

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Wednesday, 7 September 2022**

**Present:**

Councillor Green (Chair) – in the Chair

Councillors Bayunu, Curley, Karney, Reeves, Riasat, Richards and Russell

**Apologies:** Councillors Nasrin Ali, Appleby, McHale and Newman

**Also present:**

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Councillor Collins, Deputy Executive Member for Healthy Manchester and Adult Social Care

Councillor Doswell, Trauma Informed Lead Member

Adam Young, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust

Nishan Bhandary, Associate Medical Director, Greater Manchester Mental Health NHS Foundation Trust

Dr Lucie Donlan, GP partner, West Gorton Medical Centre

Juanita Margerison, Director, The Resonance Centre

#### **HSC/22/89 Minutes**

#### **Decision**

To approve the minutes of the meeting held on 20 July 2022 as a correct record.

#### **HSC/22/90 Greater Manchester Mental Health - Manchester Services Summary Report**

The Committee considered the report of the Associate Director of Operations, Greater Manchester Mental Health, NHS Foundation Trust that provided a summary of the services provided by Greater Manchester Mental Health and provided an overview of the activity across the footprint in Manchester.

Key points and themes in the report included:

- An overview of Mental Health Crisis Services;
- An overview of Community Services, including the actions taken from a recent CQC inspection and regulation 29a notice within two Community Mental Health Teams.
- Inpatient Service provision; and
- An update on the Healthier Patient Pathways Programme.

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

- What work was being done with Greater Manchester Police (GMP) to support people who were experiencing a mental health crisis;
- Was the 24/7 Helpline monitored and what was done to ensure any missed calls were responded to;
- Was the Helpline available for family and carers to access;
- What support was offered to families and carers of residents experiencing mental health issues;
- Noting that the building was to commence at South Manchester, Wythenshawe Hospital Site to support replication of the North Manchester General Hospital (NMGH) site Mental Health urgent care area with completion expected December 2022;
- Would there be a bespoke 'Green Room' at the Wythenshawe site, similar to that at North Manchester General Hospital;
- Calling for an appropriate urgent care "Green Room" to be initiated at the Manchester Royal Infirmary site as a priority;
- Where would Wythenshawe residents experiencing a mental health episode currently receive treatment, adding that transferring patients to North Manchester General Hospital was not appropriate for patients and their families;
- What quality assurance measures were undertaken of those Voluntary Community and Social Enterprise (VCSE) groups working in community settings;
- What was being done in regard to staff recruitment and retention;
- What was being done to address barriers arising across services in relation to data sharing; and
- Who were responsible for arranging who accessed the crisis beds for Manchester residents.

In response the Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust advised that the Trust remained committed to working with GMP to offer the most appropriate response to an individual in crisis. He stated that a pilot scheme with staff seconded to support GMP was currently underway over the winter period and this pilot would be evaluated in March 2023. He advised that this approach was a demonstrable commitment to delivering the Long Term NHS Plan. He stated that in addition to this pilot regular meetings were convened with GMP and there were mechanisms established for escalating issues.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust stated that, contrary to national figures, Manchester had witnessed a reduction in the numbers of people attending A&E when experiencing a mental health crisis. He advised that Wythenshawe patients would be treated at Wythenshawe Hospital as they had an inpatient facility, however on the occasions beds were full they would be transferred to NMGH. He advised that at the time of addressing the Committee there were no patients outside of their locality. The Associate Medical Director, Greater Manchester Mental Health NHS Foundation Trust added that this situation was reviewed on a daily basis and every effort was made to relocate a patient closer to their home address when it was appropriate to do so. He added that partners worked closely across all systems to improve the patient experience and reduce system created barriers.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust stated that the Helpline answer machine was routinely monitored. He added that the Helpline had been audited by the NHS and the Trust had received very positive feedback on this provision. He stated that friends and carers could also use the Helpline and if appropriate people would be signposted to other sources of appropriate support and advice. He noted the comment regarding additional support for families and carers and added that it was recognised that more needed to be done in regard to this. He noted the issues experienced by some Members in relation to the Helpline and commented that if they contacted him outside of the meeting he would look into the specific cases.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust advised that the monitoring of VCSE groups in communities was achieved through the standard contract management arrangements, and these were complemented by visits and regular meetings with providers.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust commented that the issue of staff recruitment and retention was a national issue, however work was ongoing with their Human Resources department and a working group had been established to address this. In addition, work was underway with Health Education England to encourage students and existing health professionals to consider alternative roles in the health service. He further referred to the recent Staff Survey that had improved significantly since previously reported to the Committee, and the intention was to build upon this to support staff retention. The Associate Medical Director, Greater Manchester Mental Health NHS Foundation Trust stated that five Consultants had recently been recruited and there were a range of initiatives to support retention of staff.

The Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust informed the Members that the Home Based Treatment Teams would make referrals to the crisis beds. He stated that the Home Based Treatment Teams were important as they prevented hospital admissions and supported people to leave acute settings in a managed way with the appropriate planning and support. He advised that people could self refer to the Crisis Cafes, noting that there was one in Harpurhey and another in the city centre, adding that these were staffed by VCSE groups and a Mental Health Practitioner.

In response to a question regarding managing demand he reiterated that delivery of both the NHS Long Term Plan and Living Well models of care across all GMMH localities was key to managing demand. He further advised that a business case had been prepared to support the Primary Care Network, again adding that this partnership approach was key to managing demand. In response to comments from the Chair he stated that Trauma Informed Practice was embedded in the Living Well models of care and was also included in staff training.

The Executive Member for Healthy Manchester and Adult Social Care noted that the report and answers provided had been honest and open and had contributed to a constructive conversation with the Committee. He made reference to the point raised by the need for a partnership approach and made reference to the support offered by Manchester City Council following the CQC inspection.

The Committee requested that, following the meeting, information be circulated that described the referral system to Crisis Cafes and analysis by ward and ethnicity of those accessing the service; information in relation to the cultural diversity training provided to the Home Based Treatment Teams; that the Community Mental Health Team resilience plan agreed in September 2022 in response to the CQC inspection be shared; the terms of reference for the Clinical Risk Assessment workshop and any outcomes be shared; the terms of reference of the task and finish group that had been established to progress further areas identified for improvement in telephony systems and processes within Manchester be shared, and information on the recruitment and role of admiral nurses be provided.

## **Decisions**

1. The Committee support the call for an appropriate urgent care “Green Room” to be initiated at the Manchester Royal Infirmary site as a priority.
2. The Committee recommend that the additional supplementary information requested at the meeting is provided to the Scrutiny Support Officer so this can be circulated to all Members of the Committee.

## **HSC/22/91 Adverse Childhood Experiences and Trauma Informed Practice**

The Committee considered the report of the Director of Public Health that updated the Members to the report considered at the meeting of the Committee on 21 July 2021 on Adverse Childhood Experiences (ACEs) and Trauma Informed Practice. The report covered the wide range of activities to deliver the stated ambition of Manchester being an ACE aware, trauma informed and trauma responsive City.

Key points and themes in the report included:

- Providing an introduction and background;
- An update on progress and initiatives across a range of settings;
- Case studies;
- Responses to the strategy consultation; and
- Next steps.

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

- Welcoming the progress reported, noting the importance and value of Trauma Informed Practice;
- Noting that the report was very accessible and well presented;
- What more could the Council do to support this programme;
- Those Members who had undertaken the training spoke positively of their experience and the benefits realised as a result;
- How could Members support the establishment of Community Hubs in their respective wards;
- The need to represent the diversity of all Manchester residents in the strategy refresh consultation; especially BAME communities;

- The Children and Young People Scrutiny Committee should consider an item on Adverse Childhood Experiences & Trauma Informed Practice and Education;
- All Councillors should undertake the ACE Training;
- How would progress and outcomes of the programme be measured and reported;
- Training should be delivered as widely as possible; and
- A break down by ward and ethnicity of the training delivered to date was requested.

The Programme Lead responded by saying that Members could support the programme by keeping this subject on their agenda, keep talking about the programme and continue the conversations on the subject. He advised that they were keen to increase the number of Community Hubs and would pick up the offer of support from the Member outside of the meeting, adding that the intention was to have one in each neighbourhood. In terms of groups to be included in the consultation exercise again he would speak with the Member outside of the meeting.

The Programme Lead advised that they did engage with the Healthy Schools Programme and this activity was regularly reported to the Children and Young People Scrutiny Committee. He commented that the programme had been well received in Primary Schools settings; however, he acknowledged the challenges and pressures experienced in Secondary School settings.

In terms of measuring the impact of the work, both quantitative and qualitative, the Programme Lead advised that resource has been acquired from the City Council research team to support this and an outcomes framework was being developed. He added that Liverpool John Moores University were also assisting with the agreeing of the metrics for this purpose. The Director of Public Health added that outcomes would also be captured in the Build Back Fairer reports that were considered by the Committee.

The Committee then heard from Dr Lucie Donlan, GP partner, West Gorton Medical Centre and Juanita Margerison, Director, the Resonance Centre who both spoke of how they used Trauma Informed Practice in their respective settings and the many benefits that this achieved for residents.

The Committee then heard from Councillor Doswell, Trauma Informed Lead Member who described her personal experience of ACE and the importance of Trauma Informed Practice. She described the actions she had taken since being recently appointed as Lead Member, including attending workshops and reading extensively on this subject area. She stated that she would be calling for all Council Youth and Play commissioned services to be trained in Adverse Childhood Experiences & Trauma Informed Practice, all Neighbourhood Teams staff to be fully trained and she supported the call for all Councillors to be fully trained. She concluded by paying tribute to all staff working on this important programme.

The Executive Member for Healthy Manchester and Adult Social Care supported the call for all Councillors to undertake the Adverse Childhood Experiences & Trauma Informed Practice training. He further thanked the Committee for championing this programme.

## Decision

Recommend that the Adverse Childhood Experiences & Trauma Informed Practice training is mandatory for all Councillors.

### **HSC/22/92 Better Outcomes, Better Lives**

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 November 2021, when the Committee last had an update.

Key points and themes in the report included:

- Providing an introduction and background to the programme;
- Examples of the impact of this programme, including feedback from people it was working with and staff;
- Noting that the impact of the work delivered had been shortlisted for an LCG award in recognition of the innovation in health and social care;
- How the independence of our people through improving the social work practice was being achieved, including case studies;
- Information on Community Practice, the weekly meetings that provided space for front line teams to come together, learn and reflect on their experiences of working in a strengths-based way;
- Describing the My VIEWS engagement tool to support front line staff;
- Information in relation to Strengths Based, Focused Reviews, designed to support review conversations to focus on independence and choice;
- The approach to improving our short-term offer;
- Better use of Technology Enabled Care;
- Improvements to reablement;
- An update on the testing of small scale pilots;
- Improving how and what was commissioned, including how the Commissioning Plan would set out how the approach to commissioning would support integration between health and social care services in the coming year;
- The approach to improving the use of data, noting this was a priority in Better Outcomes, Better Lives and this supports the understanding of the impact both in terms of the programme and as a service;
- Early help;
- Information on the Equality Impact Assessment of the programme; and
- Conclusions.

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

- An update on the Adaptations service was requested;
- Would there be specific commissioned services for autistic women;
- Any future update report should include the voice of the Citizen Commissioning Committee, with representatives invited to contribute to the meeting;
- Welcoming the approach to commissioning;

- Welcoming the front line workers who had attended the meeting to provide examples of this work in practice; and
- What work was being done to support front line workers in the context of the Cost of Living Crisis.

The Committee then heard from front line staff who had been invited to speak of their experience of delivering services and the methods of working using this improved delivery model. They spoke of the benefits and improved outcomes for residents and the satisfaction from a professional perspective. The Committee welcomed the voice of the practitioner at the meeting.

The Executive Director of Adult Social Services opened her response by placing on record her continued appreciation to all her staff delivering services on behalf of Manchester residents. She stated that despite the challenges presented by COVID, the adult social care transformation programme had been launched successfully and that had resulted in improved outcomes for residents and better working practices for staff, making further reference to the shortlisting for an LCG award and the positive feedback from the staff satisfaction survey.

The Executive Director of Adult Social Services commented that the adaptations service had experienced challenges as a result of COVID and the recruitment of Occupational Therapists; however, work was underway to address these and she proposed an update report to that which was considered at the 22 June 2022 meeting be provided to the Committee for consideration at an appropriate time.

The Executive Director of Adult Social Services acknowledged the concerns expressed by the Committee regarding the impact of the Cost of Living Crisis on front line workers. She stated Management Teams were discussing this and how this could be mitigated, supplemented by regular supervision and communication with all staff.

The Head of Commissioning advised the Committee that the Autism service would be an inclusive service and the business case that had been used to secure the funding for this would be circulated for information.

The Executive Member for Healthy Manchester and Adult Social Care reiterated the importance of the staff delivering Adult Social Care and paid tribute to the positive relationships and culture that had been developed by the Executive Director of Adult Social Services within the Directorate. He further highlighted the positive impact the programme was achieving for Manchester residents, with particular reference to sections 3.1, 4.1, 5.7 and 6.3 of the report.

## **Decision**

To note the report.

## **HSC/22/93 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.

### **Decision**

The Committee notes the report and agrees the work programme.