

HEALTH SCRUTINY COMMITTEE

26 SEPTEMBER 2019

PRESENT

Councillor Dr. K. Barclay (in the Chair).
Councillors S. Taylor (Vice-Chair), A. Akinola, Dr. S. Carr, Mrs. D.L. Haddad,
B. Hartley, J. Lloyd and D. Acton (ex-Officio)

Also Present

Councillors J. Slater Executive Member for Health, Wellbeing and Equalities

Also in attendance

Heather Fairfield	Healthwatch Trafford
Ben Fryar	Public Health Speciality Registrar
Dr. Dale Huey	Consultant Clinical Psychologist and Strategic Lead Psychological Therapies for Primary Care Psychological Therapy Division Greater Manchester Mental Health NHS Foundation Trust
Robert Jackson	Director Manchester and Salford Samaritans
Donna Sager	Consultant Public Health
Ric Taylor	Lead Commissioner Mental Health & Learning Disability NHS Trafford Clinical Commissioning Group (CCG)
Kate Thomason	Clinical Lead Trafford Psychological Therapies for Primary Care Psychological Therapy Division of Greater Manchester Mental Health NHS Foundation
Fabiola Fuschi	Governance Officer

21. ATTENDANCES

Apologies for absence were received from Councillors Thomas and D. Western.

22. DECLARATIONS OF INTEREST

Councillor Taylor and Councillor Dr. Carr declared a general interest in so far as any matter related to their employment.

23. URGENT BUSINESS (IF ANY)

There were no items of urgent business received.

24. QUESTIONS FROM THE PUBLIC

The following question was submitted via email by Mrs. Judith Collins, Chair of the Altrincham and Bowdon Civic Society. Mrs. Collins attended the meeting and read out her question:

“What procedures are in place for people unable to move independently say from home or care facility to ambulance and from home to outside activities. Do ambulances provide PAT boards, do transport organisations like Ring and Ride

facilitate this. My understanding is that this not necessarily the case so I would appreciate clarification.”

The Chair of the Health Scrutiny Committee read out the following response: All clinical staff receive mandatory training in moving and handling patients. All vehicles carry varying equipment, including handling belts for assisting patients to move. Transfer boards (smaller than PAT). Slide sheets. Manger Elk lifting devices. Patient transport chair (carrying chair). Wheelchairs, stretchers and in some vehicles turntables and small version PAT slides.

If someone is struggling to get out and about without support there are various options available which depend on the level of needs of the individual. These range from requesting a blue badge to enable parking closer to the destination, vouchers for a taxi services, ring and ride, support to claim mobility benefits, use of wheelchairs, electric scooters or adaptations to motor vehicles through the Motability scheme. The use a PAT board would indicate a specialist requirement and shouldn't be used without prior training etc. Therefore, it is recommended that full occupational therapy assessment is arranged to support any specific requirements. This can be arranged via the One Stop Resource centre on 0845 299 0798. This would then inform the requirements of a package of support at home or in a care home.

Further clarification was required with regard to community transport and tasks concerning lifting and handling to support people with limited mobility to leave their house.

25. MINUTES

RESOLVED that the minutes of the Health Scrutiny Committee meetings held on 27th June 2019 and on 24th July 2019 be approved as correct records.

26. PSYCHOLOGICAL THERAPIES FOR MENTAL HEALTH CONDITIONS - SPOTLIGHT ON PROVISION IN TRAFFORD

The Chair of the Committee explained that mental health was one of the five health and wellbeing priorities identified through the Trafford's Joint Strategic Needs Assessment. Consequently, access to talking therapies and suicide action plan had been chosen as topics to review. In order to gather an impartial and wider picture of the service offer and current situation in Trafford, third sector organisations such as The Samaritans, MIND and Advocacy Focus had been invited to this evening's meeting, together with officers of the Council and representatives of Trafford Clinical Commissioning Group and Greater Manchester Mental Health NHS Foundation Trust.

In 2017/18, Trafford's data concerning access to psychological therapies had been lower than the English average and the lowest amongst a group of similar Clinical Commissioning Groups (CCG).

Health Scrutiny Committee
26 September 2019

The Lead Commissioner Mental Health and Learning Disability, NHS Trafford, the Consultant Clinical Psychologist and Strategic Lead and the Clinical Lead Trafford Psychological Therapies for Primary Care Psychological Therapy Division of Greater Manchester Mental Health NHS Foundation Trust delivered a presentation to inform the committee of current performance against access targets.

Since 2017, performance in Trafford had improved substantially and, in 2018/19, 21% of adults requiring intervention were able to access therapy, against the national target of 19%. In addition, the recovery rate for 2018/19 was 54.5 against a recovery target of 50%, making Trafford one of top five performers in the North of England. The latest published rolling data for 2019/20 showed that this positive trend continued.

The Lead Commissioner Mental Health and Learning Disability, NHS Trafford, went on to explain that commissioners and providers worked collaboratively to develop a system whose main focus would be on preventative work rather than intervention; a Primary Care and Mental Health and Wellbeing service had been launched in April 2019. The access target was incrementally growing and in 2023/24 would be 31%. This posed a challenge in terms of resources such as workforce and accommodation. The existing on line access to psychological therapy services would need to be widened. Furthermore, a significant issue was represented by the psychological need of people with a long term physical condition who would benefit from psychological intervention. Consequently, another element to develop would be integration with physical health services but also with leisure and voluntary services. Challenges existed with regard to access equitability to ensure that all communities could access services; currently there was a lower access in the north of the borough.

The Consultant Clinical Psychologist drew the attention of the Committee on the fact that the recovery rate continued to improve and, although this was a very challenging criteria to meet, the most recent data reported that 61% of people who completed treatment showed significant improvements to their condition to be classed as recovered. However, investments were necessary to improve access and quality of service for everyone; to increase access of 1%, a fully qualified member of staff would be needed as well as appropriate accommodation to deliver services. On a positive note, comparative data from 2014 showed that Trafford and Stockport were the only local authorities in Greater Manchester where the percentage of people with a mental health disorder had not increased and this was linked to a focus towards the needs of the population. Different initiatives were being implemented to facilitate proportional access to reach people where they were and to enable self-referral also electronically.

Members observed the need to increase the uptake of psychological therapies in the north of the borough to meet the needs of the population and also to develop ability to reach culturally diverse population. Officers explained that measures were in place to address access issues, for example, the Primary Care Mental Health and Wellbeing services had been launched in the north of the borough, links had been developed with GPs and local voluntary services and local communities to encourage as many referrals as possible; officers also looked actively at GPs' registers of people with chronic health conditions to target those

who struggled with managing their conditions. Equitable provision was supported through the promotion of self-referral, access to translation services and informative material available in different languages. In addition to this, there was a strong focus on increasing capacity within the community and strengthening the collaboration between statutory services and third sector. Members queried the availability of on line therapy. Officers explained that they were currently trialling a portable application for access to online therapy to verify the effectiveness of intervention. If the trial was completed successfully, the application would be rolled out in four boroughs, including Trafford. The Committee received clarification on the initial assessment and the Stepped Care Model to deliver and monitor treatment. Officers explained that the coordination of care and medications took place through the GP. The Committee sought and received clarification on ways to measure recovery, reduce stigma to increase access for men at high risk of suicide. Members queried about social prescribing. Officers stressed the importance of shifting concept from service delivery to building capacity in the community through engaging with local people, third sector, faith centres, etc.

RESOLVED:

1. That the content of the presentation be noted;
2. The a progress report be presented to this Committee in March 2020 updating on access to services in the north of the borough, access to on-line therapies, relapse rate and attrition rate in patients.

27. TRAFFORD SUICIDE PREVENTION ACTION PLAN AND STRATEGY

The Committee considered a report of the Interim Director of Public Health which gave an overview of the progress made with the Trafford's Suicide Prevention Strategy and Action Plan and the finding of a local suicide audit.

The Consultant in Public Health and the Specialist Registrar in Public Health were in attendance to present the information and address the enquiries of the Committee.

Officers reported that suicide was a major Public Health problem; almost 6,000 people in the UK took their own lives in 2017. Suicide was the main cause of death for men aged between 35 and 49, it was unequally distributed in the community, with higher rate in the most deprived areas. The risk factors linked to suicide were multiple and they ranged between social, relational and individual issues. Although suicide rate in Trafford was the lowest in the North West and in Greater Manchester, an average of 15 people lost their lives every year. The context in terms of risk factors and inequalities was very similar to the national picture highlighted above. The majority of people who died by suicide were not in contact with mental health services, despite mental health problems were a key risk factor for suicide.

Officers went on to explain that Trafford had a Suicide Prevention Strategy and action plan in place which aimed to reduce suicide by at least 10% by 2020 and to provide better support to individuals, families and communities at risk or affected

Health Scrutiny Committee
26 September 2019

by suicide. A multi-agency suicide prevention partnership group had been established to oversee progress of the action plan. Work had started to roll-out a mandatory e-learning training package for primary care and other front line staff on suicide prevention to raise awareness of the issue, recognise early signs and encourage signposting and support. The Council worked closely with the Coroner Office and the Fire and Rescue Services to exchange data and information to understand whether focus work was necessary in particular communities. Work was ongoing in Greater Manchester to promote the “Shining a light on suicide” campaign to reduce stigma and increase awareness in the community through public facing web-sites and a social media channels. Two Trafford Councillors had specific responsibilities for suicide prevention.

The Chair welcome the Director of the Samaritans for Manchester and Salford who accepted the invitation of the Committee to take part to this evening’s meeting. The Director shared information on the work that the Samaritans carried out to reduce suicide through listening and making people feel heard and connected with another human being to ease their emotional distress. Two main points were highlighted: since 2013 there had been an increase in suicide figures and, this year, it had been registered a rise in the number of young women who took their life.

Members sought clarification on the e-learning training for Council’s staff. It was explained that the training was developed in collaboration with Health Education England to demonstrate how a conversation might spark a concern about someone’s mental health and the importance of acting on it and not missing the opportunity to offer support and signposting. There were additional resources for Council’s manager to foster good mental health in the workplace. Following a period of implementation, these resources will be reviewed to consider opportunities for enhanced training. Members were reassured of the positive collaboration between the Council, the Coroner Office, the Citizen Advice Bureau and the housing trusts which were all part of the Suicide Prevention Partnership. The Committee made enquiries on the tools available to GPs to triage patients at risk of suicide. It was explained that specialist GP training would be made available. Members agreed on the validity of “Every contact counts” approach and supported the plan to divulge training and information to ensure that all professionals in front line services were aware of mental health issues that could affect people and were prepared to offer support.

The following points were agreed:

1. To cascade to GPs information regarding Greater Manchester web-site / directory of mental health voluntary sector providers and to make available in Trafford GP specialist training on mental health;
2. To divulge information regarding Council’s mental health champions;
3. To cascade to all councillors information regarding the two councillors responsible for suicide prevention in Trafford;
4. To invite representatives of the University Academy 92 to be part of Trafford’s Suicide Prevention Partnership;
5. To feedback on the uptake of e-learning training on suicide prevention.

RESOLVED:

1. That the content of the report be noted;
2. That the following points be actioned –
 - a. To cascade to GPs information regarding Greater Manchester website / directory of mental health voluntary sector providers and to make available in Trafford GP specialist training on mental health;
 - b. To divulge information regarding Council's mental health champions;
 - c. To cascade to all councillors information regarding the two councillors responsible for suicide prevention in Trafford;
 - d. To invite representatives of the University Academy 92 to be part of Trafford's Suicide Prevention Partnership;
 - e. To feedback on the uptake of e-learning training on suicide prevention.
3. That a progress report on the work based on the Suicide Prevention Strategy be presented in March 2020.

28. AN UPDATE ON WORK TO TACKLE PERIOD POVERTY IN TRAFFORD

The Committee gave consideration to a progress report on the work undertaken to address period poverty in Trafford. In March 2019, a list of recommendations had been presented to the Executive to highlight the difficulties that women and girls experienced every month for not being able to purchase sanitary products. The recommendations had been produced as result of the work of the Health Scrutiny's Task and Finish Group on period poverty.

The Executive Member for Health, Wellbeing and Equality attended the meeting to present the information and addressed the enquiries of the Committee. Funding had been agreed to support the project to provide free sanitary products in all schools in Trafford, in libraries and Early Help Hubs and through all Food Banks. However, the project could not yet be launched as a volunteer coordinator was needed to collect donations of sanitary products and distribute them. Once this role was filled, a launch event would take place, possibly to coincide with International Women's Day.

RESOLVED that a further update be provided in March 2020.

29. HEALTH SCRUTINY WORK PROGRAMME 2019/20

The Committee considered the work programme for 2019/20 and discussed possible topics for the work of the task and finish groups. It was agreed to examine the issues of failing GP practices and how to identify them and the work of the Council as a promoter good mental health.

The Committee requested to receive information on the immunisation programme in Trafford, following this week's concern raised through the media that NHS data for 2018/19 showed that coverage for all routine childhood vaccinations for the under-fives had fallen.

RESOLVED:

1. That the topics of the task and finish groups as outlined in the work programme be agreed;

Health Scrutiny Committee
26 September 2019

2. That a report on the immunisation programme in Trafford be presented at the next meeting of the Committee in November 2019.

30. EXCLUSION RESOLUTION (REMAINING ITEMS)

None

The meeting commenced at 6.30 pm and finished at 8.55 pm