Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 13 November 2024.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. N. D. Bannister CC	Mr. R. Hills CC
Mr. M. H. Charlesworth CC	Ms. Betty Newton CC
Mr. D. Harrison CC	Mrs B. Seaton CC

In attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health (joined online).

28. Minutes of the previous meeting.

The minutes of the meeting held on 11 September 2024 were taken as read, confirmed and signed.

29. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

30. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

31. Urgent items.

There were no urgent items for consideration.

32. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mrs. M. E. Newton CC and Mrs. B. Seaton CC both declared non-registerable interests in all agenda items as they had close relatives that worked for the NHS.

33. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

34. Presentation of Petitions under Standing Order 35.

The Chief Executive reported that no petitions had been received under Standing Order 35.

35. Draft Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-2029.

The Committee considered a report of the Director of Public Health which presented the draft Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-29 as part of consultation on the Strategy. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

Arising from discussions the following points were noted:

(i) Local Suicide Prevention Strategies were intended to mirror the National Suicide Prevention Strategy 2023-2028 but also reflect local needs. The draft Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-29 was generally similar to the strategies being proposed by other local authorities however there were some differences to target specific local issues. With some initiatives Leicestershire County Council had originally been thought to be ahead of other local authorities, such as with support for the bereaved and with the self harm service that had been implemented in Leicestershire in 2020. However, now central government was providing local authorities with specific funding for suicide prevention via the Integrated Care Boards, all local authorities were catching up.

(ii) Priority 1 of the Strategy was "Supporting the system to put in place measures to help reduce suicidal ideation and suicides in children and young people." The Chairman suggested that the wording of this priority was a bit vague and needed to be more specific. The Director of Public Health agreed to give this consideration.

(iii) An 8 week consultation on the draft Strategy, hosted by Leicestershire County Council, was taking place from 28 October 2024. The County Council was holding focus groups to get the public's views on the draft Strategy. In response to a suggestion from a member that faith groups should be included in the consultation, it was explained that Leicester City Council had strong links with faith groups and the City Council would be liaised with to ensure the views of faith groups were taken into account.

(iv) The Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-29 would be accompanied by an Action Plan which would provide further detail on the action to be taken. Leicestershire was significantly worse than the England average for intentional self-harm. Work was intended to take place to look at which genders and age groups were most prevalent and this would form part of the Action Plan.

(v) The two primary data sources used locally for suicide prevention were the Office for National Statistics (ONS) and Real Time Suspected Suicide Surveillance Data (RTSSSD) provided by Leicestershire Police. The RTSSSD offered more timely and detailed insights, but was based on suspected suicides and remained inconclusive until confirmed by a coroner's inquest. The RTSSSD data was very similar to the ONS data in terms of overall numbers which gave confidence that the RTSSSD data could be relied upon.

(vi) Benchmarking was carried out between local authorities with regards to suicide rates. The overall suicide rate for Leicester, Leicestershire and Rutland (LLR) was similar to the national average, though suicide rates tended to be higher in Leicester City than the county of Leicestershire. Suicide rates tended to be higher in areas of economic deprivation.

(vii) The table on page 38 of the agenda pack (page 14 of the draft Strategy) indicated that LLR had seen a recent increase in suicide rates compared to the national average. However, due to the small numbers involved, a small increase could make the overall numbers look more dramatic than they actually were. It was not believed that this particular increase was statistically significant.

(viii) Leicestershire County Council spent less on mental health promotion than some other local authorities but the County Council's specific spend on suicide prevention compared well with others. This was as a result of initiatives such as Start a Conversation which began in 2017. The Start a Conversation website contained resources to help people engage with other people they knew about mental health.

(ix) Members raised concerns that social isolation was a contributing factor towards suicide and suggested that more work needed to be carried out to ensure that people had opportunities to converse with each other. Members were also concerned that the extent that people were suffering from suicidal ideation was usually hidden until it was too late. The Director of Public Health explained that services provided by Public Health such as Local Area Co-ordinators and First Contact Plus played a role in signposting people to organisations that could help with social isolation. Future editions of the Leicestershire Matters magazine would have articles relating to suicide prevention and First Contact Plus.

(x) The Suicide Prevention Strategy did not come with any additional funding therefore the work had to be carried out using the existing Public Health Grant funding. Were additional funding to be provided more could be done to tackle the problem of social isolation. Members requested a report at a future meeting of the Committee regarding the work being carried out to tackle social isolation and improve mental wellbeing.

(xi) The NHS 111 phoneline now offered mental health crisis support 24 hours a day, 7 days a week.

(xii) People were known best by their family and friends and therefore members said that it was important that rather than just training professionals, family and friends were also trained on what signs to look for with regards to suicide. A member suggested the 'train the trainer' approach was useful. Some local organisations did provide low level training to family and friends on how to support others during a difficult time. In response to a suggestion that this training should be expanded further it was acknowledged that the Strategy document could be strengthened in this regard. Other professionals such as hairdressers were also being given training on how to support people around their mental wellbeing. It was important to make every contact with a professional count especially with people that did not have much social contact.

(xiii) People often attempted suicide several times before they completed a suicide therefore it was important to intervene as early as possible and then keep engaging with these people in the long term. There was an evidence base of what

interventions were most likely to make a difference. Services needed to be flexible and have the ability to escalate and de-escalate a case when necessary.

(xiv) A member stated that it was important that the different services for mental health complimented each other but did not overlap too much or duplicate each other's work. In response reassurance was given that care was taken that duplication did not take place and communication regularly took place with partners such as LPT and the ICB to share information about what initiatives were in place. The Health and Wellbeing Board had a sub-group for Mental Health which relevant partners attended and discussed what they were working on.

(xv) Some groups of people were more at risk of suicide such as single people and 'middle aged men' i.e. men between the ages of 35 and 55. Men were three times more likely to die by suicide than women. It was suggested that farmers could be an at-risk group as they lived quite isolated lives, but this was not supported by the data. Nevertheless, in some areas of LLR work was taking place to deal with loneliness in the farming community.

(xvi) Whilst the Covid-19 pandemic had an impact on mental health and self harm, there was no evidence that it had caused suicide rates to increase. What had caused suicide to increase was economic deprivation.

(xvii) A member suggested that resources were being spread too thinly and the approach should be more targeted towards particular groups of people for periods of time with the funding and work being focused on those and then monitoring carried out to see the impact. In response it was explained that the Director of Public Health had a responsibility to improve the health of the whole population. The Director had difficult decisions to make on whether to prioritise the groups of people that had the largest overall suicide rates or those groups that had the highest percentage within those groups. It was difficult to encourage partners to focus on one particular area. It was acknowledged that all the required work would not be able to be carried out immediately and prioritisation decisions had to be made.

(xviii) A member emphasised that the size of the Suicide Prevention Strategy document was not important as long as it covered the key points, and it was not necessary to include pictures.

RESOLVED:

(a) That the contents of the draft Leicester, Leicestershire and Rutland Suicide Prevention Strategy 2024-29 be welcomed;

(b) That officers be requested to consider the comments now made on the Strategy as part of the consultation and forward to Cabinet for when a decision is made on the final Strategy.

36. Protocol between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee, and Healthwatch Leicestershire.

The Committee considered a report of the Chief Executive which presented proposed changes to the Protocol Between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

RESOLVED:

That the revised Protocol between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee, and Healthwatch Leicestershire be approved.

37. <u>Noting the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee.</u>

The Committee considered the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee, a copy of which, marked ‘Agenda Item 10’, is filed with these minutes.

RESOLVED:

That the work programme of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee be noted.

38. <u>Date of next meeting.</u>

RESOLVED:

That the next meeting of the Committee be held on Wednesday 15 January 2025 at 2.00pm.

2.00 - 3.30 pm CHAIRMAN
13 November 2024