

Health Scrutiny Committee

Minutes of the meeting held on 3 September 2015

Present:

Councillor Craig – In the Chair

Councillors Hitchen, E.Newman, O'Neil, Stone, Swannick, Webb and Wilson

Councillor Andrews, Executive Member for Adult Health and Wellbeing

Nick Gomm, Head of Corporate Services, North, Central and South Manchester
Clinical Commissioning Groups

John Harrop, Director of Strategy, Deputy Chief Executive, Manchester Mental Health
and Social Care Trust

Carol Harris, Acting Director of Operations, Manchester Mental Health and Social
Care Trust

Alison Marriott, Acting Lead Manager for Later Life and Specialist Services,
Manchester Mental Health and Social Care Trust

Dr Sean Lennon, Lead Consultant, Later Life, Manchester Mental Health and Social
Care Trust

Jane Thorpe, City Wide Clinical Commissioning Groups

Apologies: Councillors Judge and Paul

HSC/15/49 Minutes

In response to comments by members regarding item HSC/15/44 Greater
Manchester Health and Social Care Devolution the Chair suggested that the costs for
Stepping Hill be added to the minutes and requested that the following be re-iterated
under the decision:

*“The position of the Committee remains unchanged with regard to the Healthier
Together outcome, and the Committee will continue to monitor the service provided
at UHSM and the impact that this has on the residents of Manchester.”*

The Committee agreed this recommendation.

Decision

1. To agree the minutes of the meeting held on 23 July 2015 as a correct record
subject to the above amendments.
2. To note the minutes of the meeting held on 30 June 2015 of the Trafford Borough
Council and Manchester City Council Joint Health Scrutiny Committee – A New
Health Deal for Trafford
3. To note the minutes of the meeting held 16 July 2015 of the Learning Disability
Task and Finish Group.

HSC/15/50 Proposals for Redesigning Trust's Later Life Mental Health Services

The Committee welcomed John Harrop, Director of Strategy for Manchester Mental Health and Social Care Trust who introduced the team. The proposals of the paper were briefly summarised and outlined by representatives of the Manchester Mental Health and Social Care Trust.

Members welcomed the report. A member queried the difference between Dementia and Vascular Dementia. Dr Sean Lennon responded that the most Common types of Dementia in the U.K were Alzheimer's Dementia followed by Vascular Dementia. The vascular strand was caused by a disturbance of circulation through small stokes or a deterioration of nerve cells over time, through a lack of oxygen. Dr Lennon said Alzheimer's disease had many causes which ultimately led to a loss nerve cells throughout the brain.

A member asked about the reconfiguration of the Inpatients service, raising concerns regarding wards of mixed gender and age. The Chair asked for a breakdown of gender across wards. Dr Lennon said there were two wards, in North Manchester the Natal Ward provided inpatient care only for women, some patients had dementia and some depression. In South Manchester the Cavendish Ward was mixed gender for dementia patients.

Dr Lennon went on to say that mixed gender wards are permissible within NHS Guidance, provided sleeping and bathing areas are kept separate, and the Cavendish Ward met the guidelines. Dr Lennon went on to say that young people with Dementia were a very small group, and there were around a hundred young people in Manchester with early stage dementia, most commonly Alzheimer's. Admissions to hospital of young people with dementia were not common. The aim was to provide a service for young people through their own homes. In relation to bed numbers from 2014 to spring 2015 'Late Life' beds were being increasingly taken up, and younger people only used these in exceptional circumstances. Currently Manchester has two people out of area, who are in beds in Bolton and Oldham, not far from their families.

A member asked how the Public Consultation would take place, relating in particular to carers. The Lead Manager Alison Marriott replied that a lot of engagement events had already taken place with carers, service users and staff to shape the Consultation. The consultation would include reshaping of the outpatients services to develop more nurse led clinics, whether a more widely accessible service for young people with Dementia was required, and access to evidence based therapies. Consultation would be ongoing into the intensive home support service, because at present crisis services were available for older people with mental health needs. People would also be asked for their views on Dementia Support Advisors.

A member enquired about the small amount of beds available bearing in mind the increasing amount of people with Dementia. Dr Lennon stressed the importance of minimizing hospital admissions and encouraging people to be looked after at home. This would become more important as patient numbers increased. A home

treatment pilot is underway to treat people with Dementia and other mental health problems.

A member questioned the Community Mental Health Clinics, whether they were under resourced geographically and what variations in practice meant. Dr Lennon explained the capacity of the teams varied. In Wythenshawe the team had a capacity of 60, whereas in the North East team, they had more than double that capacity. Variations in practice related to how the outpatient service worked. In South Manchester there was a close connection between the consultant and the community health team whereas in North Manchester there was a separation of some functions. He said more cohesion was required. A member asked how this would work for the patient. Dr Lennon replied that Community Mental Health Teams can provide a range of services, for example, psychological therapies to help people with Dementia as well as for carers. The aim would be to create a better organised therapy service.

The Chair asked whether by splitting the teams into three localities resources and capacity would be split evenly in line with demand. Dr Lennon replied that six additional community nurses would be provided which would increase capacity across the localities. He talked of some services being provided on a sessional basis to make best use of accommodation and resources. Dr Lennon explained in terms of Day Care, work was ongoing with a number of different Health Services which supported people in Care Homes. For example, in South Manchester the Nursing Home Team provides support and manages the care of people in a Nursing Home in the South Manchester area. Capacity is limited, and improvements in education to Care Homes could be expanded upon. Dr Lennon said there was a lot of unmet needs in Care Homes, and the model needs to be developed further.

A member asked what changes there would be to the staff skills mix. The Acting Lead Manager for Later Life and Specialist Services responded that it would involve expanding some of the training, whilst also not making any redundancies. There would be a regrading of ten nursing staff in the Older Peoples Services as they were being paid a higher rate than nurses in other parts of the Trust.

Decision

To note the report.

HSC/15/51 Adult Social Care Peer Review and Improvement Plan

The Interim Director for Adult Social Care provided a report on the overview of the Adult Social Care Review and Development Plan. The Strategic Commissioning Manager had been co-ordinating the work on the improvement plan ran and through the detail. A member asked in the light of the review whether all the outcomes were satisfactory. In response the speaker stated that the majority of actions had been delivered on time and those that haven't will be delivered by 31st October.

The Interim Director had been appointed after the Peer Review had commenced and had raised issues around Safeguarding and inconsistency of practice. She advised she had asked Internal Audit to undertake random sampling and would continue to

monitor this. The Chair welcomed this and asked that Officers provide information on any missed milestones to be circulated amongst members of the Committee. Members questioned how budget cuts were affecting services. The Interim Director replied that there had been huge challenges for services. There was a proposal in the last round of cuts that Social Work staff would be reduced, bringing about huge concerns in regards to the Care Act implementation and Legislation. The Interim Director added that Care Act money has been used to protect these vital positions and praised the hard work of Social Workers in Adult Social Care.

The Executive Member for Adult Health and Wellbeing added that the rationale for a Peer Review came following the Ofsted Report for Children's Services. The Executive Member raised concerns about further budget cuts, noting a potential £3.5 million cut to Public Health which would result in extreme difficulties delivering services. The Executive Member stressed the importance of the Greater Manchester Combined Authorities (GMCA) working together as effectively as possible with regards to the onset of integration of Health and Social Care.

A member asked how many social workers the Council employed and what the average case load was. Officers advised that in there were approximately 120 Social Workers with an average case load of thirty. The Executive Member for Adult Health and Wellbeing commented that consideration was being given to moving social workers into the Multi Agency Safeguarding Hub (MASH). The Interim Director advised that an independent, multi agency, Adult Safeguarding Board was now established and was a statutory requirement.

A member commented on the 'Transitions' section of the report, voicing previous concerns about the new Education Health and Care Plans, and welcomed developments. The Officer stated that the 'All Age Disability Strategy' has now been published and will be circulated to members.

The Chair thanked Officers and welcomed the report.

Decision

1. To request Officers review any milestones included in Appendix One that have not been reached and provide the information to members of the Committee prior to its next meeting
2. To request that the Committee Support Officer circulates the All Age Disability Strategy to members of the Committee.
3. To note the report.

HSC/15/52

Health and Wellbeing Update

The Committee received a report which provided an overview of developments across Health and Social Care and the local NHS.

A member recommended that a report be added to the Committee's Work Programme which would provide further information about the Peer Review that had

been undertaken in regard to the delivery of Adult Social Care. The Committee agreed this recommendation.

Decision

1. To note the report
2. To request a future report on the delivery of Adult Social Care and the Peer Review at an appropriate time

HSC/15/53

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.

Decision

To note the report and approve the work programme.