

Health Scrutiny Committee

Minutes of the meeting held on 5 December 2017

Present:

Councillor Farrell – in the Chair

Councillors Curley, Midgley, Reeves, Siddiqi, Stone, Webb, Wills and Wilson

Councillor Craig, Executive Member for Adult Health and Wellbeing

Nick Gomm, Director of Corporate Affairs, Manchester Health and Care
Commissioning

Professor Nav Kapur, Professor of Psychiatry & Population Health and Head of
Research at the Centre for Suicide Prevention at the University of Manchester

Nicky Lidbetter, Chief Executive of Anxiety UK and Chief Officer for Self Help

Pete Smith, Deputy Manager, buzz – Health and Wellbeing Service

Bridget Hughes, Head of Operations Central and Citywide

Vicky Brand, Oral Health Improvement Team Manager

Craig Jones, Physical Activity on Referral Scheme Manager

Apologies: Councillors Mary Monaghan and Smitheman

HSC/17/58

Minutes

Decision

To approve as a correct record the minutes of the meeting held on 7 November 2017.

HSC/17/59

Suicide Prevention Update

The Committee considered the report of the the Director of Population Health and Wellbeing that provided Members with an update on the paper submitted in June 2016 and specifically reported progress on the delivery of the local suicide prevention plan. In attendance at the meeting to answer questions were Professor Nav Kapur, Professor of Psychiatry & Population Health and Head of Research at the Centre for Suicide Prevention at the University of Manchester and Nicky Lidbetter, Chief Executive of Anxiety UK and Chief Officer for Self Help.

Councillor Midgley, the Lead Member for Mental Health introduced the report to the Committee by saying the work described within the report was the result of a genuine commitment to a partnership approach to understanding and responding to the issue of suicide. She reiterated the message that every suicide was an individual tragedy, a loss to society and one suicide was one too many. When someone died as a result of suicide the shock was felt by families, friends, neighbours, colleagues and professionals. Suicide, in contrast to other bereavements can bring silence and stigma which can amplify the impact on those left behind.

Officers referred to the main points and themes within the report which included:-

- The national and local strategic context of suicide prevention;
- Key trends, facts, figures and risk factors relating to suicides in Manchester;
- Findings from the Greater Manchester Suicide Audit;
- A summary of key areas of activity contributing to suicide prevention;
- Progress on the delivery of specific actions within the local plan; and
- Future plans.

Some of the key points that arose from the Committees discussions were:-

- The accuracy of the data in the recording of suicides, especially amongst young people and the difficulties in capturing all the information, especially for those who identify as members of the LGBT community;
- The issue of suicide amongst high risk groups such as middle aged men;
- The important role of GPs in identifying patients who may be at risk of suicide and the time taken from referral to receiving treatment;
- The influence of the Internet;
- The importance of support made available to families and friends following a suicide;
- The need for creative engagement to reach hard to reach communities; and
- The role of the Universities in supporting other colleges across the city.

Professor Nav Kapur said that the issue of suicide was receiving greater national attention with the introduction next year of a national strategy and this strategy would also receive scrutiny at a national level. He said this would be accompanied by the publication of National Institute for Health and Care Excellence (NICE) guidance. He said that Manchester University had recently secured funding to continue this research with a specific focus on mental health and suicide.

He said that it was recognised that support for families and friends was very important and he acknowledged that often in the past this had been inappropriately handled by health professionals due to their interpretation of patient confidentiality. He said this was being addressed and families were now actively involved in any investigation following a suicide.

He said that the issue of self-harm, especially amongst young people and in particular young females needed to be further examined to understand and respond to this effectively. He said that the internet can be viewed positively, as it can be a useful method to provide advice and sign post people to appropriate national and local support. He said that when the internet is used by people to research methods of suicide when experiencing suicidal ideation they should be directed to help and support.

He said that raising awareness of the issue of suicide and self-harm amongst the general population was also very important, including talks at schools and at public engagements to encourage people to discuss openly their mental health without the fear of being stigmatised. He also said that it was important to ensure that the time taken between referral and patients receiving treatment needed to be appropriate to ensure treatment was received in a timely manner and avoiding any escalation of an individual who was experiencing crisis. He said that that this information was available and that he would share this data with the Committee.

In response to a question regarding the accurate recording of data he said there are challenges, for example men may self-harm in other ways, such as abusing alcohol and/or drugs, therefore making it difficult to accurately capture every incident of self-harm. He said this was also made difficult as men were often reluctant to discuss their own mental health. He said that a death could only be officially recorded as a suicide following the determination of a coroner following an investigation of a death. He said that the accurate recording of young people dying by suicide was difficult as a lot of deaths were attributed to accidents, rather than suicide.

Nicky Lidbetter said that The Clinical Pillar Group was a group that met to deliver the specific objectives within the local suicide prevention plan relating to suicide intervention and ongoing clinical/support services. She said that the group had a core attendance including representatives from Greater Manchester Mental Health Foundation Trust (GMMHT), the University of Manchester, Self Help, 42nd Street, commissioners from Manchester Health and Care Commissioning, consultant psychiatrist from Emerge (CAMHS transition service) and a GP with specialist interest in mental health. She described that the work of the group had been to develop interventions for those people experiencing suicidal ideation and support for their families and friends; strengthening care pathways and reviewing self-harm services.

She said that a review of all of the available literature and guidance had been undertaken and a training course had been developed, based around the principles of Cognitive Behavioural Therapy aimed at GPs and Health Care Workers. She said that the group had also developed a Self Help Sheet that had been designed with clinicians. In addition to this a mapping exercise had been undertaken to identify each self-harm service across the city and develop links between them. She said that support specifically for families was very important and made reference to small, local organisations that can offer this service.

She said that in regard to self-harm and men they did work with organisations such as State of Mind to link into men's hobbies and pastimes to then raise awareness of the issue of self-harm and suicide and encourage men to talk about any issues they may be experiencing. At the suggestion of a Member she said she would also look to link into the work of Campaign Against Living Miserably (CALM) to address the issue of male suicide.

The Programme Lead, Population Health and Wellbeing Team informed the Committee that work was being developed at a Greater Manchester level to introduce a flagging system for GPs, similar to the Domestic Violence IRIS project to enable professionals to identify signs of suicidal ideation when a patient presented so that they could then be directed to the correct intervention and support. She also informed the Committee that following a Greater Manchester Mental Health Summit in June, work was ongoing on how to best deliver support to vulnerable students across the city, using and sharing the good practice at the University. She said this work was ongoing and would be reported to the Committee at an appropriate time.

The Executive Member for Adult Health and Wellbeing said that she welcomed the report and supported the comment that the work to respond effectively to the issue of suicide was borne from a commitment to partnership working. She said that

Manchester benefited from having internationally recognised pioneers in the study and research in this field situated at the University. She further informed the Committee that she was proud to announce that the Programme Lead had recently received an award in recognition of her contribution to this area of work.

The Executive Member for Adult Health and Wellbeing also encouraged all Members to volunteer to be trained so they could then deliver psychological first aid and so facilitate 'in the moment support' for employees in crisis as part of the Employee Health and Wellbeing Strategy. The Chair supported this recommendation and commented that this training would also support Members in delivering their constituency work.

Decisions

1. To note the report and to thank the invited guests for contributing to the discussion and answering Members questions.
2. The Committee endorsed the recommendation that Members volunteer to be trained In Mental Health First Aid
3. To welcome the circulation of data on treatment referral times.

HSC/17/60 Equipment and Adaptations Service

The Committee considered the report of the Executive, Strategic Commissioning and Director of Adult Social Services that informed Members on the progress and development of the equipment and adaptations services, and in particular the progress of the new delivery model for adaptations in properties across Manchester City. The Director of Housing and Residential Growth and the Programme Lead Health and Social Care Integration introduced the report.

Officers referred to the main points and themes within the report which included:-

- A description of Manchester's Service for Independent Living (MSIL);
- The financial context of Manchester's Service for Independent Living (MSIL);
- Information on the Adaptations Service;
- Information on the Equipment Service; and
- An overview of The Housing Options for Older People and The Adapted Homes Team

Some of the key points that arose from the Committee's discussions were:-

- Time scale from referral to approval for works;
- Members sought assurance that the new contractor was performing satisfactorily;
- Members sought clarification as to why the number of residents receiving adaptations living in the Private Rented Sector was significantly lower than other tenures;
- The impact of the delivery of this service on delayed transfer of care from hospital; and

- Members discussed the increased levels of media advertising targeted at privately purchasing equipment and adaptations and asked if these were safe and appropriate.

The Director of Housing and Residential Growth acknowledged that the number of residents living in the Private Rented Sector receiving adaptations work was significantly lower than other tenures. He explained that the reason for this was because the consent of the landlord / owner was required and they are often reluctant to agree to any works as they believe this would diminish the value of their property. He said that more needed to be done to engage with this, and the Buy to Rent sector of the housing market to improve the current situation.

He said that in Manchester a number of local Registered Providers had agreed to contribute 40% of the cost of adaptations to their properties and the national Providers had their own national strategy to deliver and fund adaptations. He said that the partnership approach with local Registered Providers had resulted in some positive initiatives to support tenants and made reference to the section of the report that described Northwards Housing who had piloted a Housing Options for Older People (HOOP) service part funded by the North Manchester Clinical Commissioning Group.

The Programme Lead Health and Social Care Integration said that issues had arisen following the procurement exercise with the performance of the original contractor. She said that following this a new contractor had been appointed and performance continued to be monitored, however she was satisfied with the service of the new contractor. She said that ambition for the service was to deliver at the point of need to enable residents to remain living safely in their home. She acknowledged that residents can often find this experience stressful however the service provided by the Manchester's Service for Independent Living was both caring and supportive. She said that to support the safe discharge of patients from hospital 90% of requests for service were dealt with within a day.

In response to the discussion regarding time scales for work to be completed the Service Manager Community Provision described that the assessment process was often complex. He described that following the initial assessment the case would be presented to a panel for consideration, technical reports would be provided and alternative options would be considered. The Director of Housing and Residential Growth said that they would look to record the number of residents who withdraw from the process as a result of the time taken.

The Service Manager Community Provision said that the reporting of completion dates was the date that the job was paid for, and not the date of the physical works being completed. He said that the team would look at the reporting of this data to best capture accurate completion data and performance. He said he was aware of the prevalence of advertising of aids and adaptations that individuals could purchase privately however expressed caution as unlike the products that his team provided, they were often neither safe nor fit for purpose. He said that it was important that his service manages residents' expectations and if requested they would sign post individuals to providers.

The Executive Member for Adult Health and Wellbeing said that she welcomed the 40% contribution from local Registered Providers towards the cost of adaptations. She said this was a good example of partnership working to improve the lives of residents. She further acknowledged the reported improvements in the service and paid tribute to the commitment and hardworking staff who deliver this service on behalf of the residents of the city.

Decision

To note the report.

HSC/17/61 Review of redesigned services: Wellbeing

The Committee considered the report of the the Director of Population Health and Wellbeing that provided the Committee with an overview of the wide range of wellbeing services commissioned by the Population Health and Wellbeing Team at Manchester Health and Care Commissioning (MHCC). For each service there was a description of the service offer and current levels of investment.

The report provided a detailed description of each wellbeing service; information on Key Performance Indicators and case studies in relation to:-

- The buzz Health and Wellbeing Service;
- The Physical Activity on Referral Service (PARS);
- The Community Falls Service;
- NHS Health Checks: GP Provision and the Community Model;
- The Community Weight Management Service;
- The Oral Health Improvement Team; and
- The One Team Prevention Programme.

Some of the key points that arose from the Committee's discussions were:-

- Whilst recognising good examples of staff working with local communities what approach was being taken to connect with and engage with traditionally hard to reach community groups;
- Further information was sought on social prescribing as described within the report;
- The need to increase the take up rates of the Buddy Practice Scheme across schools as part of the work of the Oral Health Improvement Team.

Pete Smith, Deputy Manager, buzz – Health and Wellbeing Service said that he acknowledged the points raised by Members regarding outreach work to connect with all sections of the community. He said that the new locality plan model would enable workers to connect with local teams and services and establish links within the local community. He said that to facilitate this Community Asset Maps had been produced to understand all local groups, including those informal groups that exist within communities.

Bridget Hughes, Head of Operations Central and Citywide said that the social prescribing model to give people who accessed health and care services, a link to social and non-medical support within the community was currently being piloted in

North Manchester with the hub being located at the Abraham Moss Centre. She said that a review of this model would be undertaken with a view to rolling this out across the city. She said that the official launch would be early 2018 and Members would be invited to the launch event.

In response to Members' comments regarding oral health and the Buddy Practice Scheme Vicky Brand, Oral Health Improvement Team Manager said that the scheme was currently designed to prioritise the most deprived wards and the scheme was witnessing improvements in oral health despite their limited resources.

Craig Jones, Physical Activity on Referral Scheme Manager responded to a question from the Chair who had commented upon the low number of reported 'Did Not Attend' figures. He said that the figures were correct and described that they send an appointment reminder text message to patients, and that they also work with other services, such as the falls service to ensure that patients are referred to the appropriate service at the appropriate time.

Decision

To note the report.

HSC/17/62 Draft Terms of Reference and Work Programme of the Public Health Task and Finish Group

The Committee considered the report of the Governance and Scrutiny Support Unit that described the proposed Terms of Reference and Work Programme for the Public Health Task and Finish.

The Committee was invited to agree the Terms of Reference, Work Programme and membership of the group.

Decisions

1. To agree the Terms of Reference and Work Programme of the Task and Finish Group.
2. To appoint Councillors Curley, Midgley, Siddiqi, Wills and Wilson (Chair) as members of the Public Health Task and Finish Group.

HSC/17/63 Overview report

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

Decision

To note the report.