

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 16 JANUARY, 2024 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors Bond, Burnicle, Graham-King, Haque, Hunter, Speding and Walton

Councillor Vera – Observing

Also in attendance:-

Robyn Bullock – Public Health Practitioner, Sunderland City Council

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Lisa Forster – Contract Manager, North East and North Cumbria Integrated Care Board

Andrea Hetherington - Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Foundation Trust

Lorraine Hughes – Public Health Consultant, Sunderland City Council

Gillian Robinson – Scrutiny, Mayoral and Member Support Manager, Sunderland City Council

Joanne Stewart – Principal Democratic Services Officer, Sunderland City Council

Scott Watson – Director of Place (Sunderland), North East and North Cumbria Integrated Care Board

Gerry Taylor – Executive Director Health, Housing and Communities, Sunderland City Council

Apologies for Absence

Apologies for absence were given on behalf of Councillors Heron, Jones and M. Walker and on behalf of Gerry Taylor.

Minutes of the last meeting of the Committee held on 28 November, 2023

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 28 November, 2023 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Adult Mental Health Strategy Update

The Director of Place (Sunderland), North East and North Cumbria Integrated Care Board submitted a report (copy circulated) which provided the Committee with an update on the work that has taken place to implement the Mental Health Strategy for Sunderland which was approved for publication in June, 2021.

(for copy report – see original minutes)

Lisa Forster, Contract Manager, North East and North Cumbria Integrated Care Board took Members through the report advising that the former Sunderland CCG had committed to developing an Adult Mental Health Strategy for the city. The report provided a summary of the progress made around the implementation of the three key principles of the strategy, explaining that the development had taken place over four phases, consisting of:-

- Phase one – engagement on the scope;
- Phase two – involving people;
- Phase three – review of the findings; and
- Phase four – present and publish the strategy.

The Committee were provided with the current position of each of the three priorities and advised that as the strategy approached year three of its lifespan it was important to evaluate and measure its impact to date and understand where, if appropriate, further work was required to ensure it had delivered on its aims and objectives.

The Chairman thanked Ms. Forster for their informative report and invited questions and comments from the Committee.

Councillor Hunter referred to the Ray's Corner resource being extended and the QR code that had been developed; she referred to the 1,872 times that the QR code had been accessed and asked over what length of time this had been? Ms. Forster advised that she did not have this information to hand but she would forward it to the Scrutiny Officer for circulation to the Committee.

Councillor Hunter went on to comment on the Maternal Mental Health that had been invaluable in supporting families and asked if there was anything similar in place for the parents of older children who may be experiencing problems. Ms. Forster advised that they had the parent carer's forum where issues could be raised but she was not aware of any specialised, focussed support for this age range. Ms. Hughes commented that they had the 0-19 years Public Health service that had emotional health and resilience nurses which young people of school age could access but explained that this was a tier 1 level service and not a specialist support.

Councillor Hunter in a follow up comment, explained that this was more around the adult perspective and support for parents whose children may be struggling to cope due to all of the changes they had experienced during the CoVid pandemic. Ms. Forster advised that she was not aware of any support groups but there was a counselling service that could be provided.

Councillor Speding referred to the family hubs and access to mental health services, referring to his own ward of Shiney Row, and asked how he would be able to recognise residents from his ward who wished to access the services at the family hub which was in Hetton, and what alternative provision was available and how Members could have access to that information made available. The Committee were informed that the family hubs were slightly different from the Community Mental Health Hubs initiative that was being developed and that it was actually an initiative that was led by the local authority and she would take those concerns back to her colleagues who could make that information available to Members.

In response to a query from Councillor Walton regarding the relationship between the Sunderland Counselling Services and the Talking Therapies support sessions, Ms. Forster advised that the offer in Sunderland was contracted through the local Mental Health Trust who utilised a number of organisations to provide services around the city; including the likes of Washington Mind, Sunderland Counselling Service and Sunderland Mind.

In a further query Councillor Walton asked what waiting times currently were to access a service, as this had always been an issue in the past? Ms. Forster explained that it was all dependent upon the service the individual had been referred to; there were a lot of mainstream services that could offer support but if there was a particular service he was interested in she could check on this. She advised that there were significant waiting times for specialist services but explained that this was an issue countrywide and not just specific to Sunderland.

Councillor Usher referred to comments from Councillor Speding and agreed that there was a breakdown of what services existed in wards and where they could be accessed, and asked if information could be circulated to Members to clarify this issue. Ms. Forster advised that the Community Mental Health Hubs were in the development stages and not yet operational but she could look to ensure that the information on family hubs could be circulated to Members.

In response to a further query from the Chairman regarding whether the services would be able to cope with the demands put upon them, Ms. Forster advised that it would always be a struggle but they were looking to break down the barriers and stigmas associated with mental health and encourage residents to come forward. There was a whole range of services available across the city, commissioned through health and the local authority and also being offered from voluntary sector organisations.

Councillor Usher asked if some examples could be given of some of the barriers to engagement that were encountered, and Ms. Forster explained that they had undertaken some work through the Better Mental Health Fund with the Bangladeshi Centre and when they were hosting services they were trying to make them more accessible across a range of communities. As they developed plans further, they would continue to try and take a whole host of issues into consideration to ensure they reduce as many barriers as they could and look at alternative ways to offer services.

Ms. Bullock added that in relation to accessing the BME community they had undertaken a project that looked at engagement with Asian Communities access to mental health support, this had been time limited to 12 months but they had sought

Public Health funding to reestablish that project and identify champions in the community to link to support and services, offering them the opportunity to take part in the mental health training. They were also looking at a piece of work to understand how they could better engage with men in the city as they knew they did not engage in the same way women did.

There being no further questions, the Chairman thanked Ms. Forster for their report and attendance, and it was:-

2. RESOLVED that the report and the progress that was being made to date towards the delivery and interim evaluation of the Adults Mental Health Strategy outcomes in Sunderland be received and noted.

Suicide Prevention Update

The Executive Director of Public Health and Integrated Commissioning submitted a report (copy circulated) which provided an update on the whole systems approach to suicide prevention in Sunderland.

(for copy report – see original minutes)

Robyn Bullock, Public Health Practitioner, took Members through a presentation which provided the Committee with more up to date figures from the Office of National Statistics than those that were included within the report.

The presentation also provided the outcomes which the Suicide Prevention Action Plan aspired to achieve and shared with Members the key accomplishments to date.

(for copy presentation – see original minutes)

The Chairman thanked Ms. Bullock for their presentation and invited questions and comments from the Committee.

In response to a query from Councillor Vera regarding the number of children who committed suicide, Officers advised that the number remained very small, less than five, and that the most common age was residents who were 18-34 years old.

Councillor Graham-King asked how the Suicide Prevention and Mental Health Awareness Training was going to be rolled out and whether young people would have access to it, and was informed that it was expected to be delivered from March, 2024; initially being offered to all Health Champions in the city, whilst looking at ways to offer it through the network to other providers; using Washington Mind to share promotional materials and provide some sessions. Ms. Forster also advised that the Mental Health newsletter they produced was circulated to all partners and they would be able to advertise the training within it.

When asked how the training sessions would be delivered, the Committee were informed they would primarily be face to face sessions with a look to offer something online if required.

Councillor Speding commented that it appeared to be a problem prevalent with single males, and asked how services were able to capture that section of residents who had never sought help previously, so they were not known to services. Ms. Bullock advised that they recognised there was a significant issue around men's mental health and suicide rates and advised Members that there were quite a few projects that were being ran in the city to engage with men at an earlier stage. They were in the process of commissioning a provider to take the lead on and deliver training to VCS organisations on what could be done to better engage with males.

The Committee were also informed that they had secured some Public Health Funding for a men's mental health call for projects, as it was widely recognised that there was a stigma attached to men accessing mental health support, so it would help provide more low-level interventions, such as setting up groups similar to Andy's Men Clubs. There were examples of good practice in other areas where they had men's health networks which brought awareness of the services available and took on board some of the barriers that stop men accessing services.

In response to a further query from Councillor Speding regarding the planned pedestrian bridge, Ms. Bullock advised that they had been involved in conversations at the planning stages.

Councillor Speding asked if the network ever came together and was advised by Ms. Bullock that they had the suicide prevention partnership where a number of organisations came together to look at issues, but that the Men's Health Network could be the ideal group for all of these issues to be raised and to look at bespoke solutions. She also referred to the training that was being provided and advised that they had noticed there were more women involved than men, so the focus of year two would be trying to get into some of the more male dominated workplaces and raise engagement.

Ms. Forster also advised that the near real time surveillance system that had been established did provide intelligence as to some of the circumstances which may have contributed towards the suicide or attempted suicide and they could use that information to see if there was any correlation to job losses, or relationship issues, which they could then take to the suicide prevention partnership. Through the Work Place Alliance they also had the opportunity to tap into future details of any expected redundancies and job losses so that services could get involved.

Councillor Haque referred to paragraph 3.3 of the report, and noted that Sunderland was ranked 4th highest in the region, and asked Officers for their opinions as to why this was the case as they were not the 4th highest for other issues such as unemployment, poverty or drug misuse. Ms. Bullock commented that Sunderland was quite deprived, but it was complex and hard to pinpoint one element as there were usually a number of contributing factors. They were looking at having a suicide audit from the Coroner's records which may provide a better understanding of what it is that was contributing to a number of suicides.

Ms. Hughes commented that from previous suicide audits they had found that there was a strong correlation for adults that had been through the care system as children, or trying to break the cycle as people who were bereaved by suicide were more at risk of suicide themselves; and that drug use and deprivation also played a part, so it was difficult to pinpoint just one reason. Going forward they would hope

that they would be able to support and identify those at risk sooner and engage them with services.

Ms. Bullock informed the Committee that they had established a near miss project group who were initially looking at data from suicide attempts and the learning from the group would help inform next steps, with the scope widening as the group is developed.

Councillor Walton asked if there was anything the Committee could do to help address the issues with Wearmouth Bridge, such as getting the side rails heightened, and Ms. Bullock advised that there was evidence to support that the signage on the bridge was an effective intervention but there was Public Health Guidance around the different options that could be explored by local authorities, such as the raised sides or nets under the bridge. The Committee were informed that there was CCTV across all of the bridges which increased the likelihood of human intervention but there were some blind spots so they had put in a proposal to get full coverage.

They had also explored having a staff sanctuary in close proximity to the bridge which would mean that whoever was in attendance could see the individual to a place where they will get the wraparound support straight away instead of going to the police station. Amongst all of the physical interventions they could make they needed to ensure that people were getting the right support, as they were seeing the same individuals presenting on multiple occasions.

In relation to any physical changes to Wearmouth Bridge, Ms. Bullock advised that there were a few obstacles to overcome, firstly that a structural assessment of the bridge needed to be undertaken to see what weight the bridge could actually take, and then following that there would need to be a feasibility study which would look at all of the options. That would be put forward to the Chief Officers Group but it was not a quick turnaround and solutions would be very costly.

Ms. Hughes commented that all of the options would form part of the feasibility study and nothing would be ruled out, but one of the challenges the group faced was that the majority of suicides take place in a private dwellings, and not in public where there is an opportunity to intervene. The railings on the Wearmouth Bridge meet the guidelines that were in place when it was built and they had tried over a number of years to make changes but they were always advised that it was a listed structure.

Councillor Usher asked what was the best way of raising the profile of suicide prevention in the city and was informed that one of the best ways was to promote the help that was available, and there were guidelines from the Samaritans which could be followed when using social media.

Councillor Burnicle commented that from his experiences not one person had the same issues and concerns; there was always a different reason for each person who was struggling with their mental health and there was not one solution for all. This made it all the more difficult and it was best to ensure that as Councillors they continued to share details of the support services that were available.

In response to a query from Councillor Haque regarding which prevention measures were proven to help individuals attempting suicide at the bridge, Ms. Bullock

explained that the evidence suggested that people often tried to take their own life in a moment of impulse; so any preventative measures helped in giving them more time to reflect on their decision. They were often asked if the problem would be moved elsewhere but there was no evidence to suggest that, although Public Health Guidance do recommend where there is an opportunity, to put measures in place at the earliest opportunity from the offset, rather than having to backtrack, such as in the case of the new pedestrian bridge.

There being no further questions, the Chairman thanked Ms. Bullock and her colleagues for their attendance, and it was:-

3. RESOLVED that:-

- i) The content of the report be received and noted; and
- ii) The findings of the report be accepted and the Suicide Prevention Action Plan be endorsed; taking forward the identified actions for the purpose of supporting a continued reduction in the rate of suicides.

Work Programme 2023/24

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which briefed members on the development of the Committee's work programme for the municipal year 2023/24 and appended a copy of the programme for Members' consideration.

(for copy report – see original minutes)

Mr Nigel Cummings, Scrutiny Officer presented the report and briefed the Committee on the current position regarding those items already scheduled on the work programme and those waiting to be programmed in on a suitable date.

He informed Members that the Action Plan Update from South Tyneside and Sunderland NHS FT scheduled for 30 January, 2024 had now been moved to 27 February, 2024. A report on the changes to Health Scrutiny Regulations coming into force on 31st January, 2024 would now be submitted to the meeting on 30th January, 2024.

Councillor Bond referred to a report that had been published by the UK Health Security Agency (UKHSA) on 15th January, 2024 who had concluded their investigation into the cause of illness experienced by some of the participants at the World Championship Series in Sunderland in July and commented that it would be remiss of the Committee not to include it in their work programme.

Following discussions, Mr. Cummings advised that he would forward the protocol for Members to raise issues for inclusion on the agenda from the Scrutiny Handbook to the Committee and progress it from there.

4. RESOLVED that subject to the comments as set out above; the report be received and noted.

Notice of Key Decisions

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which provided Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from the 2nd January, 2024.

(for copy report – see original minutes)

The Committee was advised that if Members had any issues to raise or required further detail on any of the items included in the notice, (that were within the purview of the Committee), they should contact Mr Cummings for initial assistance.

Councillor Speding asked if the Scrutiny Committee would have the opportunity to discuss the following items, prior to their submission to Cabinet:-

- 23028/799 – To seek approval for Housing Strategy for Sunderland 2023-2030; and
- 231116/856 – To consider Housing Investment and Delivery Plan Housing Disposals (private meeting).

Mr. Cummings agreed to get further information and advise Members accordingly, and it was:-

5. RESOLVED that subject to the comments as set out above, the Notice of Key Decisions be received and noted.

There being no further items of business, the Chairman closed the meeting having thanked members and officers for their attendance and contributions.

(Signed) J. USHER,
Chairman.