

ADULT SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

Meeting: 7 September 2023
At: 6.00 pm

PRESENT

Councillor David Sedgwick (Chair) in the chair; Councillor Gary Lawson (Vice-Chair);
Councillors Geoff Abell, Angie Clark, Laura Clingan, Dallas Jones, Lisa Smart,
Catherine Stuart and Karl Wardlaw.

1. MINUTES

The Minutes (copies of which had been circulated) of the meeting held on 15 June 2023 were approved as a correct record and signed by the Chair.

2. DECLARATIONS OF INTEREST

Councillors and officers were invited to declare any interests they had in any of the items on the agenda for the meeting.

No declarations of interest were made.

3. CALL-IN

There were no call-in items to consider.

4. ONE STOCKPORT MENTAL HEALTH AND WELLBEING STRATEGY

The Director of Public Health submitted a report (copies of which had been circulated) presenting the One Stockport Mental Health & Wellbeing Strategy which outlined five ambitions for the next seven years to 2030.

The Cabinet Member for Health and Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/issues raised:-

- Members noted the gap in support for young people as they transitioned from children's to adults' services and that once a young person reached adult services they were expected to seek their own mental health support and services. It was queried how the council engaged with and provided support for people who were unable to leave the house or actively research available support due to their mental health.
- In response, it was stated that the council was adopting a whole system approach to ensure that people who were struggling had a number of avenues to get the help and support they needed from a variety of different sources in a joined up and holistic way. It was noted that one of the strands within the neighbourhoods and prevention programme was around accessing information and advice in a number of ways whether that be via social prescribing, GPs, online or telephone with the aim of early intervention.

- Members welcomed the Whole School Approach to mental health and wellbeing throughout Stockport and the outcome associated, and requested additional information around the proposal to build a specialist provision on the Hazel Grove High School site.
- In response, it was confirmed that a written response would be circulated providing additional information in relation to the specialist provision at Hazel Grove High School.
- In relation to community mental health and the stakeholders involved, it was queried whether that included Stockport Mental Health Carers and the police.
- In response, it was stated that the service was working closely with the Stockport Mental Health Carers group who had previously raised significant concerns from their perspective in terms of accessing specialist mental health services, both in primary and secondary care and had been linked into local providers. It was noted that the group would be involved in and had influenced the structure of the Mental Health Partnership Board and their report including the recommendations made had been considered at the ONE Stockport Health & Care Locality Board and was due to be considered at Pennine Trust's Board. In relation to the police, it was commented that the Mental Health Partnership Board needed to be ambitious in its scope and welcomed a broad representation of partners including the police as a key partner.
- It was suggested that the mental health literacy training be made available to Members given their role in the community and work with residents across the borough.
- It was requested that further information in relation to the Mental Health Partnership Board and Mental Health, Learning Disability and Autism Delivery Board including the work and anticipated impact of the Boards be shared with Members of the Scrutiny Committee.
- It was noted that whilst the strategy explored some of the factors which influenced a person's mental health such as socio-economic and physical factors including age, there was no reference to some of the communities in the borough such as the LGBTQ+ community or Black, Asian and minority ethnic community.
- In response, it was recognised that the experiences of the equality groups identified was different to other groups within the community and was a focus of the suicide prevention work. Members were assured that the equality groups were being considered as part of the mental health and wellbeing work. In addition, the neighbourhoods and prevention work sought to provide a granular understanding of the differential experiences of some of these issues within the different neighbourhoods and communities across the borough in order to provide equitable support to all residents in Stockport.
- Members sought clarification in relation to the references of partners working differently with the community in the report.
- In response, it was stated that there was no end to the development of the integrated approach and in ensuring that services listen to the voice of people with lived experience, whilst being honest and transparent about the limits of the resources available. It was commented that the report sought to convey that as a system there was a requirement to continually improve in order to provide residents with the best possible services.
- Clarification was requested in relation to the term lived experience.
- In response, it was stated that there had been some user-led national groups including Think Local Act Personal and Social Care Future who had consulted people nationally and confirmed that the preferred term to describe people with different experiences was people with lived experience as opposed to service user.

- It was queried why there wasn't a focus on promoting independence within the strategy.
- In response, it was commented that it was hoped that the spirit of wanting to promote and maintain independence was visible within the strategy through the references of self-care and enabling people to look after their own mental health and wellbeing.
- In relation to the Independent Pregnancy Loss Review published in July 2023, it was queried whether the recommendations contained within the report would be considered in the Mental Health and Wellbeing Strategy.
- In response, it was stated that whilst the overarching Mental Health and Wellbeing Strategy did not contain that level of detail, the recommendations around pregnancy loss support would be an element within the fifth ambition in terms of providing the right support at the right level for people in difficult stages of their life.
- Members welcomed the work to refresh the community directory and suggested that councillors be involved in the work in order to link in with community groups.
- It was queried what work was being undertaken with frontline medical professionals to embed the 'No Wrong Door' approach to support people suffering with mental health challenges.
- In response, it was commented that the ambition was to promote training and awareness around mental health across the whole system whilst breaking the stigma around mental health so that people felt able to raise their concerns and feel listened to wherever they raise their concerns.
- Within the financial context of local authorities and the health economy, it was queried how this may impact the deliverability of the strategy.
- In response, it was commented that the service was mindful that they were trying to implement an ambitious strategy within the context of a difficult financial landscape, the mental health status of the population and state of the mental health system, however the strategy had been developed in a collaborative and inclusive way and would continue to implement the strategy using a whole system approach.

RESOLVED – That the report be noted.

5. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT

The Director of Public Health submitted a report (copies of which had been circulated) presenting the Annual Report of Stockport, Tameside and Trafford's Child Death Overview Panel 2021/2022, outlining the key five recommendations from the 2021/22 Child Death Overview Panel annual report and reviewing the progress against the eight recommendations for 2019/21.

The Cabinet Member for Health and Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/issues raised:-

- Members requested clarification in relation to recommendation 8c which encouraged only one embryo to be implanted in IVF procedures, to reduce the risks from multiple births.
- In response, it was commented that when an IVF procedure takes place it used to be common practice for more than one embryo to be implanted to increase the chances

that one of those embryos survived through to a live birth, however this also increased the chance of a multiple birth. It was noted that the human body has a limited capacity to support embryo development which meant that multiple births were riskier than singleton births and there was a direct correlation between multiple births and the risk of children resulting in more miscarriages, stillborn children and children born with various abnormalities. It was reported that there was strong work from IVF clinics and the regulator, HFEA, which had led to an increasing number of successful outcomes from IVF and fewer complications resulting from multiple births. Whilst the person undergoing the IVF procedure would have the choice around the number embryos implanted during the procedure, it was hoped that the current trend of single embryos being implanted would continue as this was reducing the number of child deaths.

- Members noted the importance of the report and thanked officers.
- In relation to recommendation 5b working with Public Health Directorates to support the delivery of smoking cessation interventions at a population level, thereby reducing the risk of smoking to children, it was queried whether there was a policy to encourage pregnant women to use vaping as an alternative to smoking cigarettes and whether vaping was a safer alternative.
- In response, it was stated that the policy was to support all pregnant women to stop smoking if they were willing and able to engage with the services and included any tool available to aid this. In relation to whether vaping caused harm during pregnancy, it was commented that there wasn't enough data to comprehensively rule out harm to the foetus, however it was certain that vaping was vastly less harmful than smoking.
- It was queried why the Child Death Overview Panel annual report was being considered by the Scrutiny Committee on this occasion.
- In response, it was commented that the item could be accommodated on the agenda and was a welcomed opportunity to raise the profile of the important recommendations contained within the report.
- It was queried how the service ensured that all relevant deaths were reported into the Child Death Overview Panel for Stockport, Tameside and Trafford.
- In response, it was stated there were a number of approaches to ensure that all deaths were captured within the figures which included a legal mandation that all deaths were reported to the Panel via a number of partners, additional checks were undertaken on a variety of databases where deaths were normally recorded and the Panel liaised closely with the coroner. It was noted that there were discussions that took place where a child dies outside the area that the child normally resides to ascertain which Panel would look at that particular case.
- In relation to the recurring modifiable factors in recent Child Death Overview Panel cases, it was queried why there was a greater focus on tackling obesity in comparison to reckless driving when the number of deaths as a result of the modifiable factors were the same.
- In response, it was commented that the recommendations in the report largely respond to the long standing causes of child deaths and whilst the report referenced one year of deaths, the Panel considered data and patterns over a longer period of time. It was reported that obesity was an issue that had impacted on child deaths over a number of years which was why there was a strong focus on obesity as a modifiable factor, whereas there were less historical child deaths related to reckless driving across the three boroughs. However, the Panel were working with the police in relation to reckless driving and supported ongoing educational campaigns on this matter. It was noted that should the statistics change, the focus of the Panel would change accordingly.

- It was requested that the service expand on how deprivation linked to child deaths and queried whether there was any comparative data with other parts of the UK.
- In response, it was commented that every child who died had a significant impact on their family and friends and no level of child deaths was acceptable, however to draw robust statistical comparisons between geographies required a dataset that included a reasonably large number of deaths across a substantial number of years or geographies. At present, the Child Death Overview Panel for Stockport, Tameside and Trafford did not hold enough data to robustly conclude that there were more deaths in deprived areas, however at a national level there was enough data to show a strong correlation with child deaths and deprivation. The reasons for this were multiple and complicated relating to the list of modifiable factors contained in the report and other factors such as poor quality housing which contributed to the risk of death for any given child.

RESOLVED – That the report be noted.

6. PORTFOLIO DASHBOARDS

The Scrutiny Committee had the opportunity to consider the portfolio dashboard for the Health & Adult Social Care portfolio and raise any issues with regard to performance.

The Cabinet Member for Health and Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

Members requested an update in relation to Deprivation of Liberty Safeguards (DoLS). In response, it was stated that it was reported at the last meeting of the Scrutiny Committee that the service had contracted with an external provider who to date were processing 300 DoLS assessments. There had also been some internal system changes to ensure the service was maximising the time that the assessors were available to complete direct work and assessments which included exploring the role of the administration support in the team to ensure that qualified best interest assessors were able to focus on undertaking assessments and contacting qualified assessors who had moved onto other roles to seek their interest and availability to be added to the rota which had allowed the service to undertake more assessments. In addition, a fully subscribed training course had been offered to enable more staff to undertake the assessments. It was noted that a full DoLS progress report would be submitted to the next meeting of the Scrutiny Committee.

7. AGENDA PLANNING

A representative of the Assistant Director - Legal & Democratic Governance (Monitoring Officer) submitted a report (copies of which had been circulated) setting out the planned agenda items for the Scrutiny Committee's next meeting and any Forward Plan items.

The following comments were made/ issues raised:-

- Members requested an update in relation to the 2022/23 Scrutiny Review on Ambulance Wait Times.
- In response, it was stated that the Scrutiny Review will be supported by the Urgent Care Team, NHS Greater Manchester Integrated Care who had recently completed a consultation regarding the implementation of the new structures for NHS GM Integrated

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Care including staffing. It was reported that once the lead officer had been confirmed and details provided, the clerk would update the officer on the requests for data and visits the Scrutiny Review Panel made to date in order to progress the work of the Scrutiny Review Panel during the course of the 2023/24 municipal year.

- It was noted that there was a large number of items to be programmed in the briefings/updates column of the Agenda Planning Report and requested that these be assigned to a date of a future meeting.

RESOLVED – That the report be noted.

The meeting closed at 7.06 pm