

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 be 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.....