

Health Scrutiny Committee

Minutes of the meeting held on 12 March 2015

Present:

Councillor E Newman – In the Chair
Councillors, Hitchen, Brian O’Neil, Paul and Wilson

Councillor Andrews, Executive Member for Adult Health and Wellbeing
Councillor Bev Craig, Ward Councillor for Burnage
Professor Nav Kapur, Centre for Suicide Prevention, Manchester University
Nicola Wood, Manchester Mental Health and Social Care Trust
Anna Berry, Deputy Director of Nursing, Manchester Clinical Commissioning Groups
City Wide Safeguarding Team
Joanne Newton, Chief Finance Officer, Manchester Clinical Commissioning Groups

Apologies: Councillors Azra Ali, Lyons, Mary Murphy, Barbara O’Neil, Siddiqi and Swannick

HSC/15/19 Opening comments from the Chair

The Chair informed the Committee that Councillors Lyons, M Murphy, Barbara O’Neil, and Ahmed, will be retiring at the end of the municipal year. He invited the Committee to join him in expressing gratitude for their commitment and dedication as members of the Health Scrutiny Committee.

The Committee formally thanked Councillors Lyons, M Murphy, Barbara O’Neil, and Ahmed for their valued contribution and their work on behalf of the residents of Manchester.

The Committee further noted that it was Cllr Newman’s last meeting as Chair of the Health Scrutiny Committee. The Committee thanked Cllr Newman for his diligence and commitment to the Health Scrutiny Committee during the previous four years.

HSC/15/20 Urgent Business – District Nursing Reorganisation in South Manchester

The Chair introduced an item relating to District Nursing Reorganisation in South Manchester for consideration as urgent business.

Decision

To accept this item of urgent business for consideration (see HSC/15/26)

HSC/15/21 Minutes

Decision

1. To agree the minutes of the meeting on 12 February 2015 as a correct record.

2. The Committee agreed to delegate responsibility to Councillor Newman to develop the Terms of Reference and Work Programme for the Learning Disability Task and Finish Group

3. To appoint Councillors Hitchen, E Newman and Paul to the Learning Disability Task and Finish Group.

HSC/15/22 Prevention of Suicide in Manchester

The Committee considered the report of the Director of Public Health which provided an update since this subject was last considered by the Committee in January 2014.

The Consultant in Public Health introduced the report across its broad themes which included information on the levels of suicide in Manchester and the plans established to prevent suicide. She informed the Committee that nationally the rate of mortality from intentional self harm and suicide had fallen from 15.9 per 100,000 of the population in 2001-03 to 11.8 per 100,000 in 2011-13; and this trend is reflected in Manchester.

The Committee noted that the definition of death from suicide had been revised nationally. This included the removal of deaths of children under 15 due to the possibility that these deaths were caused by accident, neglect or abuse.

The Consultant in Public Health informed the Committee that 75% of suicides were of people not using mental health services and it is therefore important to build resilience and effective intervention within the community to support those groups who are identified as being at risk. The Committee welcomed Nicola Wood, Manchester Mental Health and Social Care Trust who described the work undertaken with the Manchester Men's Room. This work included delivering training to staff and assisting with developing an organisational suicide prevention strategy and protocol to promote the wellbeing and resilience of their service users.

Ms Wood also advised that training is available for all front line staff to equip them with the skills and confidence to engage with people who may be at risk of suicide. The Committee also heard of the work that is being done in the community to challenge the stigma of suicide and promote health and wellbeing.

The Committee welcomed Professor Kapur who informed the Committee that research demonstrated that 70% of suicides were of people who had been in contact with their GP within a year before their death and he stressed the importance of Primary Care in identifying and supporting those people at risk of suicide. Prof Kapur further advised that there is a significant link between incidents of self harm and subsequent suicide that can not be underestimated. He said that it is important that all primary care staff are trained in this subject area and that the correct intervention and referral pathway for patients are available. The Consultant in Public Health advised that suicide awareness training is delivered to Primary Care front line staff.

The Committee welcomed Councillor Craig who asked about the statistics presented and the classification of death by suicide and incidents of hidden suicide. Prof Kapur

accepted that there are incidents that will not be included in the statistics because the coroner holds responsibility to investigate all incidents of unexpected death. This may result in a verdict of accidental death or misadventure rather than suicide.

Councillor Craig enquired about services that are available for those people who had attempted suicide in the past and what work is being done with partners such as the police and schools. The Director of Public Health responded by advising that The Community Safety Partnership had been established and is strengthening the links between mental health services and the Police. He advised that good progress is being made and this work will continue at both a Manchester level and Greater Manchester level. He further stated that the Healthy Schools Service includes emotional health and well being work.

Decision

1. The Committee notes the report and thanked all of the invited guests for contributing to the discussion.
2. The Committee recognises that multiple factors impact upon suicide rates and there is clear evidence of the impact of mental health, social and economic factors.
3. The Committee recognises the issue of self harm and its relationship to suicide.
4. The Committee recognises the importance of partnership working between all agencies, including police and housing providers to do all they can to work for the mental health and wellbeing of the population of Manchester, especially those identified as being at risk of suicide.
5. To receive an update report in a years time. The update report is to include comparative data to other cities and information relating to GP responses to those identified as at risk.

SC/15/23 The Health Implications of Female Genital Mutilation

The Committee considered the report of the Director of Public Health which provided members with information regarding the health implications of Female Genital Mutilation (FGM) and Manchester's response.

The Chair informed members that the Communities Scrutiny Committee had discussed FGM in the context of their remit and this report specifically focused on the health implications of FGM.

The Chair stated that FGM is illegal and presented a challenge to how this is addressed whilst not driving this practice underground. He advised that any Health Professional who comes into contact with a person at risk or has suffered FGM has a responsibility to respond appropriately.

The Deputy Director of Nursing said that it is recognised the FGM is an illegal practice and health workers are well placed to identify and prevent incidents of FGM when dealing with patients and their families. She stated that it is very important that

all health professionals have appropriate training and awareness of FGM and its impact on victims so as to engage with and respond to communities at risk in a sensitive manner. She further commented that it is important that the correct care pathways are available for those patients identified as being at risk.

The Consultant in Public Health addressed the Committee and advised that this is a very sensitive subject to challenge in the community as often people do not realise it is illegal or accept it as a cultural norm. He stated this issue will often be raised as part of a wider programme of general health to be delivered in a community setting. He said that this is a targeted programme, often delivered with the support of partners in the voluntary sector to establish links and engage with community groups to challenge this practice in a non accusatory manner.

A member asked why St Mary's hospital is not currently commissioned to provide medical examinations for FGM. The Consultant in Public Health responded that discussions are currently ongoing with partner agencies to secure funding for this service.

Decision

1. The Committee notes the report.
2. The Committee endorses the recommendation that the Health and Wellbeing Board should consider the issues raised in this report as part of their 2015-16 Forward Plan.
3. The Committee requests that further work is undertaken to ensure that all appropriate referral pathways are in place.

HSC/15/24 Manchester City Council - Local Account 2013/14

The Committee considered the report of the Strategic Director for Families, Health and Wellbeing. Members were informed that this document is designed to inform people how well a Council has done in delivering adult social care against priorities. It also informed people of the challenges and the work planned over the coming year.

The Committee welcomed the report and commented that this would be a useful document to issue to all members of the Council as it provided a comprehensive overview of adult social care within Manchester.

In response to a question from a member the Strategic Director for Families, Health and Wellbeing informed the Committee that a Performance Board had been established to investigate any complaints received. He further commented that it is the intention to deal with and address any issues before they escalate to a complaint.

A member noted that the report records the number of compliments and praise received and welcomed this as a testament to the service provided.

Decision

To note the report.

HSC/15/25 Clinical Commissioning Group finances

The Committee welcomed Joanne Newton, Chief Finance Officer, Manchester Clinical Commissioning Groups who introduced her report which provided an overview of CCG finances.

A member sought an assurance that the savings target identified for Emergency Care would not have a detrimental impact on those residents requiring this service. Ms Newton advised that System Resilience Groups had been established to monitor this area of work and ensure that appropriate systems are in place to meet demands on the service.

The Strategic Director for Families, Health and Wellbeing informed the Committee that it is not the intention to reduce capacity in Accident and Emergency Departments but rather to improve community and primary care services so as to reduce those incidents of people requiring emergency admission to hospital. He advised the Committee that the Living Longer Living Better Programme will deliver integrated health and social care services so that people are treated appropriately in the community and not attending hospital unnecessarily. This will relieve the pressures experienced at Accident and Emergency Departments, however those patients who require hospital care will still receive this.

Decision

1. The Committee noted the report and thanked Ms Newton for attending the meeting.
2. The Committee recognise the importance of the three Clinical Commissioning Groups organising their finances and commissioning services to maximise the health outcomes for the residents of Manchester.
3. The Committee recognise the importance of the Living Longer Living Better Programme.
4. The Committee request that an update report be provided to the Committee in a year's time. The report is to include information regarding the impact of savings on the delivery of Emergency Care.

HSC/15/26 District Nursing Reorganisation in South Manchester

The Chair introduced this item of urgent business as it had been brought to his attention that there are proposals to reorganise district nursing in South Manchester. He said that he was disappointed that this had not been brought to the attention of the Health Scrutiny Committee and that councillors learned of these proposals after being contacted by constituents.

The Chair recommended that a comprehensive report be submitted for consideration at the May meeting of the Committee regarding these proposals. A member asked that the report include information about district nursing services across all of the three Manchester Clinical Commissioning Groups (CCGs). The Chair asked that the views of all three CCGs are included in the report. The Committee agreed these recommendations.

The Chair also requested that more information regarding these proposals should be circulated to members of the Committee as soon as possible.

Decision

1. The Committee request that a report is submitted for consideration at their May meeting which provides a comprehensive update on proposed changes to the reorganisation of district nursing. This report is to include the views of the three Manchester Clinical Commissioning Groups
2. The Committee request that more information is circulated to members as soon as possible which provides information of these proposals.

HSC/15/27 Health and Wellbeing Update

The Committee received a report which provided an overview of developments across Health and Social Care and the local NHS.

Decision

1. To request that a report on the implementation of the Care Act be added to the work programme for consideration at the May meeting.
2. To request that a report on staffing levels at each of the three Hospital Trusts be added to the work programme for consideration at an appropriate time and representatives from each Trust are to be invited to the meeting.
3. The Committee agreed that they do not require further updates on the renal dialysis reorganisation.
4. The Committee noted and welcomed the improvements in services for stroke patients in Manchester.
5. The Committee request that visits be arranged for members to visit the Accident and Emergency Departments at the Hospital Trusts to witness the pressures experienced on Friday and Saturday evenings.
6. The Committee noted that this was the last meeting that the current Strategic Director for Families, Health and Wellbeing would be attending. The Committee thanked him for his work and his support of the Committee. Members wished him well for the future.

HSC/15/28 Overview Report

A report of the Governance and Scrutiny Support was submitted. The Overview Report contained key decisions within the committee's remit; responses to previous recommendations made by the Committee and the Committee's work programme.

Decision

To note the report and agree the work programme.