

Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 2 September 2021

Present: Councillor J Kirwin (Chair)
Councillors T Brady, M Hall, M Madden, P McIntyre, J Montague, T Mulvenna, P Richardson and J Shaw.

Apologies: Councillors J Allan, L Arkley and J Cassidy

ASCH14/21 Appointment of Substitute Member

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

Cllr L Bones for Cllr L Arkley

ASCH15/21 Declarations of Interest

There were no declarations of interest.

ASCH16/21 Minutes

Resolved: That the minutes of the meeting held on 1 July 2021 be confirmed and signed by the Chair.

ASCH17/21 Covid Update - Public Health and Adult Social Care

The Sub-committee received a Covid 19 update covering public health and adult social care.

It was noted that Covid rates had stabilised across the country and the North East rate was similar to the rate for England. The number of deaths were low and the Delta variant remained the dominant type.

The rates in the Borough were 690 cases in the last 7 days predominantly in the 50 years and under age group, with the lowest rates in the over 65 years age group.

In relation to the vaccine roll out, 90% of adults in the borough had received a first dose of the vaccine and 82% had received two doses.

Members highlighted concerns about a possible increase in Covid rates when children returned to schools in September 2021.

Young people aged 16-17 years had been invited to book a Covid vaccination and it was noted that an announcement from the Joint Committee on Vaccination and Immunisation (JCVI) was expected on whether to vaccinate young people in the 12-15 age group.

It was explained that plans were being put in place to deliver a booster Covid vaccine and also the Flu vaccination programme in the autumn.

Although there were a significant number of positive cases of the Delta variant, many people had mild symptoms and the vaccination was offering some protection against serious illness, hospitalisation and death. Most patients in hospital with Covid continued to be unvaccinated.

The Sub-committee then received an update in relation to adult social care and the upcoming work to support Care Providers.

There were recruitment and retention issues of staff in a range of social care service areas. The Council were working with North Tyneside Clinical Commissioning Group (CCG), Primary Care Networks (PCN's) and Northumbria Trust to support the booster vaccination programme and vaccinations were mandatory for Care Home Staff who needed to be fully vaccinated with first and second vaccinations.

There was a requirement on registered managers to be assured of compliance for people working in care homes in employed and volunteer roles and for visiting professionals, registered managers would still want to see confirmation of vaccination before allowing into the care home. Other infection control measures and PPE would still apply

The majority of Care Home staff in North Tyneside had been vaccinated and staff were working hard to encourage the small minority of staff who were vaccine hesitant to have the two doses. There was some discussion on whether staff had left Care work due to the vaccination process and it was noted that this would be a concern for the domiciliary care sector.

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

ASCH18/21 Suicide Prevention in North Tyneside

The Sub-Committee considered a report and presentation on the key findings of the 2021 North Tyneside Suicide Needs Assessment and ongoing suicide prevention work and action plan.

The Key findings from the 2021 North Tyneside Suicide Needs Assessment included the following:

- There had been a significant increase in suicide nationally since 2017
- North Tyneside's current suicide rate was similar to the England rate and similar to the rate of the other 11 North East local authority areas
- Early analysis of national real-time suicide surveillance (RTSS) and monitoring of local RTSS indicated that there has been no evidence of a large rise in suicides due to COVID
- Male suicides accounted for approximately 75% of all suicides both nationally and in North Tyneside
- Suicides peak in middle-age nationally and in North Tyneside
- 'Hanging, strangulation, and suffocation' was the most common method of suicide in both

males and females, followed by poisoning nationally and in North Tyneside

The refreshed Suicide Prevention Action Plan for North Tyneside had been developed using national suicide prevention policy and guidance, tailoring this to the needs of the borough identified by the 2021 Suicide Health Needs Assessment. The key driver of suicide prevention work in England was the National Suicide Prevention Strategy published in September 2012 by the Department of Health. The strategy outlined two main objectives:

1. to reduce the suicide rate in the general population in England; and
2. to provide better support for those bereaved or affected by suicide.

This strategy also outlined seven key areas for action for suicide prevention work:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator of suicide risk

The refreshed Suicide Prevention Action Plan provided an outline of the wide range of suicide prevention activities being undertaken by the multi-agency Suicide Prevention Task Group.

Progress on the key actions from the previous 2020-2021 action plan included:

- An updated Suicide Health Needs Assessment that considers the impact of the COVID-19 pandemic on suicide in the borough
- Continual monitoring of real-time suicide surveillance throughout the COVID-19 pandemic and onwards.
- The roll-out of a range of suicide prevention training courses through Tyneside and Northumberland MIND to over 100 frontline workers across the system who support a range of vulnerable groups across our 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 during mental health awareness week and World Suicide Prevention day.
- COVID-19 Grassroots Grants for VODA 'Little boxes of hope' and Helix arts grants
- Ongoing engagement with regional suicide prevention work through the North Integrated Care Pathway and the North East and North Cumbria Integrated Care System

The Sub-Committee discussed the issues raised in the presentation and in the course of discussion raised the following points:

- Men were one of the key groups at highest risk of suicide and were less likely to ask for help in relation to their health and local suicide prevention activity and outreach work was reaching out to men such as work undertaken by the Cedar Wood Trust. There was promotion of the regional work around targeting men through football and the ['Be a Game Changer'](#) Campaign by Newcastle United Foundation encouraged

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people to talk openly about mental health and Sunderland's Foundation of Light had designed a programme just for men on weight management.

- A workstream in the North Tyneside Children and Young People's Plan would use peer support to break down barriers and trained teams would enable adolescent boys in North Tyneside to talk about their feelings and mental health.
- Reference was made to the length of time to obtain a referral to the Child and Adolescent Mental Health Services (CAMHS) and it was highlighted that health services were under pressure.
- Men who were economically vulnerable were at a high risk of suicide and men with serious mental health issues who have had their benefits stopped were extremely isolated.
- It was explained that another stream of work focussed on drug related deaths and deaths from poisoning might well be linked to drug related deaths
- A question was raised about targeted support for people and families affected by suicide and it was noted that families were signposted to the suicide bereavement service If U Care [Share.co.uk](https://www.share.co.uk) and Help is at Hand.
- The importance of self harm being picked up as a trigger was an important part of mental health training
- Local Authority officers had begun a pilot project to achieve an ambition to train all staff and pupils from North Tyneside schools in mental health awareness, with two staff trained as mental health first aiders from each school and this project was welcomed by the Committee.
- At a regional level, the North Integrated Care Pathways (ICP) suicide prevention co-ordinator post had been filled and was hosted by Northumbria Police and brought together all six local authorities, crisis teams and charities with the aim of providing help to those most in need and offered and arranged post intervention support to those affected by suicide. Members hoped that this post would continue to be funded
- In 2020/2021 suicide awareness training had been delivered by the North Tyneside Public Health Team and Tyneside and Northumberland Mind to a wide range of stakeholder staff groups across North Tyneside and was promoted widely.
- Outreach work had been undertaken in work-based settings to encourage help seeking behaviour in men in the borough through the Better Health at Work Programme.

The Chair thanked Laura Keast, the Public Health Speciality Registrar for the informative presentation.

It was **agreed** that the Sub-Committee note the:

- key findings from the 2021 North Tyneside Suicide Needs Assessment.

- initial findings on the impact of COVID-19 on suicide rates; and
- priorities for suicide prevention activity as outlined in the refreshed Suicide Prevention Action Plan.

ASCH19/21 What is Public Health?

The Sub-committee received a presentation on Public Health which included:

- the Wider determinants of health
- Public health interventions and activities
- The statutory public health functions that each area has to provide/commission
- Health inequalities
- Covid-19
- North Tyneside Council's public health responsibilities
- Statutory responsibilities - Sexual health, NHS Health Checks, National Child Measurement Programme, 0-5 children's public health (Health Visiting), public health advice to NHS commissioners, Drug and Alcohol services
- Discretionary functions - Stop smoking services, School nursing, Physical activity, health at work, healthy pharmacy scheme, events and campaigns
- Priority areas for 2021-22 include COVID-19 response and recovery, commissioned services, mental health, tobacco, alcohol, healthy weight, health at work, cancer prevention, children's public health, ageing well, domestic abuse and health inequalities

The Sub-Committee discussed the issues raised in the presentation and in the course of discussion raised the following points:

- Reference was made to the impact of public health on integrated systems and the current work undertaken to pool resources, work across economies of scale and share information with other local authorities across the region on suicide prevention was welcomed and it was noted that improved collaborative/partnership working was the right way forward.
- COVID-19 had brought public health into the spotlight and it had been an 'unequal pandemic' and exposed pre-existing inequalities and widened the gaps
- Public health in local authorities had a central role in tackling COVID-19 at a population and place level
- The leadership, expertise and partnership working were key to developing effective solutions to meet the needs of the local population
- Whilst there were many negatives, the pandemic had led to stronger working relationships and collaboration and the Public Health team would need to keep public health at the centre of public policy to reduce inequalities
- Members commented that the NHS Vaccination Programme in North Tyneside was such a positive example of NHS staff, Local Authority staff and volunteers working

together with a real collaborative effort.

- Public Health England was to split into two organisations UK Health Security Agency (UKHSA) leading on health security and the Office of Health Promotion which would focus on health improvement. It was acknowledged that the Council had a very good working partnership with Public Health England over the last eighteen months and it was hoped that this working relationship would continue with the new Health Bodies when they were established.

The Chair thanked Louise Gray, the Public Health Speciality Registrar for the informative presentation.