

Health Scrutiny Committee

Minutes of the meeting held on Wednesday, 19 July 2023

Present:

Councillor Green – in the Chair

Councillors Bayunu, Cooley, Curley, Hilal, Karney, Muse and Reeves

Apologies: Councillors Riasat and Wilson

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care

Professor Cheryl Lenney OBE, Chief Nurse, Manchester University NHS Foundation Trust

Dr Sarah Vause, Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service

Esme Booth, Head of Midwifery, North Manchester, Manchester University NHS Foundation Trust

Celine Doyle, Mental Health Lead, Burnage Academy for Boys

HSC/23/31 Minutes

Decision

To approve the minutes of the meeting held on 21 June 2023.

HSC/23/32 Implementing Ockenden: One Year On

The Committee considered the report of the Saint Mary's Managed Clinical Service, Manchester University NHS Foundation Trust that described that Dame Donna Ockenden had been appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust. A report highlighting the initial findings was published in December 2020, with the second and final report being published in March 2022.

A report detailing Saint Mary's Managed Clinical Service progress against delivering the immediate and essential actions to both reports was presented at the Health Scrutiny Committee on 22 June 2022. This report provides a further update on our progress against the remaining actions.

Key points and themes in the report included:

- Providing an introduction and background;
- Discussion of the Manchester Foundation Trust response to emerging findings from the first Ockenden report;
- Discussion of the Manchester Foundation Trust response to findings from the final Ockenden report;

- Information on the support for the maternal health of women and families from Black African, Asian and other ethnic minority groups;
- Information on the response to the Care Quality Commission s29A warning letter, noting that a s29A warning notice stated the reasons why the CQC considered that a trust needed to make significant improvements; and
- Progress on success measures.

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

- Welcoming the use of appropriate language and terminology throughout the report;
- What research, if any had been undertaken to understand the psychological impact the findings of the Ockenden Report and the increased awareness of the issues identified had on women and families from Black African, Asian and other ethnic minority groups;
- Noting that written information booklets were provided in 11 languages, what provision was made for speakers of other languages;
- What provision was made to provide maternity services for refugee women and disabled women;
- Noting comments regarding staff recruitment and retention;
- What were the barriers to implementing the recommendation that 'The transitional care model offered at the Wythenshawe site should be replicated across the three sites without delay'; and
- Noting the reported work analysing a large data set of birth outcomes that found differences in the rates of fetal growth restriction in certain geographical areas with high ethnic diversity and enquiring what were the geographical areas.

The Head of Midwifery, North Manchester, Manchester University NHS Foundation Trust made reference to the Maternity Voice Partnership that had been established across all three hospital sites. She advised this forum captured and articulated the voice of service users. She stated this feedback from women and their families, including those from different ethnicities was important to inform services and responses. She stated that she was not aware of any specific research into the psychological impact the findings of the Ockenden and increased awareness of the issues identified had on women and families from Black African, Asian and other ethnic minority groups. In response to a specific question the Committee was advised that further information on the 12 Black and Asian maternity equity standards that was referred to in the report would be circulated following the meeting for information.

The Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service made reference to the initiatives to engage and support women and families from Black African, Asian and other ethnic minority groups, noting that consideration was also given to wider health inequalities, such as socio and economic deprivation. She made reference to the advice work undertaken across a range of health-related topics such as Vitamin D and vaccinations. She commented that this engagement with women helped understand the needs, concerns and risks experienced by women. She also stated that raising awareness of health inequalities amongst staff was also important to support this activity and address health inequalities. She further made reference to the intention to increase

the number of staff across the workforce that reflected the women that were cared for.

The Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service commented that it was important to recruit and train the staff so they were equipped with the required skillset to safely complete the transition of the care model offered at the Wythenshawe site across the other sites.

The Chief Nurse, Manchester University NHS Foundation Trust stated that translation services, either face to face or via telephone was utilised for speakers of other languages. She added that they would not use a family member as a translator. She said that if it became evident that there was a need to publish a booklet in another language this could be arranged. The Head of Midwifery, North Manchester, Manchester University NHS Foundation Trust advised that there were specialist staff who worked with asylum seekers, adding that these staff had established community links and worked closely with the VCSE sector. She stated that a Specialist Midwifery Advocate would support a disabled person and devise specialist individual care plans, including those in the home setting.

The Consultant in Fetal and Maternal Medicine and Medical Director of Saint Mary's Managed Clinical Service advised that the geographical areas referred to in the research into the rates of fetal growth restriction were Longsight, Levenshulme and Fallowfield. She added that this research would inform targeted intervention work to improve health outcomes. The Chair stated any future update reports should include this, and any other relevant data sets, and where possible this should be provided at a ward level.

Decision

To note the report.

HSC/23/33 Adverse Childhood Experiences & Trauma Informed Practice

The Committee considered the report of the Deputy Director of Public Health that provided an update to a report considered at the meeting of the committee on 7 September 2022 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice.

Key points and themes in the report included:

- Providing an update on the work done to strengthen the ACEs programme objectives, through extensive engagement and consultation with stakeholders to ensure that the programme was fit for purpose following the impact of COVID-19 and within the context of Making Manchester Fairer;
- Providing an update on the ACEs and Trauma programme of work across the city including a good practice example of culture change from Manchester Housing Services and a collaboration between Z-Arts and the Burnage Academy for Boys; and
- Next steps.

The Committee then heard from Celine Doyle, Mental Health Lead, Burnage Academy for Boys. She described the art project that had been delivered at the school that engaged with 13 boys who had experienced displacement from their country of birth. She spoke of the positive outcomes that the boys experienced via the project and the legacy this had provided for the school. The Committee welcomed this testimony and the positive contribution this had made to the young people. The Programme Lead described this was one of the four schools and four creative providers using a trauma informed lens.

The Committee further welcomed the case study that related to the work of Housing Services. The Head of Neighbourhood Services stated that Housing Services were a key partner in North Manchester and Trauma Informed Practice was embedded in their approach, adding that this was the only approach that worked. The Chair acknowledged this powerful statement.

The Committee then received a written statement from Councillor Doswell, Lead Member for Trauma Informed that had been submitted. In her statement Councillor Doswell spoke of her own experience of Adverse Childhood Experiences, praising the staff involved with this work and endorsing the report to the Committee. The Chair thanked Councillor Doswell for her continued commitment to this area of work.

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

- Was the work described shared and implemented by other housing providers and other key partners, such as the police;
- Welcoming the positive contribution this work had delivered for the city, recognising that this approach and understanding would continue to be rolled out across different sectors and partners; and
- The need to ensure this work was embedded across services for all generations, not just young people.

The Head of Neighbourhood Services advised that there was a desire from different housing providers to deliver and adopt this work, recognising that some were at different stages in this work. She said that there was a Housing Group who met regularly, and this area of work was discussed and provided a forum to share good practice. Celine Doyle, Mental Health Lead, Burnage Academy for Boys commented that there were a lot of schools adopting the Trauma Informed model of practice. She referred to the Trauma Informed Network of Schools that would help build traction across the secondary school sector in Manchester. She added that an evaluation of this work and the outcomes of this would be undertaken.

The Deputy Director of Public Health informed the Committee that an element of the Making Manchester Fairer Work Force Development Group considered how Trauma Informed Practice would be embedded across all services, including all age groups. She further commented that one of the themes of the Making Manchester Fairer Plan was to consider Community power and social connections and she recognised that the Police were a key partner in this work and conversations would include how they could adopt Trauma Informed Practice.

The Programme Lead stated that consideration was always been given as to how this work could be expanded, noting that since September 2022 over 1,000 individuals have attended a training session. This included elected members, staff from the Manchester Jewish Museum, the Afro-Caribbean Alliance, MCC Homelessness Directorate, Manchester Sensory Support Service, Department for Work and Pensions, a number of schools, Greater Manchester Police, Primary Care, housing providers and a range of voluntary sector organisations. With specific reference to work with the police he described the training delivered to officers working within the Violence Reduction Unit and to PCSOs. He acknowledged that more needed to be done, especially with the training of new recruits to the police service. The Chair made reference to her experience of the police who had undertaken this training and the positive difference this had made in how they interacted with young people and their families.

The Programme Lead commented that he welcomed the continued support of the Committee for this area of work and he acknowledged the observations from the Members in regard to other sectors that would benefit from this approach and training, including Care Homes.

The Executive Member for Healthy Manchester and Adult Social Care commented that he respected and endorsed the ambitions as described within the report. He added that the refreshed ACEs and Trauma Responsive Programme needed to include discussion and consideration of the significant impact the pandemic had on citizens of all ages, adding that the impact of the pandemic and associated trauma would be realised for many years to come.

Decision

To note the report.

HSC/23/34 Draft Terms of Reference and Work Programme for the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

The Committee considered the report of the Governance and Scrutiny Support Unit that presented the draft terms of reference and work programme for the proposed Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.

The Committee were invited to agree the membership of the Task and Finish Group, the terms of reference and work programme.

The Executive Member for Healthy Manchester and Adult Social Care stated that he would attend each meeting of the Group to provide any verbal updates that were relevant to the Group.

Decision

The Committee;

1. Appoint Councillors Bayunu, Curley, Green and Wilson as members of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.
2. Approve the terms of reference of the Task and Finish Group.
3. Approve the work programme of the Task and Finish Group, noting the comments above.

HSC/23/35 Overview Report

The 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

The Committee notes the report and agrees the work programme.