

Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 16 June 2022

Present: Councillor J Kirwin (Chair)
Councillors Michelle Fox, L Arkley, T Hallway,
J Montague, Mudzingwa, T Mulvenna, Neira,
Rebecca O'Keefe, J Shaw and J O'Shea

In attendance:
Councillors

Apologies: Councillors P Richardson

ASCH1/22 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 P Richardson

ASCH2/22 Declarations of Interest

There were no declarations of interest.

ASCH3/22 Minutes

In relation to the minutes, Cllr J Shaw indicated that she would like some additional information included in the minutes to reflect the robust discussion in relation to minute ASCH42/41.

The following amendments were put to the meeting:

para 7 – to add “Concern was expressed by members that evidence existed to suggest that current demand for mental health services provided by the Trust’s CAMHS service and the CNTW to patients attending the Trust’s hospitals, is effectively only available to individuals who are at risk of self-harm and/or suicide.

Para 9 – to be amended to read ‘Members welcomed the focus on staff wellbeing and addressing health inequalities in relation to staff, but also highlighted the need for the Trust’s management to support staff by e.g. ensuring they did not miss breaks or require them to work excessive hours’

To also record that Cllr J Shaw made a strong statement of concern regarding the overall state of the NHS at the present time during the discussion in this part of the meeting.

Cllr L Arkley stated that she did not recall all of these points being made and wished to have it recorded that she did not agree that the minutes be amended, but that these points be recorded as an addition to the minutes.

Following a vote it was resolved that the above amendments to the minutes be agreed.

Resolved:

That the minutes of the meeting held on 30 March 2022, as amended, be confirmed and signed by the Chair.

ASCH4/22 Covid Update: Health and Adult Social Care

The Director of Public Health provided a presentation which set out the current position in relation to Covid and also included an update on Monkey Pox.

It was noted that specific interventions for COVID-19 have now been replaced with general public health measures and guidance following the end of universal free testing and contact tracing. It was noted that protecting the vulnerable remains a priority with asymptomatic and symptomatic testing for NHS and care homes and home adult social care services, symptomatic testing for vulnerable individuals, access to treatments and a continued focus on vaccination. There is an expectation of an Autumn booster for over 65s and vulnerable people.

It was noted that there were early signs of a possible increase in the percentage of people testing positive for COVID-19, likely caused by increases in infections compatible with Omicron variants BA.1, BA.4 and BA.5. In England, the estimated number of people testing positive for COVID-19 equates to 1.46% of the population or around 1 in 70 people. The ONS Infection Survey provides data on a regional level, but unfortunately is not able to provide detailed data at local authority level. It was also noted that hospital admission data for the North East and Yorkshire is showing a small increase from a low level.

It was noted that the local authority has had a systems leadership role throughout the pandemic. It was noted that the specific COVID-19 Engagement Board has been stood down, but the COVID-19 Health Protection Board is continuing as a general health protection board with a full range of partners looking at surveillance, response and management of infectious disease generally across the borough, including COVID-19. There is a continued focus on the vulnerable, in particular work with care homes to manage and respond to outbreaks of infectious disease including COVID-19. Work is also continuing to promote vaccination uptake and to focus on tackling the inequalities that have been amplified by the pandemic.

There was some discussion about vaccination rates, and it was noted that vaccination rates in the borough are high but there are some large variations between wards reflecting wider health inequality issues. It was noted that the vaccination continued to be offered and the local authority had been ringing people to encourage take-up, but this had probably reached a saturation point. Members highlighted some of the positive actions taken to encourage vaccination in harder to reach groups and BME communities. It was noted that some of the lessons learned throughout the pandemic in encouraging vaccine take up were being adapted by other programmes such as breast screening.

Members raised some specific issues about access to the spring booster in some areas of

the borough, particularly in relation to older house-bound residents. The Sub-committee was advised that it was no longer sustainable to continue with extensive outreach work in relation to the booster vaccine as central government funding was no longer available to support this. However, it was hoped that the position for the Autumn booster would be improved with the vaccine offered via pharmacies and GP practices. This was noted, but Members did highlight that access could be uneven across the borough with some wards in a disadvantaged position, for example there are only two pharmacies in Chirton Ward. The Director of Public Health noted the concerns raised and agreed to feed the comments from the sub-committee into the ongoing work to address health inequalities.

Members asked about the ONS survey and noted that it was self-selecting and therefore may not be reflective of the population as a whole, although it was noted that the modelling techniques used to interpret the data will take account of variations.

Members asked whether data was now available to show how many people in North Tyneside died from Covid during the last two years and whether inequalities are reflected in this data. It was noted that around 565 people in the borough have died of Covid, but data is not yet available at a postcode level to allow more detailed analysis. The Director of Public Health highlighted that her Annual Report provided a detailed look over the last 2 years of the pandemic and asked that this be circulated to members of the sub-committee for information. She also stated that she would not have access to mortality data by ethnic group as this is not recorded on the death certificate.

In relation to Monkeypox, it was noted that Monkeypox has now been listed as a notifiable infectious disease in law. To date there have been 504 cases identified in the UK, with 4 cases in the North East but none in North Tyneside.

It was **AGREED** that the following information be circulated after the meeting:

- The presentation slides
- The link to the Director of Public Health's Annual report
- Data on vaccine take up by ethnic group.

ASCH5/22 Autism Strategy

The item was deferred to a future meeting.

ASCH6/22 Work Programme 2022-23

The Sub-committee considered the draft work programme for 2022-23 and the suggestions received for items to consider across the year.

The Sub-committee identified the following items as priority items:

- Access to Dentistry services in North Tyneside – NHS England to be invited to provide information from a commissioning perspective.
- Recruitment and Retention/Training and Support for Care Staff via the Care Academy – this may be something to consider on a cross committee basis.

It was agreed that the Work Programme be drafted based on the above priorities and the additional suggestions contained in the report.