

BATH AND NORTH EAST SOMERSET

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Monday, 11th November, 2024

Present:-

Councillors: Dine Romero (Chair), Liz Hardman (Vice-Chair), Paul Crossley, David Harding, Ruth Malloy, Lesley Mansell and Joanna Wright

Co-opted Members (non-voting): Chris Batten

Cabinet Member for Adult Services: Councillor Alison Born

Also in attendance: Suzanne Westhead (Director of Adult Social Care), Kate Morton (Chief Executive - Bath Mind and Chair of B&NES 3SG), Rebecca Reynolds (Director of Public Health), Laura Ambler (Place Director, B&NES ICB), Caroline Holmes (Place Director, Wiltshire ICB) and Paul Scott (Associate Director of Public Health)

46 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

47 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

48 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

The Panel received apologies from Councillor Saini, Councillor Pankhania and Kevin Burnett.

49 DECLARATIONS OF INTEREST

There were none.

50 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

51 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Councillor Eleanor Jackson had given notice that she would like to make statement prior to agenda item 11 (Implementation of the Suicide Prevention Strategy). A copy of the statement can be found on the Panel's Minute Book and as an online appendix to these minutes.

52 MINUTES: 14TH OCTOBER 2024

Councillor Liz Hardman referred to two questions she had asked of the BSW ICB at the previous meeting in relation to the Ocean website and the 4 – 6 month waiting period and the shortage of midwives within the area.

Laura Ambler, Director of Place for Bath and North East Somerset, BSW ICB replied that actions were in hand to obtain this information to be shared with the Panel.

Councillor Lesley Mansell referred to the statement made by Councillor Eleanor Jackson and said that on the conclusion of that she had asked whether she thought the Council should adopt the 'Social model of disability'. Councillor Jackson had replied that she believed they should, and Councillor Mansell asked for that to be noted in the minutes.

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

53 COMMUNITY SUPPORT CONTRACTS UPDATE

The Director of Adult Social Care and Kate Morton (Chief Executive - Bath Mind and Chair of B&NES 3SG) addressed the Panel and highlighted the following points to them from their presentation.

Director of Adult Social Care:

- Review carried out with the 3rd Sector as contracts are due to expire in April 2025.
- Savings target of £802k still to be achieved across Adult Social Care & Housing.
- Lack of engagement with the Council cited by 3SG at the September CAHW Panel meeting.
- Funding allocation of £3,439,048 from three sources (Council, ICB & BCF) make up the indicative total.

What the Commissioners have done so far...

- Contract Management - A detailed review of the richness of the existing information, intelligence and insight.
- Data Review - A detailed review of service specific data held by B&NES Council and HCRG Care Group.
- Service on a Page - Produce concise, detailed overviews of existing services, reviewed by commissioners.

Contract Baselineing

- Information, advice and guidance
- Prevention & Early targeted support including independent living support
- Support for Carers

Kate Morton:

- Since September 2024 Panel meeting a great deal of co-production and collaboration has been carried out between the Council and the 3rd Sector.

Market Engagement Events

- 24th September 2024 - Engagement with incumbent 3rd sector providers.
- 8th October 2024 - Market engagement event opened to organisations from wider market.
- Two further events facilitated by Stone King Solicitors
 - 30th October 2024 - Engagement event led by 3SG with Council commissioners on the art of the possible.
 - 1st November 2024 - Engagement event with the 3rd sector providers, well attended (over 30 people).

Key Themes from the Engagement Events

- Focus on the joint purpose
- More alignment with the ICB
- Equal partnership and seeking to understand the needs of both the third sector and the Council
- Requires a strategic partnership approach
- Lack of Council appetite for risk as concerns about fear of challenge
- Over complicated processes - less transactional arrangements

- Open book approach to partners
- Concerns about new providers joining the market and then sub-contracting to local providers
- Wellbeing Hub is a great example of how well we work together

Next steps

- Research those Councils who have managed to change their model and what lessons they have learnt
- Develop commissioning models with the sector
- Analyse themes from two market engagement events to inform the community support model
- Develop commissioning intentions and commissioning model for 2025/26
- Continue engaging with residents and service providers on bridging current contracts and future community support arrangements

The Chair commented that this was a very positive message for the Panel to hear.

Councillor Liz Hardman asked what the status of the current contracts were and what will happen from April 2025.

She also asked if it was known whether Julian House would have to close, asked if there was a revised timeline for the Commissioning Model to be in place and what the impact will be on 2025/26 budget.

The Director of Adult Social Care replied that contract bridging arrangements will be put in place with all providers from April 2025, unless any wish to differ. She added that she was hopeful that new contracts would be in place by September 2025 and that she would seek to share a revised timeline with the Panel in January 2025.

She added that this process has been made slightly more difficult by the increase in National Insurance contributions announced in the recent budget.

Kate Morton replied that 3SG were working closely with all 240 providers and said that a further engagement session was planned to take place in the New Year. She added that from a Bath Mind perspective she was concerned, but positive, as they were at the table and able to have an influence on any changes. She added that there is the time to make the changes required.

Councillor Hardman commented that she was hopeful that the Government would put in place exemptions for the 3rd Sector in relation to National Insurance contributions.

Councillor Joanna Wright asked for an explanation of the term 'Open book approach to partners'.

The Director of Adult Social Care replied that when working with the independent sector, this is where we are able to look at their finances and assess whether further support or an uplift is required. She added that when working with the 3rd Sector it is about understanding their pressures in terms of buildings and leases etc.

Councillor Wright said that sounds like a lot of admin to undertake if required for all 240 providers and asked if the Council has the ability carry out such work.

Kate Morton replied that this would only be the case for 36 providers.

The Director of Adult Social Care added that it was also unlikely to be required in the case of all 36 providers, only those that have highlighted any pressures. She added that this work would be carried out by the commissioners.

Councillor Lesley Mansell asked for the Panel to be provided with an updated timeline for the contracts process. She also asked if any comment could be given with regard to the impact of Social Prescribing and collaborative working opportunities.

Kate Morton replied to inform the Panel that the 3rd Sector have been commissioned by Public Health to carry out a two-year study on Social Prescribing across B&NES. She added that they had almost completed the first year of the study and were in the process of developing a framework and would present that to the Health & Wellbeing Board when complete, possibly in February 2025.

She added that as part of the contracts process they will seek to ensure that there is little to no duplication of services through working collaboratively and to also show a transparency of services.

The Director of Adult Social Care added that she would provide an update on the contracts in the New Year and hoped for the process to be completed by September 2025.

She said that the 3rd Sector already do a great deal of collaborative working and cited Bath Mind / Age UK, Bath Ethnic Minority Group, the RUH and the Health & Wellbeing Hub as just a few good examples.

Councillor Mansell asked if North East Somerset was covered within these collaboration examples.

Kate Morton replied that Bath Mind and many of the other organisations work across the whole of the Council area.

Councillor Ruth Malloy asked how they would attempt to make processes less complicated and which other Local Authority models have they studied.

Kate Morton replied that they have been looking at the work of a number of 3rd Sectors and Authorities within London boroughs and the north of England, including Greater Manchester, York and Derbyshire and their frameworks and access to funds.

The Director of Adult Social Care added that they will now be jointly developing their commissioning arrangements prior to any procurement and would include a

discussion on the length of the contracts given, whether 3, 5 or 7 years. She said that she had been looking at the work within Richmond and Leicester.

Councillor Wright stated that it would be useful for the Panel to receive a list of the Council's Statutory Duties that they have to deliver.

The Democratic Services Officer said that he would source that information for the Panel.

The Chair commented that it needs to be understood what the impact will be on our Statutory Duties if and when the proposed savings are made.

The Director of Adult Social Care replied that one of her main duties is to provide the Council with a break-even budget.

Councillor Wright asked what does early intervention in terms of Mental Health look like for the average person.

Kate Morton replied that the role of Bath Mind would be to either make contact with individuals via phone or in person to enable strategies or social prescribing measures to be put in place or to attempt to engage them more within their local community.

The Chair asked to be reminded of when the proposed budget savings would now be made.

The Director of Adult Social Care replied that the Council had received a grant of £400k in 2024/25 from the Department of Health & Social Care which meant that they could defer the proposals and that the saving of £802k needs to be found ahead of the 2025/26 budget.

The Chair commented that she believed that the issue relating to Julian House was being addressed through the Climate Emergency and Sustainability Panel as this matter was within their remit. She added that the Housing Plan was also due to be discussed by that Panel at its January meeting.

The Chair, on behalf of the Panel, thanked the Director of Adult Social Care and Kate Morton for their update and presentation.

54 CABINET MEMBER UPDATE

Councillor Alison Born, Cabinet Member for Adult Services addressed the Panel. She said that it was the Liberal Democrat administration's view that the Community-based Care contract should be provided by NHS service providers.

She stated that this follows on from a lack of trust when Virgin Care was sold to a private equity company in 2021 without the knowledge of local commissioners and said that this led to the Council decision to not extend the HCRG contract for Health & Care and to bring local Adult Social Care services back in house from HCRG in April 2024.

She said that whilst the award of the contract to HCRG was disappointing it was accepted that it was an outcome of a robust procurement exercise and hoped that they would work across the BSW area to develop accessible, effective and high quality services for our residents.

Councillor Born highlighted the following areas from her update report.

Englishcombe Lane Development

Planning permission has now been granted for the development of 16 new homes for people with complex learning disabilities and autism.

Royal Victoria Park café and leisure facilities

Following a recent procurement exercise by B&NES Council the current operator of the tennis and golf facilities, Excel Tennis Ltd, was awarded a contract to run both the café and the leisure activities for the next 20 years. It has already invested over £250K in refurbishment of the pavilion and café area - Treetops.

Budget Pressures

There are in-year pressures on adult social care budgets, primarily in the areas of learning disabilities and older people. These are being managed and Adult Social Care is currently predicting a break-even position at year end.

Drugs and alcohol

The B&NES Drug and Alcohol Partnership submitted a Synthetic Opioids Preparedness Plan to the national Joint Combating Drugs Unit as part of a national approach to tackle the risks from drugs like fentanyl or nitazines.

Black History Month

B&NES worked alongside AWP to arrange and host an event for Black History Month. Pauline Spence-McCalla, B&NES employed admin in the older adults mental health team was key in putting the interactive and fun agenda together.

Councillor Liz Hardman asked how the information relating to Drugs and Alcohol was being delivered to young people.

Councillor Hardman asked what impact the Food Access Toolkit has had so far.

The Director of Public Health replied that the toolkit has been developed by the University of Bath and was a board game designed around case studies from people who have experienced food insecurity and was seen as a good way to promote discussion as to how people could be supported. She added that it was in its early stages and therefore slightly too early to give an indication of its impact.

Responding to the issue of Drugs and Alcohol she said that Project 28 do carry out some work within schools, but that it was a difficult balance to find between informing them of the risks and sharing awareness in relation to Synthetic Opioids.

Councillor Hardman asked if the list of Warm Places for residents within B&NES needed to be reassessed ahead of this coming winter.

The Director of Adult Social Care replied that the list is looked at every year and want to continue to offer these warm spaces to those who need them.

Kate Morton added that the 3rd Sector are working with the Council on providing areas that they have access to.

Councillor Hardman said that she would welcome further feedback on this issue.

Councillor Joanna Wright said that she would challenge the approach to Drugs and Alcohol awareness from the Director of Public Health and said all young people should be alerted to the real danger of Synthetic Opioids and we must keep them safe.

The Director of Public Health replied that all Combatting Drug Use Partnerships had recently submitted their plans to the National Combatting Drugs Unit on preventing / monitoring the use of Synthetic Opioids and that this could be shared with the Panel as a future agenda item.

The Chair said that she welcomed this offer to the Panel.

Councillor Lesley Mansell said that the information shared in the update is welcome, but would like to see more information regarding outcomes / progress that these initiatives are having, especially the Food Access Toolkit.

The Director of Public Health replied that feedback on the impact of this project could be given in around 12 months' time.

The Chair, on behalf of the Panel, thanked Councillor Born for her update.

55 B&NES, SWINDON & WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) UPDATE

Laura Ambler, Director of Place for Bath and North East Somerset, BSW ICB addressed the Panel and informed them that today she was accompanied by Caroline Holmes, Director of Place – Wiltshire, BSW ICB.

Laura Ambler began by acknowledging that the Panel wish to discuss in more detail the award of the Integrated Community-based Care contract that had been recently awarded to HCRG Care Group and said that if it was felt that a further discussion was needed following this meeting then that could be arranged.

She said that she would attempt to address a number of key themes / questions that have been raised, these being;

- Engagement / Procurement process
- Patient / Public involvement
- Nature of a Private Provider
- Role of the Council / Panel

She stated that the ICB had a legal duty to proceed with the procurement as the current contract was coming to a conclusion with no scope for it to be extended. She added that this meant that there was no option for a public consultation to take place as it was not optional.

She explained that the ICB are not legally allowed to limit who can make bids for the contract as part of this process.

She said that they were looking for a Lead Community Partner to be established to work in partnership across the system including with our voluntary sector, primary care, mental health and acute providers.

She stated that the process had been followed robustly, in line with national Public Contracts Regulations (PCR) guidelines and that therefore the outcome must be abided.

On the matter of patient and public involvement she explained that they were seeking a transformational approach and that would be achieved by using our priorities to develop outcomes-based commissioning.

She said that it was the ICB's responsibility, as Lead Commissioner, to stand shoulder to shoulder with the new provider who would engage with service users in discussions on the provider's proposals. She added that the ICB have previously engaged with the public, service users and providers on their priorities as set out in their Care Model and ICP Strategy. The care model and ICP strategy then informed the commissioning intentions for this procurement.

She stated that the commissioning intentions were also informed, where appropriate, by those with lived voice and service users.

She explained that the Lead Provider and the ICB are looking to engage with service users and broader communities and want to work with the Panel for their views as part of that process.

On the issue of Private Providers within this workspace she reiterated that no block or favour is given to any provider and that a robust process was followed. She said this comprised of the following stages.

- Selection Questionnaire
- Invite to Tender (1)
- Dialogue sessions alongside Local Authority colleagues to probe and test the bidders thinking and their proposals.
- Once at least one potential successful bidder had been identified we were able to proceed to Invite to Tender (2)

- Responses were then received and evaluated. There were a broad range of evaluators across ICB, Local Authorities and service users and those with lived voice.

She stated that having followed this process, HCRG were awarded the contract.

She said that HCRG are keen to work with the Local Authority and its partners and attended the recent meeting of the Health & Wellbeing Board. She added that they are willing to collaborate and to shape further engagement.

The Chair said that should it be decided that a further discussion is required on this issue then she would like to invite HCRG to attend. She asked for clarification if the Market Events held were seen as public engagement or were these solely for the commercial operators.

Laura Ambler confirmed that the Market Engagement Events were not an appropriate stage to include patient or public involvement and these were for a range of providers with 255 people across 69 providers in attendance. She added that where appropriate they did hear from those with a lived voice and service users to feed into the commissioning intentions, but this was not part of a formal consultation exercise.

Caroline Holmes added that what had informed the Market Engagement Events was the work that had been carried out as part of the BSW Health & Care Model which had been subject to extensive public engagement. She added that this work had identified the aspects of our care model including the introduction of their Neighbourhood Teams and provision of specialist services within the community.

Councillor Liz Hardman asked if they really thought that they were meeting the needs of the public by going through the procurement process without consulting the vast majority of them. She added that she has concerns about HCRG being the provider of these services.

Laura Ambler replied that the process taken by the ICB was entirely around thinking about our communities and their population health management as that is their statutory responsibility. She added that through their Strategy and Care Model work they had an understanding of the broad needs of the area which had informed the commissioning intentions.

She stated that there is still an opportunity now to work with the provider to shape with service users what the services will look like. It was also noted that HCRG have a very good record with 97% of the services provided by them being either good or outstanding.

Caroline Holmes added that one of the requirements of the provider going forward is that they work using a population health management approach to understand the needs of their local communities. She said that this will involve working with local neighbourhoods and their GPs to design services and keep them relevant.

The Chair asked if the Panel could view the types of questions that were set as part of the tendering process.

Laura Ambler replied that they could seek to set out the nature of the types of questions that were asked.

Councillor Ruth Malloy asked how many bids were received and who were they from.

Laura Ambler replied that they had received more than one bid and that they had come from a range of providers.

Councillor Paul Crossley asked if before the contract had been awarded to HCRG had they spoken to other areas where they hold contracts about their work to gain feedback on the services they provide.

Laura Ambler replied that they had not done so as part of this procurement process as they need to be even handed in their decision making and base this on the process and regulations to be followed which did include appropriate questions on due diligence.

Councillor Crossley replied that he was not satisfied with this response and that he would expect due diligence to be carried out when awarding a contract of this size and magnitude. He added that he would have expected those involved in the decision to hear how their services work on the ground. He said that he would like to see that in the process of awarding future contracts that they do state that they will enquire with other organisations prior to the contract award.

Councillor Lesley Mansell said that she echoed the feelings expressed by Councillor Crossley. She stated that she was still waiting for an answer from the ICB to a question on physiotherapy services provided by HCRG asked around six months ago.

She asked what questions were asked as part of this procurement process around the quality of services that will be delivered and what was known about the quality of services that HCRG currently provide in the area.

She also asked how the access to care will be improved and what benefits will be seen across our communities as part of this contract.

Laura Ambler apologised in relation the physiotherapy data, which she said was available and would send to the Panel. She added that the quality of care that HCRG provide has been rated by the CQC as either outstanding or good.

She said that it was within the contract that the transformation of services needs to be met and that any release of funding would be reinvested into community services. She added that HCRG have already provided significant investment to enable a safe transfer of services to take place.

She stated that HCRG would be working to a Stepped Care Model and that this would hopefully lead to improved access to services and relieve pressure on our Primary Care.

Caroline Holmes added that the Chief Nursing Officer, Gill May, oversees a team that monitors the quality of services from all providers across the BSW area and that team were involved in creating a series of quality measures that will be used to assess the services going forward. She said that this would also include patient feedback.

Councillor David Harding asked if an explanation could be given for the term 'Outcomes Based Commissioning'.

Caroline Holmes replied that this is a different way of managing contracts and that instead of looking at them from a micro level, individual service by service, they will be looked at from the needs of the local population as a whole. She added that performance indicators were then allocated to these outcomes so that they could be monitored against delivery.

Councillor Harding referred to a case study from HCRG into an integrated Autism and ADHD Assessment Pathway and said that he would welcome seeing the outcomes based framework and the performance indicators as this would enable further scrutiny.

Laura Ambler replied that they would welcome the Panel's involvement and challenge. She added that HCRG's work on ADHD was already beginning to have a positive effect on waiting times and access to services.

Councillor Joanna Wright commented that the ICB were aware that the contract was nearing an end and have mainly used the updates to the Panel as a tick box exercise when they should have involved us at an earlier stage.

Laura Ambler replied that she saw the updates as a way to bring to the Panel relevant and timely information. She stated that the contract process was conducted under procurement regulations that did not allow for the Panel to be involved. She said that it was never the intention to not be forthcoming with information and was open to changing the format of the updates that are provided.

Councillor Wright asked for an explanation of the term 'Inappropriately located building'.

Laura Ambler replied that this term was used for buildings in a state of disrepair, not fit for purpose or inappropriately located and that there is a commitment to providing access to services where people need them.

Councillor Wright asked for more Panel inclusion on this to establish whether these buildings are of community value.

Councillor Hardman commented that HCRG state that they will be operating a new model of community health and asked to what extent will our communities be involved in the development of the specification of care.

Laura Ambler replied that the ICB are looking to work with HCRG to look at what the service design will be and that will include hearing from service users and those with a lived voice.

Councillor Mansell asked if more detail could be provided to the Panel regarding the new LDAND mental health unit being built in Bristol, as well as the Partnership in Neurodiversity in Schools (PINS) project.

Laura Ambler replied that they could bring further information to the Panel and said that the building of the unit was meeting its timescales and was an integral part of their work.

The Chair, on behalf of the Panel, thanked Laura and Caroline for attending and their commitment to holding a future discussion in relation to the Integrated Community-based Care contract.

56 IMPLEMENTATION OF THE SUICIDE PREVENTION STRATEGY

Councillor Eleanor Jackson addressed the Panel, a copy of her statement is attached as an online appendix to these minutes and a summary is set out below.

'Quite a few years ago now I attended a wake at St Nicholas Church, Radstock for a 20 year old NEET, who had taken his own life out of loneliness and depression. A grant had been found through our then in house youth services for some art therapy for the bereaved young people, but a long term solution was needed. I asked around the group, 'What can BANES do?' The answer was unanimous. The youth clubs are doing great work for children, but we feel we are being abandoned when we turn 18.

Reading the report, which is a good systematic approach to the problem (but suicide is not like knife crime or growing food. It has a myriad network effect, scarring families and communities), I am not really sure that there is a grasp of recent changes, and the challenge of social media abuse and bullying. Not to mention the ease with which young people can gain information about methods.

There is no mention of the side effects of some drugs, such as a well-known anti high blood pressure prescription medication producing suicidal thoughts.

One fact re our young people: whether at home or school – or the youth clubs, they need stability and continuity. They need to know where and how they can get professional help if they need it. Labelling won't help. This council making sure that such expertise, and local knowledge is available is crucial.

Suicides are more than statistics, and whatever their age or background, there needs to be effective prevention now.'

The Associate Director of Public Health addressed the Panel and explained that he was also Chair of the BSW Suicide Prevention Group. He said that he would like to emphasise that a lot of work is carried out within schools and with young people on this matter.

He said good relationships were in place with the Transport Police and Samaritans and that training had taken place with their staff. He added that locally it was a low number of deaths that occur on the trainline, but that these can often happen away from the station areas.

He said that he was also aware of the many local organisations that are working hard on the stigma of this issue and felt that people were now more able to talk about things more openly.

He stated that they do recognise the impact that each death will have on the family and friends of those involved.

Councillor Alison Born commented that this was a complex issue and said that the report shows the breadth of work in place to attempt to address it. She also wished to thank all those involved in these service areas.

The Associate Director of Public Health introduced the report to the Panel and informed them that the number of deaths locally from suicide had fallen over the past three years and was below the national average.

He said that a new national strategy had been launched last year which has led to a refresh of our own strategy. He added that online safety was of course more of an issue now than 10 years ago when the last national strategy was published.

He stated that collaboration work takes place across the BSW area and that the action plan shows the work that takes place across many themes.

Councillor Joanna Wright referred to section 3.10 of the report and asked what was meant by 'surveillance data'.

The Associate Director of Public Health replied that there is a national programme relating to real time surveillance and that differs from the information that is received from the Office for National Statistics which can take a year to be published. He added that the surveillance data referred to in the report is about receiving a notification of an event in real time, or at least within a day, to see if any patterns are occurring and to make a referral for bereavement / support services to the family and friends involved.

Councillor Wright spoke of the impact of social media and the practice of catfishing can have on young people.

The Associate Director of Public Health replied that in these cases it was not always easy to get information as Police involvement could be ongoing. He said that in such cases it was important to work with schools with regard to online safety.

Councillor Lesley Mansell referred to the Equality Impact Assessment of the report and asked how the risks towards people with mental health issues who are LGBTQ+ have been identified.

She also highlighted some of the other groups considered to be of risk, including; Children & Young People, middle aged men, Farmers and those who self-harm.

She said that there was also a link between food insecurity and mental health and that she would welcome more information on this matter within a future report.

The Associate Director of Public Health replied that the data they use regarding LGBTQ+ was national data that showed higher levels of poor mental health and self-harm. He added that good evidence was in place nationally to confirm that middle aged men are a cohort to monitor.

He added that Farmers were considered to be among the high risk occupational groups alongside Nurses and Teachers and that these were being addressed both locally and nationally.

He informed the Panel that a refresh of the Council's own Suicide Prevention Strategy was ongoing and that a stakeholder event was planned to take place at the end of the month. He added that he would be happy to return to the Panel to discuss the new strategy.

Kate Morton commented that the 3rd Sector were working closely with the Council and other organisations to provide a co-ordinated approach. She added that they were looking to develop plans to address the needs of both individuals and those identified at risk cohorts.

Councillor Liz Hardman commented that she felt that the current strategy and action plan were thorough, but asked for more detail in terms of how the success of the strategy is measured. She asked how mental health support is co-ordinated in schools, especially Multi-Academy Trusts.

The Associate Director of Public Health replied that he acknowledged the point made about metrics and said it was a case of being able to prioritise the time to document in more detail how specific measures have worked.

He added that in relation to schools, from a Public Health perspective, the work goes through the Schools Hub to deliver a whole school approach to mental health.

The Chair, on behalf of the Panel, thanked him for the report and asked when he could likely return with the new version of the strategy.

The Associate Director of Public Health replied that March 2025 could be a possibility.

The Panel **RESOLVED** to note the progress made to date.

57 PANEL WORKPLAN

The Chair introduced the workplan to the Panel and the following subjects were noted as potential future items of discussion.

- Community Support Contracts
- Integrated Community-based Care Contract (HCRG)
- Suicide Prevention Strategy – March 2025
- Synthetic Opioids
- Transport to Hospital Schools (HERS)
- Music Service
- Home Education

Councillor Eleanor Jackson informed the Panel that Fosseyway School in Westfield had won a national award for the quality of its Religious Education.

The Chair said to pass on the congratulations of the Panel to them regarding this achievement.

The meeting ended at 2.29 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

Children, Adults, Health and Wellbeing Scrutiny Panel. 11/11/2024

Suicide Prevention Review report.

Quite a few years ago now I attended a wake at St Nicholas Church, Radstock for Jamie Hogg, a 20 year old NEET, who had taken his own life out of loneliness and depression. A grant had been found through our then in house youth services for some art therapy for the bereaved young people, but a long term solution was needed. I asked around the group, 'What can BANES do?' The answer was unanimous. The youth clubs are doing great work for children, but we feel we are being abandoned when we turn 18. Some were alienated from their parents, some had poor skills, and all claimed that if they indulged in a little ketamine (which was not the problem it is now) it was out of boredom. Of course, for good or for evil, social media hardly functioned.

So we found some money for a survey of youth homelessness in the Somer Valley (2012) and established that with mediation most teenagers could be re-integrated in their family within a month, and Sam Plummer, now of Youth Connect SW, rang a programme on the health costs of ketamine consumption. The senior Radstock GP told me he thought about 70% of Radstock young people had clinical depression. So this was really only a drop in the ocean, real change is needed. It is also much more important to achieve early intervention, even at school.

Reading the Report, which is a good systematic approach to the problem (but suicide is not like knife crime or growing food. It has a myriad network effect, scarring families and communities), I am not really sure that there is a grasp of recent changes, and the challenge of social media abuse and bullying. Not to mention the ease with which young people can gain information about methods. The new Minister for Education, Ms Philipson, is changing the emphasis in education to children's well being rather than narrowing focussed academic excellence defined by rigid criteria. Societal pressures probably weigh even more. It is good to see both multi-agency co-operation and apparently much training. But I have never seen a planning application where the suicide dangers are considered, contrary to claims here, and surely there are more suicides from people jumping under trains than from other forms of transport? There is no mention of the side effects of some drugs, such as a well-known anti high blood pressure prescription medication producing suicidal thoughts.

One fact re our young people: whether at home or school – or the youth clubs, they need stability and continuity. They need to know where and how they can get professional help if they need it. Labelling won't help. This council making sure that such expertise, and local knowledge is available is crucial. Fifteen years ago the churches together, the police and Norton Radstock Town Council pulled together to help young people . Today you cannot outsource your responsibilities Charities do not have the funding to substitute, and residents are so busy making ends meet at a time of spiralling costs, they cannot contribute much, nor volunteer.

In 1975 a brilliant close university friend moved on to a postgraduate course in oxford and took her own life. She had a working class background, and her family had not understood the problems she faced. The Bishop of Burnley took her funeral, brief, perfunctory and without mentioning her name. I and my friends organised a thanksgiving at Birmingham University afterwards. I have never forgotten how distraught her family was. Suicides are more than statistics, and whatever their age or background, there needs to be effective prevention now

Eleanor M Jackson.