WAVERLEY BOROUGH COUNCIL

MINUTES OF THE OVERVIEW AND SCRUTINY - SERVICES - 24 JANUARY 2023

(To be read in conjunction with the Agenda for the Meeting)

Present

Cllr Kevin Deanus (Chair)
Cllr Peter Marriott (Vice Chair)
Cllr Carole Cockburn
Cllr Martin D'Arcy
Cllr Sally Dickson

Cllr Mary Foryszewski Cllr Joan Heagin Cllr David Munro Cllr Philip Townsend

Apologies

Cllr Ruth Reed and Cllr Michaela Wicks

Also Present

Councillor David Beaman, Councillor Paul Follows, Councillor George Hesse and Councillor Liz Townsend BEM

39 <u>APOLOGIES FOR ABSENCE AND SUBSTITUTIONS</u> (Agenda item 1)

Apologies for absence were received from Cllrs Ruth Reed and Michaela Wicks.

40 MINUTES (Agenda item 2)

The minutes of the meeting held on 22 November 2022 were agreed as a correct record.

41 <u>DECLARATIONS OF INTERESTS</u> (Agenda item 3)

There were no declarations of interest submitted for this meeting.

42 QUESTIONS BY MEMBERS OF THE PUBLIC (Agenda item 4)

There were no questions submitted by members of the Public submitted for this meeting.

43 QUESTIONS FROM MEMBERS (Agenda item 5)

There were no questions submitted by members submitted for this meeting.

44 <u>SURREY COUNTY COUNCIL SUICIDE PREVENTION STRATEGY</u> (Agenda item 6) (Pages 5 - 20)

Nanu Chumber-Stanley, Public Health Lead, SCC attended for this item.

Members were given a presentation updating on the Surrey Suicide Prevention Strategy which ended in 2022 (slides attached to minutes). It was highlighted that the national guidance for refreshing the strategy had been delayed with no revised publication date but that given its importance a refreshed strategy had been drafted using learnings from Surrey and national evidence and a Suicide Prevention Protocol had been added.

Members enquired how much funding was required to support this work and it was agreed that Officers would get this information from Surrey and Borders.

It was noted that currently 50% of referrals still result in suicide and therefore members suggested that this could be used as a measure as to how well the new strategy and protocol is working.

Members discussed the number of road traffic accidents and that there were less deaths on the roads than suicides and yet more money goes into preventing deaths on the roads than suicide prevention. They asked if highways have input. They were advised that they did and would be involved in the protocol actions.

Members highlighted that there were many groups in Waverley who supported vulnerable people and not many had received contact with a Surrey Health Worker. It was agreed this was something which should be addressed.

It was emphasised that work in schools was well embedded but that the information available on the internet on self-harm/suicide needed better control.

The Committee resolved to ask Surrey and Borders Partnership NHS Foundation Trust to quantify the expenditure on mental health services in the Waverley area.

The Committee NOTED the update and the Chair thanked Nanu for her presentation.

45 <u>WAVERLEY SUICIDE PREVENTION PLAN</u> (Agenda item 7)

Louise Norie updated the Committee on the progress with Waverley's Suicide Prevention Strategy which had been adopted by the Executive in June 2021.

It was highlighted that the Action Plan follows the six priorities of the County's Suicide Prevention Strategy and includes actions relevant to a district council.

It was reported that Waverley Borough Council had implemented a number of initiatives to support the well-being of their staff. The internal newsletter has wellbeing as a regular item, mental health training is available for all front line staff and there is an internal group that looks at the link with Safeguarding. The purpose of all of these initiatives is to share information and signpost those in need.

Cllr Mary Foryszewski who had raised the issue of suicide prevention as part of her mayoral year thanked officers for all their work in establishing this action plan and the work by the Council in evolving their support.

The Committee thanked Officers and Cllr Foryszewski for their work in bringing this issue to the fore and in starting the roll out of these important initiatives. The Committee encouraged the Council to continue the work going forward and ensure the legacy continues.

46 <u>LPP1 REVIEW</u> (Agenda item 8) (Pages 21 - 24)

Andrew Longley and Matt Ellis attended for this item. Members were reminded that Local Plan Part 1 (LPP1) was adopted in February 2018. There is a statutory requirement to review LPP1 within five years from its adoption (i.e., by the end of February 2023) to decide if an update to the Plan is required.

The Committee were given an update on the need to carry out a review and develop a scoping document with recommendations as to how much of the plan needs updating. It was highlighted that greater clarity was needed on the proposed national government planning reforms as this was likely to impact on the level of update needed.

Members raised concerns that the report was misleading as it gave a perception that LPP1 needed a full update and that it should be made clear this was not the case and the scoping exercise would provide the evidence of how much or how little needed updating. Some members felt that LPP1 needed no update and was fine as it was, however, officers advised that if full council decided not to update at all they would need to provide substantial reasons why not.

The Members also enquired what the costs would be to carry out this work and were advised there was an indicative cost of £850k which had been budgeted for.

Members raised concern that if a full update was suggested that this would indicate that LPP1 was not fit for purpose and would then give developers ammunition to claim there was evidence that further housing supply was needed. It was explained that whilst a review and update was taking place the current LPP1 and NHP's statuses would still remain.

Cllr David Beaman had registered to speak and read out a prepared statement (attached to minutes) highlighting his concerns.

Cllr Jerry Hyman had registered to speak and highlighted the responses from other Local Planning Authorities and the risk of Waverley being forced to take on some of their housing need allocation as has already happened with Woking. He also raised the need to ensure we comply with the habitats regulations.

Recommendations:

The Services O&S Committee recommend to the Executive and Full Council that:

- 1. Having undertaken a review of LPP1 in accordance with regulation 10A of The Town and Country Planning (Local Planning) (England) Regulations 2012 (as amended), the Council resolves that LPP1 requires updating to a greater or lesser extent. However, the Local Plan as a whole continues to provide an up-to-date statutory development plan for Waverley, which must remain the starting point for decisions on planning applications while an update is brought forward.
- 2. A further report on the detailed scope of the update and the timetable for its preparation is prepared for consideration by the Executive when the

implications of a new National Planning Policy Framework (NPPF) and the emerging Levelling Up and Regeneration Bill are better understood.

- 3. Budgetary provision is made to enable technical work on an updated evidence base to commence during 2023/24.
- 4. There is a clear alignment between the work to be carried out as set out in the report at 10.1.3 and the budget provision being proposed.
- 5. A report on the detailed scope of the proposed update process is considered by Overview & Scrutiny to allow comments and recommendations to be made prior to the presentation to Executive and Full Council.
- 6. The mention of a 'full' update of LPP1 be removed throughout the document until such time as the scope is available to view and comment so as not to predetermine the scale of the update.
- 7. Clarity be given on the governance journey for the update process.
- 47 <u>COMMITTEE FORWARD WORK PROGRAMME</u> (Agenda item 9)

Consideration of this item was deferred to the next meeting due to the late hour and the Chairman closed the meeting.

The meeting commenced at 7.00 pm and concluded at 9.03 pm

Chairman



Suicide Prevention Strategy Refresh 2023-2026

Nanu Chumber-Stanley
Public Health Lead, Surrey County Council



Summary of Presentation

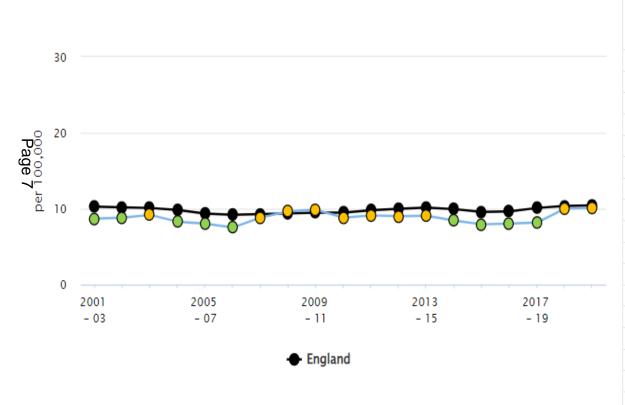


- Each year there are approximately 92 deaths by suicide in Surrey. The impact of suicide on family, friends, workplaces, schools and communities can be devastating and contributes to worsening inequalities.
- The Surrey Suicide Prevention Strategy ends in 2022. National guidance for refreshing the strategy was due in spring 2022, this has been delayed with no revised publication date. Given the importance of a proactive approach to Suicide Prevention, learnings from Surrey and national evidence base have been used to inform a refreshed suicide prevention strategy for Surrey.
- The refreshed Strategy outlines revised ways of working to further embed the accountability of the partnership approach to suicide prevention with the addition of the 'Suicide Prevention Protocol'.
- The Surrey engagement of the refreshed strategy started on the 5th October 2022 and ended December 2022. As part of this all partners have been provided with templates to engage with their organisation.
- Following the publication of the National Strategy in 2023 Surreys refreshed strategy will be reviewed, and a full formal consultation will commence.



Surrey suicide rate per 100,000 population

Source- PHE fingertips



Recent trend: Could not be calculated

Period	Count		95% Value Lower CI		95% Upper CI	England	
2001 - 03	0	241	8.7	7.6	9.9	10.3	
2002 - 04	0	245	8.8	7.7	10.0	10.2	
2003 - 05	0	257	9.2	8.1	10.4	10.1	
2004 - 06	0	233	8.3	7.3	9.4	9.8	
2005 - 07	0	229	8.0	7.0	9.1	9.4	
2006 - 08	0	217	7.5	6.6	8.6	9.2	
2007 - 09	0	257	8.8	7.8	10.0	9.3	
2008 - 10	0	282	9.6	8.5	10.8	9.4	
2009 - 11	0	292	9.9	8.8	11.1	9.5	
2010 - 12	0	265	8.8	7.8	10.0	9.5	
2011 - 13	0	278	9.1	8.1	10.3	9.8	
2012 - 14	0	277	9.0	8.0	10.1	10.0	
2013 - 15	0	280	9.1	8.0	10.2	10.1	
2014 - 16	0	260	8.4	7.4	9.5	9.9	
2015 - 17	0	246	8.0	7.0	9.0	9.6	
2016 - 18	0	249	8.0	7.0	9.0	9.6	
2017 - 19	0	255	8.2	7.2	9.2	10.1	
2018 - 20	0	312	10.0	8.9	11.1	10.4	
2019 - 21	0	316	10.1	9.0	11.2	10.4	

Source: Office for National Statistics

Waverley suicide rate per 100,000 population

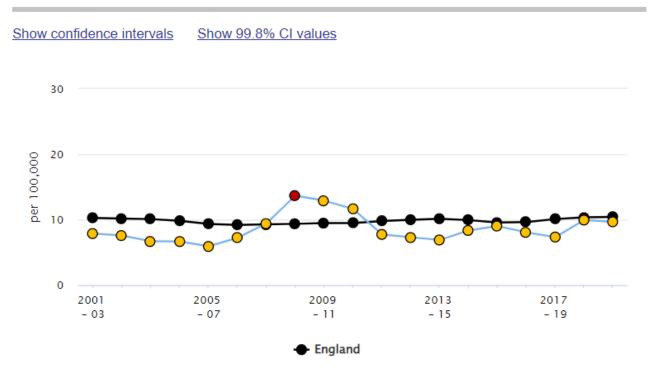
Source: PHE fingertips

Directly standardised rate - per 100,000

More options

Suicide rate (Persons)

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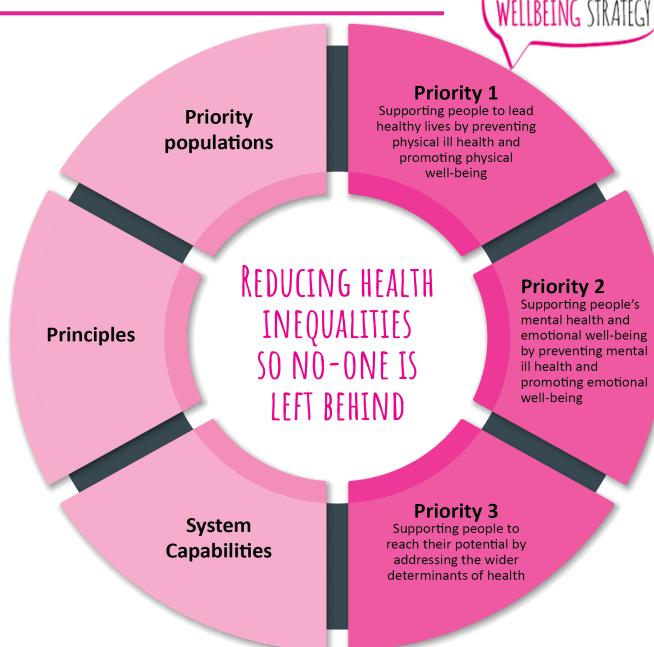


Recent trend: Could not be calculated

Period		Count	Value	95% Lower CI	95% Upper CI	South East	England
2001 - 03	0	24	7.9	5.0	11.8	10.0	10.3
2002 - 04	0	23	7.6	4.8	11.4	10.0	10.2
2003 - 05	0	20	6.7	4.1	10.4	9.8	10.1
2004 - 06	0	20	6.7	4.0	10.3	9.6	9.8
2005 - 07	0	18	5.9	3.5	9.4	9.1	9.4
2006 - 08	0	22	7.2	4.5	11.0	8.9	9.2
2007 - 09	0	29	9.4	6.3	13.6	9.1	9.3
2008 - 10	•	43	13.7	9.9	18.5	9.3	9.4
2009 - 11	0	41	12.9	9.2	17.6	9.5	9.5
2010 - 12	0	38	11.6	8.2	16.0	9.3	9.5
2011 - 13	0	25	7.8	5.0	11.5	9.9	9.8
2012 - 14	0	24	7.3	4.7	10.9	10.1	10.0
2013 - 15	0	22	6.9	4.3	10.5	10.2	10.1
2014 - 16	0	26	8.4	5.4	12.3	9.8	9.9
2015 - 17	0	28	9.0	5.9	13.1	9.4	9.6
2016 - 18	0	26	8.1	5.2	11.9	9.2	9.6
2017 - 19	0	24	7.4	4.7	11.0	9.6	10.1
2018 - 20	0	32	9.9	6.8	14.1	10.1	10.4
2019 - 21	0	31	9.7	6.5	13.8	10.6	10.4

Source: Office for National Statistics

 The Suicide Prevention Strategy supports delivery on Priority 2 of the Health and Wellbeing Strategy.



⊃age 9

Suicide Prevention Partnership



Learning

- Learning group
- All local learning processes

CRISIS

- All Agencies as appropriate
- Must include SECAMB, Police, A&E, families and carers

Suicide intervention and clinical management Target high risk groups known to

secondary mental health services

Suicide intervention and clinical management

Target all people known to secondary mental health services

Primary Care suicide intervention and management

People known to primary care and community services identified risks of suicide

Identified high risk groups in the community

Secondary mental health services

- Secondary mental health services
 - Primary care
 - IAPT
 - Community mental health providers
 - Borough and districts
 - Public Health
 - Boroughs and districts

Suicide intervention

Universal basic suicide prevention Targets population as a whole

• Public Health



Workforce development

- Over 70 suicide prevention training courses have been delivered
- 700 people have complete tutor led suicide prevention training
- Over 2,000 mental health training places were commissioned over the 3 years

Emerge Advocacy- support in A&E for children and young people

- Emerge Advocacy provide short term support for young people who find themselves in A&E because they are struggling with self-harm or feeling suicidal.
- In 2021 they were commissioned to offer a service in all the A&Es in Surrey.

Suicide Bereavement

- A suicide bereavement service in Surrey was developed by a family bereaved by suicide.
- A referral process is in place starting from the real time surveillance
- To date the service has supported over 300 people bereaved by suicide

Surrey Real-Time Suicide Surveillance

In 2020 a post was recruited in Surrey
Police to set up and manage the Surrey
real time suicide surveillance database.

Safe Haven

There are now five adult Safe Havens and four children and young people Safe Havens in Surrey.

Suicide Response Work

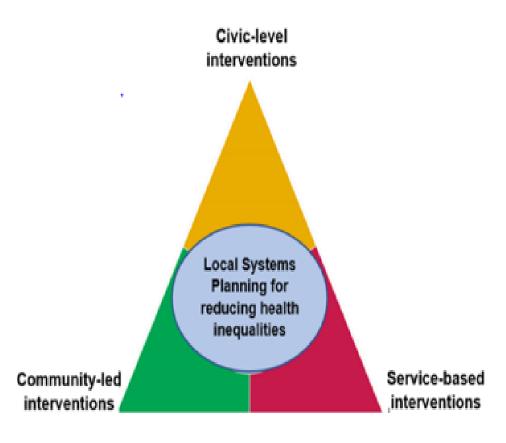
As a result of the Surrey real time suicide surveillance database, a multiagency system has been developed to carry out a systematic response to suspected suicides.

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Highlights of the Refreshed Suicide Prevention Strategy: Population approach to achieving ambitions

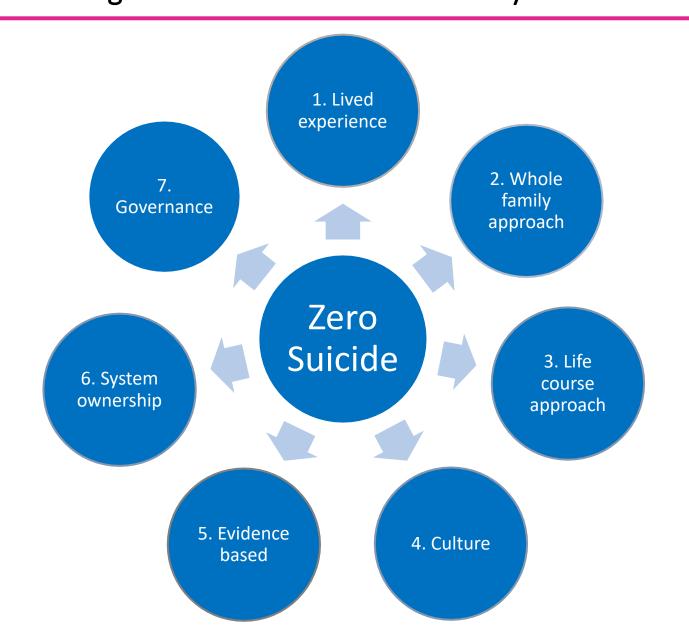


- The Refreshed Suicide Prevention Strategy for Surrey adopts Surreys Health and Wellbeing Strategy, Population Intervention Triangle.
- This is to ensure that the civic, community and service interventions are reviewed and put in place at the scale required.
- Suicide Prevention activity is population-wide and targeted to priority communities, identified through Surrey data and HWBB priority populations.
 - Activities to achieve Suicide Prevention at scale include HWB
 Priority 2 interventions which support adults, children and young
 people at risk of and with depression, those with anxiety and other
 mental health issues access the right early help and resources,
 the emotional well-being of parents and caregivers, babies and
 children is supported. Isolation is prevented and those that feel
 isolated are supported and environments and communities in
 which people live, work and learn build good mental health.









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"We aspire for zero suicides"

Co-developed a suicide prevention protocol for Surrey

- All members of the suicide prevention partnership will be required to sign up to the Surrey Suicide Prevention Protocol (in the first instance).
- This will ensure that each partner has suicide prevention embedded in their wider policies and across their organisation and supported by their senior leadership.

≡DELIVERING THE COMMUNITY <u>Vision for Surrey</u>

Strategy Refresh 2023: 'Cllr Alison Todd Suicide Prevention Protocol' Delivering zero suicide ambition in Surrey



Area	All partners must	Guidance
1. Lived experience	Ensure that lived experience is embedded across their work streams.	 If you do not have a lived experience network, how do you gather feedback or consult with people with lived experience. How is the voice of people with lived experience used to inform service improvement service development and shape new services? Do you have a lived experience network? Commitment to listen to voice of their frontline staff to escalate challenges and barriers and make it clear how these fits with the protocol
2. Whole family approach	Demonstrate how the whole family and embedded across their work streams	 How is the voice of families used to inform service improvement service development and shape new services? How do you engage with families to ensure they are part of the care plans
3. Life course approach	How all ages and key transitions are managed and support across the service	How do you support people all different ages?



Strategy Refresh 2023: 'Cllr Alison Todd Suicide Prevention Protocol' Delivering zero suicide ambition in Surrey



	Area	All partners must	Guidance
Page 15	4. Culture	4a. Demonstrate that stigma of suicide is addressed and embedded across organisation 4.b. Demonstrate workforce development around mental health awareness, suicide prevention awareness and trauma informed care.	 If possible, could we get a baseline of attitudes from (some organisations) Completion of stigma training % of staff. Is mental health awareness training mandatory in your organisation? If no, would you consider making mental health awareness training mandatory for all staff who consent* to attending the training? Is suicide prevention awareness training mandatory in your organisation? If no, would you consider making suicide prevention awareness training mandatory for all staff who consent* to attending the training? *we recognise that not everyone wants to or feels able to attend mental health and suicide prevention training
		4.c. Demonstrate how staff wellbeing is supported	Please attach your workplace health policy/ plan



Strategy Refresh 2023: 'Cllr Alison Todd Suicide Prevention Protocol' Delivering zero suicide ambition in Surrey



5. Evidence base	5.a. All partners must carry out learning around serious self-harm, attempted suicide and suicide.	 Please describe the current learning process that is used in your organisation. Demonstrates how this learning is joined up with the Surrey wide system. Information on links with learnings from suicide prevention from the Partnership membership and commitment to communications with their organisations Would your organisation be willing to be part of a Surrey suicide database? 		
16	5.b All partners must demonstrate how evidence is used to shape and inform suicide prevention work	 Please demonstrate how your organisation will use up to date research, evidence based practise, local data and intelligence to inform your suicide prevention work. 		
6. System ownership	6.a. Demonstrate how's your organisation works with the Surrey suicide prevention partnership groups.	 All partners will be required to develop a local suicide prevention action plan within three months of the strategy being published. Please describe how you will be working with the suicide prevention partnership group? 		
7. Governance	Demonstrate the governance set up in your organisation to support the delivery of suicide prevention.	Please describe the governance process your organisation to ensure thought suicide prevention is embedded at a strategic level and across key boards in your organisation		
Added: Crisis response	Have local crisis response plans and a pathway for people who present which suicidal ideations and suicidal behaviours.	 Do you have a local crisis pathway for people accessing your services? If yes, please share this 		

Strategy Refresh 2023: Six Priority Areas remain same



Priority 1: Understanding suicide and attempted suicide in Surrey

Priority 2: Tailor approaches to improve emotional wellbeing in particular groups

Priority 3: Reduce access to means by promoting suicide safer communities

Priority 4: Reduce attempted suicide amongst children and young people

Priority 5: Provide better information and support to those bereaved by suicide

Priority 6: Prevention of suicide among identified high risk groups particular those with known mental ill health



Strategy Refresh 2023: All Age Governance Suicide Prevention Strategy



Group 3

Learning and postvention

Postvention support

Learning from serious

incidents related to

attempted suicide or

Postvention support

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Suicide response

self-harm

The Suicide Prevention Strategy Board will report to the Surrey Health and Wellbeing Board and the Mental Health System Delivery Board.

On a regular basis the group will also report to key partnerships. This will include the Children's Safeguarding, Adult Safeguarding, and the Clinical Quality and Safety Boards.

The governance of the Suicide Prevention Strategy has been revised to enable clear delivery and accountability of key priority areas and actions. This approach will enable two way leadership; top down ownership by leaders of partner organisations and strategic planning and bottom up insights and intelligence from the frontline to raise barriers and challenges to implement changes.

Mental Health Health and System Delivery Wellbeing Board Board SUICIDE PREVENTION STRATEGY BOARD As part of the oversight group an extraordinary meeting for Networking group: meet quarterlyinput/ show and tell Group 2 Group 1 Mental health services and Prevention and early intervention commissioning Education and Commissioning awareness Service provision Building resilience Service delivery

Service needs, gaps

Service development

Recovery

Early intervention

Families support

Working together

- 1. 18month Post in Papyrus- suicide prevention training in schools and developing suicide prevention for schools.
- 2. 2 years CYP suicide prevention lead in Surrey Public Health
- 3. Post in Surrey Police, suicide prevention force lead- real-time surveillance.
- 4. SABP suicide prevention lead
- 5. GP with remit suicide prevention
- 6. 2 year Communities and prevention- mens mental health worker
- 7. 18 month Suicide Response worker- Surrey Police
- 8. Mens champion in Mentell



Suicide Bereavement service Tender outcome

- Surrey Support After Suicide (rethink.org)
- Starts 1st February 2023
- Current provider contracted until 31st March 2023

WBC SERVICES OVERVIEW & SCRUTINY COMMITTEE - TUESDAY 24th JANUARY 2023

STATEMENT BY CLLR DAVID BEAMAN, INDEPENDENT FARNHAM RESIDENT COUNCILLOR FOR FARNHAM CASTLE WARD

Note: The views and opinions expressed in this statement are personal and my own and do not necessarily reflect the collective views and opinions of either the Farnham Residents Group of which I am a member or Farnham Town Council of which I am Joint Leader and ward councillor representing Farnham Castle ward. (This will be discussed at a meeting of Farnham Town Council Full Council being held on Thursday 26th January)

AGENDA ITEM 8 – LPP1 REVIEW

Thank you for giving me an opportunity to address this meeting of the Services Overview & Scrutiny Committee regarding the proposed review of LPP1. The following statement is not one that I have any pleasure in making given that I appreciate that the Local Plan represents a core matter of the current administration of WBC which as a member of the Farnham Residents Group I generally fully support.

The report is recommending that the plan requires updating and that it is likely to be a full rather than a partial review. It maintains that during the lengthy data gathering period required for a full review it is the opinion of WBC's Planning Policy Team that LPP1, LPP2 and Neighbourhood Plans should not be interpreted as being out of date.

I do not deny that LPP1 being 5 years old requires to be updated and indeed for most of Waverley the recommendation of a full review might have few material consequences. In Farnham, however, there are several outstanding appeals for residential developments on locations not allocated in Farnham's Neighbourhood Plan and with developers known to be looking at other unallocated sites for residential developments this review could not come at a worse time for Farnham.

It is very subjective whether the existing LPP1, soon (hopefully) to be adopted LPP2 and existing made Neighbourhood Plans would carry the same weight whilst a full review is undertaken. If a full review is approved then it does not, however, take much imagination to appreciate that developers will claim at appeals and when applying for further developments on new sites that WBC's existing Local Plan and associated Neighbourhood Plans are indeed "out of date" and will carry much less weight than is envisaged by WBC's Planning Policy Team.

I am particularly concerned that several pages into the report the annual housing need calculation based on the standard method at 744 homes is significantly (26%) higher than the present LPP1 figure of 590 homes - Annex 5 gives full details of the calculation of housing need based on the standard method. It should be remembered the LPP1 figure includes provision for meeting 50% of Woking's unmet housing need which increased the LPP1 figure by 83 homes.

In LPP1 the objectively assessed housing need for Waverley was 396 new homes a year from 2013 to 2032. However, given the need to tackle affordability, increase the provision of affordable homes and to take into account anticipated changes to migration from London to Waverley, there was a need to uplift the number of homes by an additional 111 homes a year bringing the total before providing for Woking's unmet housing need to 507 new homes.

If WBC now accepts adopting the higher housing need calculation of 744 homes in any full or even partial review of the Plan this will inevitably be seized on by developers to argue the case for further speculative development and that the existing LPP1 target of 590 homes is "out of date". I would add that in recent years although Waverley has exceeded the LPP1 target it has not, as far as I am aware, ever achieved 744 homes. As I understand the situation there is no mandatory requirement on Waverley to use the standard method to calculate housing need and why should it do so given that 744 homes is so much more difficult to actually achieve than the present LPP1 target of 590 homes?

What applies to Farnham would, of course, also apply to the rest of the Borough and potentially all the other made Neighbourhood Plans which is likely to make them not worth the paper they are written on.

I do, however, recognise that I am a Waverley Borough Councillor and need to act in the overall interests of the Borough and not just in the interests of Farnham where I represent Farnham Castle ward.

There is currently so much uncertainty surrounding proposed changes to national planning legislation and guidelines that, in my personal opinion, it would seem more prudent to go for a partial and minimal updating of LPP1 if indeed any changes are actually required at all however imperfect this might be. At least Waverley has a made Local Plan (which is more than can be said for many local authorities) and it seems foolish and short sighted to potentially just throw away this position.

There is an indicative cost of £850,000 to undertake a full review. Why make a commitment to spend so much money with so much uncertainty over developing national planning legislation and guidelines especially against a background of a General Election within the next 2 years that, depending on its result, might result in still further changes to national planning legislation and guidelines.

At a time when Waverley Borough Council is facing a difficult financial position to allocate £850,000 to a lengthy data gathering exercise to undertake a full review of LPP1 against a background of still undecided changes to national planning legislation and guidelines is not, in my opinion, in the overall best interests of Waverley as a whole.

If there are any spare financial resources available then it would be far better for these to be spent on ensuring that Waverley is able to meet the time targets for dealing with minor planning applications which all members are aware WBC have recently been advised by the Department for Levelling Up, Housing and Communities (DLUHC) that it is failing to achieve.

For these reasons as a Waverley Borough Councillor and in particular as a Councillor representing Farnham I am afraid that I will not be able to support the proposed full review of LPP1 should it be recommended for approval at the Full Council meeting that is being held on 21st February.

Thank you for the time you have kindly provided to me to address the Services Overview and Scrutiny Committee

