

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Monday 1 October 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors L Brown, R Crute, G Darkes, E Huntington, A Patterson, S Quinn and M Simmons

Co-opted Members:

Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:

Councillor L Hovvels

1 Apologies

Apologies for absence were received from Councillors J Chaplow, R Bell, P Crathorne, J Grant, T Henderson, A Hopgood, C Kay, K Liddell, A Reed, A Savory, H Smith, L Taylor and C Wilson

2 Substitute Members

Councillor L Brown substituting for Councillor O Temple.

3 Minutes

The minutes of the meeting held on 6 July 2018 and of the special meeting held on 7 September 2018 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer advised that in relation to the minutes of the special meeting held on 7 September 2018 regarding Shotley Bridge Hospital, clarification had been sought from CDDFT that future health service provision be based on the health needs assessment of the area.

4 Declarations of Interest

There were no declarations of interest.

5 Media Issues

The Principal Overview and Scrutiny Officer provided the Committee with a presentation of the following press articles which related to the remit of the Adults, Wellbeing and Health Overview and Scrutiny Committee;

- **Suicide biggest killer of men under 45 – Northern Echo 10 September 2018**

Experts in male psychology from a North-East university have stressed the importance of addressing the suicide risk to men. On World Suicide Prevention Day, today, lecturers at the University of Sunderland point to the fact that suicide is the biggest killer of men under 45. They say this proves that simply urging men to “talk more” about how they are feeling is not a stand-alone resolution.

- **Almost half of UK workers have experienced mental health problem at work – Northern Echo 11 September 2018**

Almost half of UK workers have experienced mental health problem at work
ALMOST half of UK workers have experienced a mental health problem at their current job, a study by the charity Mind has revealed. A survey of more than 44,000 employees showed that only half of the 48 per cent who had experienced poor mental health had talked to their employer about it.

- **Doctor takes up new role with CCGs – Northern Echo 15 September 2018**

A NEW Accountable Officer has been appointed for NHS Clinical Commissioning Groups (CCGs) across Durham and Tees Valley. Dr Neil O'Brien has been chosen to head a joint leadership and management team to oversee NHS North Durham CCG, NHS Durham Dales, Easington and Sedgfield CCG, NHS South Tees CCG, NHS Hartlepool and Stockton-on-Tees CCG and NHS Darlington CCG.

The Director of Primary Care, Partnerships and Engagement, DDES CCG said that the CCGs had made the change to be able to tackle the health economy as one and have meaningful discussions. He confirmed that with DR O'Brien appointed the leadership would be strong and clinically led. He added that Sir Ian Carruthers had been appointed to assist the three trusts in the area to develop a collaboration by the end of November.

6 Any Items from Co-opted Members or Interested Parties

Mr C Cunningham-Shore, Healthwatch advised the Committee that engagement would commence with NHS England about Specialised vascular surgery shortly.

7 Adults Wellbeing and Health OSC Review of Suicide Rates and Mental Health and Wellbeing in County Durham

The Committee considered a report of the Director of Transformation and Partnerships and presentation by the Principal Overview and Scrutiny Officer that provided supporting information on the findings, draft report and recommendation from the Committee's working group review into Suicide rates and Mental Health and Wellbeing in County Durham (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer gave a detailed presentation that highlighted:-

- The Focus of the Review
 - What the working group did
 - Key findings:
 - Suicide Rates – Statistical Analysis (2012-2014)
 - National and Local Strategic Context and recommendations below:-
- Recommendation one**

That the County Council develop and implement a suicide prevention strategy and action plan as part of the refresh of the Public Mental Health Strategy for County Durham and that progress against the action plan be monitored by the AWHOSC.

Recommendation two

The existing suicide early alert system, whilst providing excellent support and interventions for those affected by suicide after the event, needs to develop appropriate systems to flag up those at risk of suicide and which could be used to target preventative mental health services and support to such individuals

- NHS policies, processes and services and recommendations below:-

Recommendation three

A multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies including adult and children's social care and health services, NHS services and those within the criminal justice system.

Recommendation four

The introduction of an appropriate coding/flagging system for self-harm/attempted suicide across all A&E department attendees should be promoted which identifies those potentially at risk of suicide and allows for proactive offers of access to mental health services and support.

Recommendation five

The current processes for referral into mental health services be reviewed to ensure that there is clarity available to potential service users to help them to identify the range of services available, whether the services allow for self-referral as well as referral by health professionals and the associated target timeframes for accessing services.

Recommendation six

The accessibility of the out-of-hours mental health crisis service be reviewed to ensure that individuals suffering from crisis episodes have timely access to support and interventions.

- Safe Durham Partnership policies, processes and services and recommendation below:-

Recommendation three

A multi-agency approach to develop learning from suicides is needed with case conferences introduced for each incident with shared learning across partner agencies including adult and children's social care and health services, NHS services and those within the criminal justice system.

- Community and Voluntary Sector involvement and support and recommendation below:-

Recommendation 7

An audit of current health and wellbeing support and services within the Community and Voluntary sector be undertaken to evaluate their effectiveness and enable resources to be targeted at those interventions where demonstrable

outcomes for improved mental health and wellbeing and reduced suicide risk are evident.

In summary, the Principal Overview and Scrutiny Officer highlighted that:-

- The Review is a point in time analysis of the Suicide Rate in County Durham (2012-14)
- Whilst the trend in respect of Suicide Rates within County Durham continue to be higher than the National Average and North East Average the gap is narrowing
- Since the Review there have been a number of key developments in respect of work to reduce suicides and increase and promote better mental health and wellbeing across County Durham

He went on to inform Members that should the Committee approve the proposed recommendations the service grouping would be asked to respond to the findings and make further recommendations before submission to Cabinet and the Health and Wellbeing Board. It was also suggested that the report and the recommendations be fed into the Safe Durham Partnership Board.

Councillor L Brown asked if risks had been identified where there was a family history of suicide and therefore a greater likelihood of it happening again. The Principal Overview and Scrutiny Officer explained that the working group had identified this risk and the importance of shared learning and case conferencing with key partners. He pointed out that the findings had shown that there was not one single identifiable risk but that this was one of many.

With regards to social isolation and the early alert system, Councillor Darkes asked where the stakeholders would pick this up. The Principal Overview and Scrutiny Officer explained that this was the rationale behind the case conferencing with a multi-agency approach. He added that the Fire Service could contact key partners should they identify anyone at risk. The Chairman added that a lot of work is carried out by the Fire Service with regards to people who were isolated and lonely with links to mental health and hoarding. This mirrored the findings within this report.

Mrs Hassoon pointed out that even when lead professionals identify those at risk and put into place care plans some service users would not take up the help and support available.

Referring to the single point of contact for children, Councillor Crute commented that the 16-24 age group was vulnerable with the transition to adulthood and the review group had found that it was difficult to signpost people to the right service. He said that the multi-agency hub would be beneficial. The Principal Overview and Scrutiny Officer referred to evidence presented to the group from Mike Brierley, Head of the Concordat, who referred to the need to develop the single point of contact however highlighted the complexities of navigating through the system of services available.

The SAB Business Manager welcomed the case conference approach as there was an opportunity for the Safeguarding Adults Board to link in to this piece of work.

The Director of Public Health reported that there were a huge range of issues to prevent suicide and her team were looking at the rates in key risk groups and developing in depth areas of work. She added that it was important to support mental health and wellbeing via a wide range of specialist services. She reported that feedback on these areas would be included within the response to the recommendations.

The Chairman commented that a lot of concern had been expressed during the review, experienced by all agencies, about crisis interventions.

Referencing the Safe Durham Partnership, Councillor Crute said that there had been greater integration with the Probation and Prison services and he asked if they were involved with the review. He was concerned about those services not commissioned. The Principal Overview and Scrutiny Officer confirmed that at the time of the review national changes to the Probation Service meant that they had not been included within the review. However, they were a key partner within the Safe Durham Partnership and would be engaged through that mechanism.

The Chairman was concerned about the figures relating to young men committing suicide and understood one of the reasons to be around relationship breakdowns.

The Director of Public Health advised that one the prevention methods was to carry out activities within schools to make young people aware that they could talk about their feelings. The Wellbeing for Life Service also carried out a broader piece of work which would be covered in the response to the review. She added that funding to AAPs had been increased to support this area of work.

Councillor Quinn commented that drugs and alcohol were a common problem with those people who felt that suicide was the only option. The Principal Overview and Scrutiny Officer confirmed that this was included in the main body of the report and had been identified as a factor in the TEWV report. Street triage had been introduced to specifically deal with people who were incoherent due to drugs and alcohol and at risk of harming themselves. Mental health and physical health were identified in the review as a real issue and was linked to the key findings.

The Chairman commented that this triage service was working well in the Durham area, which helped people into hospital rather than being in the justice system.

The Director of Public Health gave a detailed presentation highlighting the update of current activity in relation to suicide prevention (for copy see file of Minutes):-

- Where are we at now – graphs including information on
 - Mortality from suicide and undertermined injury
 - Suicide rates over time
- Information on the current activity

At the conclusion of the Director of Public Health's presentation, members were advised that the information detailed therein would be incorporated into a detailed service grouping response which would be included in the report to Cabinet.

The Chairman thanked the Director for Public Health for her presentation and placed on record his thanks and appreciation on behalf of the Committee to the Principal Overview and Scrutiny Officer for the superb work carried out in finalising the key findings and recommendations.

Resolved:

- (i) That the report be received;
- (ii) That comment on the report and the presentation including the key findings and draft recommendations be noted;
- (iii) That the report be submitted to Cabinet and the Health and Wellbeing Board for consideration, and the Safe Durham Partnership Board for information, be agreed.

8 Annual Reports 2017/18 - Health and Wellbeing Board and Local Safeguarding Adults Board

The Committee considered a joint report of the Corporate Director of Adult and Health Services, Corporate Director of Children and Young People's Services, Director of Transformation and Partnerships and Director of Public Health County Durham that presented the Annual Reports 2017/18 for Health and Wellbeing Board and Safeguarding Adults Board (for copy of report see file of minutes).

The Safeguarding Adults Board Business Manager presented the reports and highlighted the main achievements from each board.

Health and Wellbeing Board Annual Report –

Mr Taylor Gooby asked if the Teams around the patients were operating in all areas across the County. The Director of Primary Care, Partnerships and Engagement, DDES CCG explained that there were 13 TAPs, 8 in the DDES area and 5 covering North Durham. They were seen as an opportunity to have wrap around social care in the community. Some services were being localised including mental health services that had dedicated staffing. The Principal Overview and Scrutiny Officer reminded members that Lesley Jeavons, Director of Integration gave an undertaking of the model to be developed as the Committee had asked for assurances.

Referring to the Wellbeing for Life Initiative, Mr Taylor Gooby asked if this service would be commissioned for a further 18 months. The Director of Public Health explained that this would depend on the funding available.

With regards to the transfer of care figures Councillor Crute asked if there was an impact nationally. The SAB Business Manager advised that this was being closely monitored but she would report back to the Strategic Manager for the Health and Wellbeing Board.

Safeguarding Adults Board Annual Report –

Councillor Crute asked that the link between performance management and financial constraints was closely monitored as this was a great challenge.

The Chairman was concerned that there appeared to be no direct working with local members to seek their views. He was advised that Councillor Hovvels was involved and that engagement was carried out via the AAPs.

Mr Taylor Gooby asked if training was carried out in relation to the modern slavery issue in County Durham. The SAB Business Manager reported that this was an issue nationally but that there were reports of this emerging in County Durham. She advised that there was a drive to raise awareness and to roll out multi-agency briefings with work involving both housing and police colleagues.

Resolved:

- (i) That the achievements of the Health and Wellbeing Board during 2017/18 and receive the Health and Wellbeing Annual Report 2017/18 for information, be noted.
- (ii) That the progress made by the Local Safeguarding Adults Board during 2017/18 and receive the Local Safeguarding Adults Board Annual Report 2017/18 for information, be noted.
- (iii) That the future work of the Health and Wellbeing Board and Safeguarding Adults Board, be noted.

9 Quarter 1 2018/19 Performance Management

The Committee considered a report of the Director of Transformation and Partnerships that presented progress against the councils corporate basket of performance indicators, Council Plan and service plan actions and other performance issues for the Altogether Healthier theme for the first quarter of 2018/19 financial year, covering the period April to June 2018 (for copy see file of minutes).

The Strategy Team Leader advised that smoking prevalence was declining and the gap was narrowing with the national figure. Smoking cessation data had shown that more people were quitting than the same period last year. There were still concerns with smoking at the time of delivery, breastfeeding had shown a small improvement in quarter 1. With regards to adults being admitted to care on a permanent basis there was a significant gap between the target and the actual figures and therefore this area would be monitored closely.

Resolved:

That the report be received and any performance issues arising would be considered.

10 Budget Revenue and Capital Outturn 2017/18

The Committee considered a report of the Head of Finance and Transactional Services, presented by the Principal Accountant for Adults and Health Services, that provided details of the 2017/18 revenue and capital budget outturn position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the final position at the year end (31 March 2018) as reported to Cabinet in July (for copy of report and slides see file of Minutes).

Mr Taylor Gooby was concerned that the underspend, due to savings on employees could not be maintained. Councillor Hovvels explained that some services had changed ways of working in terms of delivery.

Referring to reduction of budgets, Councillor Crute asked where this was impacting on service delivery.

The Chairman asked where care packages would be shown in the budget. The Principal Accountant would report back on these queries.

Councillor Crute also commented that the Better Care Fund would have an impact on us and Councillor Hovvels referred to the uncertainty around the Public Health funding.

Resolved:

That the revenue and capital outturn included in the report, which are summarised in the outturn report to Cabinet in July, be noted.

11 Budget Revenue and Capital Forecast Q1 2018/19

The Committee considered a report of the Head of Finance and Transactional Services, presented by the Principal Accountant for Adults and Health Services, that provided details of the forecast outturn budget position highlighting major variances in comparison with the budget for the year, based on the position to the end of June 2018 as reported to Cabinet in September (for copy of report and slides see file of Minutes).

Resolved:

That the financial forecasts, summarised in the Quarter 1 forecast of outturn report to Cabinet in September 2018, be noted.