

Health Scrutiny Committee

Minutes of the meeting held on Wednesday, 24 May 2023

Present:

Councillor Green – in the Chair

Councillors Bayunu, Curley, Hilal, Karney, Muse, Reeves and Wilson

Apologies: Councillors Riasat and Stogia

Also present:

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

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

Tom Hinchcliffe, Deputy Place Based Lead – Manchester, NHS

Greater Manchester Integrated Care

Andrew Maloney, Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust

Maria Nelligan, Executive Director of Clinical Transformation/Interim Chief Nurse, Greater Manchester Mental Health NHS Foundation Trust

John Foley, Interim Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust

Paul Baker, Community for Holistic, Accessible, Rights Based Mental Health (CHARM)

Angela Mughan, CHARM

Rachel Tully, CHARM

Craig Hamilton, CHARM

Jeff Evans, CHARM

Patricia Gail Oluwabusola, CHARM

Annabel Marsh, CHARM

Angela Young, CHARM

HSC/23/27 Minutes

Decision

To approve the minutes of the meetings held on 8 March 2023.

HSC/23/28 Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update

The Committee considered the report of the Greater Manchester Mental Health NHS Foundation Trust that provided an update on the Trust's Improvement Plan.

Key points and themes in the report included:

- Providing a history and context of the Trust;
- Information on the Care Quality Commission rating;
- An update on the review of the Trust and the Executive Leadership team;

- Data relating to the 2022 Staff Survey;
- An overview of immediate improvements initiated;
- An overview of the GMMH Improvement Plan and the areas for priority focus;
- Information on the Manchester City Council/GMMH S75 Partnership Agreement and Improvement Programme;
- Key messages;
- An overview of Community Mental Health Teams in Manchester;
- Analysis of engagement activity, topics for further consideration and next steps; and
- Consideration of the factors that were identified as risks to delivery of the Improvement Plan.

The Committee then heard from a number of representatives from CHARM (Community for Holistic, Accessible, Rights Based Mental Health) who had been invited by the Chair to participate and contribute to the meeting. Representatives from CHARM provided personal testimony as to their lived experience of mental health services in Manchester. They spoke of the need to consider mental health in terms of it being a human rights issue; calling for a fundamental change in the culture at the Trust, including adopting reflective practice across all levels at the Trust; improving how they communicated with carers and families; calling for appropriate trained staffing; the need for mental health to have the parity of esteem as physical health; the coproduction of services needed to be meaningful and hear and listen to the voice of service users, their families and carers; calling for an end to restrictive and oppressive practices on wards; the delays in being able to access appropriate services and the detrimental impact this had on individuals and their health outcomes; describing the disproportionate adverse experience of African and Caribbean citizens, especially in regard to the issue of overmedication; calling for the Trust to respond to the allegations of institutional racism and to use qualitative and quantitative data to report improvements; and noting the detrimental impact individuals experienced when they were 'stepped down' from Community Mental Health services.

The Committee expressed their appreciation for all of the contributors from CHARM for sharing their powerful testimonies.

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

- Expressing disappointment that the current Chief Executive had not attended the meeting to address the Committee prior to his imminent departure from the Trust;
- Noting that when reviewed the BBC Panorama programme demonstrated the senior leadership that was absent from the Edenfield Unit;
- Calling for a culture change at the Trust and noting that this was not explicit in the plan;
- Discussing the issue of health inequalities;
- Calling for absolute transparency by the Trust when reporting to the Committee, adding that future updates needed to provide significantly more detail across the different work streams;
- More detailed information was requested on the work to date and planned on the five Improvement Plan workstreams;

- Noting that detailed information in relation to staff feedback was requested in any future update report;
- The need to articulate the tangible anticipated milestones and outcomes that would be realised by the Improvement Plan;
- Noting referrals to Community Mental Health Teams were 73% higher in 2022/23 than pre pandemic and commenting that this was a significant pressure on resources;
- Noting that staff recruitment and retention was an issue and asking if the Financial Plan that included a 4% efficiency ask would undermine any planned improvements; and
- The Committee reiterated their appreciation to all of the representatives from CHARM for attending the meeting and sharing their experiences.

The Executive Director of Adult Social Services described the steps that had been taken by partners across the system to support the Trust. This had included the establishment of regular weekly meetings at a senior level; the redeployment of staff to support teams; utilising the Integrated Control Room; requesting that internal Audit undertake a review of GMMH; improved and strengthened governance arrangements in accordance with Care Act requirements; meeting with Mental Health Social Work staff; and a commitment from all partners across Greater Manchester to work collaboratively to drive improvements at the Trust on behalf of the residents and their families accessing mental health services.

The Deputy Place Based Lead – Manchester, NHS Greater Manchester Integrated Care reiterated the previous statement by advising that resources and support had been provided across Greater Manchester to support the Trust and there was a commitment by all partners to support the Trust to deliver the Improvement Plan.

The Executive Member for Healthy Manchester and Adult Social Care reiterated his stated commitment to work with the Trust to drive improvements. He stated this remained a personal and political priority. He stated that he recognised that the Trust was on a journey of improvement and acknowledged the work described, however he called for a sense of urgency to deliver the required improvements. He stated that he was not confident that Manchester residents were receiving the level of service they deserved, and improvements had to be realised. He acknowledged that a new Chief Executive had been appointed and many of the senior posts were currently interim appointments. He advised that it was anticipated that all the senior posts would be appointed to by the end of the year and he recommended that the Trust be invited back later in the year to provide another update on the Improvement Plan.

The Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust stated that there was a significant amount of detailed work that underpinned the Improvement Plan as described in the document submitted to the Committee. He advised that further information would be provided to the Committee. He stated that the Improvement Plan provided a fundamental building block to drive and deliver improvements across the whole service. He stated that the Plan was deliverable and all at the Trust acknowledged the need to deliver on this, using all resources available to deliver at the correct pace and in the right order. He stated that positive feedback had been received from staff and the new Chair of the Trust was highly visible in his role.

The Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust further commented that he acknowledged the point raised in regard to the issue of meaningful coproduction of services and referenced a number of forums and working groups that had been established. In regard to the issue of Health Inequalities he stated that the Trust did have a strategy and they were working to embed this across the wider improvement strategy. In response to the comments regarding culture change he stated that they were engaging with an external body to review this with a view to informing the Improvement Plan, noting that there were many good examples of best practice in regard to this. He added that delivering an improved culture would in turn attract high quality staff to work for the Trust. With specific reference to the 4% efficiency ask he advised that this would be targeted and realised away from care, adding that delivering the Improvement Plan would drive efficiencies and support front line services.

The Executive Director of Clinical Transformation stated that there was a detailed Action Plan behind every work stream described. She stated these plans had been submitted to the Care Quality Commission (CQC) and stated that the CQC would reinspect the Trust. She advised that the Trust held monthly meetings with the CQC and initial feedback indicated that they were satisfied with the improvements delivered. She added that the CQC could also undertake an unannounced inspection visit. She stated that further detail on this area of activity would be included in any future update report. Members noted that it was this level of detail that the Committee required. She further described that work had been done to strengthen leadership at a ward level. She acknowledged the comments regarding recruitment and retention of staff, adding that this was a national issue. She stated that work was underway with NHS England to review staffing across all levels. She stated that there was a programme of strengthening professional nursing leadership; the intention to employ staff with lived experience; developing staff and supporting non-registered staff using regular supervision, training and appraisals.

The Executive Director of Clinical Transformation commented that meaningful coproduction and person-centred care was core to improving services. She stated that every Board meeting started with a patient story. She advised that a Service Users Care Council had been established and this group fed directly into the Board, adding that this was another initiative that would influence positive culture change.

In response to a specific ask by CHARM for the Committee to establish a subgroup to consider mental health, the Chair stated that she would consult with the Executive Member for Healthy Manchester and Adult Social Care and other relevant stakeholders to consider the scope and remit of any subgroup.

The Chair stated that a future update from the Trust would be included in the Committee's work programme for consideration at a meeting later in the year.

Decision

The Committee recommend that;

1. The Chair consult with the Executive Member for Healthy Manchester and Adult Social Care and other relevant stakeholders to consider the scope and remit of any subgroup to consider mental health.

2. An invitation be sent to the current Chief Executive and his Interim replacement to attend the next meeting of the Committee to respond to questions from Members.

HSC/23/29 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.