

Monmouthshire Select Committee Minutes

Meeting of Public Services Scrutiny Committee held at The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA with remote attendance on Monday, 7th July, 2025 at 10.00 am

Councillors Present

County Councillor Armand Watts (Chair)

County Councillors: Jill Bond, Steven Garratt, Meirion Howells, Tony Kear, Malcolm Lane, Dale Rooke, Frances Taylor, Maureen Powell, Emma Bryn, John Crook, Sue Riley, Simon Howarth and Jackie Strong

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Deb Hill-Howells, Chief Officer Infrastructure

Invitees:

Liz Andrew (Aneurin Bevan University Health Board), Louise Turner (ABUHB), Megan Escott (Mind Monmouthshire), Jaime Devine (Mind Monmouthshire), Dan Davies (ABUHB), Seran Davies (Newport Mind), Amanda Whent (ABUHB), Jennifer Winslade (ABUHB).

APOLOGIES: Councillor Penny Jones

1. Election of Chair

Councillor Armand Watts was nominated as Chair by Councillor Dale Rooke, which was seconded by Councillor Jill Bond.

2. Appointment of Vice-Chair

It was agreed that this item would be deferred to the next ordinary meeting.

3. Apologies for Absence

Apologies were received from Councillor Penny Jones, who was being substituted by Councillor Maureen Powell.

4. Declarations of Interest

Councillor Jill Bond declared a non-prejudicial interest relating to her position on Llais Cymru.

5. Public Open Forum

None present.

6. Adult Mental Health Services with a specific focus on adult suicide - To scrutinise mental health services for adults, particularly for those at risk of suicide

Liz Andrew (Consultant Clinical Psychologist, ABHB) and Louise Turner (Director of Mental Health, ABHB) introduced the report, delivered a presentation, and answered the members' questions.

Key questions from Members:

- Is there any more up-to-date data available, and did the pandemic affect the data?

More contemporary data will be available by the end of July. The pandemic initially appeared to be protective, with a significant dip in suicides during the first 12 months, but there has been a small peak since then.

- What does the "unknown" category in the graph on page 10 represent, and what does "local" mean?

The "unknown" category includes cases where the cause of death was known, but the reason was unclear, such as misadventure. "Local" refers to the Gwent area.

- Is there enough provision for resilience and coping, and can more be done to support attachment and attunement in early years?

There are significant efforts in place, such as the parent-infant mental health service and perinatal mental health teams. More can be done in schools to educate young people about emotional literacy and well-being.

- Why do the figures on page 8 not match the 356 deaths mentioned earlier in the report?

The 356 deaths refer to the Welsh Government's real-time surveillance survey data, while the figures on page 8 are from local health board data, which uses slightly different parameters.

- Is there any data on the farming community and suicide rates?

While specific data on farming communities is not available, rurality is a known factor. National data indicates that professions with access to means, such as farming, have higher suicide rates.

- What are "safe wards"?

Safe wards refer to environments designed to minimize risks, such as removing ligature points and isolated corners, and fostering a culture of proactive engagement and emotional literacy.

- How effective are initiatives like Movember in raising awareness?

Initiatives like Movember are effective in raising awareness and fostering community support, as seen in local projects like the Jolly Brew crew.

- Do you have any data on the initial impact of COG in Newport? (Question from MIND)

Yes, there is data available, showing positive evaluations in areas like A&E attendance, signposting, relapse, and reconviction rates. Further details can be provided by the psychologist leading the project and the local authority partner.

- What are the plans to overcome Co-occurring needs such as neurodiversity and mental health or substance misuse and mental health across the county?

The new mental health strategy delivery plan and suicide self-harm strategies aim to ensure seamless support for people with Co-occurring illnesses, working collectively as a region to address these issues.

- As a priest, I deal with families after suicide and face questions about preventing suicide, recognizing signs, and addressing the impact on children and the community. There is a need for more support in rural communities. There are challenges faced by families and it is very important to provide empathy and support during such difficult times.

Louise acknowledged the importance of faith and community support in helping families cope with suicide. She mentioned the "helpers at hand" resource developed by public health consultants to support those bereaved by suicide. Louise expressed gratitude for the Councillor's work and reiterated the importance of reaching out to support families, as it helps prevent future suicides.

- Do you find more suicides around Christmas time due to people feeling lost and alone?

Interestingly, the trend shows more suicides after the summer holidays rather than around Christmas. This may be due to the stress of modern life, such as managing childcare demands during the summer.

- How do people cope with the aftermath of a loved one's suicide, especially when they are left with unresolved problems and grief?

Louise acknowledged the complexity of grief following a suicide, including feelings of anger and resentment. She emphasised the importance of community support and mentioned resources like support groups for those bereaved by suicide.

- What sort of publicity about where to go for help is currently being done?

Louise mentioned several resources, including the Melo website, crisis services (111 press 2), and local primary care services. She emphasised the strategic focus on delivering Open Access and the importance of right person first time approaches.

- What proactivity is happening in schools to address bullying, and what resources are being provided?

Louise highlighted the importance of early intervention and mentioned that the national strategy for mental health emphasizes this. She also referred to research on effective anti-bullying initiatives, such as mixed year groups and multi-year group extracurricular activities.

- Is there any education for elite sportspeople regarding mental health and suicide prevention?

Louise mentioned that there are initiatives like assist training for elite sports teams, including work with the WRU. Community psychology services are also working with local sports clubs to integrate mental health support.

- Is there any collaboration with the new Police and Crime Commissioner regarding the high percentage of suicides involving individuals with police involvement?

Louise confirmed that strategic partnerships are in place to ensure seamless support for individuals with mental health difficulties, aligning with the agendas of regional and public service boards.

- How does the strategic partnership with the police work in reality, especially considering the loss of police liaison officers and the reliance on schools, which may prioritize their reputation over addressing issues?

Liz suggested that a whole system approach should be taken, where all partners co-own data and work through strategic partnerships to identify and achieve common community outcomes. She emphasised the importance of monitoring the impact of changes made by any partner agency.

- *Liz acknowledged the complexity of the issue and reiterated the importance of a whole system approach and strategic partnerships to ensure that all agencies work together to address these challenges effectively.*
- How are first responders, such as police, ambulance drivers, and paramedics, supported after dealing with incidents of suicide?

Liz explained that the health board has a trauma pathway lead funded by Welsh Government to improve the quality of interventions for people with post-traumatic stress disorder. This lead advises first responders on their employee assistance programmes and how to respond if they are affected by their work. The health board also has its own employee well-being programmes, and similar schemes are available through partner agencies.

- Why is there a high percentage of recorded suicides with unknown ethnicity, and are there specific interventions for ethnic groups?

Liz acknowledged the issue and explained that it might be due to discomfort in asking about ethnicity or system-based issues. She mentioned that the anti-racist Wales action plans and mandatory training are addressing this. Specific interventions include a psychological well-being practitioner who is multilingual and from a minoritised group, working in the community to increase access to well-being services.

- Are there any specific interventions for ethnic groups?

Liz highlighted the work of a psychological well-being practitioner who is multilingual and from a minoritised group, embedding themselves in the community and using different language to increase access to well-being services.

- What is being done to address the dual diagnosis of mental health and substance addiction, and are there specific programmes in Monmouthshire similar to those in Newport?

Liz and Louise explained that there are services available across the spectrum of addiction and mental health, but the challenge is catching individuals at the right time. Louise mentioned that the Area Planning Board governs and delivers work on substance misuse issues, ensuring seamless interfaces between services. Discussions are ongoing with local authorities to expand programmes like COG in Newport to other areas, including Monmouthshire.

- If a city like Newport provides a service, do people from other areas gravitate towards it, and do they get turned away due to lack of connection?

Liz acknowledged that people might gravitate towards areas with more services, like Newport. She explained that the health board would not turn people away and would try to connect them to the right area. The interfaces between different geographical areas are strong, ensuring people receive the help they need.

- Regarding the 19% of people who are perpetrators of domestic violence, do they sometimes commit suicide to punish partners, or is it about their own mental health situation?

Liz explained that both scenarios could be true. The data from the NHS executive group does not provide the nuance, but first-hand accounts suggest that some individuals might take their own lives due to guilt or to punish their partners. The distorted state of mind during such actions makes it complex.

- A Member shared her personal experience with domestic violence and suicide, mentioning that her brother-in-law took his own life because he couldn't face up to what he had done. She also expressed interest in the statistics about older people and their connection to assisted suicide. She mentioned the lack of support for bereaved families 35 years ago and appreciated the current support available.

Liz acknowledged the Members' lived experience and emphasised the complexity of domestic violence and suicide. She mentioned that domestic violence is a complex

issue and that early detection and addressing the needs of all parties involved are crucial. Liz also noted that suicide in older adults is often related to chronic pain, physical frailty, and a sense of loss. She highlighted the importance of community support and intergenerational initiatives.

Liz expressed sadness that help wasn't available in the past and noted that support is now available for bereaved families. She emphasised the importance of community and systemic support for those affected by suicide.

- Jaime from MIND expressed concern about the barriers to accessing mental health services post-pandemic. Previously, Mind in Gwent could refer directly to the Community Mental Health Teams (CMHT), but now clients must go through multiple steps, including GP assessments and referrals, which create delays and barriers. Jaime asked if there are any plans to reconsider the referral pathways.

Liz acknowledged the importance of the issue and mentioned that they are currently reviewing their models of care, including referral pathways. She assured Jaime that they would look into the highlighted concerns and work towards improving accessibility and reducing barriers.

- Jaime from MIND explained that clients face issues when seeking help for both mental health and substance use. Mental health services often refuse support if the client is using substances, while substance use services may refuse help if the substance is keeping the client alive due to suicidal thoughts.

Liz acknowledged the feedback and emphasised the importance of listening and learning from clients' experiences. She assured that they are working towards improving services and addressing these barriers.

- Jaime explained that clients are sometimes placed in group therapy sessions (e.g., DBT or CBT) that may re-traumatize them, and they fear being shut off from services if they decline this treatment. Clients also may not want to take medication, but fear being excluded from services if they refuse medication. Also raised was the issue of long waiting times for trauma therapy, with some clients being told after two years that they are not eligible because they cannot cope with the emotions the therapy would bring up.

Liz highlighted the need for better communication and appropriate treatment options. She said the intention was to improve the delivery of therapy and address waiting times. Liz acknowledged the concern around clients who may fear they will be excluded from services, emphasising the importance of communication and understanding clients' needs. She assured that they are working on improving service delivery. She recognised concern about the waiting times and the impact on clients. She assured that they are working on improving access to therapy and addressing these issues.

- Why does Monmouthshire have the highest rate of suicide in Gwent for the period 2021-2023? Is it due to factors like rurality, post-pandemic behaviour, cost of living, or other unique factors?

Liz explained that the high rate of suicide in Monmouthshire during that period could be multifactorial, including factors like rurality, pockets of deprivation, and possibly the impact of the pandemic. She noted that the trend was not replicated in 2024 and that the cases were diverse, including severe psychotic episodes and neurodiversity.

- Is there any statistical evidence to suggest that issues related to family courts and the consequences of losing contact with children contribute to suicide rates?

Liz mentioned that while there isn't enough local data to identify a clear trend, national data does indicate that domestic dysfunction, including family court issues, can be a factor in suicides. She suggested looking at broader data from sources like the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) for more insights.

Chair's Summary:

The Chair thanked Liz and Louise from the ABUHB for such a helpful discussion on a difficult subject of utmost importance to the Committee and commented that Members felt reassured by what he had heard during the meeting. The Committee agreed they would like to revisit the matter in 6 months' time to gauge progress. He thanked MIND for their constructive input and requested they return to the Committee when the topic returns **(Action: Scrutiny Manager to schedule)**.

7. Care for people in the community with dementia, including support available to families - To invite Aneurin Bevan University Health Board to outline how it delivers services in Monmouthshire

Amanda Whent (Lead Dementia Nurse, ABHB) and Jennifer Winslade (Executive Director of Nursing, ABHB) introduced the report, delivered a presentation and answered the members' questions:

Key Questions from Members:

- What are the contact details for dementia champions, and how sufficient is the funding?

Amanda explained that there are 286 dementia champions across the region, and the information is held in a database. She acknowledged the need to provide specific details for Monmouthshire and offered to produce a paper outlining the specifics, including care homes and schools involved.

- I would be interested in seeing the performance targets for 2025 and progress to date, including monitoring and performance standards.

*Amanda mentioned that they use key performance indicators (KPIs) and benchmarking against national models to measure progress. She offered to share the KPIs and performance data in a future presentation **(Action: Scrutiny Manager to take forward)**.*

- Are there mitigation strategies to reduce the speed of dementia onset, including advice on diet, exercise, and prevention?

Amanda highlighted the importance of prevention and mentioned that they are working on various factors, including cholesterol management and trauma-based interventions. She noted that public health and primary care partnerships are crucial for addressing prevention and early intervention.

- What are the results from Workstream 1 in Newport and how it will be rolled out in Monmouthshire, considering the differences between the two areas.

Amanda explained that the principles of the citizens' engagement model initially piloted in Newport have been applied across Gwent. The approach involves going into various community settings to gather feedback and tailor services to local needs.

- Please can you provide the details about the dementia connectors, including who they are and whether there are enough of them?

Amanda acknowledged that there are not enough dementia connectors to meet the current needs. However, recent funding has been allocated to develop specific roles, and recruitment efforts are ongoing to increase the number of connectors.

- Is hearing loss linked to an increased likelihood of developing dementia and if so, is it important to address hearing issues early?

Amanda confirmed that there is a high correlation between hearing loss and dementia. She explained that addressing hearing issues early can reduce the risk of dementia. The audiology team is involved in delivering a dementia experience programme to raise awareness and improve screening processes for those with cognitive decline.

- Is there collation and regular contact between local dementia-friendly groups and the health board.?

Amanda explained that the dementia-friendly communities have a monthly meeting where information is shared. They use a padlet and the ABUHB internet pages to upload and share information about ongoing activities and opportunities for engagement. The dementia hubs are intended to be a central point for accessing information and services.

- How accessible are the dementia hubs? Is there a need for better coordination and communication of available resources in local communities?

Amanda explained that the dementia hubs are in their infancy, with plans to expand and improve communication. She acknowledged the challenge of raising awareness and the need for better coordination. Jennifer added that the hubs are important, but local facilities and community engagement are also crucial. They welcomed the feedback and said they are committed to exploring ways to improve local access to information and support.

- The Chair expressed concern about the projected increase in the elderly population in Monmouthshire and the existing provision of care, emphasizing the need for more resources and support.

Amanda acknowledged the growing need for dementia care and the importance of consistent and continuous support across Gwent. She mentioned the development of dementia hubs and the role of dementia connectors in providing ongoing support. Jennifer emphasised the need for a holistic approach to care, involving health, social care, voluntary sectors, and families. She highlighted the importance of community-based care and the need for political support to address the growing demand.

- The Chair enquired about the possibility of financial incentives for families to care for their elderly relatives, similar to models in other countries.

Jennifer mentioned that while direct payments are available in England, it is a broader political question for Wales. She emphasised the need for a community-based approach to care and the importance of working with local authorities and other partners to provide support. She also highlighted ongoing efforts to develop place-based care models and the importance of addressing the issue now rather than in the future.

Chair's Summary:

The Chair thanked Amanda and Jenifer for attending and presenting on a matter of significant priority to the Committee. He acknowledged the need for increased resources and support for dementia care in Monmouthshire and highlighted the importance of addressing these issues promptly. He paid recognition to the responses of ABUHB which highlighted ongoing efforts to develop community-based care models. He raised the need for political support to address the growing demand for services and advised the Committee would like to visit the staff to better appreciate how support is delivered (**Action: Scrutiny Manager to facilitate**).

8. Minutes of the previous meeting held on 12th May 2025

The minutes were confirmed as a true and accurate record of the meeting.

9. Public Services Scrutiny Committee Forward Work Programme and Action List

The invitation to attend Place Scrutiny Committee on 10th July 2025 to scrutinise the Local Flood Strategy was noted.

The Committee agreed that the Scrutiny Manager should organise a Special Public Services Scrutiny Committee Meeting to discuss the ABUHB Consultation on Nevill Hall Hospital.

The Committee agreed they would like to scrutinise the changes to the ambulance performance framework, which would be added to the forward work programme.

It was agreed that a Special Meeting of the Committee would be held on 28th October 2025 to invite the Police and Crime commissioner to discuss Community Safety and Police Resourcing in Monmouthshire.

Councillor Bond highlighted the need to consider the progress on delivering Violence Against Women, Domestic Abuse, Sexual Violence services at the earliest opportunity.

Councillor Taylor questioned whether it would be possible for the Committee to have oversight of the work of the Cardiff Capital Region. The Chair explained that the remit is vast and that there is an existing Joint Scrutiny Committee comprising 10 Councils in the Cardiff Capital Region and that its purpose is to hold the Corporate Joint Committee to account for delivery of programmes relating to the remit of the Cardiff Capital Region and that there may be duplication in the Committee being involved in scrutiny of this matter. It was agreed that guidance would be sought outside of the meeting to clarify whether the Committee had a legitimate role in scrutinising matters relating to the CCR **(Action: Scrutiny Manager)**.

10. Council and Cabinet Work Planner

Noted.

11. Next Meeting

Monday 13th October 2025 at 10.00am.

The meeting ended at 1.31 pm.