

# **Health Scrutiny Committee**

## **Minutes of the meeting held on 8 October 2019**

### **Present:**

Councillor Farrell – in the Chair  
Councillors Clay, Curley, Mary Monaghan and Newman

**Apologies:** Councillors Holt, Riasat, O’Neil and Wills

### **Also present:**

Councillor Bridges, Executive Member for Children and Schools  
Councillor Ilyas, Assistant Executive Member for Adults, Health and Wellbeing  
Councillor Midgley, Mental Health Champion  
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)  
Professor Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester  
Sarah Doran, Consultant in Public Health, MHCC  
Jane Thorpe, Deputy Director of Commissioning, MHCC  
Dr Leigh Latham, Head of Policy and Planning, MHCC  
Kaye Abbot, Head of Operational Finance, MHCC  
Darren Wagstaff, Performance Manager, MHCC

## **HSC/19/34                  Minutes**

### **Decision**

To approve the minutes of the meeting held on 3 September 2019 as a correct record.

## **HSC/19/35                  Suicide Prevention Update**

The Committee considered the report of the Director of Population Health, Nursing and Safeguarding, Manchester Health and Care Commissioning that provided Members with an update on the paper on suicide prevention submitted in December 2017 and specifically reported progress on the delivery of the local suicide prevention plan (2017 - 2019) and on the development of a refreshed plan for 2020 – 2025.

The Director of Population Health referred to the main points of the report which were: -

- The national and local strategic context of suicide prevention;
- Key trends, facts, figures and risk factors relating to suicides in Manchester;
- A summary of key areas of activity contributing to suicide prevention;
- Progress on delivery of specific actions within the local plan; and
- Development of a refreshed plan for 2020 – 2025.

The Committee then heard from Prof Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester. He informed the Members that the issue of suicide prevention had begun to take a more prominent role both locally and nationally, commenting that a Minister for Suicide Prevention had been appointed. He stated that nationally, NICE (National Institute for Health and Care Excellence) guidance had been refreshed and published in relation to both suicide prevention and self-harm. Locally he described the work undertaken to raise awareness of this issue and described the work of the Greater Manchester Shine a Light campaign delivered to coincide with World Suicide Prevention Day, and the powerful Exhibition of Hope delivered in the Town Hall that had been designed and coproduced with people who had experience of suicide. He further described the establishment of a dedicated Bereavement Service, to support people affected by suicide.

Prof Kapur further described recent changes to the legal recording of suicides. He stated that previously a coroner had to apply the criminal test of 'beyond reasonable doubt' when determining cause of death. He said that this had changed and the test now was 'balance of probability'. He stated that this had the potential to increase the number of recorded deaths by suicide, and in response to a question from a Member he advised that consideration would be given to how this data was used to understand comparative information to reflect this change.

The Committee then heard from Cllr Midgley, Mental Health Champion who described the work of the Manchester Suicide Prevention Partnership. She informed Members that the partnership steering group met regularly and oversaw the operational delivery of the local suicide prevention plan and shaped the strategic direction of this work. She described that the Partnership was comprised of a range of stakeholders and they were all committed to working together. She further described examples of this and the positive outcomes achieved by adopting this approach. She stated that the Partnership was working to deliver awareness training around this issue to frontline workers, including staff working within housing providers and school nurses. She described that demand for this training was very high and they were continuing to review this and identify areas that would benefit from this training so as to help support people to engage in this subject. Cllr Midgley concluded by paying tribute to all of the staff working within the Public Health team for their dedication, hard work and support for this important area of work.

Members commented that it was important to always acknowledge that suicide was a tragic event for the individual, their families, friends and all those affected. In response to a question asked by a Member regarding the figure quoted within the report that the estimated cost of a completed suicide was £1.67m, Prof Kapur advised that information on how this figure was calculated would be provided to the Committee following the meeting.

Members noted the statistical information and commented that a link could be identified between the onset of economic recession and austerity and a rise in the numbers of recorded suicides. Prof Kapur responded by informing the Committee that studies across both Europe and the United States had demonstrated that there was a link between economic down turn, austerity and suicide.

A Member commented on the list provided of groups identified as being at risk of suicide and enquired if Looked After Children should have been included. Prof Kapur commented that it was recognised that this was a group at risk and would be included.

Members then discussed their concern regarding suicide being the leading cause of death in the UK for 10-19 year olds. The Deputy Director of Commissioning, MHCC acknowledged this concern and informed the Committee that work was being developed and coordinated across Greater Manchester to respond to this. She stated that dedicated commissioned crisis services for young people were at different stages of development and implementation, commenting that part of this response was the intention to further roll out the CAHMS (Child and Adolescent Mental Health Service) provided in North Manchester. She further stated that the real time data provided by the Coroner's office would be used to help identify trends and emerging issues, both at a local and national level and that would inform appropriate interventions and responses and inform safeguarding work and practices.

The Deputy Director of Commissioning, MHCC stated that Adult Mental Health Services continued to be improved, noting the increase in Home Based Treatment; improved Mental Health liaison with Accident and Emergency Departments and improving mental health care pathways. She further informed the Committee that it was the intention to commission Crisis Cafes in the city to offer face to face appointments and offer peer support. She further described that work was ongoing to align services, such as Improving Access to Psychological Therapies (IAPT) within the Neighbourhood models of service delivery. The Chair commented that the Committee would be interested in learning more of these developments and a report would be scheduled into the Committee's Work Programme.

Members discussed the impact of social media and the negative impact this could have on young people, especially in relation to bullying and issues of self-esteem. Professor Kapur noted this comment and acknowledged that this was an issue but added that not all social media was negative and that it was a useful medium to offer advice and promote services to support young people experiencing crisis. He further commented that social media needed to be used responsibly and appropriately regulated to avoid harm. He commented that research was underway to understand the factors for the reported increased levels of anxiety amongst young people. He further stated that the ambition was to have a mental health provision in every school to help identify and support those young people at risk of self-harm.

Members then discussed the issue of employment and the prevalence of zero hour contracts and unsecure contracts of employment and the impact of this on mental health. A Member commented that a company might have all of the correct written procedures in place regarding staff welfare, however the nature of the terms of employment could result in pressures for individuals and their families. Members commented that other factors such as concerns over climate change and current economic uncertainty could also contribute to levels of anxiety experienced across the general population.

Members stated that work needed to be done to raise awareness of the issue of suicide prevention with all employers, including those in the private sector and Trade

Unions. Cllr Midgley responded that she would look at what could be done to engage with Trade Unions around this issue.

In response to a question posed by a Member regarding how to reach those males who were reported as being three times more likely to die by suicide than females and who might not be known to any service or health professional, Prof Kapur advised that a number of innovative interventions had been developed. He said that these included reaching out and providing a presence in those places where men go, including sports events and public houses.

## **Decisions**

The Committee: -

1. Note the report.
2. Recommend that the research relating to the economic impact of suicide be circulated to the Committee.
3. Recommend that a report on the provision of Mental Health Services in Manchester be included on the Committee's Work Programme to be considered at an appropriate time.

## **HSC/19/36                      2019 Public Health Annual Report**

The Committee considered the 2019 Public Health Annual Report prepared by the Director of Public Health/Population Health Consultant in Public Health that focused on the first 1,000 days of a child's life, from conception through to the age of 2 years old.

The Director of Public Health referred to the main points of the report which were: -

- In 2018 there were an estimated 37,768 children aged 0-4 years old in Manchester, accounting for 8.3% of the population;
- Providing comparative data on a range of health indicators and metrics;
- Providing information on the range of activities and initiatives to tackle health inequalities within the first 1,000 days of a child's life using an Our Manchester approach to Bring Services Together for People in Places;
- Noting Under 18 conception rates had reduced;
- The number of mothers smoking during pregnancy had reduced; and
- Providing an update on the Start Well Board, a multi-agency Board established to improve health outcomes, ensure children were ready for school, ensuring a good level of development throughout early years, reduce infant mortality and reduce inequality.

The Committee welcomed Councillor Bridges, Executive Member for Children and Schools who said that the report was a very accessible document. He stated that it was important to recognise the impact of austerity and the levels of childhood poverty experienced across the city and the impact this had on health outcomes. He stated

that the Early Years Delivery Model was a partnership approach and the intention was to increase the numbers of Health Visitors to respond to the increase in demand. He concluded by saying that he commended the report and its recommendations to the Committee.

In response to a question from a Member regarding the recruitment of Health Visitors the Director of Public Health informed the Committee that the intention was to recruit an additional 108 Health Visitors over a four year period. He said that they were seeking to attract experienced nurses to attend the one year course delivered by the Manchester Metropolitan University.

Members discussed the negative and detrimental impact austerity and welfare reform had on the health outcomes of young people in Manchester. Members commented that this influenced wider determinants of health, such as homelessness, poor housing conditions within the Private Rented Sector and fuel poverty, and this needed to be addressed. A Member commented that more needed to be done to regulate and enforce standards within the Private Rented Sector to improve standards for people and families.

The Consultant in Public Health responded by stating that they had good relationships with Housing Providers however the challenge remained to address issues experienced within the Private Rented Sector. She said the multiagency approach in Neighbourhoods would help identify residents at risk and sign post for assistance with issues such as fuel poverty.

The Consultant in Public Health acknowledged that the levels of Infant Mortality in the city were the same as they were 25 years ago. She said that the link between poverty and health outcomes was understood and that work was ongoing to address this through a number of activities. She provided examples of safe sleeping projects that provided emergency funding to purchase cots for babies. The Executive Member for Children and Schools further commented that the Manchester Family Poverty Strategy 2017-2022 had specific actions to address health inequalities.

The Chair commented that local Members were unaware of the Adverse Childhood Experience (ACE) pilot scheme that had been delivered in North Manchester. The Consultant in Public Health described that this had been a targeted pilot scheme, delivered with partners and the outcomes of this were being reviewed. The Director of Public Health apologised if Members had not been made aware of this scheme in advance. The Chair asked that a report on the ACE project and analysis of the outcomes of the pilot scheme be submitted to the Committee at an appropriate time.

In response to a question from the Chair regarding the plan to increase the levels of childhood vaccination, the Director of Public Health advised that local and national resources had been made available to support this targeted activity across Greater Manchester. He said that social media would be utilised to address and counter the misconceptions circulating regarding vaccinations and offer peer support programmes.

## **Decisions**

The Committee: -

1. Note the report and endorse the recommendations of the 2019 Public Health Annual Report.
2. Recommend that an evaluation report on the Adverse Childhood Experience (ACE) pilot scheme be included on the Committee's Work Programme to be considered at an appropriate time.

## **HSC/19/37                      Local NHS planning**

The Committee considered the report of the Head of Policy and Planning, Manchester Health and Care Commissioning (MHCC), the Head of Operational Finance, MHCC and the Performance Lead, MHCC that informed Members on the NHS Long Term Plan (LTP), published in January 2019, that set out a ten year programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed five year revenue settlement.

The Head of Policy and Planning, MHCC referred to the main points of the report which were: -

- An overall summary of the guidance;
- National financial analysis;
- National Performance Indicator Requirements;
- National five year planning submission; and
- Key planning milestones across health over the next 6 months.

The report was accompanied by a presentation that summarised the information provided within the report.

Members commented that the Financial Tests described appeared to be extremely challenging, in particular the requirement to reduce growth in demand and return a financial balance in light of the inadequate funding for services. A Member commented that experience had demonstrated that notions of fair funding for Manchester were anything but fair and asked if there was any indication at this stage as to what the funding would be for Manchester.

The Head of Policy and Planning, MHCC informed the Committee that the funding for Manchester was not currently known. Members expressed concern at this and questioned how any plans for important services, such as Mental Health Services could be confidently made if the funding arrangements had not been finalised.

The Head of Operational Finance, MHCC responded by informing the Committee that the Clinical Commissioning Groups were planning based on assumptions on previous funding levels pending any decisions.

In response to comments from Members regarding the complexity and bureaucracy to set and agree budgets, the Head of Operational Finance, MHCC advised the Committee that they were working with colleagues in Adult Social Care and all

partners so that the resultant single MHCC plan would encompass health, public health and adult social care.

Members discussed the use of technology and a move towards online consultations and sought further explanation regarding the NHS App. The Head of Policy and Planning, MHCC stated that online consultations were to be used for secondary care and follow up consultations and not solely for primary care consultations. The Performance Manager informed the Committee that the NHS App allowed patients to check their symptoms, book appointments, request repeat prescriptions, view their own personal records and register to become an organ donor.

A Member commented that funding should be used to reintroduce Walk In Centres to assist those patients who were unable to secure an appointment with their own GP and to avoid the number of unnecessary presentations at Accident and Emergency Departments. The Member commented that whilst the NHS App could be useful for some, the majority of people still required face to face consultations and discussions with a health professional. The Member further commented that we were about to enter the winter period and this resulted in additional pressures on health services.

The Director of Corporate Affairs, MHCC informed the Committee that the Committee would be receiving a report on Primary Care Access and Winter Pressures at their next meeting.

The Chair commented that concerns had been articulated regarding health devolution and if the region had been set up to fail. He said that it would be useful for the Committee to consider the benefits achieved through devolution and he would give consideration as to how this could be progressed to Committee. The Head of Policy and Planning, MHCC commented that Greater Manchester was in a good position to respond to national guidance as a result of devolution, compared to other areas. The Director of Public Health further commented that projects and initiatives developed at a Greater Manchester level, such as the CURE programme, a secondary care treatment programme for tobacco addiction which was recognised nationally and had influenced national policy. He suggested that the Committee may wish to consider inviting colleagues from Greater Manchester to a future meeting to discuss this and other benefits realised.

## **Decision**

To note the report.

## **HSC/19/38                      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.

The Chair informed the Committee that the Work Programme would be updated to reflect the reports requested during consideration of the previous agenda items.

## **Decision**

To note the report and approve the work programme subject to the above amendments.