

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Wednesday, 10 November 2021**

**Present:** Councillor Green – in the Chair

**Councillors:** Appleby, Cooley, Curley, Hussain, Leech, Monaghan, Newman, Reeves, Riasat and Richards

**Also present:**

Councillor Midgley, Executive Member for Health and Care

Dr Manisha Kumar, Executive Clinical Director Manchester Health and Care  
Commissioning (MHCC)

Chris Gaffey, Head of Corporate Governance, MHCC

Katy Calvin Thomas, Chief Executive MLCO

#### **HSC/21/43 Urgent Business**

The Chair introduced an item of urgent business by inviting the Executive Director Adult Social Services to provide a verbal update in relation to mandated COVID-19 vaccinations for Health and Social Care staff.

The Executive Director Adult Social Services provided the Committee with assurance that work was ongoing with all care homes and providers across the city to support staff to obtain their vaccination given the introduction of the vaccine mandate for Care Home staff and staff entering Care Homes for work on 11 November. She described that detailed work has been undertaken with Care Homes and their staff including contingency planning. She stated that work has also been underway to understand the impact on our own staff who visit care homes in consultation with Trade Unions and with the other Directors of Adult Social Services across Greater Manchester. Further work will also be commencing to understand the impact of the new regulations which have been announced extending the mandate to all CQC regulated services across health and social care. She stated that further updates would be provided to the Committee at an appropriate time.

#### **Decision**

To note the verbal update from the Executive Director Adult Social Services.

#### **HSC/21/44 Minutes**

#### **Decision**

To approve the minutes of the meeting held on 13 October 2021 as a correct record.

## **HSC/21/45 Health and Social Care - Adult Social Care and Population Health Budget 2022/23**

The Committee considered the report of the Executive Director Adult Social Services and the Director of Public Health that described that following the Spending Review announcements and other updates the Council was forecasting an estimated shortfall of £4m in 2022/23, £64m in 2023/24 and £85m by 2024/25. The report set out the high-level position and where Officers had identified options to balance the budget in 2022/23 which were subject to approval.

Key points and themes in the report included:

Describing that the Local Government Finance Settlement would be released in December 2021;

A longer-term strategy to close the budget gap was being prepared with an estimated requirement to find budget cuts and savings in the region of £40m per annum for 2023/24 and 2024/25; and

Describing the priorities for the services within the remit of this committee, details on the initial revenue budget changes proposed by officers and the planned capital programme.

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

Noting the significant number of Manchester residents with adult social care needs; The need to articulate this to residents of the city, stating that despite the inadequate funding by Government, Manchester had remained committed to protecting the most vulnerable residents; and

Stating that the Government needed to recognise the important role that health workers and carers played, noting this had been demonstrated throughout the pandemic and they needed to adequately fund this service.

The Executive Member for Health and Care said that during the years of imposed austerity Manchester had witnessed a loss of £419M to the budget, making it very difficult to deliver services and support residents, however despite this Manchester had remained committed to supporting the most vulnerable residents in the city. She described that the Government had failed to recognise the demands upon the service and had failed to adequately fund Adult Social Care.

The Executive Director Adult Social Services stated that despite the financial challenges Manchester was committed to improving the health outcomes for Manchester residents and described that the Better Outcome Better Lives approach and the delivery of the Manchester Local Care Organisation, demonstrated this. She stated that Manchester would continue to work with the Government and articulate the case for appropriate funding to support this activity, in particular as Manchester was a Marmot City Region and was committed to addressing health inequalities.

The Director of Finance (MLCO) described that there was a clear stated commitment across all partners delivering Health and Adult Social Care to build upon and strengthen the partnership approach. She further made reference to the success of the improved arrangements to support patients being assessed to leave hospital

(Discharge to Assess). In response to a specific question regarding the Greater Manchester Integrated Care Board (MCIB) she advised that she was confident that it would have the approved budgets by 31 March 2022, adding that this Board would assist with reducing the cost of commissioning of services due to the economy of scale this would enable.

The Deputy Director Adult Social Services stated that the report made reference for the need for Adult Social Care to intervene in the social care market to shape the market to meet health and social care needs including new build facilities, or the acquisition of existing buildings which could be tailored to care models. However, at this time there were no specific schemes in the pipeline, and these would be developed with partners and further options would be detailed in future budget reports to the Committee.

### **Decision**

To note the report.

### **HSC/21/46 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.

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

- Was there enough capacity for people to access their booster jab;
- All options for residents to easily access their booster jab should be utilised;
- Patient records needed to be updated in a timely fashion following the administration of a vaccination; and
- The message regarding second jabs and 16/17 year olds needed to be clearer.

The Executive Clinical Director, Manchester Health and Care Commissioning stated that there were more sites to deliver the third phase of the booster vaccination in Manchester. She advised that General Practice had proactively written to all over 70 year olds to encourage them to take up their booster jab. She advised that patient records should be updated in a number of days following a jab, however if there were issues that Members were aware of they could direct them to her and she would take these up. She advised that the messaging and guidance from government regarding 16/17 year olds had been unclear and it was important that the correct message was communicated.

### **Decision**

To note the presentation that had been circulated to all Members in advance of the meeting.

## **HSC/21/47 The Manchester Local Care Organisation**

The Committee considered the report of the Chief Executive Manchester Local Care Organisation (MLCO) that provided an update on the MLCO and the delivery of its key priorities.

Key points and themes in the report included:

- Operational planning;
- Neighbourhood working;
- Recovery, reform, and transformation;
- Addressing inequalities;
- Resilience and winter planning;
- Population health and managing long term conditions;
- Vaccinations; and
- Workforce.

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

- Noting the recent negative media coverage regarding difficulties accessing Primary Care, it was important to celebrate and promote the work of the MLCO across the neighbourhoods;
- Noting the example provided that described the positive outcomes as a result of the door knocking exercise to engage with residents regarding the vaccination programme;
- The need to champion the care sector, value care workers and promote caring as a viable career option;
- Appropriate consideration needed to be given to ensure Neighbourhood Teams were aligned with ward boundaries;
- Noting the reported figure of the 80 'Discharge to Assess' beds, was this sufficient and how had this number been arrived at;
- Requesting that the MLCO Operating Plan 2021-22 be circulated to all Members of the Committee following the meeting;
- Welcoming the commitment that GP leadership is at the heart of the MLCO; and
- The need to include all strands of work that could support and strengthen the work of the MLCO; such as Adverse Childhood Experiences & Trauma Informed Practice.

The Chief Executive, MLCO commenced her response by paying tribute to all of the staff working within the MLCO. She stated that although there were a number of examples provided within the report further examples of the range and variety of work delivered that had been tailored to the needs of the local neighbourhoods could be provided. She said that the example provided within the report that described the door knocking exercise demonstrated the value of such exercises. She said this had resulted in building and strengthening connections with local residents, connecting residents with appropriate services and had helped build upon the understanding of the local communities.

The Chief Executive, MLCO commented that they were mindful to align the LCO with ward boundaries, however she acknowledged the issue raised by the Member. She commented that this was being addressed and she would discuss this further with the Member outside of the meeting.

The Chief Executive, MLCO said that the number of 'Discharge to Assess' beds had been assessed based upon local knowledge, patient flow management data and winter planning. She described that this strengths-based approach was beneficial as it resulted in more patients being discharged, where appropriate back to their home with the correct measures of support in place.

The Executive Director Adult Social Services stated that it was recognised that care staff played a critical role and issues such as pay and terms of conditions of employment were to be considered to ensure there was parity of esteem for care staff. She also described that discussions were underway to develop local bespoke training opportunities to support and develop staff. She stated that to develop and deliver such schemes would require the appropriate funding from central government. In response to a specific issue raised by a Member regarding changes to BTEC courses, she advised she would raise this with the Director of HR.

The Chief Executive, MLCO stated that the MLCO Operating Plan 2021-22 would be circulated following the meeting, and in addition the 'We Will' statements would be provided as this would also assist Members in their understanding of the approach taken by the MLCO.

## **Decision**

The Committee recommend that the MLCO Operating Plan 2021-22 be circulated for information.

## **HSC/21/48 Better Outcomes Better Lives Update**

The Committee considered the report of the Executive Director of Adult Social Services that provided an update on progress and the impact of the programme since June 2021, when the committee last had an update.

Better Outcomes, Better Lives (BOBL) was the adult social care transformation programme. It was a long-term programme of practice-led change, which aimed to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care.

Key points and themes in the report included:

- An introduction and background, noting that the programme was key to delivering the savings set out in the 2021/2022 budget agreed by the Council in March 2021;
- Describing the six key workstreams the programme was structured around;
- Describing what would feel different for residents who received our adult social care services in the future;
- Describing the aspirations for what social care would feel like after the Better Outcomes Better Lives programme was complete in 2024;

- What would feel different for families and carers;
- What would feel different for staff;
- Information on Communities of Practice;
- The approach to Strengths-based reviews that were designed to identify if a person's needs had changed and if the support being provided might need to be altered as a result;
- Improving the short term offer;
- Better use of Technology Enabled Care (TEC);
- Improvements to reablement;
- The eight priorities within the commissioning plan Commissioning Plan which set out how the approach to commissioning would support integration between health and social care services in the coming year;
- Case studies; and
- Next steps.

The Committee then heard from Elizabeth Garrett, Social Work Consultant; Dave Bradley, Health Development Co-ordinator and Winifred Laryea, Senior Social Worker who in turn spoke of their professional involvement and benefits realised from engaging in the Communities of Practice, described as weekly meetings, held in teams, which gave practitioners a space to learn, reflect, share experiences as well as enable peer support and challenge.

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

- Supporting the Better Outcomes, Better Lives approach;
- Welcoming the opportunity to hear from frontline workers and practitioners, noting that it gave Members an assurance that this approach was embedded across teams;
- How was the impact and outcomes of the Better Outcomes, Better Lives approach to be assessed;
- Clarification was sought as to the data sets presented within the report;
- Were the outcomes for residents recorded and reported;
- Could the Top Level Report that was referred to that was designed to give an overarching view of performance across the directorate be shared with the Committee;
- The importance of encouraging people to access help and support and not to be put off from doing so, with reference to people delaying accessing primary care during the pandemic or only being able to access services online; and
- Welcoming the frank and honest testimonies of staff and encouraging report authors and guests to describe scenarios when mistakes had been made and the lessons learnt.

In response to the comments and questions asked, the Deputy Director of Adult Social Services stated that the outcomes of BOBL would be assessed and reported using a variety of indicators, including the outcomes of the Communities of Practice, Learning Logs and budgets. She further advised that work was ongoing to refine the Liquid Logic system to capture and record resident outcomes. She further provided clarification as to the data sets and years used to explain the difference in the figures

provided within the report, adding that the BOBL was the best approach to deliver Adult Social Care both in the short and long term.

The Deputy Director of Adult Social Services reassured the Members that the improved online presence, so that people were empowered to help themselves, when appropriate, would not replace the frontline contact, but rather be an addition. She further added that the improved online offer would also be an additional resource for staff and help support staff access appropriate advice and information.

The Deputy Director of Adult Social Services stated that consideration would be given as to how the information within the Top Level Report could be meaningfully circulated to Members.

The Executive Member for Health and Care stated that she had had the opportunity to visit a range of teams and meet with staff and witness their work. She described that she was assured that this approach was embedded across the teams and was beneficial to both staff and residents in receipt of the services.

### **Decision**

The Committee recommend that an update report be considered at an appropriate time that included and the voice of the practitioner and service users.

### **HSC/21/49 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.

A Member requested that an item on the Gorton Health and Community Hub be included on the work programme.

In response to specific questions relating to the process for Members to be notified if an inspection was to be undertaken by the Care Quality Commission (CQC) in their ward, the Executive Director Adult Social Services stated she would discuss the issues raised by Members with her regional contact at the CQC and feed back to Members.

### **Decision**

The Committee notes the report and agrees the work programme, subject to the above amendment.