cllr Gary Bell
North Tyneside Council
Armed Forces Champion

5th September 2018

SECTION 1: PARTICIPANTS

1.1 This North Tyneside Armed Forces Community Covenant is for serving and former members of the Armed Forces and their families working and residing in the civilian community of North Tyneside. This includes members of the Armed Forces both Regular and Reserve, in the Naval Service, the Army and the Royal Air Force, together with their families.

SECTION 2: PRINCIPLES OF THE ARMED FORCES COMMUNITY COVENANT

2.1 A Covenant is a promise ensuring that those who serve or have served in the Armed Forces, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services.

Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

2.2 A Covenant focuses on helping members of the Armed Forces Community have the same access to government and commercial services and products as any other citizen.

2.3 The Covenant is a voluntary statement of mutual support between a civilian community and its local Armed Forces Community.

2.4 The purpose of the North Tyneside Covenant is to support the Armed Forces Community working and residing in North Tyneside and to recognise and remember the sacrifices made by members of this Armed Forces Community. This includes in-Service and ex-Service personnel their families and widow(er)s.

2.5 For North Tyneside Council, partner organisations, and the civilian community of North Tyneside the Covenant presents an opportunity to bring their knowledge, experience and expertise to bear on the provision of help and advice to members of the Armed Forces Community. It also presents an opportunity to build upon existing good work on other initiatives.

2.6 For the Armed Forces community, the Covenant encourages the integration of Service life into civilian life and encourages members of the Armed Forces community to help their local community.

2.7 By signing up to the Covenant organisations are committing to produce an annual statement of how they have used this Covenant, and plans for the coming year. These reports will be produced in January each year and reviewed by the North Tyneside Armed Forces Forum.

SECTION 3: OBJECTIVES AND GENERAL INTENTIONS

Aims of the Covenant

3.1 The North Tyneside Covenant complements the principles of the Our Community – Our Covenant Armed Forces Covenant and support already has been acknowledged by awarding North Tyneside Council a silver level in the employer

recognition scheme. Over the life span of this Covenant we are aiming to achieve a gold level.

3.2 The Covenant aims to encourage all parties within the community to offer support to the local Armed Forces community and make it easier for Service personnel, families and veterans to access the help and support available from the MOD, from statutory providers and from the Community and Voluntary Sector. These organisations already work together in partnership, the updated Covenant will ensure we actively review and develop, continuing to make North Tyneside a welcoming and supportive place for individuals and their families.

3.3 The Covenant is intended to be a two-way arrangement and the Armed Forces Community are encouraged to do as much as they can to support their community and promote activity which integrates the Service community into civilian life.

SECTION 4: Measures

4.1 North Tyneside Council will actively support a local Armed Forces Forum that will bring together all stakeholders and be the focus for overseeing the Covenant. Notes from the meeting will be produced that will be available to any interested party.

4.2 The North Tyneside Armed Forces Forum will feed directly into the regional Armed Forces Forum.

4.3 Individual signatories to this Covenant will produce an annual report updating on any actions taken over the past year and identified action plans for the coming year. These plans will be available on the Council's website.

4.4 A named lead will be appointed by Cabinet and will work alongside a named senior officer from the Council.

4.5 A single point of contact officer will be identified and their name and contact details will be made available on the Council's website.

CONTACT PERSONNEL AND TELEPHONE NUMBERS
MOD DCDS (Pers&Trg) Covenant Team

Email address: covenant-mailbox@mod.uk
Address DCDS (Pers) Covenant Team
Zone A, 6th Floor
Ministry of Defence
Main Building
Whitehall
London
SW1A 2HB

In-Service representative(s)
Contact Name: Commanding Officer – Lieutenant Colonel Steven Burton MBE
Title: Lieutenant Colonel
Telephone: 0191 210 3208 / 3200
Address: HQ Coy, 5th Fusiliers
Anzio House, Quayside
Newcastle-Upon-Tyne
NE6 1BU

North Tyneside Council

Lead Councillor:
Contact Name: Cllr Gary Bell
Tel: 07581400017

Lead Officer
Contact Name: Phil Scott
Title: Head of Environment, Housing and Leisure
Telephone: 0191 643 7295
Address: North Tyneside Council,
Quadrant East,
Silverlink North,
Cobalt Business Park,
NE27 0BY

Single Point of Contact
Contact Name: Laura Potter
Title: Single Point of Contact / Armed Forces Officer
Telephone: 0191 643 7732 or Mobile 07583173880

Email: Laura.potter@northtyneside.gov.uk
Address: North Tyneside Council,
Quadrant East,
Silverlink North,
Cobalt Business Park,
NE27 0BY

The Armed Forces Covenant

An Enduring Covenant Between
The People of the United Kingdom Her Majesty's Government
–and –
All those who serve or have served in the Armed Forces of the Crown
And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

Meeting: Adult Social Care Health and Wellbeing Sub-committee

Date: 3 October 2019

Title: North Tyneside Drug Related Deaths Briefing

Authors: Heidi Douglas — Consultant in Public Health
Oonagh Mallon — Commissioning Manager
Helen Maxwell — Commissioning Analyst

Service: Public Health

Wards affected: All

1. Purpose of Report

To present an overview of drug related deaths in North Tyneside and to provide an update on progress to prevent future drug related deaths.

2. Introduction

2.1 The terms 'drug related death', 'drug misuse death' and 'drug poisoning' are often used interchangeably so it is important to understand the definitions.

2.2 The data published by Office of National Statistic (ONS) includes deaths related to all 'drug poisonings'. Drug poisoning includes both controlled and non-controlled drugs, prescription medication (either prescribed or obtained by other means) and over-the-counter medications i.e. any medicinal product (involving both legal and illegal drugs).

2.3 'Drug misuse' deaths are a sub-set of drug poisoning and include deaths where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

2.4 The ONS data includes deaths registered or concluded that year, rather than deaths occurring during that year. Some complex cases can take up to 3 years to conclude.

2.5 This Briefing will use the term drug related death to describe both drug poisonings and drug misuse deaths.

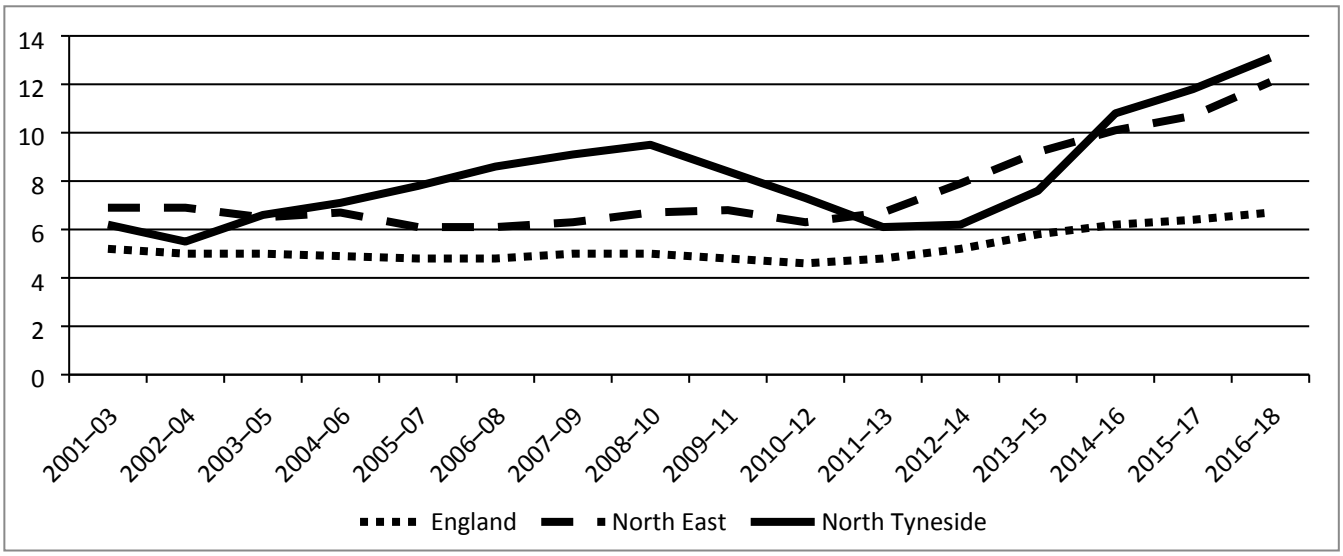
3. Details - Drug Related Deaths - ONS Data

Drug Poisoning Deaths

3.1 There were 4,359 deaths related to drug poisoning in England and Wales in 2018, the highest number and the highest annual increase (16%) since the time series began in 1993.

3.2 The number of drug poisonings in North Tyneside has fluctuated; since 2001-2003 there has been an increase from 36 in 2001-03 to 79 in 2016-18**.** The number of drug poisonings in North Tyneside is at its highest for the reporting period. Figure 1 below presents the rate of drug poisoning deaths from 2011-2018.

Figure 1: Drug Poisonings Deaths - Rate per 100,000 Population



Drug Misuse Deaths

3.3 Two-thirds (or 2,917) of drug-related deaths were related to drug misuse, accounting for 50.9 deaths per million people in 2018, an increase from 43.9 deaths per million people in 2017.

3.4 The North East has a significantly higher rate of deaths relating to drug misuse compared to all other English regions; London has the lowest rate. Over the last decade, the rate of drug misuse has more than doubled in the North East (46.3 deaths per million in 2008 increasing to 96.3 in 2018).

3.5 Table 1 presents ONS data relating to drug misuse 2016-18 for all of the North East Local Authorities.

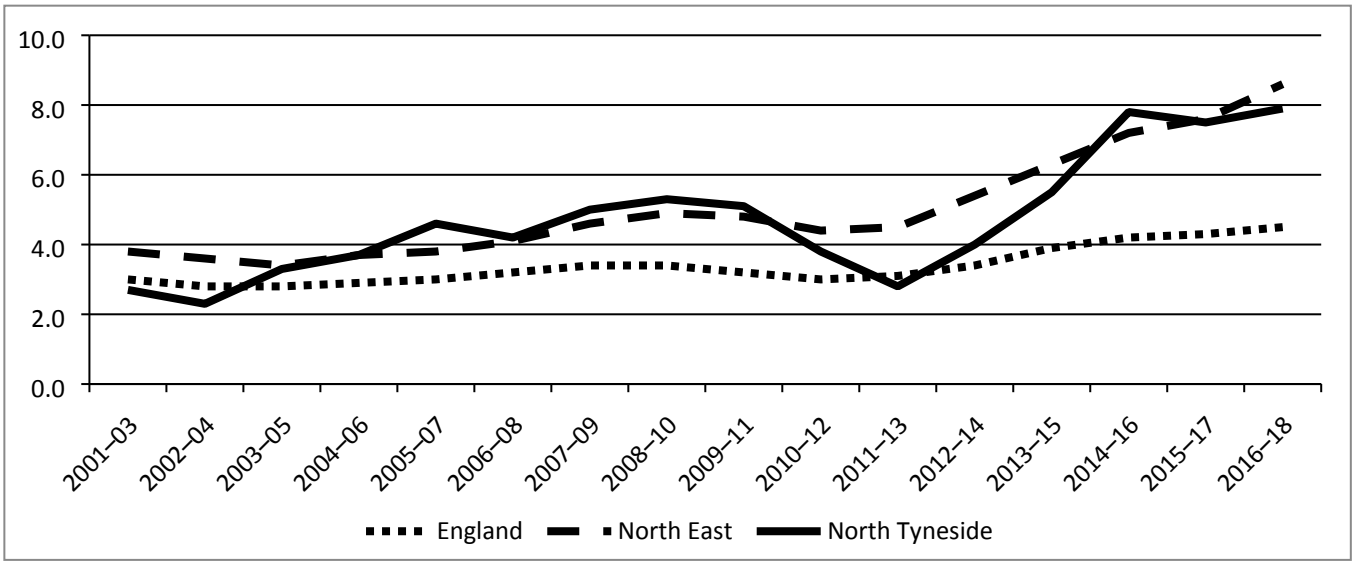
Table 1: Deaths related to drug misuse, by Local Authority, 2016 – 2018.

Area	Number Deaths	Rate (per 100,000 pop.)
England	7,366	4.5
North East	637	8.6
Darlington	19	6.2
Durham	117	8.2
Gateshead	60	10.1
Hartlepool	34	13.1
Middlesbrough	48	12.8
Newcastle upon Tyne	73	8.8
North Tyneside	48	7.9
Northumberland	52	6.0
Redcar and Cleveland	35	9.4
South Tyneside	29	6.8
Stockton-on-Tees	56	10.0
Sunderland	66	8.4

3.6 In the North East; Middlesbrough, Hartlepool and Gateshead have the highest rates of drug misuse deaths in the North East.

3.7 The trend data for drug misuse deaths is similar to that for drug poisonings. There was a decline in 2011-13 with an increase observed up to 2014-16, followed by a period of stable but high rates. Figure 2 below presents this data.

Figure 2: Drug Misuse Deaths - Rate per 100,000 Population



4. Key Drivers for Increased Drug Related Deaths

4.1 A major national review of drug related deaths concluded that the factors responsible for the increase in drug-related deaths are multiple and complex. Availability and purity of drugs particularly heroin, the age, immune system and respiratory health of some cohorts of opiate and opioid users are also important factors.

4.2 There is an ageing cohort of heroin users, many of whom started to use heroin in the 1980s and 90s, who are now experiencing cumulative physical and mental health conditions that make them more susceptible to overdose. A majority of these users appear not to be engaging in drug treatment where they could be protected.

4.3 Access to a range of drug treatment interventions and supply of illicit/controlled drugs are key factors. We know that overdosing becomes more likely if treatment is not properly calibrated and drugs (illicit and controlled) are used on top of what is prescribed.

4.4 Other important issues include the fact that we have improved the reporting of drug related deaths, there has been an increase in poly-drug and alcohol use, and an also an increase in the prescribing of some medicines.

4.5 There have been reports within the media that associate the increase in drug related deaths and the changes in the commissioning for drug treatment services, in particular to move from public health commissioning from the NHS to Local Authorities. This is a very simplistic view and is easily challenged.

4.6 Scotland has had no changes in commissioning of drug treatment and has seen numbers of deaths rise far beyond England rates, and these continue to rise, year on year. Similarly, the rise in England started in 2011, well before transfer of commissioning responsibility for drug treatment services from the NHS to Local Authorities.

5. Reducing Drug Related Deaths – National Context

5.1 We can reduce drug-related deaths, but there are two vital ingredients required. The first is ensuring that there is adequate funding for drug and alcohol treatment services. There has been a reduction in public health funding and the impact of harms to health caused by both alcohol and drugs is not addressed in the NHS Long Term Plan, in relation to how the NHS will invest in both treatment and prevention.

5.2 The second element concerns the lack of national policy regarding drugs. Drug treatment remains almost absent from the heath policy debate and it is telling that the recently published Green Paper on prevention didn't include drugs. National policy does not seem to be focused on the burden of disease to people and society. If it was, we would see drugs much higher up the agenda.

6. Taking Drug Related Deaths Seriously in North Tyneside

6.1 Preventing drug related deaths is something we are taking seriously in North Tyneside. Currently any deaths in treatment (drug related, alcohol related and suicides) are reviewed through the Northumberland, Tyne and Wear NHS Foundation Trust's Serious Incident Review or the Local Area Action Review (LAAR) process. Commissioners and the Consultant in Public Health are notified of any deaths in treatment and invited to attend the LAAR panel to share learning and to participate in any shared actions.

6.2 Key learning to date from the LAAR process and subsequent actions include:

- Developing a multi-disciplinary team to coordinate care plans for clients that require treatment for addiction alongside access to mental health services
- Widening out the provision of naloxone into supported housing providers
- Training staff in supported housing to assess drug and alcohol issues

6.3 Whilst the LAAR is a robust process for reviewing deaths in treatment, the learning from this process is limited to treatment providers and does not include the wider system that a client may have been in contact with prior to their death.

6.4 Another important factor is that it is estimated that only half of all drug related deaths are known to treatment; therefore the current review process is limited to only those who were engaged in treatment.

7. Next steps

7.1 In partnership with Newcastle and Northumberland we are developing an agreed North Tyne approach to learn from drug related deaths, alcohol related deaths and suicides.

7.2 With the agreement of Northumbria Police and the Coroner's office the proposed review process includes the following steps:

- North ICP suicide and drug related death coordinator will notify the nominated Local Authority officer of any death that is suspected to be drug and/or alcohol related and suicides. This information will be similar to the information currently provided to coroners
- The Local Authority officer will keep a record of all deaths and will use the information to map out any reoccurring themes
- Reviews of cases where there is significant learning will be done on an as needs basis and will take the form of an appreciative enquiry process
- This review process will be multi-agency
- The above process aims to ensure that the wider system can learning from, and prevent future drug related deaths in North Tyneside
- The newly established Northumbria Northern Command Area Intelligence Sharing Network will receive an annual report on drug related deaths for both North Tyneside and Northumberland

8. Background Information

The following documents have been used in the compilation of this report and may be inspected at the offices of the author.

ONS Data related to Deaths related to drug poisoning in England and Wales: 2018 registrations

9. Appendices

Appendix 1: Drug Related Deaths: Data Set and Findings from the Coroner Audit

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North Tyneside Council

Quadrant, The Silverlink North, Cobalt Business Park,
North Tyneside, NE27 0BY
Tel: 0345 2000 101

Briefing note

To:	Adult Social Care Health and Wellbeing Sub-committee on Drug related deaths	**Authors:**	Oonagh Mallon, Commissioning Manager Helen Maxwell, Commissioning Analyst Heidi Douglas, Public Health Consultant
Date:	3rd October 2019		

Appendix 1: Drug Related Deaths – North Tyneside

1. Definition

The terms 'drug related death', 'drug misuse death' and 'drug poisoning' are often used interchangeably so it is important to understand the definitions.

The data published by Office of National Statistic (ONS) includes deaths related to all 'drug poisonings'. Drug poisoning includes both controlled and non-controlled drugs, prescription medication (either prescribed or obtained by other means) and over-the-counter medications i.e. any medicinal product (involving both legal and illegal drugs).

'Drug misuse' deaths are a sub-set of drug poisoning and include deaths where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

The International Classification of Disease (ICD) classifies 'drug poisoning' deaths as deaths occurring by:

1. Accidental poisoning by drugs, medicaments and biological substances (X40–X44)
2. Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
3. Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)
4. Assault by drugs, medicaments and biological substances (X85)

5. Mental and behaviour disorders due to drug use (excluding alcohol and tobacco) (F11-F16, F18-F19)

The ONS data includes deaths registered or concluded that year, rather than deaths occurring during that year. Some complex cases can take up to 3 years to conclude.

This Briefing will use the term drug related death to describe both drug poisonings and drug misuse deaths.

2. Drug Related Deaths in North Tyneside - ONS Data

Given that the data relates to very small numbers, there is year on year variation in both directions for drug poisonings and drug misuse deaths. Therefore the ONS publishes the data for three year – rolling periods. This gives an average over the three years.

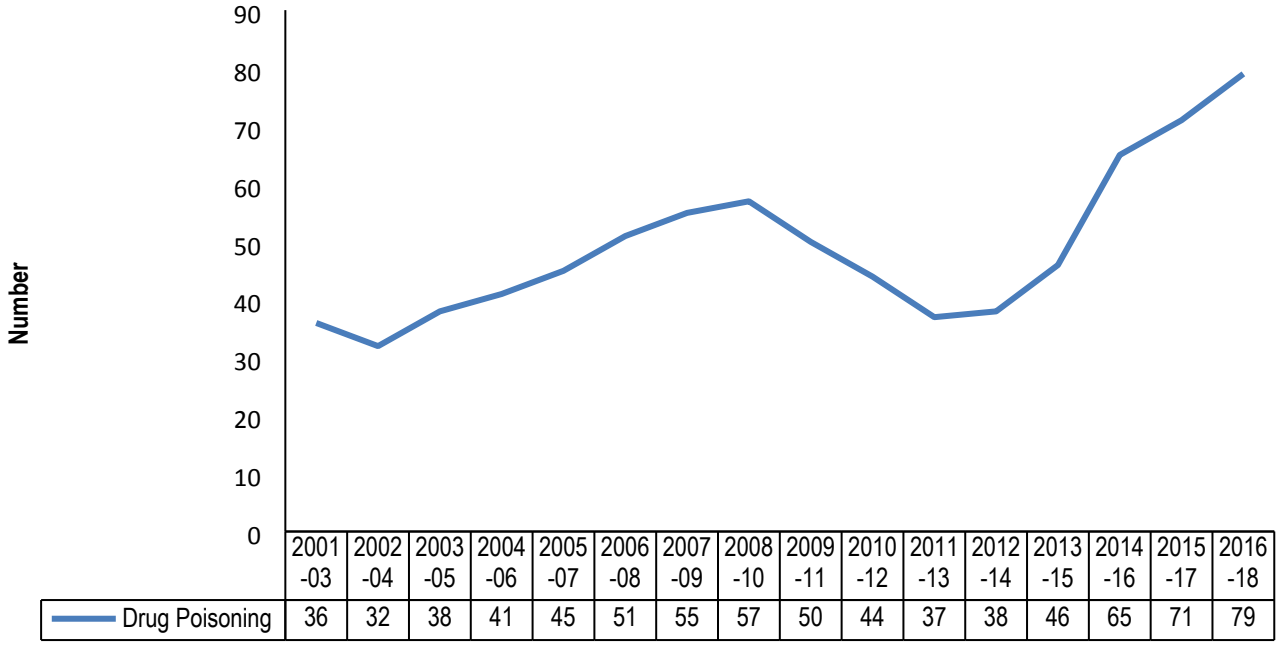
Drug Poisoning

The number of drug poisonings in North Tyneside has fluctuated over the three-year reporting periods since 2001-2003 increasing from 36 in 2001-03 to 79 in 2016-18.

Figure 1 shows that the number of drug poisonings increased steadily until 2008-10, after which there was a decline and a return to the 2003-05 numbers in 2012-14. However since 2012-14 the numbers of deaths increased and are now at an all-time high.

The rise in numbers in these three-year periods represents a 97% increase comparing 2001-03 to 2016-18. The North East has seen a 70% increase and England has seen a 38% increase over this same period.

Figure 1 Drug Poisoning 2001 - 2018



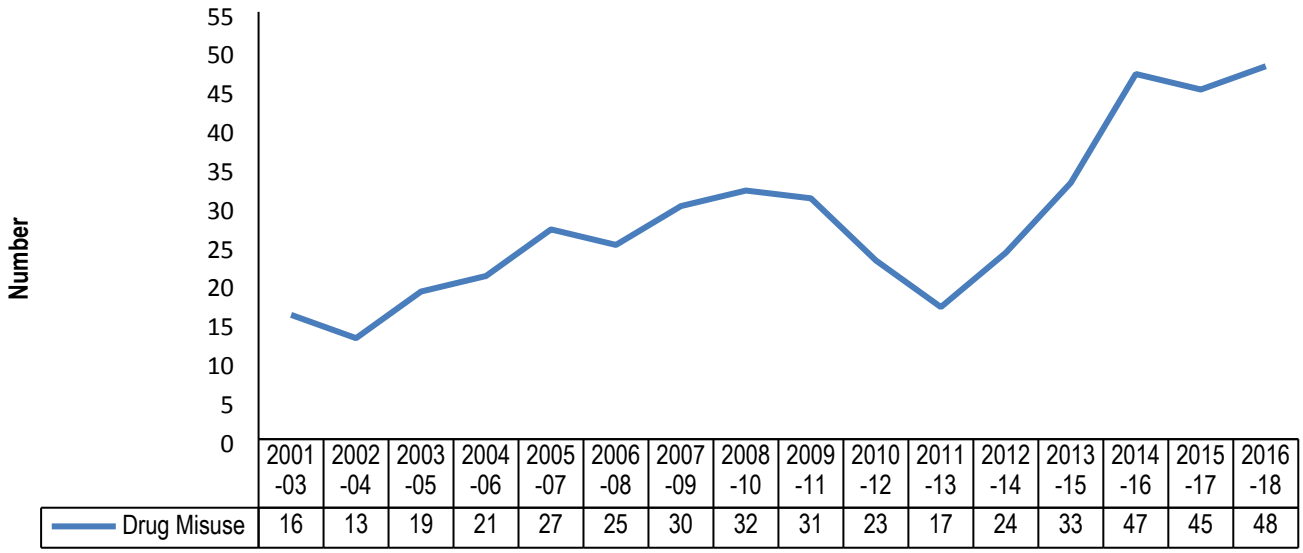
	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18
Drug Poisoning	36	32	38	41	45	51	55	57	50	44	37	38	46	65	71	79

Drug Misuse

The number of drug misuse deaths (a sub-set of drug poisonings) has risen from 16 in 2001-03 to 48 in 2016-18. Similar to drug poisoning deaths the most recent data shows that this too is at an all-time high in North Tyneside (Figure 2).

There has been a 200% increase in drug misuse deaths comparing 2001-03 to 2016-18. The North East has seen a 115% increase and England has seen a 60% increase over this same period.

Figure 2 Drug Misuse 2001 - 2018



The Gap

Drug misuse deaths in North Tyneside make up 61% of drug poisonings compared to 68% and 71% in England and the North East respectively

Table 1 shows the number of drug poisonings and drug misuse and the difference between the numbers in North Tyneside.

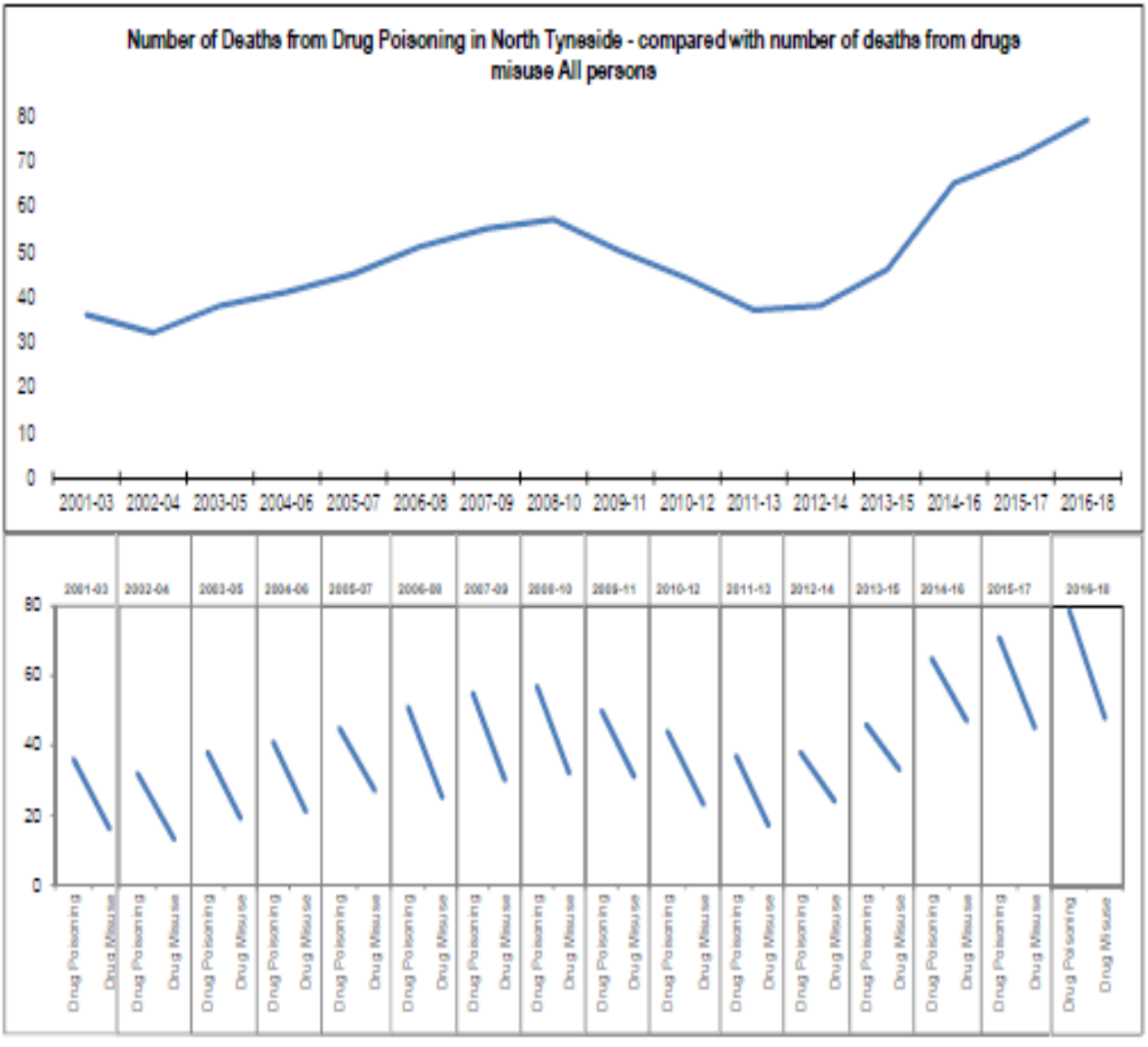
	North Tyneside		
3 year period	Drug Poisoning	Drug Misuse	Difference
2001-03	36	16	20
2002-04	32	13	19
2003-05	38	19	19
2004-06	41	21	20
2005-07	45	27	18
2006-08	51	25	26
2007-09	55	30	25
2008-10	57	32	25
2009-11	50	31	19
2010-12	44	23	21
2011-13	37	17	20

2012-14	38	24	14
2013-15	46	33	13
2014-16	65	47	18
2015-17	71	45	26
2016-18	79	48	31

Figure 3 plots the difference between the two numbers with the upper point representing drug poisoning deaths and the lower point representing drug misuse deaths. A wide gap indicates that drug misuse deaths account for a smaller proportion of the overall drug poisoning deaths.

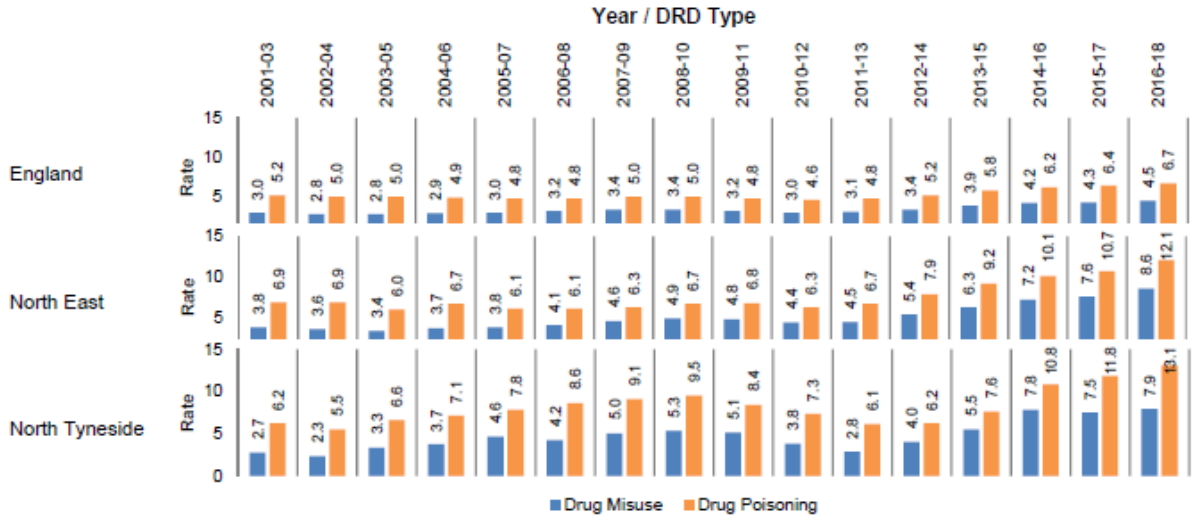
The gap between the number of drug poisoning deaths and drug misuse deaths has widened during the periods of 2015 – 17 and 2016-18 and is similar to the three-year periods for 2006 -10.

Figure 3: Number of Deaths from Drug Poisoning in North Tyneside – compared with number of deaths from drugs misuse (All Persons)



Comparisons with North East and England by All Persons, Males and Females

Figure 6 compares North Tyneside's rate of drug related deaths with the North East and England. North Tyneside's rate of **drug poisonings** is higher when compared with England and the North East.



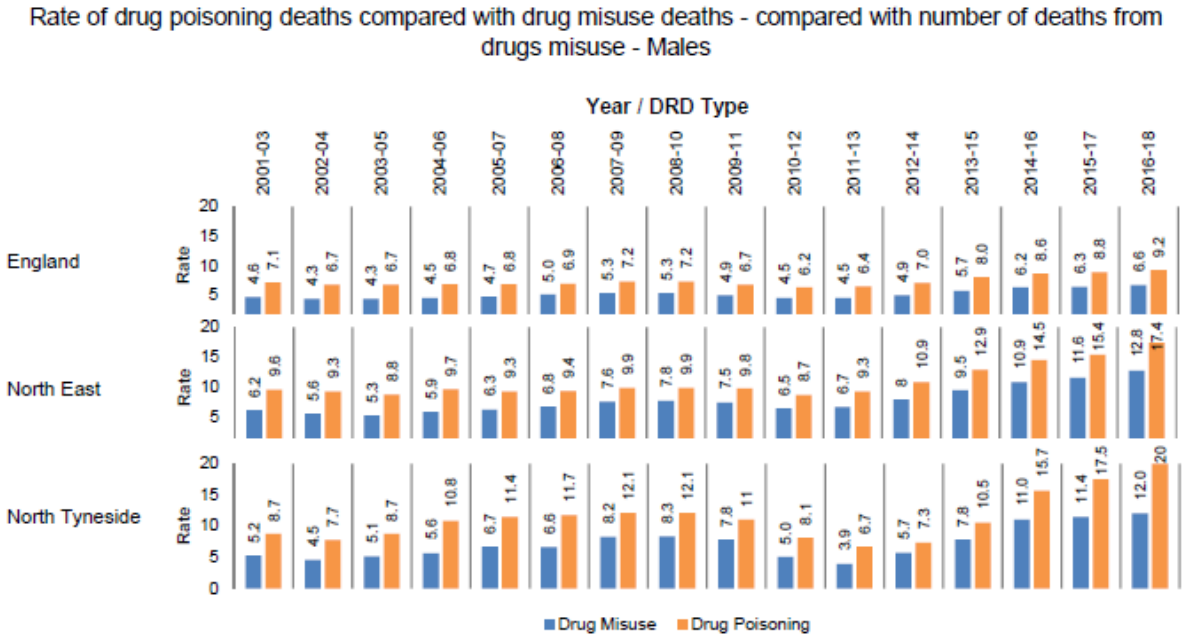
Males

73.4% of **drug poisoning** deaths during 2016-18 occurred in males in North Tyneside. The number of male **drug poisoning** deaths has seen a 130% increase when comparing 2016-18 to 2001-03.

The number of male **drug misuse** deaths in North Tyneside has also seen an increase from 15 in 2001-03 to 35 in 2015-17, which is a 200% increase.

In North Tyneside, male drug misuse deaths accounted for 60% of the male **drug poisoning** deaths in 2016-18, compared with 75% and 71% in the North East and England respectively.

Figure 7



Females

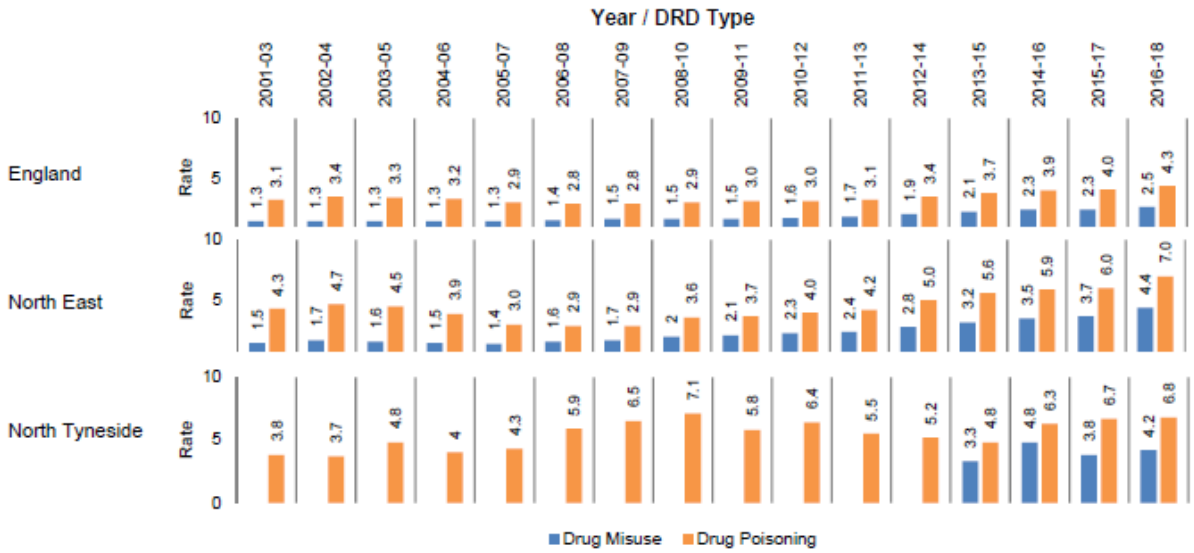
Females accounted for 26.6% of all **drug poisoning** deaths during 2016-18. As the number of **drug poisoning** deaths for females is lower, relatively small changes in the numbers can present with a large percentage change. There were 21 **drug poisoning** deaths in females during 2016-18 (this was the same as the previous three year data set), which is the second highest recorded since 2001-03 (the highest being in 2008-10, when 22 **drug poisoning** deaths were recorded in females).

Drug misuse deaths in females are generally low in number; however they have seen an increase from 1 in 2002-04 to 15 in 2014-16. In contrast to **drug poisoning**, figures for 2016-18 show that drug misuse deaths in females has decreased slightly to 13.

In North Tyneside, female drug misuse deaths accounted for 59% of the female **drug poisoning** deaths in 2016-18, compared with 62% and 58% in the North East and England respectively.

Figure 8

Rate of drug poisoning deaths compared with drug misuse deaths - compared with number of deaths from drugs misuse - Females



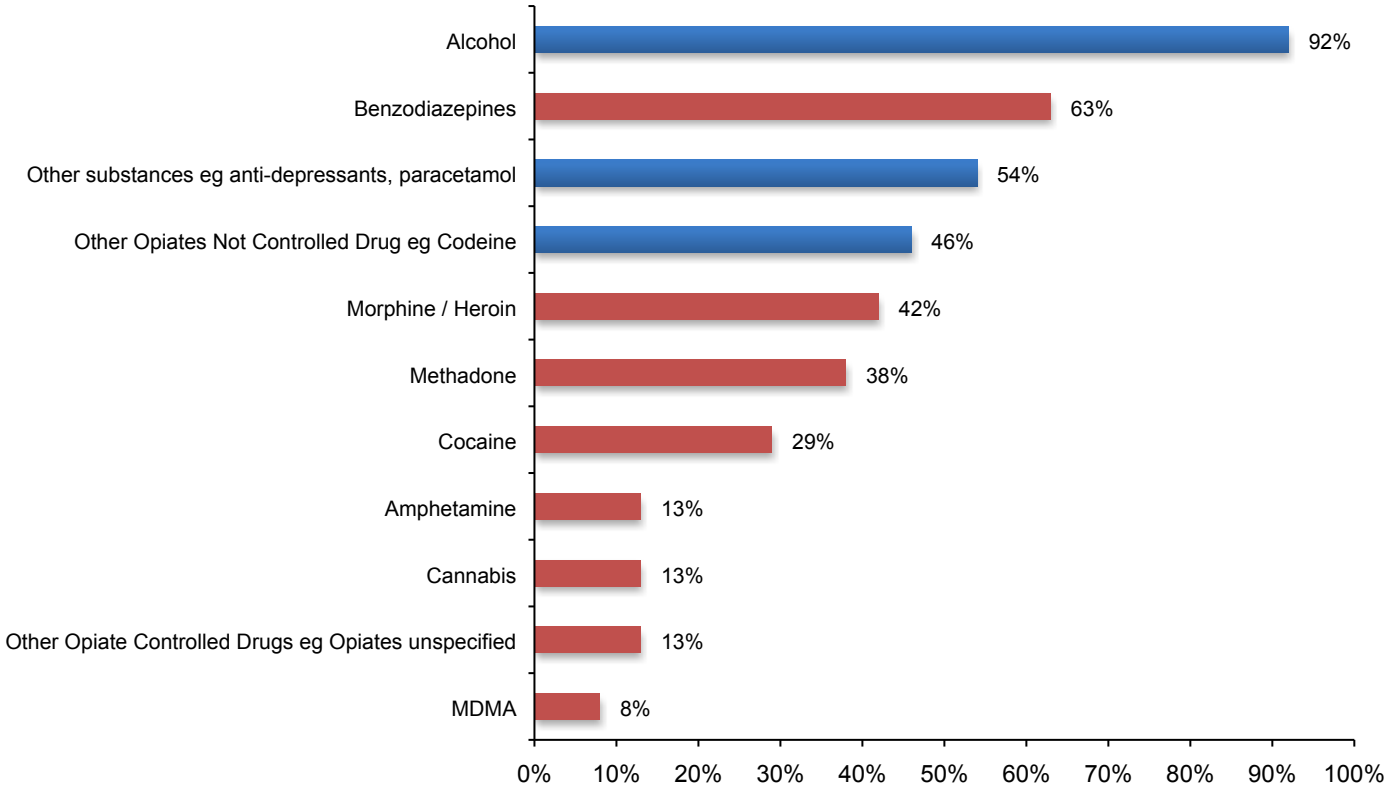
3. Drug Related Deaths - Review of Coroners Files

North Tyneside has not reviewed the Coroners files since 2012; however data analysed between 2007 and 2012 showed there were a total of 24 suspected drug related deaths. The analysis showed that:

- 67% of the suspected drug related deaths were male and 33% were female
- 67% were aged between 25 and 44 years of age.
- 71% were unemployed and seeking work
- 46% lived alone.
- 67% were discovered in another person's home
- 79% had a verdict of Accidental or Misadventure, with 4% having a verdict of Effects of Chronic Drug Abuse
- 25% lived in the North Shields area.

Figure 9 below shows the substances that were stated on the inquest toxicology reports. The substances which are red on the chart are controlled drugs and the substances which are blue are not a controlled drug.

Figure 9: Substances stated on toxicology report



4. Drug Related Death – Review Process

Currently any deaths in treatment (drug related, alcohol related and suicides) are reviewed through the Northumberland, Tyne and Wear NHS Foundation Trust's Serious Incident Review or the Local Area Action Review (LAAR) process. Commissioners are notified of any deaths in treatment and invited to attend the LAAR panel to share learning and to participate in any shared actions.

Key learning to date and subsequent actions include:

- Developing a multi-disciplinary team review process to coordinate care plans for clients that require treatment for addiction alongside access to mental health services
- Widening out the provision of naloxone into supported housing providers

Whilst this is a robust process for reviewing deaths in treatment, the learning from this process is limited to treatment providers and does not include the wider system that a client may have been in contact with prior to their death.

Another important factor is that it is estimated that only half of all drug related deaths are known to treatment; therefore the current review process is limited to only those who were engaged in treatment.

5. Next steps

In partnership with Newcastle and Northumberland we are developing an agreed North Tyne approach to learn from drug related deaths, alcohol related deaths and suicides.

With the agreement of Northumbria Police and the Coroner's office the proposed review process includes the following steps:

- North ICP Suicide and DRD coordinator will notify the nominated Local Authority officer of any death that is suspected to be drug and/or alcohol related and suicides. This information will be similar to the information currently provided to coroners

- The Local Authority officer will keep a record of all deaths and will use the information to map out any reoccurring themes

- Reviews of cases where there is significant learning will be done on an as needs basis and will take the form of an appreciative enquiry process

- This review process will be multi-agency

- The above process aims to ensure that the wider system can learning from, and prevent future drug related deaths in North Tyneside

- The newly established Northumbria Northern Command Area Intelligence Sharing Network will receive an annual report on drug related deaths for both North Tyneside and Northumberland

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