Committee and Date
Health Overview and Scrutiny Committee 27 January 2025

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 25 November 2024
In the Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND
10.00 am - 12.15 pm

Responsible Officer: Ashley Kendrick Democratic Services Officer
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Present
Councillor Geoff Elner
Councillors Jeff Anderson, Bernie Bentick, Tracey Huffer, Heather Kidd (Vice-Chair), Pamela Moseley, Peggy Mullock, Ed Potter and Edward Towers

24 **Apologies for Absence**

Apologies were received from Councillors Nicholas Bardsley and Gerald Dakin (who attended remotely).

25 **Disclosable Interests**

There were no disclosable interests.

26 **Minutes**

RESOLVED: That the Minutes of the meeting held on 23 September 2024 be approved and signed as a correct record.

27 **Public Question Time**

There were no public questions received.

28 **Members Question Time**

There were no member questions received.

29 **Serious Mental Illness Excess Mortality**

Members of the People Overview and Scrutiny Committee were invited to join the discussion for this item.

Jackie Robinson, Senior Integrated Commissioning Lead, Shropshire, Telford & Wrekin ICB gave a presentation (a copy of the slides had been circulated with the agenda) which looked at various aspects of commissioning intentions, including building flexibility, ensuring efficiency, saving money, and focusing on outcomes.

National metrics and excess mortality rates for people with serious mental illness (SMI) were highlighted, with a focus on reducing premature deaths and tracking progress. The challenges in addressing health disparities in rural areas like Shropshire were also discussed, including the impact of delays in cancer treatment and cardiac assessments on mental health. Finally, the importance of using data to understand health patterns and the need for targeted interventions in areas with high deprivation were emphasized.

In response to a query about what was being done to address Shropshire not being in line with other Counties in terms of excess mortality for adults with SMI and whether Shropshire had been compared to other similar rural counties in terms of mortality rates, the Senior Integrated Commissioning Lead explained that the comparison had been done through NHS England/Public Health England but in terms of ICB to ICB, she thought that comparison had not been done to date, but she would check and let the Committee know.

Concern was raised that the prevalent diseases looked at could be applied to almost everybody in the older age groups and it was felt that it would perhaps be more useful to separate out the age groups as, for example, disease prevalence in the younger age groups would not be as great in the younger age groups. In response, the Senior Integrated Commissioning Lead felt that was a really interesting point and she would ask her colleagues in public health business intelligence if it was possible to break down those figures to share with the Committee. She confirmed that Public Health's fingertips toolkit had been used in developing their strategies.

In terms of rates of cancer, it was noted that in Shropshire, the Lingen Davies Cancer Centre was understaffed, and people were waiting up to six months to start treatment. There was also a six-week delay in MRI and CT scans for those who already had cancer. The Senior Integrated Commissioning Lead confirmed that this would impact upon the data however there was a dedicated cancer pathway in place to improve cancer outcomes and she would ask the cancer lead to attend a future meeting to discuss this along with the impact on patients' mental health of those delays. It was felt that these along with delays in assessments and treatment for other diseases ought to be measured in some way to get a fuller picture.

A brief discussion ensued in relation to the statistics for multiple deprivation which did not work well in rural areas, particularly in the farming industry, and whether the differences between the very rural dwellers and the more urban dwellers should be separated out. In response, the Senior Integrated Commissioning Lead confirmed that there was rural health pathway and strategy led by Claire Parker, Director of Strategy and Development and she would ask her to share this data with the Committee.

Paul Bowers, Head of Operations (Shropshire, Telford & Wrekin Care Group) MPFT assured Members that in terms of the NHS Talking Therapy Service, they were actively growing the interventions that they provide for people with long-term conditions including those with SMI. A brief discussion ensued in relation to the data, and the Executive Director for Health clarified that the figures they were looking at were often very small numbers, comparing the whole population who have a SMI to

those who did not and who also had eg cardiovascular disease etc. She also stressed the importance of the needs assessment which allowed them to build up a picture from different data sources.

The Chair of Healthwatch Shropshire highlighted a report from 2013 ('Lost in Space') which looked at the impact of austerity, especially for people living in rural communities and she felt it may assist with the discussion around rurality/isolated communities.

Concern was raised about the lack of targeted interventions in an area with a high degree of deprivation and it was queried how the JSNA could help. In response, the Executive Director of Health explained that the JSNA was only one of the tools used for getting down to the granular level to understand needs and to help develop action plans for each area where there might be gaps in service provision and any recommendations fed into the various commissioning intentions. This would not happen overnight and progress was resource-dependent but any actions would be developed with those communities. Further concerns were raised about the seemingly slow progress and lack of system-wide commitment. The Executive Director of Health discussed the ongoing work and promised to discuss this further outside the meeting. The Chair committed to obtaining an answer and following this up.

30 **Suicide Prevention Strategy**

Gordon Kochane, Consultant in Public Health, gave a presentation which provided a detailed overview of suicide risk factors, prevention strategies, and statistical data in Shropshire. He explained that suicide risk was influenced by multiple factors and societal challenges, and that no single reason could predict it at a specific point in time. Ensuring competence and timely access to support however was crucial.

He went on to report that Shropshire's suicide rate was 12.8 per 100,000, which was similar to the national average. The suicide audit highlighted that males aged 35-54 were most affected, with physical illness and high-risk occupations being significant factors. He informed the meeting that Shropshire had implemented various suicide prevention strategies, including dedicated workstreams for high-risk groups, community training, and resources like the GP/Primary care suicide prevention toolkit. There were also efforts to improve data collection and support for those bereaved by suicide.

The Chairman thanked the Consultant in Public Health for his very informative presentation, and he stated that he had not heard of Papyrus, the charity for the prevention of young suicide (under 35) and felt that this should be more widely publicised.

Queries were raised around rates amongst children and young people, the effects of gender and race, the effects of politics including conflicts around the world and the cost-of-living crisis and whether this had made a difference or caused a noticeable trend. In response, the Consultant in Public Health explained that they had to look at national research on this as the numbers locally were so small and although not a

cause and effect, anything that happened that could increase peoples' anxieties could compound risk.

For children and young people locally, the Consultant in Public Health informed the meeting that there had not been a recorded suicide death of a person under the age of 18 in the time period looked at. However, nationally, research undertaken by the Samaritans showed increased anxiety and mental health concerns of children and young people in the last few years including increased self-reporting thoughts of suicide. It was therefore important to understand the support that was available and ensuring that education, schools, parents/carers etc had access to the right information. The Consultant in Public Health discussed the common themes that had arisen when there had been a death by suicide of a younger person along with what was being done to protect younger people online.

In response to a query about reasons why Shropshire's rates of excess deaths for people with SMI had increased, the Public Health Consultant explained that he did not have the latest quarterly figures, as it looked at the three year average. He reported that the audit had not identified any significant reasons that would account for the increase.

A number of queries were raised around the effectiveness of training and whether more people could be trained. A brief discussion ensued, and the Consultant in Public Health explained that in terms of accessing the grant funded suicide prevention training they asked the teams/agencies if they could identify who would be best placed to impart that learning to the rest of the team. Bespoke training was also offered where necessary and a national two-day in-depth suicide prevention training offered by Assist was highlighted along with training targeted to those supporting children and young people and the Zero Suicide Alliance free online training.

In response to a query, the Public Health Consultant explained that efforts had been made to reach out to Powys and NHS Wales to ensure opportunities for training and support were connected. He also referred to a training needs document which outlined the teams/agencies that they hoped would have access to some form of suicide prevention training. Ideally, in his opinion, everyone who works in health and social care including the voluntary sector would have had some form of suicide prevention awareness training.

In response to a query, the Public Health Consultant explained that there were challenges in ensuring all GP surgeries and pharmacies participated in training, with some having already attended and others needing further encouragement. However, the toolkit had been produced with support from the safeguarding leads and they were looking to launch it through the GP Board and the broader primary care. It was also proposed that mandatory safeguarding training for teachers and educational leaders should include suicide risk training. In response, the Consultant in Public health referred to the 'Future's in mind' programme which focussed on the emotional wellbeing needs of children and staff in schools and colleges or those who work with children and young people in Shropshire.

In response to queries around the evidence base, the Consultant for Public Health explained that there was not one intervention that would work for everyone, and he highlighted the complexity of suicide prevention, the need for localized discussions, and the importance of addressing stigma and encouraging access to support. He went on to discuss the media strategy for the festive and new year period, which included posters and social media campaigns.

The Chairman brought in Paul Bowers, the Head of Operations, Shropshire, Telford and Wrekin Care Group MPFT who confirmed that their media strategy would be pushed out through their social media channels, and it was also on the ICB's agenda as well. The Head of Operations explained MPFT's role in providing mental health services and suicide prevention services. He discussed access to these services including self-referral, referral by families/carers or other services/professionals via telephone or email and also via NHS 111.

Claire Parrish, Service Manager, MPFT discussed the physical health services provided for individuals with severe mental illness and she highlighted several initiatives that were in place to support these individuals, including free tennis sessions, Couch to 5K programs, outreach clinics and the talking therapies service etc. She also discussed the links with the rough sleeper outreach team in providing physical health checks and the addition of a psychiatrist linked to the SMI clinics. In response to a query, it was confirmed that use of drugs and alcohol was one of the Core 6 checks and they worked very closely with the Drug and Alcohol Services.

Members felt that monitoring the effectiveness of interventions was crucial, and the Service Manager explained they were members of various forums where success rates were tracked to ensure positive outcomes and engagement. In response to further queries, the Head of Operations discussed the work of the outreach services to engage with those people who fall through the cracks. A brief discussion ensued in relation to monitoring the effectiveness of interventions and members felt that some kind of mapping exercise would help to focus resources where needed.

The Chairman requested responses to the outstanding questions be circulated to Members outside of the meeting and for this item to be discusses further at a future meeting along with a session on winter planning at the next meeting.

31 Update on the actions from the Rural Proofing in Health and Care Report

The Executive Director for Health provided an update on the actions from the Rural Proofing in Health and Care Report and confirmed that she would circulate a written update. At the last meeting it had been reported that the Rural proofing toolkit had been promoted widely to partners including the ICB and she went on to explain how the toolkit was being used within public health and by the outreach teams in rural communities. It was confirmed that the work would continue to be taken forward.

The Executive Director for Health also touched on the impact of digitisation along with communicating the importance of the work done by the Task and Finish Group with partners and the Chairman expressed his gratitude that the Rural Proofing Toolkit was being adopted and used and that its use continued to be monitored.

32 Update from the Health and Wellbeing Board

The Executive Director for Health provided an update from the Health and Wellbeing Board from their meeting on 21 November 2024 which had been held online due to the inclement weather and the decisions from that meeting would be ratified at its next meeting.

The Executive Director for Health reported that there had been a focus on digital health and wellbeing with a number of presentations from partners including the digital exclusion network and the digital skills programme which was working across the county to try and improve digital access. The Board had also received an update from the ICS in terms of their digital strategy including issues of rurality, access to digital technologies.

Other areas that were discussed included progress updates on the healthy weight strategy, trauma informed update and the pharmaceutical needs assessment work. The Executive Director for Health informed the Committee that work on updating the pharmaceutical needs assessment strategy would begin in the next few months.

33 Update from the Joint Health Overview and Scrutiny Committee (JHOSC)

The Committee received a verbal update from the Overview and Scrutiny Officer. She reported that since the last public meeting of the JHOSC in August, the Committee had been focussed, as agreed, on the outcomes of the SATH CQC report and the must dos and should dos which were stipulated within the report. A working group was underway with the ICB and SATH colleagues, as agreed in that public meeting and they had also been working with West Midlands Ambulance Service with support from Public Health to understand what work had been done in terms of excess mortality within the Shropshire, Telford & Wrekin system.

The Overview and Scrutiny Officer informed the Committee that the next public meeting of the JHOSC was planned for mid-December (date to be confirmed) the focus of which would be to invite officers from across the ICS to attend to allow further scrutiny on the outcome of the must dos and should dos specifically around the Urgent and Emergency Care aspects of the CQC report. The meeting would also look at winter preparedness.

34 Work Programme

Members noted the work programme. The Overview and Scrutiny Officer confirmed that the planned focus for the next meeting in January had been the local care programme. However, as the Committee's focus had been on Adult Mental Health with potentially more aspects to look at, she felt that the Committee may wish to revisit that in January.

She reported that as the Council would then be getting close to the pre-election period, January would likely be the last meeting of the Committee for this municipal year. The Committee may therefore wish to consider what it would want to recommend to take forward into the next council.

It was suggested that the People Overview Committee consider adding Adult Mental Health to their own work programme going forward along with a focus on Children and Young People with a briefing being planned for the New Year.

35 **Date of Next Meeting**

Members noted that the next meeting was scheduled to take place on Monday 27 January 2025.

Signed ..... (Chairman)

Date: .....