

## Minutes of the Meeting of the HEALTH LIAISON PANEL held at the Council Chamber, Epsom Town Hall on 23 November 2023

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### PRESENT -

Councillor Christine Cleveland (Chair); Councillor Kate Chinn (as nominated substitute for Councillor Councillor Chris Ames), Councillor Liz Frost, Councillor Bernice Froud and Councillor Bernie Muir.

In Attendance: Councillor Rod Ashford (Reigate and Banstead Borough Council)

Absent: Councillor Chris Ames and Councillor Kim Spickett

Officers present: Rachel Kundasamy (Community Development Manager), Serena Powis (Community Development Officer) and Victoria Sandri-Healy (Community Development Officer)

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### 6 DECLARATIONS OF INTEREST

No declarations of interest were made by Members in respect of any items of business discussed at the meeting.

### 7 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Health Liaison Panel held on 11 July 2023, were reviewed by the Panel. The Panel agreed that they were a true record and authorised the Chair to sign them.

### 8 SUICIDE PREVENTION: A LOCAL PICTURE OF EPSOM AND EWELL

The Panel received a presentation (published as a supplement to the agenda) from Nanu Chamber-Stanley (Public Health Lead – Suicide Prevention & Public Mental Health Training – Surrey County Council).

The following matters were considered by the Panel:

- a) It was identified that partnership working is fundamental to the continuation of this work, thus it was queried whether all partners involved are up to speed with regards to funding, resourcing, and commitment. It was noted that whilst the Alison Todd protocol is new, work is being done to get organisations on board. A 'task and finish' group will be starting and Councillors are welcome to take part where possible. It was also stated

that due to the vast number of different GP practices, it would not be possible for each one to sign up to the Alison Todd protocol. However, it will be possible to use a Primary Care Network approach to get the practices on board with the protocol.

- b) It was acknowledged that whilst different partners have been collecting data, they haven't been using the same parameters. A question was posed around how this can be rectified. It was stated that Suicide Prevention has a national mandate for the real time database which all partners must use. There is a new database known as 'QES' which will further enable partners to use the same parameters when collecting data. Currently, QES is only available to Surrey Police, but there are plans to involve the Surrey and Borders Partnership as well as other agencies, once the data sharing process is complete.
- c) From considerations on the statistics shared, it was noted that the rate of suicide increased during the Cost-of-Living Crisis and when the method of reporting changed. However, suicide rates did not increase during the pandemic, despite loneliness being identified as a trigger. It was suggested that this could have been because more people were volunteering as they were not able to work. An idea was posed as to whether volunteering could be used in suicide prevention. Reasons for the national drop in suicides during the pandemic were explored and noted as follows: social capita during this time was very high – people were working together and checking in on each other more frequently. It was also stated that although the data collected during the pandemic depicts a decrease in suicide, it was still a very challenging time for many. Social isolation and loneliness are still very much prevalent today and an upcoming Joint Strategic Needs Assessment should depict this to further inform the work being done around suicide prevention.
- d) A query was made into suicide risk where there is risk of coercive control and domestic abuse. It was noted that suicide awareness training as well as domestic abuse training is available to all. The speaker commissions men's mental health programmes for Surrey which revealed that 1/3 of all men have experienced domestic abuse. Further work is being done to understand men's mental health and implement support as it has been on the agenda for a long time. Lived experience was noted to be a catalyst in the development of men's mental health support.
- e) It was stated that parents need to know and be aware of what their children are accessing online. A question was asked on whether there is any plan to include parents when training suicide prevention or a plan to educate parents to monitor online harms. It was mentioned that on the new Suicide Prevention Strategy, there is a large section which features an online harms strategy and that the Lucy Rayner Foundation based in Banstead run awareness sessions for families, as well as drop-in sessions for concerned parents. It was also noted that when there is a risk or concern identified around social media, the Samaritan's press team can have it removed.

## 9 DRAFT SUICIDE PREVENTION ACTION PLAN

The Panel received a presentation (published as a supplement to the agenda) from Rachel Kundasamy (Community Development Manager – Epsom & Ewell Borough Council).

The following matters were considered by the Panel:

- a) It was queried whether there are plans to move towards a more nationwide strategy when considering suicide prevention training. While it was recognised that the aspiration is to continue to roll out Public Health training and make it more collaborative, our internal training was set up due to a spike in distress calls being made to the council. It was stated that despite this, there is a national standard of training we are expected to follow. It was also identified that it can be challenging to enrol enough people on trainings such as Suicide First Aid and Mental Health First Aid due to the length of the training and it taking time away from the work week.
- b) The resourcing for such training was queried, and whether there is space and time to deliver the training within the council. It was acknowledged that the Community Development Manager and the Community Safety and Enforcement Officer deliver the training based on their background and experience, so there are no resourcing concerns. The first cohort of training was reported to have gone well, with lots of open dialogue and discussion.
- c) A Panel member highlighted a typing error within one of the presentation slides. The document was amended accordingly and republished subsequent to the meeting.
- d) The Chair acknowledged that this is very clearly a draft and encouraged the Panel to submit any further comments or questions to the Community Development Manager by 27 November.

## 10 EPSOM AND ST HELIER UNIVERSITY HOSPITAL NHS TRUST: BRIEFING PAPER

The Panel received a paper (published as a supplement to the agenda) from Epsom and St Helier University Hospital – NHS Trust.

The following matters were considered by the Panel:

- a) The Chair and the Panel collectively agreed that there is growing alarm at the hospital's lack of response and presence at the Health Liaison Panels. It was noted that there is still no date for the proposed car park, and it would have been beneficial to hear more about this. The Chair has contacted the hospital requesting updates on several occasions, but they have not provided enough information at this time.

- b) It was considered that hospitals are under huge pressures and more information on how this is being managed during the colder months would have been useful. Alongside this, it was noted that due to an industrial dispute, there may be further strikes. The impact strikes have already had on our residents was listed as over 750 appointments and 36 planned procedures having to be rescheduled. It was challenged that the paper does not reflect the full journey of said patients through the hospital system as they may have been deferred once, twice, or more prior to this.
- c) A discussion was had surrounding the movement of children's cancer treatment from St. George's Hospital in Tooting, to the Evelina hospital in Westminster. There was no mention of facilitating the travel from Surrey into London where ULEZ and congestion charges apply, and there was lack of information on support for lower income families. It was noted that St George's hospital offer dedicated parking for cars with immunocompromised children so that no public transport is required and that if specialist treatment is needed, travelling out of area is plausible – however regular treatment should be closer to the home of the child.
- d) It was agreed that a letter from the Chair will be written to the hospital to request their attendance to future committee meetings and Panels.

*The meeting began at 7.00 pm and ended at 8.15 pm*

COUNCILLOR CHRISTINE CLEVELAND (CHAIR)