

# Health Scrutiny Committee

## Minutes of the meeting held on 8 December 2021

### Present:

Councillor Green – in the Chair  
Councillors Curley, Hussain, Leech, Monaghan, Newman and Richards

**Apologies:** Councillors N. Ali, Appleby, Cooley, Reeves and Riasat

### Also present:

Councillor Midgley, Deputy Leader  
Dr Manisha Kumar, Executive Clinical Director, Manchester Health and Care Commissioning (MHCC)  
Chris Gaffey, Head of Corporate Governance, MHCC  
Professor Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester  
Charles Kwaku-Odoi, Caribbean & African Health Network  
Lynne Stafford, Chief Executive, Gaddum  
Dorothy Evans, Chief Executive, African Caribbean Care Group  
Gaynor Morgan, Carer and Chair of the Manchester Carers Forum  
Saeed Jan, Carer and citizen of Manchester

### HSC/21/50 Minutes

#### Decision

To approve the minutes of the meeting held on 10 November 2021 as a correct record.

### HSC/21/51 COVID-19 Update

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director, Manchester Health and Care Commissioning, that had been circulated to all Members in advance of the meeting. The presentations provided an update on COVID-19 activity that included the latest available information on data and intelligence.

The Director of Public Health provided the latest information and response to the variant of concern, Omicron. He noted that at that time of reporting there had been no deaths in Manchester attributed to Omicron, however the emerging situation continued to be monitored very closely both at a local and national level to understand the transmissible rates of this variant and levels of community transmissions. He described that local teams were in place to support those people required to self-isolate and he further commented that sites, such as schools, would be supported to manage any outbreaks.

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

- Noting the variant of concern, Omicron;

- An update was sought on the impact of the mandated COVID-19 vaccinations for Health and Social Care staff;
- Recognising the urgent need for all residents to come forward for their booster jabs and in particular those who had still not had their first vaccination;
- Describing inconsistencies in the approach taken by some Care Homes in regard to the numbers of visitors permitted;
- The need to understand the correlation between the number of hospital admissions and patients who had been vaccinated; and
- Welcoming the extension to the cohorts being encouraged to obtain their booster jabs.

The Director of Public Health stated that Care Homes were required to comply with the current guidance regarding visitors. He said that if the Member had specific concerns regarding a site that he could discuss this outside of the meeting.

In regard to the issue of mandated COVID-19 vaccinations for Health and Social Care staff, the Deputy Director of Adult Social Services stated that currently this only applied to staff in Care Homes, noting that the deadline for all Health staff, including ancillary staff such as porters or receptionists who might have social contact with patients but were not directly involved in their care, as well as staff in the wider care market e.g. homecare, supported accommodation was 1 April 2022. She described that the uptake amongst care homes in Manchester had been positive, however some staff had been lost due to not wishing to take the vaccine. She advised that regular contact was maintained with providers to ensure safe and appropriate levels of care continued to be provided.

The Director of Public Health noted the comment regarding the relationship between hospital admissions and patients who were not vaccinated or partially vaccinated. He stated that he would discuss with health partners to ascertain if this data was collected and if so, this would be reported to the Committee in a future update. In regard to the importance for those residents who had not been vaccinated to come forward he made reference to the role of trusted community messaging and the breadth of work of COVID-19 Health Equity Manchester who had attended and presented at the October meeting (see minutes of 13 October 2021 reference HSC/21/40 Building Back Fairer in Manchester).

## **Decision**

The Committee recommend that information on the relationship between COVID-19 hospital admissions and patient vaccination status be provided in future updates.

## **HSC/21/52 Suicide Prevention Local Plan**

The Committee considered the report of the Director of Public Health and Professor Navneet Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester that provided the Committee with an update on the paper on suicide prevention submitted in December 2019 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 – 2024.

Key points and themes in the report included:

- The national and local strategic context of suicide prevention;
- Key trends, facts, figures and risk factors relating to suicides in Manchester;
- The COVID-19 pandemic and suicide risk;
- A summary of key areas of activity contributing to suicide prevention; and
- Progress on delivery of actions within the local plan.

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

- Welcoming the report and noting that it provided a useful context for the subject area;
- An explanation was sought as to why suicide rates in Manchester had fallen;
- Welcoming the stated commitment to the Armed Forces Covenant to support veterans and their families and enquired if any additional support was available for this cohort;
- Was Greater Manchester Police (GMP) a member of the Manchester Suicide Prevention Partnership;
- Suicide awareness training should be extended to as many front-line staff as possible, noting that Further Education providers should also be included in this;
- How was success to be measured against the pillars articulated within the Action Plan;
- Recommending that Manchester should participate in the reported pilot for the collection of key 'real time' data, co-ordinated by the Greater Manchester Suicide Prevention lead;
- What alternatives were there for residents experiencing crisis or at risk of crisis for whom traditional services were not appropriate or preferred; and
- Noting that Manchester was a Marmot City and this understanding and approach to tackle health inequalities would support the ambitions of the city to address incidents of suicide.

Professor Kapur, Head of Research at the Centre for Suicide Prevention, University of Manchester stated that suicide was a very complex issue, commenting that it was an intensely personal expression of acute distress. He informed the Members that the accepted term to describe such tragic events was 'died by suicide' rather than 'committed suicide'. He described that nationally the rates of suicide had reduced, stating that the accepted national drivers were economic factors, public health factors and the delivery of clinical service, adding that good progress had been achieved in Manchester to improve these. He described that the impact of the pandemic, both in the immediate and long term would be closely monitored.

Professor Kapur commented that the specific needs of veterans was understood and was a live issue with work ongoing. In regard to how success was to be measured he advised that the levels of self-harm were an indicator of suicide rates and trends across the population.

Professor Kapur stated that Manchester had progressed significantly in its understanding and response to the issue of suicide and paid tribute to the work of the Manchester Suicide Prevention Partnership.

The Programme Lead, Manchester Population Health Team advised that the delivery of suicide awareness training to front line staff, including call centre staff and homelessness workers was an ongoing project, noting that during the pandemic this had continued to be delivered online. The Locality Manager advised that staff were trained and encouraged to engage in conversations on suicide, recognise trigger signs and escalate when appropriate. She described that there was a good relationship across the Manchester Suicide Prevention Partnership and good practice and experiences were regularly shared across staff and teams.

Charles Kwaku-Odoi, Caribbean & African Health Network, described the programme of delivering training across the Voluntary Community and Social Enterprise (VCSE) partners. He stated that despite the pandemic this had continued to be delivered virtually and the challenge to partners was to understand and address the reasons and barriers as to why people did not access services.

The Programme Lead, Manchester Population Health Team confirmed that GMP were a member of the Manchester Suicide Prevention Partnership, adding that they had their own suicide prevention training. In response to the point raised regarding the GM pilot and real time data, she advised that in Manchester a good relationship already existed with the local Coroner and those in the neighbouring boroughs, however consideration would be given as to how the Manchester data could contribute to the pilot. She further commented that data from the North West Ambulance Service was now available.

In response to the discussion regarding alternative services and support for residents, Professor Kapur commented that all services needed to be fit for purpose and appropriate for those people accessing them, adding that this was national issue. The Director of Public Health commented that alternative routes of support and pathways were available, such as Be Well services and Social Prescribing, noting that the Committee would be receiving a report on this subject at a future meeting. He further commented that the recommendations of the Marmot Review were understood and incorporated into this important area of work.

The Deputy Leader advised the Committee that she was Chair of the Manchester Suicide Prevention Partnership and provided testimony to the positive and committed approach by all of those involved. She described that significant progress had been achieved over the years in the city on the issue of suicide and stated that this learning and good practice was shared across Greater Manchester. The Deputy Leader concluded by thanking all involved in this important activity of work.

## **Decision**

The Committee recommend that consideration is given to Manchester contributing to the Greater Manchester pilot for the collection of key 'real time' data co-ordinated by the Greater Manchester Suicide Prevention lead.

## **HSC/21/53 Our Manchester Carers Strategy Update**

The Committee considered the report of the Executive Director of Adult Social Services that provided an update on progress to further develop the Our Manchester Carers Strategy since the last update to Health Scrutiny in September 2019.

Progress in some areas has been hindered through the impact of the Covid-19 pandemic, however, there were still many significant developments to update Members on which had transformed how carers were better supported to continue/maintain their caring role.

Key points and themes in the report included:

- Providing a background and introduction to the report, describing that the nationally-adopted definition was provided by the Carers Trust – ‘a carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health need or addiction cannot cope without their support’.
- Evidence how additional funding, secured in 2019, had been used to implement a new carer pathway delivered through a strong partnership between Manchester Carers VCSE organisations, Adult Social Care Commissioners and Adult Social Care Carers Team, embracing carers across all age groups over 18 years and disability groups;
- Noting that effective support for unpaid, informal or family-based caring arrangements remained critical to the sustainability of our health and social care system and the success of our Better Outcomes, Better Lives programme as well as initiatives such as ‘discharge to assess’ designed to further shift the focus from acute interventions to care and support delivered closer to home;
- Describing that progress in some areas had been hindered through the impact of the Covid-19 pandemic;
- Information on the report ‘Breaks or Breakdown’, published by Carers UK in 2021 that described the impact of the pandemic on carers;
- Detailing the Adult Social Care Statutory duties under the Care Act 2014;
- The Vision for Carers in Our Manchester Carers Strategy and how this could be achieved by a new delivery model;
- An update on the Carers Manchester Network Coordination; Carers Manchester Contact Point and Locality Partnerships;
- Describing how the NHS Long Term Plan would support carers;
- Information on the Manchester City Council Carers Emergency Fund, noting the positive impact this had;
- Key highlights from the academic survey that had been undertaken of Carers in 2021;
- Other key developments that benefited Carers, including work on the Covid-19 vaccine uptake for Carers and partnerships with cultural, leisure and sport outlets;
- Describing that options for developing a Carer Break, building on the Liverpool City Council developments, were being progressed;
- Identified challenges and risks; and
- Conclusions.

Members heard from Saeed, a Carer who described his lived experience and difficulties when trying to navigate the benefits system to access Carer's Allowance. Members acknowledged the frustration and distress experienced by Saeed and encouraged him to contact his local MP who would be able to assist with issues relating to the Department of Work and Pensions.

The Committee also heard from Gaynor Morgan, Carer and Chair of the Manchester Carers Forum who articulated her lived experience as a full-time carer. She described the immense positive support she had received from the Carers Manchester Contact Point and how she had encouraged other carers she came into contact with to access this free service.

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

- Thanking the invited guests for attending the meeting and sharing their lived experience with the Committee;
- Noting that the issue of young carers fell within the remit of the Children and Young People Scrutiny Committee;
- Welcoming the delivery of the Carers Manchester Contact Point (CMCP) and noting the positive experience of this articulated by the invited guests;
- Noting the significant contribution the Carers Emergency Fund had made in supporting Carers and recognising the importance of this and the need to promote all avenues of financial support available to carers;
- The future funding of Gaddum and other VSCE organisations;
- The need to identify and engage with 'hidden carers' noting that often individuals do not identify themselves as carers;
- Further information was sought on the reported underspend of the Carers' Personal Budget; and
- Noting the importance of informal information sharing and signposting amongst carers.

The Strategic Lead (Commissioning) advised the Committee that the additional investment in the Our Manchester Carer Support was realised through the Greater Manchester Transformation Fund (GMTF) and the Our Manchester Investment Fund (OMIF – MCC) over a two-year period which would come to an end in March 2022 and this would impact both Gaddum and the other eighteen Voluntary Community and Social Enterprise (VCSE) partners. She described that discussions were currently ongoing with the Deputy Director of Adult Social Services to consider all future funding options, noting the importance of maintaining the progress that had been made to date, in particular the CMCP. In response to the question relating to the Personal Budget underspend she advised that any reported underspend would be included back into the global budget, however they remained fully committed to a balanced budget and staff were actively working to identify additional carers who would be eligible for this fund.

The Strategic Lead (Commissioning) noted the comments from the Member in regard to the important contribution the Carers Emergency Fund had made to the lives of carers and she further paid tribute to the staff in the Carers Manchester Contact Point and those in the Revenues and Benefits Unit who had administered this fund.

Lynne Stafford, Chief Executive, Gaddum described the challenges that the pandemic had presented when trying to deliver the CMCP, noting that this had to be delivered by staff working remotely. She stated that despite this challenge the service had been launched successfully and provided a free, single point of contact for carers.

Dorothy Evans, Chief Executive, African Caribbean Care Group provided an account of the activities and work delivered at a local level to provide culturally appropriate support and advice to the local community. She described that this was delivered by engaging with and understanding the specific needs and barriers experienced by the community before they reached a crisis point. Lynne Stafford, Chief Executive, Gaddum also described the work delivered in localities to identify and support those hidden carers, adding that there was specific pathway designed to support young carers.

### **Decision**

The Committee recommend that the Deputy Leader consider the options to maintain the Carers Emergency Fund.

### **HSC/21/54 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.

In response to a question from a Member regarding the reported Care Quality Commission rating awarded to a Dental Practice, Officers reported that a response would be provided following the meeting.

### **Decision**

The Committee notes the report and agrees the work programme.