

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 3 March 2020 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 10)
3	Healthwatch Gateshead (Pages 11 - 14) Report of Healthwatch Gateshead
4	A Whole Systems Approach to Healthy Weight (Pages 15 - 28) Report of the Director of Public Health
5	Suicide - Every Life Matters Interim Report (Pages 29 - 48) Report of the Director of Public Health
6	Adult Carers and Carers Relief Service (Pages 49 - 54) Report of the Service Director, Adult Social Care
7	Work Programme (Pages 55 - 58) Joint Report of the Chief Executive and the Strategic Director, Corporate Services and Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 28 January 2020

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, K Ferdinand,
B Goldsworthy, M Goldsworthy, R Mullen, I Patterson,
J Wallace, P McNally, M Hall, J Gibson, Diston, K McClurey,
L Caffrey and B Oliphant

APOLOGIES: Councillor(s): M Hood, A Wheeler, J Lee and H Haran

CHW164 MINUTES SILENCE FOR THE LATE COUNCILLOR NEIL WEATHERLEY

The Committee stood for a minute's silence in remembrance of Councillor Neil Weatherley, who was a member of this Committee and ward member for the Birtley ward, who sadly passed away on 12 December 2019 after a short illness.

CHW165 MINUTES OF LAST MEETING

The Committee agreed the minutes of the last meeting, held on 10 December 2019 as a correct record.

CHW166 PROPOSED EXPANSION AT PRUDHOE HOSPITAL

James Duncan, Deputy Chief Executive, and Mark Knowles, Cedar Programme Director, Cumbria, Northumberland, Tyne and Wear (CNTW) NHS FT attended the OSC and provided a presentation on the proposed expansion plans at Prudhoe Hospital.

The OSC thanked the presenters for their attendance and requested that the Committee undertake a site visit to view the site in due course.

- RESOLVED -
- i) That the information be noted
 - ii) That a site visit for the Committee be organised in due course to view the Cedar Programme and any other sites as necessary as the building programme develops.

CHW167 CONTINUING HEALTH CARE FUNDING CCG UPDATE

Julia Young, Director of Complex Care and Commissioning NewcastleGateshead CCG attended the OSC and provided a verbal update on Continuing Healthcare

Funding. This was in direct response to a query that was raised at the OSC meeting in October 2019, where Gateshead Healthwatch highlighted “that carers across Gateshead and Newcastle have raised concerns about a policy regarding the provision of care at home for people who are eligible for Continuing Health Care, which it is suggested may be limiting the amount of support people may be able to receive in their own home. Healthwatch advised that they have tried to seek clarification from the CCG but have yet to receive confirmation”.

The OSC sought a response to the information set out below from Newcastle Gateshead CCG:

Has a policy been implemented which limits/rations the amount of support someone who is eligible for CHC may receive in their own home?

If yes, when and how was this policy consulted upon and ratified?

If not, are there proposals to implement such a policy, and if so, how will it be consulted upon and ratified?

If there is proposed to be a policy, can the CCG explain how this is applied, (to whom, in what circumstances) and what impact assessments have been undertaken?

It was indicated that the OSC were particularly concerned about the potential impact in terms of end of life care, so requested that the CCG provide clarification specifically as to how the policy (implemented or proposed) applies/will apply to people with end of life care needs.

Julia Young, responded by apologising for the delay in responding to the queries raised by the OSC, as she had been absent from work for a while due to illness.

Julia believed that there had been a miscommunication and confirmed that no such policy has been introduced, and that there no cap on funding and each case is analysed on a case by case basis and on individual need. She also updated the Committee on the work of the Hospice at Home model and offered to bring representatives along to a future meeting to outline their work. The Hospice at Home is hoping to be operational by April of this year and will involves colleagues from MacMillan, local authority and healthcare assistants to provide total wrap around needed care.

Julia also circulated some draft patient and carer leaflets with a view to receiving comments.

- RESOLVED -
- i) That the information be noted
 - ii) That representatives from the Hospice at Home/Community Based Care attend a future meeting of the OSC to discuss their work.
 - iii) That further updates be provided in due course

CHW168 SUICIDE: EVERY LIFE MATTERS - EVIDENCE GATHERING

The Committee received the final evidence gathering session in which a report and presentation was given by Iain Miller, Gateshead Public Health Team and Detective Inspector Lynne Colledge and Detective Inspector Sean McGuigan of Northumbria Police.

The session focused on the roles of the Criminal Justice System, namely Northumbria Police, and the Voluntary Community Sector (VCS), namely the Recovery College Collective (Re Co-Co), and the range of work they are both involved in supporting some of our most vulnerable people in Gateshead and championing Suicide Prevention interventions in the Borough. The report also outlined services commissioned through Newcastle Gateshead CCG that are complimentary to the services provided by the Police.

The Committee received an update on:

- Northumbria Police's role in Suicide Prevention
- Harm Reduction Units (HRU's)
- Street Triage
- Negotiators
- Voluntary Community Sector (VCS) role in Suicide Prevention – case example, Recovery College Collective (Re Co-co)
- Complimentary Commissioned services through Newcastle Gateshead Clinical Commissioning Group (CCG)
- Psychiatric Liaison Teams
- Intensive Community Treatment Service (ICTS)
- Crisis Home Treatment Team (CRHT), and
- Crisis and Urgent Response Team

- RESOLVED -
- i) That the information be noted
 - ii) The Committee were pleased to note the positive impact that Partnership working at a range of levels has in the delivery of preventative work into Gateshead
 - iii) That an interim report of the evidence given over the four sessions to the OSC will be presented to the Committee at their session on 4 March 2020.

CHW169 DRUG RELATED DEATHS UPDATE

The Committee received a report which provided an overview of drug-related deaths in Gateshead and the work of that is being undertaken to tackle these.

The local provider of substance misuse services, commissioned by the Council, is the Gateshead Recovery Partnership (with Change Grow Live – CGL – as the lead provider), which comprises three elements:

Clinical support service: including prescribing, screening, interface with other clinical services (e.g. mental health) and clinical governance

Treatment and care: including keyworkers for all clients, to ensure coordinated

care, psychosocial interventions, recovery coordination and safeguarding
Recovery, abstinence and wellbeing: including relapse prevention, support networks, housing, education, employment or training, and work to 'break the cycle' of addiction.

2016-2018 saw a significant rise in the number of drug-related deaths (DRDs) in England, the North East and in Gateshead, with the North East having a notably higher rate of such deaths than all other English regions. This national trend began in 2012. Each life lost is a tragedy, with a profound and lasting impact on families and communities.

The Committee were advised that preventing DRDs has always been a priority for the Council and its partners, and over recent years we have implemented new initiatives and ways of working which have helped save lives. The Committee were advised that the definition of DRD only covers those deaths where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances are controlled under the Misuse of Drugs Act (1971) (this also includes Novel Psychoactive Substances). It does not include those individuals who may misuse drugs but die prematurely from physical health conditions or suicide.

In 2012, there were 6 DRDs in Gateshead. This figure increased steadily to 19 deaths in 2016, before falling back to 12 in 2017. However, in 2018 there were 34 DRDs, and the provisional figure for 2019 is 25. These are local figures based on notifications from the Coroner.

The Office for National Statistics (ONS) publishes a standardised rate of deaths (per 100,000) from drug misuse for 3-year rolling periods. These figures are for deaths registered, rather than deaths occurring in, in calendar year. Recently released data give the rate of deaths for Gateshead in 2016-18 as 10.1 per 100,000. This was a 24.7% increase on the rate for 2015-17 and represents the highest ever recorded rate in Gateshead and the highest number of deaths.

The Gateshead DRD rate is higher than that for the North East, but the difference is not statistically significant. Furthermore, the Gateshead rate (and the North East rate) is significantly worse than the England rate of 4.5 per 100,000. Gateshead has the 5th highest rate of deaths of all local authorities in England.

The Committee were advised that the increase in deaths experienced in Gateshead and the North East since 2012 has been seen across the country. There are many factors of significance in the increase. Firstly, heroin and other opioids are the most common substance involved in deaths, and since 2012 the availability of heroin has increased significantly: in 2017, opium cultivation in Afghanistan reached a record high. There has also been an increase in the supply and purity of cocaine (including crack), and a more complex mixture of substances is becoming available, often through the internet and highly organised criminal activity. The risks increase for individuals if they are using a cocktail of different drugs, including alcohol.

The age of those dying is also typically increasing, reflecting long-term use: health conditions such as respiratory and cardiovascular disease are common concerns amongst long-term users for example, and those suffering these physical problems

are at greater risk of death if they overdose. The peak age for deaths nationally in 2017 was people in their 40's, although locally in 2019 the average age of death was 37 for both males and females.

Locally (and nationally), the majority of deaths are males. The data for 2019 show us that this trend is continuing with 76% of suspected local DRDs being male and 24% women.

The Committee were advised that Public Health recommends that a confidential inquiry should undertaken following a DRD. In Gateshead this process is called a drug-related death review. The purpose of the review is to establish if there are any lessons to be learned from the circumstances of the case about the way in which we all work together with those who misuse drugs, to identify emerging themes and trends and to improve practice by acting on that learning. In response to increasing levels of DRDs, our review process was updated in 2018, with the group (which is led by Public Health) meeting much more frequently to ensure reviews are completed and the learning acted upon in a timely manner. Each year we publish an annual report on DRDs which is presented to the Health & Wellbeing, Community Safety and Local Safeguarding Adult Boards, highlighting common factors in local deaths, our learning from those deaths and action we have taken.

Although we have reduced our expenditure on substance misuse since 2013, a lot of this has been achieved through redesign and integration of different elements into a single holistic service. In 2018, partly in response to the learning from DRDs, Gateshead Council reviewed and recommissioned the local substance misuse service, developing the new Gateshead Recovery Partnership model. Whilst it is recognised that access to treatment reduces risk of drug related death, it cannot remove it completely.

Examples of actions based on learning points from individual deaths have included steps to achieve closer working between the Gateshead Recovery Partnership and local mental health services, and with the safeguarding team, with a large safeguarding workshop being held in autumn 2019.

Naloxone (a product which reverses the effects of overdoses) is now made available to all heroin/opiate users, as well as carers, family members, and some staff groups, and has prevented a number of deaths. Training sessions on harm reduction and overdose awareness have increased.

Locally, the council and the public health team look holistically at addressing the harm caused by substances and have excellent relationships with Northumbria Police who help disrupt and tackle supply. Through the Community Safety Board, we have recently established the Central Drugs Alliance with the police, Newcastle Council and treatment services to work together to share valuable information and disrupt supply.

In recognition of the contributory respiratory health factors that can lead to an individual being more susceptible to DRD, there have been developments within the substance misuse service. This year, for the first time, the service was able to administer flu vaccinations alongside treatment appointments for its service users.

Service users also have access to an in-house Stop Smoking Service and progress is being made to deliver a respiratory screening service from the Gateshead Recovery Partnership base at Jackson Street.

Cocaine and crack users are less likely to be engaged with substance misuse services as they are often seen as being less harmful (e.g. cocaine is widely used as a recreational drug), so the increasing number of deaths featuring these substances requires a different approach. Discussions have been held with regional colleagues about the joint delivery of a cocaine campaign to highlight the risks from its use.

The Public Health team is linking in with Newcastle University who are leading on a peer research study into DRD and Multiple and Complex Need. The research is at a final stage and the findings will inform our ongoing approach to reducing risk.

Public Health England have developed a self-assessment toolkit on DRDs. This is currently being completed alongside Gateshead Recovery Partnership, with input from service users. The Committee were advised that if any areas of development are identified these will be addressed.

A Members Seminar in Drug Related Deaths was held in December 2019 where further information was shared on local DRDs and the actions that Public Health are taking to address them.

RESOLVED - That the information be noted

CHW170 HEALTH & WELLBEING BOARD PROGRESS UPDATE

The Committee received a report providing an update on the work of the Gateshead Health and Wellbeing Board for the six-month period April – September 2019.

The following key issues considered by the Health and Wellbeing Board were outlined as follows:-

- Health & Wellbeing Strategy Refresh
- Integrating Health & Care in Gateshead
- Early Help Services
- Transforming Care: Older Persons Care Home Model
- Development of Primary Care Networks in Gateshead
- Healthwatch Gateshead – Update on Priorities and Research Work
- Assurance/Performance Management, which included - Safeguarding Adults & Children; Local Safeguarding Children Board (LSCB); Safeguarding Adults Board (SAB) and Better Care Fund

Other issues also considered by the Health and Wellbeing Board included:

- Air Quality Update
- Climate Change Motion
- Deciding Together, Delivering Together
- Achieving Change Together (ACT) and
- CAMHS New Structure

- RESOLVED -
- i) That the information be noted
 - li) That the progress update on the work of Gateshead's Health & Wellbeing Board for the first six months of 2019/20 be noted

CHW171 ANNUAL WORK PROGRAMME

The Committee received the provisional work programme for the municipal year 2019-20.

It was noted that the work programme was endorsed at the meeting on 23 April 2019 and councillors agreed that further reports will be brought to future meetings to highlight current issues/identify any changes/additions to this programme.

Appendix 1 (appended to the main report) set out the work programme as it currently stood and highlighted proposed changes to the work programme.

- RESOLVED -
- i) That the information be noted
 - ii) That further reports on the work programme be brought to Committee to identify any additional policy issues which the Committee may be asked to consider

Chair.....

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TITLE OF REPORT: Healthwatch Gateshead

**REPORT OF: Felicity Shenton - Deputy Chief Executive/Operations
Manager**

Kim Newton - Project Manager

Beth Nichol – Volunteer and Outreach Coordinator

Summary

1. The OSC is asked to note the proposed priorities of Healthwatch Gateshead for 2020-21
 2. The OSC is asked to receive the final report on ASCD and its findings at a forthcoming OSC meeting
 3. The OSC is asked to receive an update on the current work of Healthwatch Gateshead
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Healthwatch Gateshead Priorities 2020-21

Healthwatch Gateshead Committee has listed the following topics as potential priorities for 2020-21.

1. Interpreting services (Newcastle and Gateshead)

We have heard concerns from service users about interpreting services for people who are deaf and need BSL interpreters and from people for whom English is not their first language.

2. Risk of falls

The Gateshead health and care system has been looking at how to reduce the risk of falls and the link between ageing and falling. It would be useful to find out about the public's understanding of these and their experiences of services that aim to help this issue.

3. Standards of care in residential settings

From national reports and programmes like last year's Panorama exposé of the treatment of residents of Whorlton Hall in Durham, we are aware that the care some people receive in residential care settings can be an issue.

4. Supporting young people who are facing gender identity issues
(Newcastle and Gateshead)

There is a lack of gender identity support for young people, with one national service provided from Leeds or London. Waiting times are a minimum of 18 months.

5. Use of pharmacies (Gateshead and Newcastle)

We know from our outreach work with the public, and from talking with pharmacists and other health professionals, that a lot of people don't know that they can go to their pharmacist for advice and treatment rather than depending on GPs, urgent care and emergency departments.

Adult Social Care Direct (the front door to adult social care)

One of the priority areas for 2019-20 was to carry out research on Adult Social Care Direct. This research took place over the summer and autumn of 2019. The findings are currently being shared with key stakeholders in draft and we are awaiting feedback. The final report is due to be published in March 2020 and will include recommendations and responses from Gateshead Adult Social Care. We will present the final report at a future OSC meeting.

Outreach and engagement

In the past four months we have held 25 events and stalls. Outreach events are now displayed on an interactive map on the Healthwatch Gateshead website (healthwatchgateshead.co.uk/about-us/our-work). These have varied from groups with young people (Gateshead College), complex learning disabilities (Inspired Support), older people (residential and care homes) and Refugee and Asylum seekers (Peace of Mind). We are also working hard to ensure that there is good geographical reach across the authority.

Working with the Asylum Seeker and Migrant Child Clinic at the Queen Elizabeth Hospital, we supported them to build a business case for the clinic by collecting patient experiences. Feedback from the focus group showed that the clinic is a very useful resource, however, the main barrier in accessing health services is due to a lack of suitable interpreters. For example, interpreters speaking the wrong language, not knowing medical terminology and cancelling last minute. This has been reported back to the clinic and we are now conducting a survey with the support of Gateshead Housing to gather more evidence of this issue which will be reported to NHS England to support the current commissioning process for Translation and Interpreting services.

Healthwatch is supporting the development of the Health and Wellbeing Strategy 2020 'Good Jobs, Homes, Health and Friends' by engaging with a small number of community groups to ensure that there is feedback from members of the public on the new strategy. We hope to have this work completed by Easter.

We are currently asking the public to help us choose our work priorities for the coming year 2020-21. They include Interpreting services, risk of falls, standards of care in residential settings, supporting young people who are facing gender identity issues and use of pharmacies. This is being promoted online and at stalls within the community. More information can be found at <https://healthwatchgateshead.co.uk/priorities-for-2020-21/>

We continue to provide an Information and Signposting Service with online and telephone enquiries covering all aspects of health & social care.

Commissioned work

Integrated Care System

Integrated Care System (ICS) asked us to hold focus groups about health and wellbeing. Focus groups took place with Peace of Mind (refugees and asylum seekers), Inspired Support (LD/autism) and Gateshead College (young people). We identified issues of staying healthy due to cost, time and education. These issues have been reported back.

Emergency Departments

Newcastle Gateshead CCG wants to improve choices available to people when they need health care urgently (within 24 hours) but it's not serious enough to be life threatening. Alongside Healthwatch Newcastle and Healthwatch North Tyneside we carried out patient surveys at the QE and RVI ED Departments over a 48-hour period over two weekends to understand how people make decisions about the right place to access help. The information has been reported back.

Strategic influencing

Felicity Shenton Deputy Chief Executive/ Operations Manager for Healthwatch Gateshead represents Healthwatch on the following Boards:

- Health & Wellbeing Board
- Gateshead Adult Safeguarding Board
- Gateshead Carers Partnership
- Gateshead JSNA Working Group
- Care Health and Wellbeing Overview and Scrutiny Committee
- CCG – Primary Care Commissioning Committee
- CCG – Patient, Public and Carer Engagement Forum
- CCG – Involvement Forum
- NEAS – Stakeholder Equality Group
- CNTW – Service User and Carer Reference Group
- Mental Health Crisis Care Concordat
- Learning Disability Partnership Board

Healthwatch Gateshead is also represented at a regional level on the following:

- Overview and Scrutiny Committee for the North East and North Cumbria ICS & North & Central ICPs

Felicity Shenton
14.2.20

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TITLE OF REPORT: A whole systems approach to Healthy Weight

REPORT OF: Alice Wiseman, Strategic Director of Public Health and Wellbeing

SUMMARY

The purpose of this report is to provide Overview and Scrutiny Committee with an understanding of the complexity of the healthy weight agenda and overview of the healthy weight work that is being undertaken in Gateshead across the life-course as part of a whole system approach.

The report will cover the following areas:

- Background.
- The scale and complexity of the problem.
- The evidence base.
- Whole system approach.
- Progress update.
- Recommendations.

Obesity is described as one of the most serious public health challenges in the 21st Century. It is recognised as a complex problem and the causes are affected by many factors including our behaviours, environment, biology, society and culture.

Almost three in four adults in the UK will be overweight or obese by 2035 and over the next twenty years rising levels of obesity could lead to an additional 4.62 million cases of type 2 diabetes, 1.63 million cases of coronary heart disease and 670,000 new cases of cancer

A simple and frequent stance is to focus on individual lifestyle choice, but this is only one small part of the picture. The complexity demands a whole system approach if we are to reduce prevalence and tackle the agenda effectively, with action at an individual, environmental and societal level.¹

The evidence is very clear that policies aimed solely at individuals will be inadequate and will not be sufficient to reverse this trend. Significant effective action to prevent obesity at a population level is required.

BACKGROUND

1. On the face of it, obesity appears relatively simple to understand. If people consume too much food and don't expend sufficient energy, then overweight and obesity rates increase. Conversely, if this is reversed then an energy

¹ <https://www.local.gov.uk/making-obesity-everybodys-business-whole-systems-approach-obesity>

balance should be achieved that sees the problem reduce over time. However, this is simplistic and overlooks the fact that the causes of overweight and obesity are complex, with many and multi-layered factors at work rather than one tangible cause to focus on. Obesity is the consequence of interactions between a wide variety of variables and determinants related to individual biology, eating behaviours and physical activity, and set within a social, cultural and environmental landscape.

2. The impacts of societal changes are reflected in this quote from the Foresight Report on obesity (2007):²

'People in the UK today, don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales. Being overweight has become a normal condition, and Britain is now becoming an obese society'.

3. The Foresight report identified over 100 factors that contribute to the prevalence of obesity. These can be broadly clustered into groups of influences including societal, media related, food industry, biological, environmental and psychological factors.²

THE SCALE OF THE PROBLEM

4. Maternal obesity is linked to an increased risk of pregnancy related complications and children becoming obese in later life. Data on the prevalence of maternal obesity are not collected routinely in the UK. In England it is reported that 27% of women are overweight and 21% of women are obese at the start of pregnancy.
5. Local data for Gateshead shows that 20% of women have a BMI of over (obese) on antenatal booking (the caveat for the data is that not all women attending a booking appointment at Gateshead Health NHS Trust will be Gateshead residents).³
6. Gateshead has seen an improvement in the recording of infant feeding status due to being able to capture the data electronically. The number of infants partially and totally breastfed has also seen an improvement where previously Gateshead has been around 36% per year. The mean percentage for the full year (2019/2020) based on the performance for the first three quarters is 39.4% (unpublished data, 0-19 reporting).
7. Recent predictions indicate that by 2050, approximately 25% of all young people under twenty years of age are expected to be obese. Obesity in young people is difficult to treat and there is a high risk of persistence into adulthood. Nine percent of children in England are obese when they start school and a

² Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, Parry V. (2007) Foresight Tackling Obesities: Future Choices Project Report (2nd edition), Government Office for Science, London, UK (www.foresight.gov.uk).

³ Maternity Services Data Set (MSDS), NHS Digital" (2016/2017).

further 13% are overweight. By the age of 10 to 11 years, 20% of children in England are obese and 14% are overweight.²

8. Over one in five children in Gateshead start school overweight or obese. By Year 6, in Gateshead over 1 in three children are overweight or obese. Of those children who are obese at preschool age, research suggests that between 26% and 41% will go on to be obese in adulthood.⁴
9. In Gateshead 12.1% of 4-5-year olds and 24.2% of 10-11-year olds living in Gateshead were classed as obese in 2018/19. The proportion of 4 -5-year olds classed as obese is higher than the England average of 9.3% and the proportion of 10-11-year olds classed as obese is higher than the England average of 20.1%.⁵
10. Of children attending Gateshead schools, 25.3% of 4-5-year olds and 37.8% of 10-11-year olds were classified as overweight or obese (excess weight). The proportion for 4-5-year olds is higher than the England average of 22.6%, and the proportion for 10-11-year olds is significantly higher than the England average of 34.3%.⁵
11. Overall NCMP routine data shows that there are more overweight children in areas of socio-economic deprivation compared to more affluent areas. Children living in the 10% most deprived areas are twice as likely to be obese than children living in the 10% least deprived areas.
12. Research shows that children in North East England have extremely low levels of regular moderate to vigorous physical activity, have high levels of sedentary behaviour and consume a diet low in fruit and vegetables. Findings from the Gateshead Millennium Cohort Study indicate that physical activity is in decline from age 7 among boys and girls, challenging previous orthodoxy that it declines in adolescence and suggesting there is a need to understand why this change takes place.⁶
13. Evidence also suggests that there is a complex but important connection between both obesity and emotional health and wellbeing. This emerges during a child's early years, with behavioural issues more prevalent among obese three years olds than their peers. Obese children may be more likely than their peers to experience the burden of psychiatric and psychological disorders into adulthood.⁷
14. The costs associated with childhood obesity are significant. According to an economic analysis in the Chief Medical Officer for England's 2012 annual report, the short-term costs of childhood obesity are estimated at £51 million per year, and long-term costs (including health care and non-health care costs) estimated at £588–686 million.

⁴ <https://www.gov.uk/government/publications/reducing-obesity-future-choices>

⁵ NHS Digital (2017) National Child Measurement Programme – England, 2018-19.

⁶ Farooq MA, Parkinson KN, Adamson AJ et al (2017) Timing of the decline in physical activity in childhood and adolescence: Gateshead Millennium Cohort Study British Journal of Sports Medicine 0: 1-6. doi: 10.1136/bjsports-2016-096933

⁷ NOO (2012) Child Obesity and Socioeconomic Status

15. By 2050, modelling indicates that 60% of adult men, 50% of adult women could be obese. Although personal responsibility plays a crucial part in weight gain, human biology is being overwhelmed by the effects of today's 'obesogenic' environment, with its abundance of energy dense food, transport and sedentary lifestyles.⁸
16. Current data shows that 69.4% of adults in Gateshead have excess weight according to survey data. This is significantly worse than the England average of 64.8%. Almost two in every three adults in Gateshead has excess weight and around one in four are obese.⁹
17. The 2016 Gateshead Health and Lifestyle Survey highlighted wide variations of adult obesity across Gateshead with the highest levels in the most deprived areas. For example, in the most deprived areas of Gateshead, the proportion of obese adults is almost double compared to the least deprived areas. There are also variations across age groups, with highest levels of obesity in those aged 55 to 64 and lowest levels amongst 18 to 24 year olds.
18. Physical activity is often described as the most cost-effective drug in terms of addressing obesity. In Gateshead, just over half of adults undertake the recommended amount of physical activity, which is similar to the England average. This means that just under half of the adults in Gateshead could improve their health and wellbeing and reduce their risk of developing conditions such as heart disease, if they increase their physical activity.
19. Obesity does not affect all groups equally. The rates of excess weight are even higher in adults with severe mental health illnesses and learning disabilities. The latest experimental statistics on the health and care of people with learning disabilities suggests that excess weight is twice as prevalent in adults aged 18-35 years old with a learning disability whilst the prevalence of obesity in individuals with severe mental illness (SMI) can vary depending on the psychiatric diagnosis.
20. It is estimated that by 2050, obesity and overweight will cost the NHS almost £10 billion a year, and the full economic cost will rise from around £27 billion today to £50 billion by 2050.¹⁰
21. NHS costs attributed to overweight and obesity in Gateshead are estimated to be £68.7 million per annum for 2015. (please note: this is most recent data available and will not reflect the current cost).¹¹
22. Approximately a third of fast food outlets in England are found in the most deprived communities. Fast food outlets account for more than a quarter (26%) of all places to eat in England.¹²

⁸ McPherson K, Marsh T, Brown M. Modelling Future Trends in Obesity and the Impact on Health. Foresight – Tackling Obesities: Future Choices – Government Office for Science, 2007

⁹ <https://digital.nhs.uk/areas-of-interest/public-health/data-and-information/areas-of-interest/public-health/health-survey-for-england-health-social-care-and-lifestyles>

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

¹¹ Turning the Tide of Inactivity / NOMIS 2011

23. Gateshead has the fifth highest rate of fast food outlets per 100,000 population in the North East (160.5 per 100,000) and is above the England value. The presence of fast food outlets in the Metro centre is the highest (29 fast food outlets), followed by the Bridges ward (26 fast food outlets) and Birtley, with 21 fast food outlets. (Please note the fast food outlet is different to the hot food takeaway data used in Gateshead and in this instance 'fast food' refers to covers a range of outlets that include, but are not limited to, burger bars, kebab and chicken shops, chip shops and pizza outlets.¹²

THE EVIDENCE BASE

24. The evidence base on effective action to tackle obesity remains weak and skewed towards individual level downstream approaches (trying to manage the consequences of obesity rather than more upstream approaches, which attempts to solve the real problems underpinning obesity).

25. The evidence is very clear that policies aimed solely at individuals will be inadequate and will not be sufficient to reverse this trend. Significant effective action to prevent obesity which takes account of the social, economic, environmental, commercial and political determinants is required. Action should be taken at a population level.

26. Currently there are very few examples around the world of successfully reversing the trend of 'obesity' despite over a decade of intervention. The evidence base suggests that to tackle obesity effectively we need an approach that involves the whole system.

27. A local whole systems approach to obesity is a 'Health in All Policies' approach, which draws on local authorities' strengths, supports their leading priorities, and recognises that they can create their local approaches better and more effectively by engaging with their community and local assets.

WHOLE SYSTEM APPROACH

28. The evidence and economic case suggest that tackling obesity requires a comprehensive, multi-agency strategy that focuses on reducing risk factors and their unequal impact from pregnancy through the early years across the life-course. As yet, no country has adopted a fully integrated, whole system approach to the prevention of obesity, although Amsterdam has made significant progress.

29. The Amsterdam programme appears to be succeeding by hitting multiple targets at the same time as part of a whole system approach – from promoting tap water to after-school activities to the city refusing sponsorship to events that take money from Coca Cola or McDonalds. From 2012 to 2015, the

¹² PHE analysis of fast food outlets, June 2018 <https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england>

number of overweight and obese children has dropped by 12%. Even more impressive, Amsterdam has achieved what no other country has managed to do, the biggest fall in obesity rates has been amongst the lowest socio-economic groups.¹³

30. The whole system programme of work is being led by the Local Government Association (LGA) and Association of Directors of Public Health (ADPH). It has been developed and tested with 11 local authorities and whole systems approach guidance has been developed for local authorities to implement from Spring 2019.¹⁴

31. The Council is in an influential position to help lead transformational change in how obesity is tackled. A whole systems approach to obesity provides the process to do this and demonstrates a genuine 'health and wellbeing in all policies' approach. It draws on the organisations strengths, fits with business priorities and recognises that councils can achieve better and more effective results by engaging their community and local assets.¹⁵

32. A whole systems approach for Gateshead is entirely consistent with the Council's ambition to make Gateshead a place where everyone thrives and is underpinned by the following aspirations:

- Ensure Gateshead is a place where everyone thrives.
- In Gateshead everyone is able to achieve and maintain a healthy weight.
- Promote an environment that supports healthy weight and wellbeing as the norm.
- Supporting our communities and families to become healthier and more resilient, which includes addressing the wider determinants of health.

PROGRESS UPDATE

33. The Director of Public Health Annual Report for Gateshead (2018/19), focused on obesity, highlighting for Gateshead how societal changes over recent decades have exacerbated our risk of obesity. The report recognises the complexity of the issue and that it is important that we move away from the idea that obesity is caused by 'lifestyle choices' and instead recognise that the true causes of obesity are often a result of environmental, social, political and economic pressures.¹⁶

34. The report challenges a misplaced focus on individuals, which often increases stigma by placing attention on the behavioural decisions of those who are overweight and obese rather than on the context in which decisions are made.

¹³ <https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf>

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

¹⁶ https://www.gatesheadjsna.org.uk/media/11486/Director-of-Public-Health-Annual-Report-2018/pdf/DPH_Annual_Report_2018.pdf?m=636874718870270000

WHOLE SYSTEMS WORKING

35. Gateshead was selected as one of the local authorities to test out the whole system obesity guide and set of resources produced by Public Health England to support local authorities implementing a whole systems approach to address obesity. The guide was published in Spring 2019 for local authorities to implement.
36. Gateshead pre-tested the resources adopting a whole system approach to facilitate delivery of co-ordinated actions involving partners across the system. The guide provides a practical 'how to' process, which has enabled Gateshead to start creating its own local whole systems approach, aligned to a 'Health in All Policies' approach.
37. The council has held 4 healthy weight workshops to date from March 2019 to December 2019. A further healthy weight workshop is planned for the Children's System Board and partners in March 2020 to review priorities and opportunities going forward for the early years agenda. Workshops with community group are beginning to be held in Feb/March 2020 to explore the views of the public and feed this into the healthy weight approach.
38. The 4 healthy weight workshops have included partners from the voluntary and community sector, Private Sector, Gateshead/Newcastle CCG, Gateshead Health NHS Foundation Trust, National Trust, Sport England, Tyne and Wear Sport, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust, The Stroke Association, Public Health England and Northumbria University. Local authority representatives include, school meals, neighbourhood management, 0-19 Harrogate NHS Trust, commissioning, planning and transport, leisure, school sports partnership, poverty lead, early years leads to name a few.
39. The workshops have systematically worked through the whole systems guidance, as part of the 6-phase process. The workshop phases include the following stages and the partnership has progressed to stage 3 and 4.
 - Phase 1 -Set up
 - Phase 2- Building the local picture
 - Phase 3 -Mapping the local system
 - Phase 4-Action
 - Phase 5-Managing the systems network
 - Phase 6-Reflect and Refresh
40. In Gateshead we have used the guide to reflect and refresh what we have in place, consider the local drivers, the breadth of existing actions, to extend our stakeholder network and create a systems approach to reflect local needs and context. The next stage of the workshop is to bring stakeholders back together in March to identify areas to intervene in the system to affect change and produce an action plan for change.

41. The Gateshead Healthy Weight Alliance (strategic group) was formed in October 2019 and is to guide and oversee the strategic direction of the action plan and priorities identified from the healthy weight workshops for Gateshead.
42. It is proposed that the partnership work of the strategic alliance and healthy weight workshops will be used to prioritise 6 local commitments relevant local needs and aspirations of Gateshead. Early discussions from the workshops have highlighted priority areas such as:
- Increasing active travel and improving air quality
 - Promoting healthier food choices.
 - Influencing planning and design for a healthy environment.
 - Supporting early intervention at pre-conception for a healthy weight.
 - Building healthier workplaces.
 - Utilise community and voluntary assets.
 - Ensure a balance between population and more targeted approaches.

HEALTHY WEIGHT DECLARATION

43. Gateshead are one of the first areas regionally to sign up to the Healthy Weight Declaration, in partnership with Food Active. The declaration is focused on population level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to change their behaviour.
44. The declaration includes 14 standard commitments whereby Local Authorities pledge support to achieve action on improving policy and healthy weight outcomes in relation to specific areas of the council's work and with wider partners. A draft declaration for Gateshead deciding on local priorities will be informed by the healthy weight workshops.

FURTHER PROGRESS

HEALTH INEQUALITIES

45. Gateshead was requested to present as part of the member led symposium at UK Congress on Obesity (UKCO) in September 2019 in Leeds. This was to share early learning from the collaboration between Gateshead Council, Newcastle University and Fuse. A PHD student based in the Council is looking at the impact of austerity on nutrition in the first 1000 days of life using an embedded researcher approach. The findings of the research will help to inform future work in Gateshead.
46. Gateshead have been part of the regional work 'A weight off your mind' led by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. The work has led to the development of a plan for people with lived experience of mental health conditions and/or learning disabilities to support them maintain a healthy weight. Gateshead public health has been provided extensive training as part of the MECC offer to CNTW staff and local action plans and advice have been devised and this group continue to meet to review the work.

47. Public health and the neighbourhood team have been working with an undergraduate student from Newcastle University, who as part of his honours project carried out a small project looking at the nutritional contents of food parcels provided by foodbanks and cooperatives in Gateshead. Once the report is produced this will help inform future work with the Community Food network.

WIDER ENVIRONMENT/PLANNING/TRANSPORT

48. In Gateshead, a Supplementary Planning Document (SPD), supported by an integrated public health policy, has been used successfully to control the proliferation of hot food takeaways in areas with high levels of child obesity. The conditions set out in the SPD mean that there are currently no locations where opening a new hot food takeaway would be suitable. Since the SPD was adopted, no new planning applications for hot food takeaways have been approved. The number of applications has also dropped. The SPD is currently being updated to reflect the most evidence base.

49. Work progresses with planning colleagues and in partnership with Newcastle University to improve our understanding of the link between green infrastructure (GI) and health and wellbeing at a local level. This work will support the council to develop interventions that can improve health outcomes for residents. The final report is being produced for March and planning and public health will look at local opportunities for implementation.

50. Initial work has started looking at restrictions on advertising and promotion of high salt, sugar and fat food and drink on the local transport system. This builds on the work currently being implemented on the London Transport System.

HEALTH PARTNERS

51. Newcastle Gateshead CCG and Public Health have established a working group to review current services and approaches to healthy weight being delivered across the system and looking at areas for improvements. Currently priorities are being reviewed across Newcastle/Gateshead for the group.

52. Work is being undertaken with the Primary Care Networks (PCN) and relevant practices in the East regarding a physical activity and wellbeing offer to promote a healthy weight. Options are being looked at to encourage patients to be more active and provide further lifestyle opportunities in the community. This work is being led by the neighbourhood team.

53. 4 half day making every contact count (MECC) training sessions have been delivered throughout January 2020 with Gateshead GP practices to deliver basic MECC training regarding how to have the conversations around lifestyle topics particularly physical activity, healthy weight and nutrition. These will support staff to include these key messages where appropriate in daily conversations with patients using the MECC approach of brief advice.

54. A survey was sent out in December 2019 to all Gateshead practices to gauge what healthy weight and lifestyle work is being undertaken in practices to support patients and what further opportunities there is to liaise/support practices going forward. Out of the 31 practices 15 practices replied to share the work they are undertaking. 12 of the 15 practices reported offering healthy weight/weight management interventions to patients. These interventions in all practices included dedicated healthy weight sessions with signposting to appropriate physical activity, nutrition sessions within the community. Education and support were key parts of the session and many practices linked to their primary care navigators
55. The healthy weight sessions were all led by practice staff to meet the needs of patients. Many practices expressed that they would like extra support for patients to attend and access exercise classes as part of the PCN work going forward. Responses included linking with partners such as public health to review relevant practice data to target their provision. Under the General Medical Services Contract (GMS) general practice is not explicitly required to provide weight management provision/support.
56. Practices who replied to the survey felt it would be good to review the impact and effectiveness of the weight management sessions in primary care to inform future practice and funding. Some practices felt there was a clear need to have more weight management provision and support services to steer people into the right services, with the right advice in a timely manner and in a non-stigmatising manner. The results will steer future conversations and prioritising with PCN's.

FOOD ENVIRONMENT/FOOD CONSUMPTION

57. Gateshead provided an extensive response on the consultation to end the sale of 'Energy drinks' supporting the ban and on 'calorie labelling for food and drink served outside the home'. We are awaiting a national response on the consultation.
58. Early consultation work has started with the Gateshead Young People's Assembly and Gateshead Health NHS Foundation Trust. The work is focused on the lived experiences of young people and the impact of the food environment on the food choices linked to health inequalities. The findings will help to shape some of the food environment work happening in Gateshead.

EARLY YEARS FOCUS/CHILDREN AND YOUNG PEOPLE

59. Working with the 'Regional Local Maternity Systems Co-ordinator' following the Obesity in Pregnancy Self-Assessment Tool. The plan has identified areas for action pre and postpartum for healthy weight in Gateshead. The Regional Local Maternity Systems Co-ordinator' sits on the Strategic Alliance Group

and the actions will form part of the short and longer-term plans once produced.

60. The 0-19 years 'Growing Health Team' (health visitors and school nursing services) provided by Harrogate NHS, has now a dedicated infant feeding and nutrition lead. This provides a key focus for breastfeeding, weaning and nutrition for the crucial early years period and also supports the healthy weight agenda for school children.
61. Work has undertaken by a Gateshead QE hospital Paediatrician and health visitors to measure BMI in children 2 years old. The pilot has recorded children's weight status and engaged parents with young children and identified the barriers they face in tackling diet and weight issues with their children. This stage of measuring allows early identification of children who may need additional support.
62. Gateshead is supporting the regional 'daily mile' programme, which is a targeted approach which contributes greatly to achieving the required 30 minutes of school-time activity recommended by the Chief Medical Officers report. Approximately 32 primary schools are delivering the daily mile or similar in Gateshead which is 44% of the total number of schools. There are a further 12 schools who are preparing to launch the daily mile. The daily mile links into the Gateshead school sport partnership health and wellbeing offer and is one of a range of options available for schools, who are looking for support to increase their pupil's activity levels.

GO GATESHEAD SPORT AND LEISURE

63. Go Gateshead Sport & Leisure teaches over 3,000 school pupils per week as part of a school learn to swim programme. Over 4,100 individual pupils access the service each year with 65 out of 66 Gateshead primary schools taking part throughout this year.
64. Each primary school is offered, as a minimum, a 45-minute lesson for one school year within Key Stage 2 equating to 27.75 hours per year. This exceeds the national minimum recommendation of 22 swimming hours and far exceeds the national average (8 hours 48 minutes).
65. Carr Hill Primary School are a school who invest heavily in the learn to swim programme with Years 3, 4 and 5 all taking part in a full year swimming programme. As a result, the school was shortlisted for the Swim England Primary School of the Year 2019 for its commitment to encourage every child to learn to swim.
66. Special Schools: Cedars Academy, Dryden, Gibside and Hilltop all access regular swimming lessons provided by GoGateshead and the service also provides professional advice and guidance to Dryden and Hilltop to support them to operate their hydrotherapy pools.
67. As a result of the continued investment and quality assurance within the Gateshead learn to swim programme, 70% of Gateshead pupils in Key Stage 2 achieved the Swimming and Water Safety attainment levels in 2019. This far exceeds the national average of 52% and the service is currently trialling new

software to track attainment more accurately. The success of the Gateshead approach is now being promoted nationally by Swim England as a model of good practice.

68. The service also works closely with the Gateshead School Sport Partnership (GSSP) to ensure standards are maintained and as a result the GSSP now hold an annual school swimming gala at Dunston Leisure Centre.

GATESHEAD SCHOOL SPORT PARTNERSHIP (GSSP)

69. The Gateshead School Sport Partnership (GSSP) service is part of education Gateshead. The service is completely self-financing, relying predominantly on the basis of traded services with Gateshead Schools. GSSP are uniquely positioned to provide a broad range of programmes, activities and interventions, all of which make a positive contribution to the health and wellbeing of the children and young people of Gateshead. GSSP have continued to advocate the provision of 2 hours timetabled high quality physical education within ALL Gateshead schools. Crucially, GSSP have developed a highly skilled and proactive network of Physical Education Co-ordinators in every Gateshead school. This network ensures GSSP are uniquely positioned as a delivery agency, with an unrivalled ability to introduce programmes, projects and interventions with the capacity to reach ALL school age children in Gateshead. Examples include:
70. Provision of practical resource/support to increase school capacity in extra-curricular sporting and physical activity opportunities (e.g. through deployment of sports coaches). During 2018/19 GSSP delivered more than 3,000 hours of sports and physical activities in Gateshead schools, providing additional opportunities for approximately 10,000+ pupils from EYFS through to secondary age pupils.
71. Co-ordination and delivery of an annual calendar of sports events (250+ competitions and festivals) linked to community pathways (e.g. community sports clubs/leisure facilities) providing more than 19,000 instances of pupil participation.
72. The Dance Festival at the Sage Gateshead is held over 2 full days with 6 performances (75 schools and more than 2,600 pupils & their parents/carers); Fun Run in Saltwell Park (46 EYFS/primary age schools and 4,800 pupils); Primary Schools Athletics Festival @ GIS (48 schools and more than 1200 pupils); Gymnastics, Trampolining and Cheerleading Festival @ GLC (40 schools and more than 750 pupils – all age groups).
73. Fully inclusive participation pathway linked to local disability sports clubs (TOP sportsability programme) and provision of 'alternative', none traditional activities designed to attract less active young people to participate in physical activity.
74. Regular CPD opportunities delivered to train the wider school staff in the delivery of school sports and physical activities (e.g. teaching assistants, lunchtime supervisors, school sport apprentices etc.). Increasing confidence, knowledge, skills and the sustainability of the work.

75. More recently GSSP have developed the 'Gateshead Schools Health and Wellbeing Service'. Now just in its second year of operation the service has already established a local network of 40 primary schools and Health and Wellbeing co-ordinators, all with the aim of improving the health and wellbeing of children and young people. The service provides a range of tangible services to schools, providing effective support across the four key themes of; Emotional Health & Wellbeing, Healthy Eating, PSE and Physical Activity.
76. Health and Wellbeing Award Framework - designed in consultation with schools and key local partners. A flexible and progressive award framework to support schools in assessing their current provision, practice and outcomes for health and wellbeing. Structured to help schools measure and evidence their existing provision (quality and quantity) whilst also identifying priorities for development in the future. To date 18 schools are actively engaged with the framework (4 Focusing, 5 Bronze & 2 Silver).

WORKPLACE

77. Workplace interventions for staff have included working with the catering lead and vending providers to implement healthier alternatives. This work has resulted in only sugar free drinks being available in all council facilities. Work is ongoing with the vending provide in terms of healthier snacks based on the NHS pilot.
78. Gateshead Council will be the first area/organisation nationally to pilot ESCAPE pain in a workplace. The rehabilitation programme helps people with chronic joint pain to self-manage their condition. It aims to increase physical function and improve quality of life by integrating simple education, self-management and coping strategies, with an exercise regime individualised for each person that is fun, progressive, engaging and challenging. The programme is being delivered to staff in March 2020, who meet the criteria over a 6-week period at Shearlegs and Park Road.

RECOMMENDATIONS

79. The committee is asked to note the contents of this report and consider the progress to date in terms of the healthy weight agenda.

Contact: Alice Wiseman

ext- 2777

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TITLE OF REPORT: Suicide; Every Life Matters (Interim Report).

REPORT OF: Alice Wiseman, Strategic Director of Public Health and Wellbeing

Summary

The review, to date, has been carried out over a seven-month period with four papers supported by four evidence gathering sessions incorporating input from; HM Coroner, a person with Lived experience of Suicide, the results of a local Suicide Audit, a leader from the Regional level Integrated Care System (ICS) and Northumbria Police. A draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations from a local and regional perspective to agree a local way forward for Gateshead.

Work is progressing at Regional, sub-regional and local levels and the data would point towards a turning point, with decreasing rates of suicide in Gateshead. However, partnership working needs to be supported to enable rates of suicide to continue to fall, wary that regional and national policy decisions can undermine work at a local level.

Background

1. Following consultation with Councillors, the Care Health and Wellbeing Overview and Scrutiny Committee (OSC) agreed its annual work programme for 2019/2020. As part of this programme it was agreed that a review of Suicide in Gateshead would take place.
2. The review, to date, has been carried out over a seven-month period and a draft interim report has been prepared on behalf of the Committee setting out key findings and suggested recommendations from a local and regional perspective to agree a local way forward for Gateshead.
3. Suicide prevention policy in the UK has, in recent decades, developed and expanded considerably as concerns around suicide rates have intensified. In 2012 the Government launched their integrated Government strategy "Preventing Suicide in England: a cross-government outcomes strategy to save lives".¹ Since 2017 it has included a commitment to reduce the rate of suicides by 10% in 2020/21 nationally, as compared to 2016/17 levels.²

¹ Preventing Suicide in England: a cross-government outcomes strategy to save lives.

4. Since 2012-2014 suicide rates per 100,000 of the population nationally have been showing a downward trend. In 2015-2017 the rate for all persons in England was 9.6 deaths per 100,000 population, which is one of the lowest rates observed since the suicide data series began in 1981. However, findings for 2016-2018, released in October 2019, identify a slight increase in Males, up from 14.7 deaths per 100,000 population to 14.9 per 100,000.
5. Suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with around three times as many men dying as a result of suicide compared to women. It is the leading cause of death for men under 50 in the UK. Those at highest risk are men aged between 40 and 44 years who have a rate of 24.1 deaths per 100,000 population.³
6. Gateshead has lower than Regional rates of Suicide and similar rates to England.
7. Suicide rates in Gateshead had increased from 2010 – 2012 up until the reporting period of 2015 – 17 when there was a plateau for All Persons and a decrease for Women. The latest data release (October 2019) of 2016 - 2018 shows a positive downward pattern with rates per 100,000 population falling for the three categories; Persons, Males and Females.

Report Structure

8. This interim report sets out the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee in relation to a review of suicide in Gateshead.
9. The report includes:
 - The scope and aims of the review
 - Responsibilities and Policy Context
 - How the review was undertaken
 - Summaries of key points from evidence gathering sessions
 - Analysis – issues and challenges
 - Draft recommendations

² Briefing Paper Number CBP 08221: Suicide Prevention: Policy and Strategy: House of Commons Library: 10 September 2018

³ Office for National Statistics (2017). Suicides in the UK: 2016 registrations. Available at: [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarri...](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicides-in-the-uk-2016-registrations) [Accessed on 21/08/18].

The scope and aims of the review

10. The scope, purpose and intended outputs of the Review, which was agreed by Care Health and Wellbeing Overview and Scrutiny Committee, were to explore trends in suicides through local, regional and national data to provide context for the current situation in Gateshead. Alongside the trends the scope was to present an overview of key risk factors, hear about current practice and the evidence base of what works in suicide prevention and intervention.
11. The aim was also to identify challenges and opportunities going forward, to maximise the impact of local Suicide Prevention work.

Responsibilities and Policy Context

12. Statutory duties for public health were conferred on local authorities by the Health and Social Care Act 2012. Local authorities have, since 1 April 2013, been responsible for improving the health of their local population. Section 12 of the Act lists some of the steps to improve public health that local authorities and the Secretary of State are able to take, which includes providing facilities for the prevention or treatment of illness, such as action on Sexual Health services and NHS Health Check provision. Public Mental Health / Suicide Prevention are not mandated programmes to be delivered by local authorities.
13. As a result of the statutory duties for Public Health moving to Local Authorities, Suicide prevention became a local authority led initiative, working closely with the Police, Clinical Commissioning Groups (CCGs), Public Health England (PHE), NHS England, Coroners and Voluntary sector organisations.
14. In 2012 the Government launched their integrated Government strategy “Preventing Suicide in England: a cross-government outcomes strategy to save lives”. Since 2017 it has included a commitment to reduce the rate of suicides by 10% in 2020/21 nationally, as compared to 2016/17 levels.
15. The 2014 ‘One Year On’ report ⁴ called on Public Health teams in local authorities to:
 - Develop a suicide prevention action plan
 - Monitor data, trends and hot spots
 - Engage with local media
 - Work with transport to map hot spots
 - Work on local priorities to improve mental health

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http://www.mhpf.org.uk/sites/default/files/documents/publications/preventing_suicide_annual_report_final_revised.pdf

16. Further guidance for local authorities on developing a local suicide prevention action plan was issued by Public Health England in 2014⁵ and has been updated in 2016⁶ and 2017⁷ and 2018⁸

How the Review was undertaken

17. The review, to date, took place over a seven-month period from 25 June 2019 to 28 January 2020. It has involved the presentation of expert evidence from a range of partner organisations, research findings and self-reports from people with Lived Experience.

18. The review started with the development of a Scoping Paper which was tabled with Care Health and Wellbeing Overview and Scrutiny Committee on 25 June 2019. The paper sought the support of the OSC committee over the coming year to consider the context of suicide from a local, regional and national perspective and to agree a local way forward for Gateshead.

19. The review comprised four evidence gathering sessions, as outlined below, with evidence being sought from National, Regional and Local data sources and partners. The sessions were designed to help Care Health and Wellbeing OSC to obtain a comprehensive overview of the scope of work involved in addressing Suicide and to hear the evidence base and current practice in prevention work.

Summaries of key points from evidence gathering sessions

20. **First Evidence gathering session.** The first evidence gathering session, falling on World Suicide Prevention Day 2019, provided a detailed overview of suicide from a legal/Coroners perspective discussing, among other things, how a verdict is reached through the Coronial system and the impending change in the standard of proof required for a jury to return a conclusion of suicide from a *legal perspective*, “beyond reasonable doubt”, to the *civil standard*, “the balance of probabilities”.

21. The committee heard that since 1984 it has been consistently held in England that the standard of proof in suicide cases should be the same as in criminal prosecutions, that is, beyond reasonable doubt. However, a

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan_2_.pdf

⁶

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf

⁷

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf

⁸ <https://www.gov.uk/government/publications/suicide-prevention-fourth-annual-report>

recent judgment in the Court of Appeal in the case of *Maughan -v- HM Senior Coroner for Oxfordshire (Maughan)* [2019] EWCA Civ 809⁹ confirmed that the standard of proof required for a jury to return a conclusion of suicide is the civil standard, i.e. the balance of probabilities. This could lead to an increase in the numbers of Suicide across the country, including Gateshead.

22. The committee also heard how the Coroners Office support families of people who have died through Suicide.
23. This session also heard about the impact of suicide from someone with lived experience. Lived experience participation refers to the many ways people with a personal experience of mental illness, service use and recovery are participating in the design and delivery of mental health services. This is a positive move as embedding the perspective of people with a lived experience in service delivery has been shown to improve outcomes for people using services in ways that can be measured from both clinical and recovery perspectives.¹⁰
24. Information presented to members gave insight into the key factors involved and the impact of suicide on a community. Paul talked in a candid nature about this emotive issue and his time in the care system as a youngster. This included:
 - Background to his mental health issues and how he hears voices every day and most days can deal with those, other days it's more difficult.
 - His use of MH services over the years and the pros and cons there have been to that.
 - His positive state of mind at the time when you tried to kill himself, having just finished first year at University with a 1st level mark.
 - How he survived and the positive experiences of the First Responders / Police.
 - His experience in 136 suite and the subsequent discharge.
 - How he feels lucky to survive and the key things that helped him forward from that day.
 - What he would like to see in place to support / stop any others who don't have any of the warning signs.

⁹ <https://5essexcourt.co.uk/resources/news-view/r-maughan-v.-hm-senior-coroner-for-oxfordshire-judgment-today>

¹⁰ Promoting Lived Experience Perspective: Discussion paper prepared for the Queensland Mental Health Commission Dr Louise Byrne, Lecturer in Lived Experience Mental Health, CQ University Australia.

25. **Second Evidence gathering session.** Members of the Public Health Team described the process and findings of a local Audit of Gateshead data on *Suicide and Undetermined injury*. The audit was structured around the national model developed by Leeds City Council in 2011 whilst exploring their Mental Health and Wellbeing Needs Assessment. A Suicide Audit helps to provide more up to date intelligence on the factors affecting suicide and help Suicide Prevention action planning.

26. This Audit of Suicide and undetermined deaths covers the full calendar year for 2018 and a total of 47 people. The Coroner's Office examined files from 2018 and identified records where the cause of death in Gateshead was by suicide or injury undetermined. These files were then analysed over a period of three days by a member of staff from Gateshead Council at the Gateshead coroners' offices. The audit did not inspect clinical records. A detailed inspection of client files was undertaken to identify key information which was then recorded on a template data collection tool.

The files included a range of verdicts from the Coroner including:

- Suicide verdicts
- Accidental / Misadventure
- Open verdicts
- Narrative verdicts

27. The Audit highlighted, of those taking their own life in Gateshead:

- 77% were male
- Over 80% were in the 20-50 age group

Key risk Factors and figures:

- 66% were single
- 40% were living alone
- 45% were unemployed or on long term sick leave.
- 33% had family or relationship problems.
- 72% were known to have either a drug or alcohol problem or both.
- 24% had previously attempted suicide

Methods:

- 17% died by hanging /strangulation
- 64% died by self-poisoning

Locations:

- 83% died in their own or another's home

Contact with services:

- 32% had contact with Primary Care in the month prior to death with a further 23% in the three months prior to death, a total of 55% in contact with Primary Care in the three months before their death.
- 57% made their last visit for physical health problems with only 2% making their last contact with primary care for a mental health problem.
- 55% had a risk factor present either depressed / previously depressed, anxiety, self-harmed or attempted suicide in the past.

28. Although the available data is limited through the relatively low numbers, a profile of risk is emerging from this and the previous audit and there is a need to look at our existing Suicide Prevention Action Plan to ensure that we have appropriate activity focusing on these groups. In particular:

- Males in the 20 – 50 age group.
- Males who are unemployed/on long-term sickness.
- Males who are divorced, having relationship problems, single/divorced or separated.
- People who are known to have either a drug or alcohol problem or both.
- People who have previously had mental health issues.
- The role of Primary Care practitioners in identifying risk.
- The role of Specialist Mental Health services in keeping their clients safe whilst in their care and on discharge.
- Raising awareness of risks within the home.

29. Suicide Rates

Public Health England Fingertips tool¹¹ had published suicide rates for 2016 – 2018 in the weeks prior to the second evidence gathering Committee meeting and it was heartening to see that the total suicide rate for Gateshead is lower than the national and North East averages and that, although just over the last three recording periods, there appears to be a downwards trend for all three measures; People, Males and Females. See Figure 1,2 & 3 below:

Figure 1, 2 & 3: PHE Fingertips data

Suicide age-standardised rate for persons 15+ years: per 100,000 (3-year average) Gateshead V's National and Regional data.

¹¹ <http://fingertips.phe.org.uk/search/suicide>

Figure 1 - Gateshead Suicide trends 2001 – 2018 (All Persons)

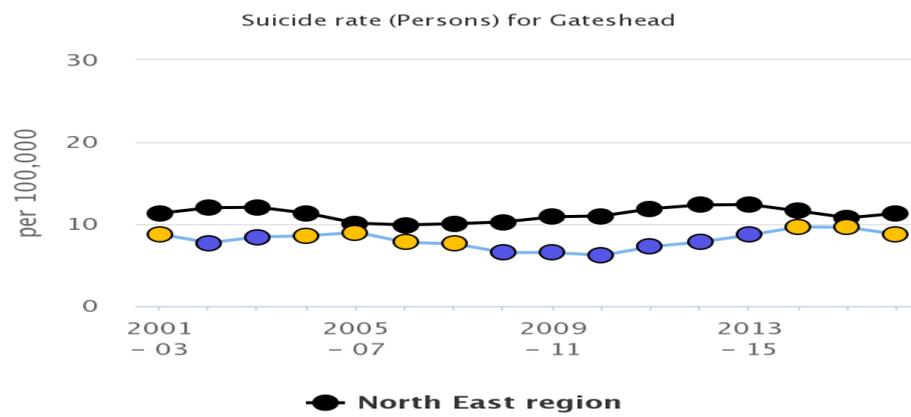


Figure 2 - Gateshead Suicide trends 2001 – 2018 (Male)

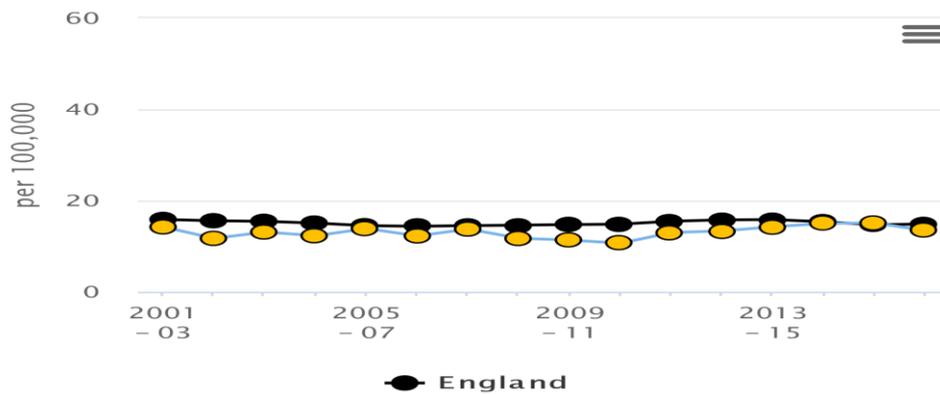
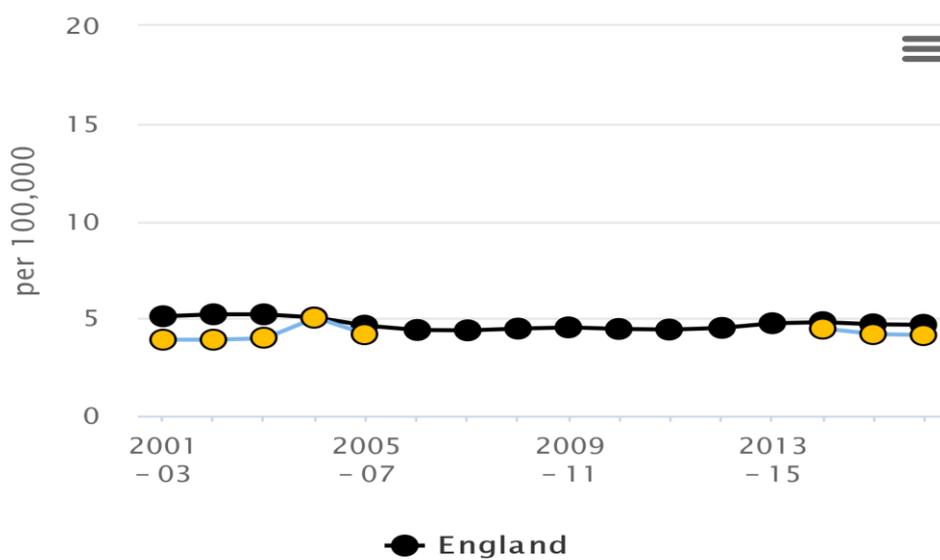


Figure 3 - Gateshead Suicide trends 2001 – 2018 (Female)



30. **Third Evidence gathering session.** The Third Evidence gathering session focused on Suicide Prevention partnership work, impacting into Gateshead, from two different geographical partnership levels. The Care Health and Wellbeing OSC committee were given an overview of the work which, alongside general public Mental Health work and Acute secondary care provision, supports the residents of Gateshead who are struggling with their mental health and may feel suicidal. The committee heard from:

- Integrated Care System (ICS) level, through the “Every Life Matters” covering Northumberland, Tyne and Wear, North Cumbria, County Durham and Darlington, Teesside and North Yorkshire.
- Northumberland Tyne and Wear level through the Northumberland, Tyne and Wear Suicide Prevention Steering Group.

31. *Integrated Care System (ICS) level.* The Committee heard from a senior leader of the ICS Mental Health programme how organisations across North East and the North Cumbria (NENC) are working in partnership to coordinate improvements, where necessary, across traditional boundaries. Developing and integrating care across boundaries involves NHS organisations working with Councils and the voluntary or charity sector and engaging with the people using services, people with “lived experience”.

An ICS is not a specific organisation but rather a way of leading and planning care for a defined population in a coordinated way across a range of organisations.

32. The presentation outlined how the North East and North Cumbria Mental Health ICS Programme was established with seven priority workstreams, one of these being Suicide Prevention. The North East and North Cumbria ICS “Every Life Matters” Suicide Prevention Steering Group oversees the Suicide Prevention work and has Senior Leaders from health across the Region overseeing the programme of work, with a project lead coordinating the implementation of the “Every Life Matters” delivery plan. The committee heard how the focus of the work is to:

- Ensure that best practice and learning is shared across agencies.
- Duplication is lessened
- Resources are shared to improve efficiency and effectiveness
- Impact is monitored

33. The aims of the ICS level work are:

- To reduce the number of suicides, including in high risk groups, and by a minimum of 10% by 2021 in all areas across the ICS
- To reduce the incidence of self-harm and repeated self-harm
- To reduce the impact of self-harm and suicide
- To reduce the stigma of self-harm and suicide

34. *Northumberland Tyne and Wear level.* The committee heard from the Public Health representative from Gateshead Council, the Co-Chair of a

newly formed Northumberland and Tyne & Wear Suicide Prevention Suicide Prevention Group, about the NHS England modernisation funding for the value of £450K to support the implementation process of a Northumberland and Tyne and Wear strategy and action plan. Work to date at this level has included:

Recruitment

Recruitment of Suicide Prevention Coordinator recruited Post, hosted by Northumbria Police, to lead the work around Suicide Prevention at Northumberland, Tyne & Wear level.

Suicide Prevention Data Analyst recruited and working to develop a real time data surveillance system.

Real time data surveillance system

Discussions have been held around the process for a Real time data surveillance system so that suicide data can be collated in real time. The decision taken to adopt this model was influenced by a review of the County Durham Early Alert system which identified areas for improvement in their current model. This model follows a population-based approach as opposed to individual case reviews.

Postvention support

If U Care Share have been commissioned across Northumberland, Tyne and Wear, to provide bereavement support for family, friends and colleagues of those bereaved by suicide. This has been secured through additional Postvention funding made available by NHS England and topped up through CCG funding.

The Postvention support offer will be a police led process; through the completion of the CID27 form, and then establishing the needs of the families and friends at the point of the First Response.

Training Hub Development

South Tyneside Public Health Team have led the tendering process for a sub-regional Mental Health Training Hub. The training hub will provide Level 1, 2 & 3 training, and is based on Health Education England (HEE) Competency framework for self-harm and suicide prevention.

It is anticipated that contracts will be signed, and the hub should be available by early April 2020.

Developing Safer Communities (Football Club development)

Newcastle United Foundation and Sunderland Foundations have been commissioned to develop a joint campaign rolling out the BeAGamechanger campaign.

#BeAGameChanger is a social marketing campaign using the power of Football in the North East as a vehicle for engaging men in conversations around mental health. This is achieved using a population-based approach to promote good mental health and reduce ill health.

Small Grants programme

The panel for the grassroots projects was held in early December 2019. Out of a total of 60 applications, 20 were funded across the Northumberland, Tyne & Wear area.

It is anticipated that those projects will have a very positive impact on the community. Projects included: podcasts for a radio station; a peer support group for men; a counselling service for visually impaired people; a forest school; a peace garden for veterans; a mental health resilience and intervention hub; a one off community event to help raise awareness of suicide prevention and to reduce the stigma around mental health and a weekend residential for autistic learners.

Self-Harm

Work around Self-Harm is still progressing after initial ideas tabled at Steering Group, around a Safety Planning Train the Trainer proposal, were deemed to be inappropriate use of the funding as this was already part of commissioned core business of the partners who were proposing the work and that the funding should be used to add value.

A decision was taken to review where we were going with this intervention and the Suicide Coordinator is pulling together a group to develop the work.

35. **Fourth Evidence gathering session.** The fourth and last evidence gathering session presented the roles of the Criminal Justice System, namely Northumbria Police, and the Voluntary Community Sector (VCS), namely the Recovery College Collective (Re Co-Co), and the range of work they are both involved in supporting some of our most vulnerable people in Gateshead and championing Suicide Prevention interventions in the Borough. The paper to the committee also outlined services/service delivery commissioned through Newcastle Gateshead CCG that are complimentary to the services provided by the Police.
36. The Care Health and Wellbeing OSC heard from two Officers from Northumbria Police and how the Police is committed to the protection of all vulnerable members of its communities, including those considered at risk of or are contemplating suicide. All Northumbria Police staff encountering any subject in the course of their duties who could meet this criterion would be expected to complete either a Vulnerable Adult (VA) or Child Concern (CC) referral. These referrals are submitted to Multi-Agency Safeguarding Hubs (MASH's) where they are triaged, and information shared to ensure each individual has been signposted to appropriate support services.

37. The committee heard of the joint work between the Police and Staff from Cumbria, Northumberland, Tyne and Wear Mental Health Foundation Trust (CNTW) to help:

37.1. Develop multi agency-plans to prevent suicides and help someone feel safe.

37.2. Police have access to CNTW systems to ensure correct signposting and notification to mental health staff already working with the subject is available within the Multi-Agency Safeguarding Hubs. This would include incidents involving a subject threatening self-harm or suicide.

38. The committee also heard how Harm Reduction Units (HRU's) have been set up in each of the three Area Commands within Northumbria Police with each working alongside partner organisations to identify risk to individuals and problem solve for those people who come to the notice of Police while in crisis or while at notable suicide locations.

39. They also identified how the Police look to target harden where possible those public area's/iconic locations which attract more subjects in crisis such as the bridges, predominantly but not exclusively over the Tyne, and cliff tops, for example at Marsden Grotto in South Tyneside. The committee heard how the Safeguarding Department have developed and introduced an enhanced risk assessment document which is used for identified high risk offenders (child sex offenders) to risk assess and signpost them for support following any police contact, either within a Custody Setting or as a voluntary attender. To supplement this work, Custody Liaison and Diversion nursing staff are available for all detained persons in force custody suites from 7am to 7pm.

40. The role of the Street Triage team was outlined, now integrated part of mainstream Police and Mental Health Services ensuring access to mental health assessment and advice, and creating robust multi-agency working.

Street Triage is open and accessible to people of all ages, where it is believed that they may have a mental illness, learning disability, personality disorder or misuse substances, who come into contact with the police outside of custody.

41. The Committee heard from a Police negotiator, which is a voluntary role undertaken by staff in addition to their day jobs, on the role of the team in Northumbria, identifying that it is amongst the busiest in the country with their staff deployed on almost three hundred occasions in 2019 to predominantly suicide intervention incidents. Police Negotiators continue to work closely with internal and external departments/agencies to highlight those troubling cases where it is anticipated that additional support is required to prevent repeated self-harm attempts.

In addition to their preventative role, the committee heard how Police Negotiators have provided crisis intervention advice or '1st Responder

Training' training to almost all Northumbria Police officers, Ambulance Service Hazardous Area Rescue Team (HART), Tyne & Wear Fire Brigade (TWFB) and are currently delivering training to NHS staff including those who work within crisis line centres."

42. There was no representative from the Recovery College Collective (Re Co-Co) available to talk to the Committee so members were referred to the paper tabled on the day for further information on the service offer. In summary Re Co-Co delivers groups, courses, activities, engagement work, training and research in and around mental health, interpreting mental health in a broad inclusive fashion thus acknowledging cross-overs with, amongst other things; drug and alcohol issues, dysfunctional family situations, poverty, learning disability and autism spectrum problems. Everything Re Co-Co does is guided, steered and delivered by people with direct lived experience of distress and complex needs.
43. Re Co-Co has a strong emphasis on social isolation and loneliness and work hardest with their students to develop their own real-world social networks, which are the strongest protective factors against suicide. They encourage this by, in simple terms by:
- Providing somewhere to go which is accepting and welcoming, a safe space.
 - Something to do.
 - Build from what's strong in people, what they like doing, what they're good at.
 - Provide specific courses to equip people with skills around dealing with crises, recognising stress, emotional regulation and coping techniques.
44. The core ethos in all the general and the specific activities is quite simple, it's about developing community and a sense for people that they do belong, they are worthwhile, and that help is available, from people who've been in the same boat.

Complementary Commissioned services through Newcastle Gateshead Clinical Commissioning Group (CCG)

45. Again, although not represented on the day at the meeting, the Committee were referred to the paper in relation to the services commissioned by the CCG which are complimentary to the work of the Police and include:
- 45.1. Urgent and Emergency Response (Mental Health up to 72 hours). The Psychiatric Liaison Team will assess any patient over the age of 16 years and operates 24 hours a day, seven days per week, and 365 days per year.

- 45.2. Intensive Community Treatment Service (ICTS) provides safe, high quality care and treatment through a seamless Children and Adolescent Mental Health Service (CAMHS) pathway to children, young people (aged 0-18 years) and their families in need of highly responsive, enhanced, specialised community mental health services.
- 45.3. Newcastle Gateshead Crisis Home Treatment Team (CRHT) offers an alternative to hospital admission wherever that is viable, irrespective of psychiatric diagnosis.

Analysis – issues and challenges

46. During the evidence gathering sessions a number of key issues and challenges were identified and include:
- 46.1. How Suicide deaths are recorded and the impending change in the standard of proof required for a jury to return a conclusion of suicide from a *legal perspective*, “beyond reasonable doubt”, to the *civil standard*, “the balance of probabilities”. There is potential for this to result in an increase in suicides recorded.
- 46.2. National policy having the potential to impact upon the local work that is being undertaken, both positively and negatively. Positively, in accessing national funding streams to develop the work programme further and negatively, through policy changes which may make it more difficult for people in extreme circumstances.
- 46.3. Ensuring that the full impact of the issue is understood. The numbers of deaths from Suicide are thankfully small and there is the risk that it could be dismissed as not too much of an issue, however, the impact felt by families, friends and communities is significant.
- 46.4. Inequalities in health are mirrored in inequalities in who is dying from Suicide / Unexplained deaths. Local data shows that more deaths occur in people from more disadvantaged groups.
- 46.5. People who have been through experiences, either as a family member / friend or as a survivor of having attempted to kill themselves are in position to be able to advise and support local suicide prevention work.
- 46.6. Data would suggest that the majority of Suicide deaths occur in the home and the challenges this poses for prevention work. Rather than individual case work there is a need to focus work on wider preventative public mental health programmes that tackle the stigma of mental health.
- 46.7. The responsibility and the ability to undertake prevention work on suicides is not with one single organisation. Partnership working at

National, Regional and local level, with every organisation and every person knowing their potential role, will help.

46.8. Partnership working will help to ensure that best practice and learning is shared across agencies, duplication is lessened, scant resources are shared to improve efficiency and effectiveness and the impact of the work is enhanced.

46.9. Partnership working is also key to ensure that organisations communicate with each other and share intelligence on clients where this is possible.

46.10. Funding cuts in Local Authority and Public Health budgets are a risk in the continued focus on elements that fall outside the mandated programmes to be delivered by Local Authorities.

Draft Recommendations

47. Overview and Scrutiny Committee is recommended to agree the **Draft Recommendations** for the review as set out below:

Recommendation 1:

Gateshead Council should continue to support work on Suicide Prevention in Partnership at Regional, Sub Regional and local level to ensure that it benefits from sharing of best practice and support from partners in tackling Mental Health stigma and Suicide in Gateshead.

Recommendation 2:

Gateshead Council should look towards appointing an elected member Mental Health Champion to represent the Council at Regional and local forums/events on Mental Health and Suicide Prevention. **Note:** Role previously held by Cllr Mary Foy before election as MP.

Recommendation 3:

Suicide rates in Gateshead should continue to be monitored through data collected by the Northumberland, Tyne & Wear Real Time Data system to identify any changes in patterns which may require local action. Specific focus should be put on identifying health equity issues and tackling Health Inequalities in line with Thrive targets.

Recommendation 4:

Gateshead Council should continue to promote and fight the stigma of Mental ill Health through an Action Plan developed as part of the sign up to the Time to Change Employer pledge by the Council Leader and Chief Executive on 18 October 2017.

Recommendation 5:

Gateshead Suicide Prevention Action Plan should be a standing agenda item on the Gateshead Mental Health and Wellbeing meeting agenda and reports

should go up to the Gateshead Health and Wellbeing Board from this group on an annual basis which will include a Suicide update.

Recommendation 6:

There should be a targeted approach, identifying high risk groups such as Men, alongside population level approach to this work as part of the Gateshead Suicide Prevention Action Plan.

Recommendation 7:

People with Lived experience should be engaged in delivery of the Action Plan.

Recommendation 8:

Efforts should be made to engage the media to raise awareness of Samaritans guidance on responsible media reporting. Provide local media with access to the designated suicide prevention lead so they can speak to them prior to running any story.

Contact: Alice Wiseman Ext: 2777

Bibliography

1. Department of Health (2012): Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives: London
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
2. Department of Health (2019): Preventing suicide in England: Fourth progress report of the cross government outcomes strategy to save lives: London
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772184/national-suicide-prevention-strategy-4th-progress-report.pdf
3. Office for National Statistics (2017). Suicides in the UK: 2016 registrations. Available at:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages>... [Accessed on 21/08/18].
4. Department of Health (2014): Preventing Suicide in England 'One Year On'; First annual report on the cross-government outcomes strategy to save lives.
http://www.mhpf.org.uk/sites/default/files/documents/publications/preventing_suicide_annual_report_final_revised.pdf
5. Public Health England (2014): Developing a local suicide prevention action plan: London PublicMentalHealth@phe.gov.uk
6. Public Health England (2016): Local suicide prevention planning: London
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf
7. Public Health England (2017): Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf
8. HM Government (2018): Suicide prevention: fourth annual report
<https://www.gov.uk/government/publications/suicide-prevention-fourth-annual-report>
9. <https://5essexcourt.co.uk/resources/news-view/r-maughan-v.-hm-senior-coroner-for-oxfordshire-judgment-today>

10. Promoting Lived Experience Perspective: Discussion paper prepared for the Queensland Mental Health Commission Dr Louise Byrne, Lecturer in Lived Experience Mental Health, CQ University Australia.
11. <http://fingertips.phe.org.uk/search/suicide>

Appendix 1

Progress of the Review

This appendix sets out the framework agreed by Care Health and Wellbeing Overview and Scrutiny Committee for the review of Suicide in Gateshead and falls in line with the standard framework for all Overview and reviews.

Stage 1

The scope, purpose and intended outputs of the Review should firstly be agreed by the Cabinet and the relevant Overview and Scrutiny Committee. The recommendations of Advisory Groups may also be considered if appropriate.

Proposal

- 25th June 2019: Scoping report to Scrutiny Committee

Stage 2

Evidence may be gathered by the Overview and Scrutiny Committee making visits as necessary or inviting persons and organisations to give evidence before it. Relevant Group or Strategic Directors and the Chief Executive will assist the Overview and Scrutiny Committee as necessary. The evidence gathered by the Overview and Scrutiny Committee will be written up by officers.

Proposal

- 10th September 2019, 29th October 2019, 10th December 2019 and 28th January 2020 - evidence-gathering events that involved research, presentations by relevant officers, outside organisations.

Stage 3

The Overview and Scrutiny Committee will then meet (as many times as is necessary) to analyse the information gathered and prepare its conclusions.

Proposal

- 3rd March 2020 - Committees to consider an interim report, prepared by the Lead Officers, and to analyse the evidence presented.

Stage 4

Officers will then prepare a report on the issue based on the views of the Overview and Scrutiny Committee. Officers will submit this report to the next practicable meeting of the Overview and Scrutiny Committee to secure

agreement that the report is a fair, accurate and complete reflection of the Overview and Scrutiny Committee's conclusions.

Proposal

- 21st April 2020 - Draft final report to be considered by the Committee.

Stage 5

The Chair of the Overview and Scrutiny Committee will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation.



**CARE HEALTH AND WELLBEING
OVERVIEW AND SCRUTINY
COMMITTEE
February 2020**

TITLE OF REPORT: ADULT CARERS & CARERS RELIEF SERVICE

REPORT OF: Stephanie Downey – Service Director, Adult Social Care

Purpose of Report

To update and seek views from Overview and Scrutiny Committee on progress of the Adult Carers and Carer Relief Services, commissioned by Care Wellbeing and Learning.

Background

The Adult Carers and Carers Relief Services are two elements of a three-part Carers contract, which commenced on 1st May 2019 and expires on 30th April 2024. The contract is jointly funded by Gateshead Council and Newcastle Gateshead Clinical Commissioning Group.

The existing provider, Gateshead Carers Association, were awarded the contract to Adult Carers, aged over 18 years of age, and Carers Trust Tyne and Wear were awarded the Carers Relief Service; Carers Trust Tyne and Wear were also awarded the Young Carers service.

The new contract has been operational since May 2019. Carers Trust Tyne and Wear are contractually required to provide monthly data on the Carers accessing the service and the number of hours of replacement care completed. The Gateshead Carers Association are also required to provide quarterly data on the Adult Carers Service.

Adult Carers Service:

1. Quarterly data from this service covers the following key areas:

- Measuring Referrals;
- Initial Assessments and Support Plans;
- Measuring the Care and Support provided;
- Measuring Performance;
- Measuring Outcomes;
- Employees.

2. Of the initial 244 referrals, data for the first 2 quarters of the new contract shows that almost 90% (204) were received from two main sources:

- Self-Referral/Family (187) & Voluntary Sector Organisation (17).

A further 28 referrals were received from:

- Gateshead Council Adult Social Care – (5);
- GP (9);
- NHS Services (8);
- Hospital (6).

The remaining 12 referrals arrived from 7 different sources:

- Gateshead Council – Children’s Services (2);
- Educational Institutions (School/College) (1);
- Ethnic Minority & Faith Group (4);
- Other (5).

3. In terms of gender and age the breakdown for the 244 referrals is as follows:

- 164 female Carers referred and 80 males;
- Age:
 - 18 years to 25 years – 36 referrals;
 - 26 years to 35 years – 13 referrals;
 - 36 years to 50 years – 55 referrals;
 - 51 years to 65 years – 91 referrals;
 - 66 years to 80 years – 41 referrals;
 - 80 years and over – 8 referrals.

4. At the point of referral, the provider also records the Health and Care needs of the cared for person that the Carer is supporting. Of the initial referrals the cumulative breakdown is as follows:

- Sensory Hearing/Sight Impairment – (5);
- Social Communication Impairment (Asperger) – (24);
- Mental Health Condition (Depression/Anxiety) – (49);
- Learning Difficulty (ADHD, Dyslexia, Dispraxia) – (13);
- Long Term Condition (Dementia, Diabetes) – (107);
- Physical Impairment/Mobility – (53);
- Substance Misuse – (7);

- Learning Disability – (28);
 - Speech Impairment/Without Voice - (1);
 - Other – (55).
5. At the end of quarter 2, all 244 initial assessments were completed and a total of 236 (96%) Wellbeing Plans were completed with Carers.
6. A total of 525 Carers were being supported by the Adult Carers Service at the end of quarter 2. All the Carers were receiving active interventions.
7. With regards to the specific interventions provided for all Carers receiving the service, the totals at the end of quarter 2 are:
- Promotional/Raising Awareness (Communities/Organisations) – (32);
 - Expert Adult Carers Group – (10);
 - In-House Training – (1);
 - Drop in Sessions – (2);
 - Group Activities – (8);
 - Adult Carers Support Networks – (49).
8. The following developing, maintaining or regaining outcomes for Carers have also been recorded:
- Positive nutrition – (12);
 - Improvements in physical health – (13);
 - Improvements in emotional health – (2);
 - Improvements in mental health – (30);
 - Improving sleep routines and the quality of sleep – (22);
 - Self-esteem and confidence – (18);
 - Relationships and friendships – (16);
 - Regaining access to school or college – (6);
 - Regaining access, work/training/volunteering – (9);
 - Regaining progression to achieve goals – (8);
 - Partaking in recreational activities – (12);
 - Attending appointments – (15);
 - Improving social inclusion – (22);
 - Coping mechanisms – (25);

- Excessive or inappropriate caring responsibilities – (17).

Carers Relief Service:

9. At the end of January 2020 there were 118 Carers receiving this replacement care service of up to 4 hours per week. A further analysis of the data for this service shows:

- Age:
 - 18 – 25 Years – (2);
 - 26 – 35 Years – (8)
 - 36 – 50 Years – (5);
 - 51 – 65 Years – (23);
 - 66 – 80 Years – (35);
 - 80 Years and over – (45).
- Area (by Postcode):
 - DH3 – (10);
 - NE10 – (16);
 - NE11 – (10);
 - NE16 – (18);
 - NE17 – (5);
 - NE21 – (13);
 - NE39 – (7);
 - NE40 – (8);
 - NE8 – (9);
 - NE9 – (22).

The Carers Partnership:

10. The Carers Partnership has reconvened and is meeting bi monthly, with the primary goal in 2020 to refresh the current Carers Strategy and a working group is being created to take this forward. Senior Officers from Gateshead Carers Association and Carers Trust Tyne and Wear also attend the Partnership Meetings and report to the group on the progress of the Adult and Carers Relief services.

Carers Week:

11. For Carers Week 2019 (10th – 16th June) a couple of short films were made by The Gateshead Carers Association about the service. The video clips were shared on social media and attracted numerous views and positive comments. Articles about Adult Carers were also included in Council News and the Gateshead Now email. In the run up to Carers Week the Evening Chronicle also ran a story about Adult Carers - <https://www.chroniclelive.co.uk/news/north-east-news/i-dont-time-lonely-mum-16308325>

Performance Monitoring:

12. Performance monitoring of these services is completed by the Commissioning Team and included in the terms of the contract. Supplementing the quarterly and monthly data, two monitoring visits to the provider have also been completed since the contract commenced in May. The visits focussed on five key areas:

- Referrals;
- Performance Data;
- Outcomes for Adult Carers;
- Case Studies
- Any Service Issues.

A comprehensive Annual Quality Assessment Framework review of the service will also be completed before the end of May this year.

Reflections from Service Users:

13. The following quotes from Carers receiving the Adult Service were collected by The Gateshead Carers Association in their 2019/20 Service Information documentation:

“The GCA Benefits Worker went out of her way to help us. Thank you. You saved our family life as things had been so very stressful and put a strain on all of the family.”

“Accessing Gateshead Carers service has been so valuable to me, being able to talk about what is going on and be understood has helped me regain my “self” back. My self-esteem and confidence have improved a lot and I’ve started to look after myself again. My Support Worker has been excellent; very knowledgeable and has gone the extra mile to help me.”

Recommendations:

- The Overview and Scrutiny Committee is asked to note the content of this report and give its views on progress to date.

Contact: Carl R Taylor Ext 2463

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TITLE OF REPORT: Annual Work Programme

REPORT OF: Sheena Ramsey, Chief Executive
Mike Barker, Strategic Director, Corporate Services and Governance

Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2019/20.

1. The Committee's provisional work programme was endorsed at the meeting held on 23 April 2019 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

Recommendations

3. The Committee is asked to
 - a) Note the provisional programme;
 - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Contact: Angela Frisby

Extension: 2138

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Draft Care, Health & Well-being OSC 2019/20	
25 June 19 1.30pm	<ul style="list-style-type: none"> • Constitution (to note) • Role and Remit (to note) • Making Gateshead a place where everyone thrives – Year End Assessment and Performance Delivery 2018-19 • OSC Review of Suicide– Scoping Report • Implementation of Deciding Together – Progress Update • Diagnostic X Ray Services - Briefing
10 Sept 19 5.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide – Evidence Gathering • Social Services Annual Report on Complaints and Representations – Adults • Work Programme
29 Oct 19 1.30pm	<ul style="list-style-type: none"> • OSC Review –Evidence Gathering • Annual Report of Local Adult Safeguarding Board and Business Plans • Monitoring OSC Review - Helping People to Stay at Home Safely • New O & S Guidance • Gateshead Healthwatch Interim Report • Work programme
10 Dec 19 1.30pm	<ul style="list-style-type: none"> • OSC Review – Evidence Gathering • Making Gateshead a place where everyone thrives – Six Monthly Assessment of Performance and Delivery 2019 -20 • Health and Wellbeing Strategy Refresh • Proposed Practice Merger – Rawling Road • Work Programme
28 Jan 20 1.30pm	<ul style="list-style-type: none"> • OSC Review – Evidence Gathering • Drug Related Deaths • Health & Well-Being Board Progress Update • Continuing Healthcare Funding – CCG Update • Proposed Expansion at Prudhoe Hospital • Work Programme
3 Mar 20 1.30pm	<ul style="list-style-type: none"> • OSC Review – Interim Report • Gateshead Healthwatch • Support for Carers (Adults) • Work to Tackle Obesity – Progress Update • Work Programme
21 April 20 1.30pm	<ul style="list-style-type: none"> • OSC Review of Suicide–Final Report • Monitoring - OSC Review - Helping People to Stay at Home Safely • Health and Well-Being Board – Progress Update • Sepsis Prevention - Case Study • OSC Work Programme Review

Issues to slot in

- Universal Credit – Impact on Emotional Health and Wellbeing (possible joint meeting with other OSCs)
- Deciding Together Delivering Together – Progress Updates / Potential Consultation
- Impact of any health transformations on adult services.
- Quality Accounts - Gateshead Health NHS Trust and NTW NHS Foundation Trust and South Tyneside NHS Foundation Trust
- ICS Updates - as appropriate.
- ***Green Paper on Adult Social Care -Council Response***