

## **Adult Social Care, Health and Wellbeing Sub-Committee**

**Thursday, 3 October 2019**

Present:

Councillors T Brady, J Cassidy, M Green, J Kirwin,  
N Huscroft, T Mulvenna, C Davis and P Richardson

In attendance:

Councillors G Bell

Apologies: Councillors K Clark, M Reynolds, L Miller and A Percy

### **ASCH24/19 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 K Clark.

### **ASCH25/19 Declarations of Interest**

There were no declarations of interest or dispensations.

### **ASCH26/19 Minutes**

Resolved that the minutes of the meeting held on 5 September 2019 be confirmed and signed by the Chair.

### **ASCH27/19 Armed Forces Covenant**

The Sub-committee considered the report, requested by the Sub-committee, providing an update on how the Council is meeting its commitments under the armed forces covenant in relation to healthcare and safeguarding.

It was noted that the North Tyneside Armed Forces Covenant had been updated in October 2018. The covenant is agreed by the North Tyneside Strategic Partnership and the North Tyneside Armed Forces Forum. The purpose of the covenant is to ensure that those who serve or who have served in the Armed Forces, and their families, face no disadvantage compared to other citizens in the provision of public and commercial services.

It was noted that in August 2019 the Council had 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.

An issue was raised about Remembrance Day Events within communities and the difficulty of funding road closures in support of these events. Whilst sympathetic to this issue it was acknowledged that this issue was outside of the scope of this committee.

The Chair thanked Cllr Bell and officers for this report.

## **ASCH28/19 Northumbria Healthcare Foundation Trust**

Representatives from Northumbria Healthcare Foundation Trust attended the meeting to provide information on three areas. This had been requested by the Sub-committee as a follow up on information provided as part of the recent presentation on the Quality Account:

### **1. Realistic Medicine**

Members considered a presentation which set out the developing approach to 'realistic medicine' at the Trust. This approach was aimed at prioritising the health and wellbeing of the patient, rather than taking a primarily medical approach, particularly in relation to end of life care.

Members were generally positive about the presentation and the approach being advocated.

Members raised a number of points including:

- The extent the Trust is working with care homes and training for care home staff;
- The need to address loneliness and isolation, and the benefits of social prescribing;
- Developing connections with the voluntary sector and issues around the impact of cuts on this sector;

### **2. Bereavement Services**

Members considered a presentation which set out new arrangements that are being piloted in relation to the medical examiner role which aims to provide more support to junior doctors and families in relation to death certificates and referrals to the coroner.

Members welcomed the new arrangements which appeared to be offering a better support service to both patients and junior doctors.

The Sub-committee noted the presentation

### **3. Freedom to Speak Up Initiative**

The Trust outlined developments in relation to the 'Freedom to speak up' initiative which had been put in place as a result of the inquiry into Mid Staffordshire Hospital. The initiative is aimed at creating a culture of openness.

Members asked about training for staff in relation to this. It was noted that the initiative was based on a collective leadership approach and that training had been provided to all managers and also to staff. Staff, including doctors, are trained to report any concerns through the normal mechanisms.

The Chair thanked officers from the Trust for the interesting and informative presentations.

## **ASCH29/19 Drug Related Deaths**

The Sub-committee considered a report and presentation which provided an overview of drug related deaths in North Tyneside, and provided an update on progress to prevent future drug related deaths.

The Sub-committee was advised that the data in the report reflected 'drug poisonings' which include both controlled and non-controlled drugs, prescription medication (either prescribed or obtained by other means) and over-the-counter medications.

It was noted that ONS data for 2018 record the highest number and highest annual increase in drug poisoning deaths nationally since the time series began in 1993. In North Tyneside, the number of drug poisonings is at its highest for the reporting period.

It was noted that the North East has a significantly higher rate of deaths relating to drug misuse compared to all other English regions. Over the last decade the rate of drug misuse has more than doubled in the north east. Although North Tyneside has a lower rate of drug misuse deaths than other areas of the North East, it has a high rate compared with the national figure.

The Sub-committee noted some of the action that was being taken in North Tyneside to address and prevent drug related deaths, including a multi-agency recording and review process for drug related deaths, and outreach work in the community aimed at prevention

It was noted that national policy is lacking in this area and the NHS Long Term Plan and the recent Prevention Green Paper don't address drug misuse.

Members raised some questions about the extent that drug related deaths are underestimated. It was noted that decisions on how deaths are recorded are made by the coroner and there can be variations between different coroners' offices.

The Chair thanked officers for the interesting report.