Health and Social Care Scrutiny Sub-Committee

Meeting held on Tuesday 18 July 2017 at 6.30pm
in the Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES - PART A

Present: Councillor Carole Bonner (Chair)
Councillor Andy Stranack (Vice Chairman)
Councillors Kathy Bee, Sean Fitzsimons, Andrew Pelling and Sue Bennett

Non-voting Co-opted HealthWatch Croydon Member: Gary Hickey

A38/17 Appointment of Chair and Vice-Chair for the ensuing municipal year

Cllr Carole Bonner was nominated as Chair by Cllr Andy Stranack. The nomination was seconded by Cllr Andrew Pelling. Cllr Bonner was duly appointed as Chair of the sub-committee for 2017-18.

Cllr Carole Bonner appointed Cllr Andy Stranack as Vice- Chair of the sub-committee for 2017-18.

A39/17 Apologies for absence

Apologies were given by Cllr Margaret Mead, who was represented by Cllr Sue Bennett at the meeting.

A40/17 Minutes of the meeting held on 16 May 2017

The minutes were approved by the sub-committee as an accurate account of the meeting.

A41/17 Disclosure of Interest

There were none.

A42/17 Urgent Business

There was none.

A43/17 Exempt items

There were none.

A44/17 Committee Membership

Members RESOLVED to note the report.

A45/17 Suicide prevention and self-harm reduction plan

The following officers were in attendance for this item:
- Jack Bedeman, Consultant in Public Health
- Mar Estupinan, Public Health Principal

Members were given a presentation on the draft plan, which included a list of six areas for action in the national suicide prevention strategy:
1- Reduce the risk of suicide in key high-risk groups
2- Tailor approaches to improve mental health in specific groups
3- Reduce access to the means of suicide
4- Provide better information and support to those bereaved or affected by suicide
5- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6- Support research, data collection and monitoring

The presentation also gave an overview of the profile of high risk groups in the borough – they typically are:
- mainly male
- aged 20-45
- living in more deprived areas
- with a diagnosis of mental illness
- with possibly additional life stressors such as relationship breakdown, financial worries or chronic physical health

Officers also stated that the suicide rate, albeit low, had increased since 2008-2010. In contrast, Croydon has the 5th highest hospital admission rate for self-harm.

The plan is due to be presented and approved at the 20 November 2017 meeting of the Cabinet. Members were advised that it was very much a live document, which was set to evolve through joint work with key partners such as the South London and Maudsley NHS Foundation Trust (SLaM) and the Clinical Commissioning Group (CCG).

Members asked what circumstances might lead to middle-aged men being at greater risk of suicide. Homelessness arising from redundancy or relationship breakdown and this group's low priority ranking for rehousing were mentioned as possible causes. Officers highlighted the work being carried out on homelessness prevention and good practice in other parts of the country, e.g. the work being carried out in Torbay with barbers, whose customers are in this demographic group. Officers also highlighted the joint work being carried out with British Transport Police, Network Rail and the Samaritans to engage with any individuals who are seen to behave as if they might be contemplating suicide.

Officers stated that a key priority for the plan was to develop a closer relationship with the borough's coroner to gain a better understanding of local issues relating to suicide. They observed that there was currently no collective view on what information coroners should provide to councils regarding deaths.

Members were advised that officers were aiming to build on the work

carried out by the CCG with children and young people, to gain a deeper understanding of factors leading to self-harm in the adult population. They were informed that some cases of self-harm might not be detected in injury statistics and that better coding of hospital admissions could lead to a better grasp of the situation.

There was agreement that service providers needed to develop a better cultural understanding of suicide and self-harm in different ethnic groups. It was observed, however, that deprivation could exacerbate the risk of suicide and should not be confused with cultural differences.

Members stressed the need to obtain the views of people who had known suicide victims in order to gain a better understanding of the circumstances surrounding these events. They were pleased to hear of the contributions made by MIND and the Samaritans to the draft plan. However, they stressed that effective counselling providers such as Croydon Drop-In should not be left out of this work. They also expressed concerns regarding the recent closure of the Crescent centre in New Addington, which provided support to individuals with mental health issues such as depression, and asked whether alternative services were to be offered after the closure of this facility. Officers stated that this was outside the scope of the plan.

Members highlighted financial difficulties as a key risk factor, which is exacerbated by the fact that individuals facing such problems keep them secret and therefore cannot be identified or helped out of their difficulties. Officers confirmed that this particular issue was being considered as part of the plan.

A plea was made for more detailed information on the profile of suicide victims in order to ascertain what kind of support they needed. Members highlighted the good work on profiling such individuals in the Camden review of suicides carried out in 2004-2006, which led to recommendations on service provision for such individuals and their families. Members asked for more detailed local information on suicide cases in the borough, but were cautioned that such information could not be made available in the public domain in view of the small numbers entailed as such statistics could reveal the identity of suicide victims. Members pointed out that in-depth analysis could help reveal useful trends. For instance, the Camden review identified Friday as representing a spike in numbers of suicides. However, it was agreed that confidentiality was paramount in investigating this very sensitive area.

Members also asked for clarification on the current local situation, the aims of the plan, and how they propose to implement them.

Officers stated that the overall aim of the plan was to develop real time surveillance. They added that some boroughs had succeeded in making some progress in this direction, which had been achieved through strong working relationships with a wide range of partners.

Members noted that there were very few suicides in the over 65 male population. They queried whether the social profile of the borough was changing and impacting on suicide rates.

Officers were asked what sources of information were being used to determine trends in self-harming in the borough. They explained that they were working with the CCG, Croydon University Hospital and local G.P.s to build a picture of self-harming trends. Members urged officers to work with local schools, ward councillors, voluntary sector providers and railway unions such as Croydon Drop-In to build as comprehensive a picture as possible of local trends.

Members questioned officers on monitoring processes and were advised that these had not yet been developed.

Officers were thanked for contributing to pre-decision scrutiny of the borough's suicide prevention and self-harm reduction plan.

Members RESOLVED that:

1. The Health and Social Care Scrutiny sub-committee welcome the opportunity to examine the draft suicide prevention and self-harm reduction plan at an early stage and warmly support its development.

2. Section 3 of the 2016 national guidance on local suicide prevention planning advocates analysis of local information to identify patterns and trends and evidence to develop targeted local interventions. In the light of this guidance, the council should identify key factors that lead to a higher risk of suicide in the borough and map these across the borough, and this information – which should not be made available in the public domain to avoid identification of individual cases - should be used in a non-identifiable way to inform the council's strategy and develop good practice.

3. The council should widen the range of stakeholders contributing to the development of the strategy, including local service providers, relevant voluntary sector organisations such as counselling services, and relatives of individuals who have taken their lives.

4. The development of the plan should include an examination of council policies with which might exacerbate the risk of suicide e.g. in the context of homelessness, and ascertain how this risk can be mitigated through service improvement

5. The key messages of the strategy should be shared with local service providers to improve awareness of the risk of suicide and enable local service providers to mitigate it.

A46/17 **Progress report: Outcome Based Commissioning for over 65s Alliance**

The following officers were in attendance for this item:
- Rachel Soni, Alliance Programme Director, Outcome Based Commissioning
- Pratima Solanki, Director of Adult Social Care and Disabilities
- Martin Ellis, Director of Primary and Out of Hospital Care

Members were reminded that the Alliance of six local partners formally

commenced in April 2017, and that the partners had entered into a 10 year Alliance Agreement and associated service contracts. The Alliance is current in its first year, the “Transition Year”, and recruitment to a number of schemes has started. Members were advised that work was taking place with the voluntary sector on their role in delivering Out of Hospital care. Officers highlighted some challenges for this year, e.g. how to share costs and benefits and how to monitor and manage contracts.

Officers explained that the transformation planning for years 2-10 would take three forms, as follows:

1. A think-tank for generating ideas and moving them into service design and programme planning was now up and running

2. The Alliance would work together to galvanise investment of resources and expertise from a range of non-alliance partners

3. The Alliance would develop a “whole systems approach” to each transformation work stream, ensuring an integrated delivery approach and governance

Members were advised that the Alliance was due to meet in late July to monitor progress on the transformation plan.

Members discussed the pooling of funding by Alliance partners to provide services to over 65s. They were advised that this was not yet happening but that it was the ultimate aim of the Alliance, especially when patients were due to return home from hospital. Officers explained that the Alliance would move to capitation in year 3, and would monitor how well OBC was working under capitation in years 3, 4 and 5.

Members requested further information on how outcome based commissioning (OBC) for over 65s would be financed in view of the savings which needed to be made by the CCG, which was still in financial special measures.

Officers were questioned on the needs assessments of elderly patients being discharged from hospital. Members stated that they were aware that many were being discharged too early from hospital and were left without support at home. They were advised that the aim would be to provide patients with a dedicated home carer, with service input from the voluntary sector.

Members highlighted problems with the transport systems for patients being discharged from hospital. They described the all too common experience of patients who had relinquished their hospital bed in the morning and had to wait long hours to be transported back home. Officers stated that the ambition of the Alliance was to relieve that pressure, partly through the use of community networks. They added that G.P. contracts were being restructured to provide better support to elderly patients after hospital discharge.

Members asked how the six partners within the Alliance were planning to co-produce services to achieve savings. Officers explained that the

voluntary sector was to play a significant role in developing and delivering services and that the CCG would be monitoring the shift in service provision from the statutory sector to the voluntary sector.

Members queried how the initiative would secure a good patient experience while achieving savings. Officers explained that they carried out 3 yearly surveys with patients and their carers with a view to improving quality of life, which was supplemented with a yearly survey.

Members asserted that monitoring should test a range of issues, including isolation – a common phenomenon among elderly people. Members stressed the need for a monitoring system which could provide an effective feedback loop, leading to service improvements as a result of the findings of patient feedback. Officers remarked that some monitoring systems could prove to be embarrassing to patients. However, they undertook to carry out more work on developing comprehensive monitoring systems.

Members expressed concerns regarding the difficulty of preserving examples of good practice as outcome based commissioning was being developed, while gaining a better understanding on patients' health needs and implementing this extremely complex initiative. They expressed the view that there was a significant element of risk in this multi-faceted ten year initiative. However, officers emphasised that it was needed as the "do nothing" alternative was not an option in view of current financial constraints.

Members asked officers to provide a mechanism to help scrutiny members to gain a deeper understanding of how the various elements of initiative would work and be monitored. This information would then be used to decide whether to carry out further investigation a review of the initiative. Officers stated that they could provide additional information on the initiative, drawn from the Alliance's own information and monitoring needs. They stated that they could also share the financial model of the OBC initiative and the dashboard to be produced on its outcomes.

Officers were thanked for their answers to Members' questions.

The Chair ended the meeting with brief updates on on-going Joint Health and Overview Scrutiny Committees in the capital.

RESOLVED that the Alliance should provide the Health and Social Care Scrutiny sub-committee clarification on Outcome Based Commissioning for the Over 65s Alliance including its dashboard, to enable the sub-committee to gain a deeper understanding of its processes.

MINUTES - PART B

None

The meeting finished at 9.15pm