

<b>MEETING:</b>	Overview and Scrutiny Committee - Healthy Barnsley Workstream
<b>DATE:</b>	Tuesday 21 March 2023
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, Bowser, Clarke, Eastwood, P. Fielding, W. Fielding, Hayward, Lodge, Lowe-Fiello, Mitchell, Osborne, Smith, Williams, Wilson, Platts and Makinson

### 50 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

### 51 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Eastwood declared a non-pecuniary interest as the Cabinet Support Member for Place Health and Adult Social Care.

Councillor Lodge declared a non-pecuniary interest as an employee of an organisation that offers mental health support for people in the borough.

Councillor Osborne declared a non-pecuniary interest as a Board Member at Berneslai Homes.

### 52 Minutes of the Previous Meeting

The minutes of the meeting held on 7<sup>th</sup> March were received.

The minutes of the meeting held on 7<sup>th</sup> March were approved as a true and accurate record.

### 53 Adult Mental Health in Barnsley

The following witnesses were welcomed to the meeting:

- Jamie Wike – Deputy Place Director for Barnsley, NHS South Yorkshire (Barnsley)

- Jerome Jackson – Service Manager for Transition, Mental Health and Deprivation of Liberty Standards (DOLS) BMBC
- Diane Lee – Head of Public Health BMBC
- Phil Ainsworth – Public Health Specialist Practitioner BMBC
- Adrian England – Attending today in his capacity as Independent Chair of Mental Health Partnership, also Chair of Healthwatch Barnsley
- Mark Smith – Deputy Chair Healthwatch Barnsley
- Dave Rarnsay – Deputy Director Operations, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Andrew Osborne – Interim Service Director, Commissioning & Integration, Adult Social Care BMBC
- Cllr Jenny Platts – Cabinet Spokesperson for Place Health and Adult Social Care
- Cllr Caroline Makinson – Cabinet Spokesperson for Public Health and Communities

D Lee introduced members of the committee to the Adult Mental Health in Barnsley report which focused on the progress made in relation to mental health since the previous committee held on this subject in 2019. The key points to note were based on the development of the local mental health strategy, mental health crisis care and an update in relation to suicide prevention.

D Lee continued that additional priority areas for the service included eating disorders, personality disorders, improving mental health in older adults and reducing self-harm.

Members raised concerns over capacity and what systems were in place to maximise the service. Officers advised that there was an increase in demand in all areas when dealing with mental health and the current demand exceeds capacity. This can be funding related which means additional workloads are often put in place, waiting lists are also considered and additional investment is put into services with the longest queues, but it can be hard to quantify. Officers continued that there are often staff retention and recruitment issues meaning work needs to be done to make the service a place where people want to work.

Members queried bureaucracy in health services and how residents often complain about jumping through hoops to get appointments. Officers explained that many of the mental health services work on a self-referral basis which makes them more accessible, however feedback from those finding it difficult would be appreciated as it could improve the service.

Members expressed interest in suicide prevention and the implications of the zero-suicide ambition. Additionally, members asked if there were sufficient resources for the strategy or if there were any barriers to success. Officers explained that having the zero-suicide ambition was very beneficial to the services as it was a key priority

for all staff and enabled senior leaders to provide the necessary leadership on the topic. The service introduced real time surveillance which includes data from the police, this is then analysed by the team to see what more can be done. Maintaining what is currently being done is essential, however there will never be enough resources and we could always do more. Officers continued that Health Watch have specific members of staff that deal with mental health issues and engagement in the community which enables the team to generate qualitative information that the service uses.

Following a question regarding the correlation of gambling and suicide, officers responded that gambling may play a part in some cases and currently an ongoing gambling assessment is taking place to ensure a plan of action is made for these instances.

Members expressed concerns over students and young people taking their own lives. Officers explained that it is a concern, and a separate piece of work is being collated around suicide for children and young people. The support from this will be rolled out to schools and the relevant partners. Officers continued that they felt confident in the data as the number of people dying by suicide had halved in the last three years, other focuses were on self-harm issues which again work is ongoing to reduce this especially in younger people.

It was explained that in the near future a new online service would be launched with 24/7 access for those in need, especially targeting young people.

Members queried the number of Barnsley residents living with depression as the borough was rated in the top five for antidepressant use. Officers explained that not everyone diagnosed with depression goes for treatment and some tend to disengage over a period of time even though they are not discharged. The service is proactive and tries to keep the lines of communication open with text messages, phone calls and letters however patients have the right to disengage if they want to do so.

Members asked what the challenges are for this type of proactive approach when dealing with acute demand. Officers explained that it is an ongoing challenge trying to balance prevention and demand, the first chapter of the mental health strategy shows the impact maintaining good mental health can have, proving prevention is key and investment needs to be prioritised in this area.

Following a question from members regarding the number of mental health response vehicles available in Barnsley and across South Yorkshire, officers explained that there are still not enough response vehicles dedicated to mental health crises to meet the demand. The current vehicle is on duty from 4pm to 2am everyday but there are hopes an additional vehicle can offer more support and take pressure away from ambulances and other response vehicles that currently deal with mental health crisis situations.

Members queried if support was provided to employers in the borough rather than just individuals. Officers stated that training and development is an essential step in the partnership, the councils Well@Work initiative provides mental health training across the borough. Currently over 400 individuals from a variety of businesses have been trained on suicide prevention, self-harm and other key areas. Bespoke courses are also being tailor made to meet the different needs of the communities.

Members expressed their thanks and stated that they felt lucky to have Barnsley Heath Watch doing the work they do in the community. Officers explained that although progress was being made it is slower than they would like but the borough was in a better place than it was 12-18 months ago.

Councillor Ennis also reminded attendees of the new Eldon Street Hub, inviting the whole of the committee to visit the premises after the election period. Some members stated that they had already toured the facility and spoke to the support workers, and they were very impressed by what they saw.

**RESOLVED:-** That Members noted the report.

#### **54 Excess Deaths in Barnsley**

The following witnesses were welcomed to the meeting:

- Carrie Abbott – Service Director Public Health and Regulation, Public Health and Communities, Barnsley Council
- Rebecca Clarke – Head of Health Protection and Healthcare, Public Health and Communities, Barnsley Council
- Emma Robinson – Senior Public Health Officer, Health Protection and Healthcare, Public Health and Communities, Barnsley Council
- Jamie Wike – Deputy Place Director (Barnsley), NHS South Yorkshire Integrated Care Board
- Kimathi Gikonyo – Junior Doctor, Barnsley Hospital
- Cllr Caroline Makinson – Cabinet Spokesperson, Public Health and Communities

E Robinson introduced members of the committee to the report which provided an analysis of excess death rates in Barnsley from the period March 2020 to June 2022. The report included a comparison of Barnsley's rates with other local authority areas, and an analysis of the driving factors behind high excess deaths, including the impact of the COVID-19 pandemic during that time.

Members queried whether the number of patients waiting for hospital procedures had drastically increased the number of excess deaths and asked how the hospital will resolve these ongoing issues. The Chair noted that this question was outside the

remit of the Public Health Team. Officers explained that the number of people waiting for planned treatments had increased over the last few years. Before the pandemic there were around 14,000 patients waiting and now the number had increased to 19,000. Alongside this during the pandemic infection and prevention control had slowed everything down, a specific process had been put in place for urgent treatments. The current focus is on long waiting times and reviewing the process to ensure patient needs are addressed.

Members raised concerns around 40% of the population living in more deprived neighbourhoods in the country as there was a link between excess deaths and deprivation. Officers agreed and explained that all the programmes currently in place target people that need the most help, although there are issues with some individuals not coming forward, but steps had been put in place to work with them. Members also queried the link between deprivation and GP waiting lists, officers concluded that there was no evidence to suggest any direct correlation between the two factors.

Members asked what lessons had been learnt following the pandemic and what would be done differently. Officers explained that further analysis was being undertaken to try and break excess deaths down to ward level and create a bigger picture of what was happening in the borough. Death registration (including the individuals home address and place of death) and primary causes of death will also be focused on.

Officers were questioned on how their work has impacted the community. They explained that ongoing work was constantly being monitored and reviewed to see what else could be done in terms of best practice. Relationships between the team, council departments and elected members work effectively but this needs to continue to the community. Officers added that there were lots of good examples of positive resident feedback such as early COVID-19 testing and the COVID-19 Support Service. All this work was being reviewed for the covid-19 Inquiry and case studies developed to highlight these programmes of work.

Following a discussion from members around chronic conditions and causes of death on death certificates, officers stated that the information captured on death certificates is brief and doesn't disclose detailed private information about the individual. There are hopes that data sharing will improve over time as there are ambitious plans relating to the health architecture in South Yorkshire.

Councillors raised their concerns over support for dying well. Officers stated that there was an end-of-life steering group, and the supporting framework is referred to as the RESPECT Programme which includes information from the individual relating to their wishes around end-of-life care. Officers continued that the Respect Programme was a useful tool for family, friends and health care workers as it enables the individual to die with dignity.

Finally, officers reminded members that there was a spring booster campaign in place for those aged over 75, it will be rolled out to care homes and immunosuppressed individuals in April.

**RESOLVED:-** That Members noted the report.

-----  
Chair