



Health Scrutiny Committee

Date: Wednesday, 6 March 2024

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

Access to the Council Antechamber

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Filming and broadcast of the meeting

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Membership of the Health Scrutiny Committee

Councillors - Green (Chair), Bayunu, Cooley, Curley, Hilal, Karney, Muse, Reeves, Riasat and Wilson

Agenda

1. Urgent Business

To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. [2.00-2.05] Minutes

5 - 14

To approve as a correct record the minutes of the meeting held on 7 February 2024.

4A. [2.00-2.05] Minutes

15 - 20

To receive the minutes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held 20 February 2024.

5. [2.05-2.40] Update On Developments for Unpaid Carers

21 - 38

Report of the Executive Director of Adult Social Services

The purpose of this report is to provide an annual update on the significant work underway to improve the lives of unpaid Carers in the city.

6. [2.40-3.30] Manchester Public Health Annual Report

39 - 46

Report of the Director of Public Health

As part of the statutory role of the Director of Public Health there is a requirement to produce an annual report on the health and wellbeing of the local population. The report can either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year the report focuses on HIV and sexual health.

A digital version of the report will be circulated to the Committee

prior to the meeting and contributors to the report will attend the Committee to respond to questions.

7. **[3.30-3.40] Final Report and Recommendations of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group** 47 - 58
Report of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

This report presents the findings of the detailed investigation undertaken by the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.

8. **[3.40-3.50] Overview Report** 59 - 68
Report of the Governance and Scrutiny Support Unit

This monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. To help facilitate this, the Council encourages anyone who wishes to speak at the meeting to contact the Committee Officer in advance of the meeting by telephone or email, who will then pass on your request to the Chair for consideration. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Smoking is not allowed in Council buildings.

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Further Information

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This agenda was issued on **Tuesday, 27 February 2024** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 7 February 2024

Present:

Councillor Green – in the Chair
Councillors Curley, Hilal, Karney and Wilson

Apologies: Councillor Bayunu, Cooley and Reeves

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
Councillor Akbar, Executive Member for Finance and Resources
Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care
Tom Hinchcliffe, Deputy Place Based Lead for Health and Social Care Integration, NHS Greater Manchester Integrated Care
Morgan Tarr, Local Public Affairs Officer, North West, Marie Curie
Jackie Bell, Associate Director, Marie Curie
Elaine Parkin, Quality Improvement Programme Manager, Palliative & End of Life Care, NHS GM
Mark Edwards, Chief Operating Officer, MLCO
Dr Sarah Follon, Associate Medical Director, NHS GM (Manchester Locality Team)
Ian Moses, Senior Service Improvement Lead - Urgent and Emergency Care, Greater Manchester Health and Social Care Partnership
Lorraine Cliff, Director of Performance, Manchester University NHS Foundation Trust
Sian Wimbury, Deputy Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust
Julia Bridgewater, Group Chief Operating Officer, Manchester University NHS Foundation Trust
Professor Matt Makin, Medical Director, North Manchester General Hospital

HSC/24/07 Minutes

Decisions

1. To approve the minutes of the meeting held on 10 January 2024.
2. To receive the minutes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held on 23 January 2024.

HSC/24/08 Revenue Budget Update 2024/25

The Committee considered the report of the Deputy Chief Executive and City Treasurer that set out the latest forecast revenue budget position, and the next steps. Following the Provisional Finance Settlement announced 18 December 2023 the Council was forecasting an estimated budget shortfall of £38m in 2024/25, £79m in 2025/26, and £90m by 2026/27. After the application of approved and planned

savings, and the use of c.£17m smoothing reserves in each of the three years, the budget was balanced for 2024/25 and the remaining gap reduced to £29m in 2025/26 and £41m by 2026/27. This position assumed that savings of £21.4m were delivered next year.

This report provided a high-level overview of the updated budget position. Each scrutiny committee was invited to consider the current proposed changes which were within its remit and to make recommendations to the Executive before it agreed the final budget proposals on 14 February 2024.

The Executive Member for Finance and Resources stated that the Government's approach to the Local Government Settlement had been chaotic and only announced just before Christmas. He said the final announcement when announced had resulted in a cut of 84% in the Services Grant and this equated to a £6.1m cut for Manchester. He stated that this had resulted in an outcry from Local Authorities and MPs from all political parties. He stated that this situation needed to be understood in the context of fourteen years of austerity and Government funding cuts and unfunded pressures such as inflation and population growth.

The Executive Member for Finance and Resources added that the Government then swiftly announced an additional £500m for Social Care, however Local Authorities were still facing a £4bn budget gap nationally, resulting in a number of Local Authorities serving a Section 144 notice and it was anticipated that more would follow.

The Executive Member for Finance and Resources commented that, despite this, Manchester had set a balanced budget and this had been achieved through diligent planning and management that had witnessed the strategic investment in preventative initiatives; using financial reserves prudently and investment in activities that were important for Manchester residents, such as libraries; leisure centres; parks and green spaces and the Climate Change Action Plan.

The Executive Member for Finance and Resources stated that although Manchester had been able to deliver a balanced budget this year, the Council's financial position was expected to become even more challenging. The projected budget gap, even after using reserves for 25/26, was £29m in 2025/26 and rising to £41m by 2026/27, adding that since 2010 the Council has had to make £443m of savings.

The Executive Member for Finance and Resources concluded by stating that the Government had continually failed to listen to Local Authorities.

The Executive Member for Healthy Manchester and Adult Social Care made reference to the complexity of the budget arrangements, adding that a significant amount of funding were grants and one off funding arrangements which was totally impractical when attempting to plan and deliver important services. He stated that despite the budget cuts that had been imposed on the city, Manchester had continued to invest and plan services to support some of the most vulnerable residents, making particular reference to the Better Outcomes Better Lives transformation programme that was routinely reported to the Committee. He stated that he had continued to lobby the Government for adequate funding and reiterated

the importance of understanding the budget in terms of people and he called for a more sustainable and fair funding settlement for Manchester.

The Executive Member for Healthy Manchester and Adult Social Care concluded by paying tribute to the Deputy Chief Executive and City Treasurer, her deputy and the Head of Finance for their diligence when setting the budget. He also paid tribute to the finance team from the Local Care Organisation for their continued support.

Public Health Budget 2024/27

The Committee considered the report of the Director of Public Health that described the proposals for the Public Health budget for 2024/25 to 2026/27.

Key points and themes in the report included:

- An overview of Public Health services and key priorities;
- A detailed overview of the budget, noting that the gross 2023/24 budget detailed in the table below was £54.126m and the net budget of £43.266m. Income of £10.860m included use of reserves £3.753m, government grants £4.489m and other contributions from NHS partners, from other local authorities and Better Care Fund totalling £2.618m;
- The latest 2023/24 global monitoring report to the Executive outlined a £0.8m underspend. Savings of £0.730m had been achieved in full. There were underspends across the staffing budgets due to vacant posts and the maximisation of external funding, and underspends on other indirect staffing costs.
- There was a minor additional vacancy savings allocation of £0.015m for 2024/25;
- Planned non recurrent use of reserves in 2023/24 of £0.330m was replaced in 2024/25 with the planned use of headroom in the budget set aside for contract uplifts as detailed in the report to Health Scrutiny February 2023;
- Consideration of Growth and Pressures in 2024-2027, noting that no additional growth and pressures were approved for 2024-26;
- An update on Making Manchester Fairer (MMF); and
- Future opportunities, risks and policy considerations, noting that there was currently no further information on the Grant schemes income beyond 2024/25.

The Director of Public informed the Committee that the public health settlement had been received since the report had been submitted. He said that an additional £750k had been allocated, however whilst this was welcomed the budget remained under significant pressure.

Adults Social Care Budget 2024-27

The Committee considered the report of the Executive Director of Adult Social Services that described the final proposals for the Adults Social Care (ASC) budget for 2024/25 to 2026/27.

Key points and themes in the report included:

- An overview of ASC services and key priorities and positioning within the Manchester Local Care Organisation;
- A detailed overview of the budget, noting that the gross 2023/24 budget was £285.023m and the net budget of £219.666m;
- Income of £65.357m included client fees £30.416m, Better Care Fund Grant £17.791m, contributions from NHS partners of £10.267m and other income of £6.883m which included grants and use of reserves. This included the integration reserve, which was drawn down in accordance with the plan agreed for the year with NHS Greater Manchester – Manchester locality;
- Growth and pressures in 2024-27;
- Confirmation of the Savings Plan 2024-26;
- An update to budget growth assumptions for the service as set out in the Council's Medium Term Financial Plan (MTFP);
- Commissioning and procurement priorities;
- Workforce implications; and
- Future risks and opportunities including significant budget considerations in 2025/26.

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

- Paying tribute to the Executive and Senior Management Team for delivering a balanced budget;
- Stating that the Committee retained its full confidence in the Executive and the Senior Management Team;
- Thanking all staff working in the Public Health and Social Care teams, recognising the important work they delivered on behalf of Manchester residents;
- Recognising and welcoming that residents were central to all decisions taken;
- Calling on the Government to fund NHS Dentists to meet demand;
- Noting the importance of the many preventive interventions that public health delivered and the savings that this achieved in the longer term; and
- Noting the injustice of austerity and the disproportionate impact this had on the most deprived areas.

Decision

The Committee recommend that an extract of the budget discussion from the webcast of this meeting, along with vox pops of interviews with members of the public be sent to the Prime Minister and Chancellor of the Exchequer to support the call for fairer and sustainable funding for Manchester.

HSC/24/09 Progress Update on Winter 2023/24

The Committee considered the report of the Deputy Place Based Lead and the Executive Director Adult Social Services that described the current progress in implementation of winter plans, and summary of pressures within the urgent care system.

Key points and themes in the report included:

- Delivery of operational resilience across the NHS this winter, noting the four key areas of focus to help local systems prepare for winter;
- An update on the Urgent and Emergency Care Recovery Funds;
- Discussion of industrial action;
- Urgent Care Pressures and Urgent Care Performance;
- Information on the Greater Manchester System Control Centre (GM SCC);
- Organisational winter deliverables, by organisation, noting that the plans considered lessons learned from last winter, aligning with the system's urgent care recovery goals and with the core principle of working together as partners to keep people well at home; and
- Summary.

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

- Recognising and welcoming the partnership approach described;
- Welcoming that North Manchester General Hospital had recorded the best ambulance turnaround times in the country during November;
- Noting the important role that Community Pharmacies played to support residents especially with regard to flu vaccinations;
- Noting the reported low Covid-19 vaccination rates; and
- Requesting further information on Hospital at Home.

The Deputy Place Based Lead for Health and Social Care Integration, NHS Greater Manchester Integrated Care highlighted the whole system approach that was evidenced by the range of partners who were referenced throughout the report and present at the meeting. He stated that planning for this activity was ongoing and all opportunities for reflection and learning were utilised and shared.

The Director of Public Health referred to the discussion relating to flu and Covid vaccination rates by commenting that Covid vaccination rates had fallen, stating that this could be attributed to complacency and vaccination fatigue amongst the general population. He made reference to Manchester having strong vaccination coverage within its care home population. He stated that the key Public Health messaging around the importance of vaccinations was important, especially in regard to the issue of measles and referred to the national media coverage this had received following increased cases in the West Midlands.

The Group Chief Operating Officer, Manchester University NHS Foundation Trust reiterated and acknowledged the importance of system wide partnership working, adding that patient safety was everyone's responsibility. She further made reference to the importance of vaccinations, noting that flu admissions at the hospital had doubled in the last week. She said that all levers of influence and channels of communication should be utilised to articulate this important message.

The Chief Operating Officer, MLCO described that the Hospital at Home included virtual wards or other technology-enabled care at home, provided the care and treatment a person would expect in a hospital in the place they called home. The service brought together nurses, doctors and other health professionals to deliver the hospital care a person needed. It combined the latest health technology with the specialist knowledge of doctors and nurses working in the Greater

Manchester health and care system. The Medical Director, North Manchester General Hospital commented that this facility was strengthened and supported by shared electronic patient records and that all patients were clinically assessed to ensure this model of care was the most appropriate and this approach provided the patient with increased choice in their care.

Decision

To note the report.

HSC/24/10 End of Life Care

The Committee considered the report of the Manchester Deputy Place Lead and Marie Curie Lead that provided critical research from the *Better End of Life programme*, conducted in collaboration between Marie Curie, King's College London Cicely Saunders Institute, Hull York Medical School, the University of Hull and the University of Cambridge, in relation to experiences of palliative and end of life care, as well as identifying policies and resources that would help to make a positive difference to the lives of people affected by dying, death and bereavement.

Marie Curie had asked all localities to respond to an audit questionnaire and the findings from this were discussed in the body of this report and would inform locality developments.

In order to give a rounded perspective of issues and challenges across Manchester as well as the GM Integrated Care Board (ICB), contributions had also been collected from the GM Quality Improvement Programme Manager, Palliative & End of Life Care, who described the developments and ambitions of the GM Palliative and End of Life Care Programme, and the Manchester Locality Team, (Primary Care as well as Quality), where the issues and challenges in relation to transformation were discussed.

Key points and themes in the report included:

- Providing an introduction and background;
- Discussion of Marie Curie's 'Better End of Life' programme; that included consideration of poverty, inequality and inequity; support for Carers; and bereavement support;
- Information regarding the UK Commission on Bereavement;
- Greater Manchester developments with reference to the Greater Manchester Palliative and End of Life Care Programme that had been established in 2013;
- Manchester developments, with reference to the Manchester Palliative and End of Life Care Partnership;
- Summary and next steps.

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

- Thanking the Chair of the Committee for bringing this important report to the Committee and having an opportunity to hear from partners;

- Recognising the importance of this subject area in the context of Manchester becoming an ACE-aware and Trauma Informed City;
- Discussing the cultural attitudes to death and dying and asking if there were examples of good practice that could be learnt from;
- Noting the significant issue of poverty and the impact this had on individuals and their families;
- Recognising the importance of carers and families;
- Noting that across the UK, over 40% of adults who wanted formal bereavement support didn't receive any and asking that any future update report include a breakdown of this figure by protected characteristic if available;
- Did the Council as an employer provide any bereavement support for staff;
- A network of Champions should be established to promote and support this work, including Council Directorate Champions with a single point of contact for residents to expedite any request for support;
- Information was sought in relation to Compassionate Communities;
- How was the voice and experience on citizens captured to inform this work;
- Supporting the identified priority to improve earlier identification in Primary Care; and
- What were the next steps.

The Local Public Affairs Officer, North West, Marie Curie made reference to the levels of unmet need, stating that this equated to 830 people in Manchester who were not receiving palliative care. He further discussed the issue of the number and proportion of working age people and pensioners dying in poverty, commenting that this was a significant issue for Manchester and would only be compounded by the continued cost of living crisis. He commented that the Council played an important role in addressing this by offering financial support to residents and delivering efficient social care. He stated that the Council had an important role in holding the ICB to account in their planning and delivery of palliative care. He concluded by informing the Committee that the Health and Care Act 2022 had placed a statutory responsibility on the local ICB to provide palliative care. He commented that he would support the introduction of bereavement support being provided for Council staff and that this should also be offered in schools.

The Chair, NHS Greater Manchester Integrated Care commented that the ICB was taking their responsibility in relation to palliative care very seriously. He advised that a report had been submitted to the Board's September 2023 meeting on this topic, commenting that an all age approach to end of life care would be taken. He said that a mapping exercise of provision across Greater Manchester would be undertaken with the intention being to address disparity and variation. He further commented that it was recognised that most people died in hospital however their preference would be to die at home with their families and loved ones and that an objective would be to better support this. The Chief Operating Officer, MLCO added that this was being discussed with the Manchester University NHS Foundation Trust.

The Chair, NHS Greater Manchester Integrated Care acknowledged the important work of the VCSE and charities; however, he commented that many of these organisations were under incredible financial strain.

The Associate Medical Director, NHS GM (Manchester Locality Team) informed the

Committee that for care home residents a personalised care plan was established and this included conversations to understand the wishes of the individual in regard to their preferred place of death with a focus on quality and dignity of end of life care.

The Quality Improvement Programme Manager, Palliative & End of Life Care, NHS GM thanked Marie Curie for their support and work on this important topic. She stated that she was proud that an all age approach to end of life care would be taken and that there was genuine support and enthusiasm to progress this work. She commented that a whole system approach that included Health, Social Care and VCSE partners was required. In response to the discussion regarding bereavement services she commented that this was a national issue and not unique to Manchester. She added that bereavement services offered to children was predominantly provided by the VCSE and these services were under significant pressures, and it was understood that failure to adequately meet this need could result in a child experiencing further complex mental health issues. With regard to Compassionate Communities, she advised that this was a social movement where local people supported others who were affected by dying, death and bereavement. She said these needed to be developed and grow from communities and recognised that a 'one model fits all' approach was not appropriate and that the voice and experience of citizens should inform this work. The Associate Director, Marie Curie reiterated the importance of the residents' voice and experience to inform this work.

The Quality Improvement Programme Manager, Palliative & End of Life Care, NHS GM supported the call for the establishment of an ICB Champion for this agenda. She further acknowledged that improvements needed to be made in relation to unmet need.

The Executive Member for Healthy Manchester and Adult Social Care reiterated that the issue of end of life care was a very serious issue and welcomed the opportunity to have this important discussion with the Committee. He commented that this work would also link into the Health and Wellbeing Board and the Manchester Partnership Board.

The Deputy Place Based Lead for Health and Social Care Integration, NHS Greater Manchester Integrated Care stated that the existence of an established partnership approach in Manchester provided a foundation on which to progress this work, using all available resources. He commented that an Action Plan would be developed, with appropriate consideration given to how this work linked with the Making Manchester Fairer Work with relevant input from sounding and engagement boards. He suggested that an update report be submitted to the Committee in the new municipal year at an appropriate time.

The Associate Director, Marie Curie stated that research into cultural attitudes to death showed that the Netherlands dealt well with death and end of life care. She stated that information regarding this would be shared with the Committee following the meeting, adding that this also included how school programmes and education were engaged in this subject. The Chair commented that all opportunities for learning from this model should be adopted where possible.

The Director of Public Health stated that the Council did have a Staff Health and Wellbeing Plan that included mental health. He commented that there was nothing specifically related to bereavement, and following the comments from the Committee he would take that away from the meeting for further consideration.

The Deputy Executive Member for Healthy Manchester and Adult Social Care responded to the comments from the Chair in regard to establishing a Lead Member for Palliative Care by stating that she would be willing to progress this and would follow this up with the Chair following the meeting.

The Chair in concluding this item of business thanked all representatives for attending the meeting and contributing to the discussion. She stated that this had been an important discussion and was the first time the Health Scrutiny Committee had considered this subject area. She stated that an update report would be scheduled for consideration in the new municipal year.

Decision

To note the report.

HSC/24/11 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.

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Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

Minutes of the meeting held on 20 February 2024

Present:

Councillor Green – In the Chair
Councillor Curley and Wilson

Apologies: Councillor Bayunu

Also present:

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

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

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

Bridget Hughes, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust

Paul Lewis-Grundy, Associate Director of Corporate Governance, Greater Manchester Mental Health NHS Foundation Trust

Sarah Williamson, Associate Director of Nursing and Quality - Manchester Care Group, Greater Manchester Mental Health NHS Foundation Trust

Dr Nishan Bhandary, Associate Medical Director - Manchester Care Group, Greater Manchester Mental Health NHS Foundation Trust

GMMHIP/24/05 Minutes

The Chair in moving the minutes noted that the requested information that had been provided by the Trust following the previous meeting and she thanked the officers for providing this. She asked if the RAG rating against actions completed that had been circulated included any discussion as to their impact. She further asked what the approach to those actions was that were deemed to be overdue and was there any further context that could be provided.

The Deputy Chief Executive and Chief People Officer, GMMH stated that this information that had been provided was a summary and he reassured the Group that more detailed information and data tracking sat behind each individual action. He stated that this information was regularly provided to the Board so there was constant oversight of this work, and these actions were constantly reviewed, particularly noting the Chairs comments in relation to safeguarding.

Decision

To approve the minutes of Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held on 23 January 2024 as a correct record.

GMMHIP/24/06 Oral Update from the Executive Member for Healthy Manchester and Adult Social Care

The Executive Member for Healthy Manchester and Adult Social Care commented that since the Group had last met the report 'An Independent Review into the care and treatment provided by Greater Manchester Mental Health NHS Foundation Trust: Published January 2024' written by Professor Shanley OBE had been published. He commented that the report contained no surprises to himself, adding that he recognised that this was testament to the honest and often blunt conversations that had been held between the Trust and the Council over the previous 18 months. He commented that this detailed report conveyed the complexity of the challenge that the Trust faced.

The Executive Member for Healthy Manchester and Adult Social Care stated that it was important for the Council and local political leaders to rebuild the confidence in the Trust that had been severely undermined following the BBC revelations.

The Executive Member for Healthy Manchester and Adult Social Care informed the Group that in recognition of the ongoing concerns regarding out of area care, the March meeting of the Provider Collaborative Board would be considering this issue with the intention of agreeing a system wide response to this issue.

The Executive Member for Healthy Manchester and Adult Social Care then invited the Executive Director Adult Social Services to address the Group to describe the actions taken by the Council to support GMMH.

The Executive Director Adult Social Services informed the Group that she had been working with colleagues from the Trust to best support them to help protect the most vulnerable people in Manchester. She commented that through these improved working practices the performance data that was routinely provided by the Trust had vastly improved. She commented that the formal and informal governance arrangements to support GMMH had also improved and been strengthened, adding that initially weekly informal meetings had been established and more formally she chaired the Assurance and Governance Group meetings. She added that it was recognised that there was still a significant amount of work to be done, especially around the issue of demand and risk, noting that the issue of staff retention and recruitment that had been discussed at previous meetings of the Group remained a national issue. She commented that work was underway to review the levels of social workers in Community Mental Health Teams to ensure that the correct resources were allocated. She added that the importance of mental health social workers and the role they played in regard to early intervention was understood. She stated that a social worker consultant role would be funded to support staff at GMMH, adding that those staff were under significant pressure. She added that consideration was also been given as to how the Control Room could be best used to support GMMH and the Community Mental Health Teams. She informed the Group that a workshop would be convened in the next few weeks that would bring partners together from across the local health system to specifically consider the prevention agenda.

Decision

To note the update from the Executive Member for Healthy Manchester and Adult Social Care and the Executive Director Adult Social Services.

GMMHIP/24/07 Update on GMMH Improvement Plans on Governance and Leadership

The Task and Finish Group considered the report and accompanying presentation of the Associate Director of Operations, Associate Director of Nursing and Quality and Associate Medical Director Manchester Care Group that provided an update regarding the progress to date on the Greater Manchester Mental Health NHS Foundation Trust (GMMH) Improvement Programme, with specific reference to Governance and Leadership.

Key points and themes in the report included:

- Describing the actions taken to improve governance arrangements;
- Describing the actions taken to improve leadership arrangements;
- Describing organisational wider improvements, with reference to Manchester specific actions; and
- Next steps.

Some of the key points that arose from the Task and Finish Group's discussions were:

- Who would sit on the Evidence Review Panels that were being introduced;
- Commenting that visibility of senior staff was very important as it set the tone of the organisation;
- Recognising the important role the new Chief Executive would have in setting the correct tone for the whole of the Trust;
- What was the approach to appointing the new Chief Executive;
- Had issues relating to senior leadership visibility been identified through the Freedom to Speak Up mechanism;
- Had any consideration been given to implementing a 'mystery shopper' type programme to seek an additional level of assurance that poor practice was eradicated; and
- How was the patient voice that articulated their experience of care captured.

The Deputy Chief Executive and Chief People Officer, GMMH described that the Evidence Review Panels would assess and test the actions identified, and the panels would be bespoke to the specific issues being considered, adding that these would include service user and staff representatives. He said that the outcomes of these Panels would be recorded and scrutinised by the Board. The Chair commented that information on the outcomes of these Panels should be included in any future update reports to meetings of the Health Scrutiny Committee at the appropriate time.

The Executive Member for Healthy Manchester and Adult Social Care commented that the Shanley report had identified the lack of visibility of the former Chief Executive and Board Chair as a significant issue and had contributed to feelings of lack of empathy. He said that he would encourage the new Chief Executive, once appointed to visit the Community Mental Health Teams and meet with staff. He

placed on record his appreciation to the Chief Operating Officer, GMMH for his frank and honest dialogue that he had engaged with him over the previous 18 months, especially around the issue of Community Mental Health Teams.

The Associate Director of Operations, GMMH stated that regular visits were undertaken by senior leaders to meet with services and staff were very open to conversations and felt comfortable to raise issues. The Associate Director of Nursing and Quality, GMMH also commented that leadership visibility on the wards was very important, with regular walkabouts on the wards were now embedded. She also referenced the importance of Matrons on the wards as a visible role model and as a point of contact. She commented that staff responded well to these initiatives and gave the staff confidence to raise or discuss any issues they may have. She added that if a specific issue was raised this would be escalated and tracked using appropriate and agreed channels. The Associate Medical Director, GMMH noted the comments raised regarding the Community Mental Health Teams and the challenges these teams had faced due to recruitment, however he stated that improvements were being made in regard to engagement and dialogue with staff across all levels. The Associate Director of Operations, GMMH advised the Group that a pastoral role had been provided to the staff working in Community Mental Health Teams to offer additional support to those staff around the issue of supervision and appraisals. This had recently commenced and would be available for 12 months and then assessed. She added that Risk Summits specifically around Community Mental Health Teams and the workforce had been developed by local Service User and Carer Groups and the findings of these would be shared with partners as part of the considerations of the wider prevention work that was discussed by the Executive Director Adult Social Services.

The Deputy Chief Executive and Chief People Officer, GMMH stated that the Freedom to Speak Up channel tended to identify staff-related issues, adding that this mechanism was one way for staff to raise concerns with the confidence that these would be listened to and addressed, however it was his experience from visiting services and meeting staff in person that they were confident to raise issues directly with senior leaders and managers. He commented that this notion of visibility with purpose was central to improved governance arrangements across all services. He provided an example of when he had met with a group of internationally recruited nurses to learn of their experience. He said these conversations and learning of their lived experience was invaluable and would inform future planning.

The Deputy Chief Executive and Chief People Officer, GMMH commented that all what had been described was to provide an assurance that safeguarding was central to all activities and was ran throughout all workstreams of the Improvement Plan. He said staff had the confidence and were empowered to speak up and raise issues, with an assurance that they would be listened to with the appropriate action taken and learning captured. He added that it was the responsibility of all leaders across all services to be the 'eyes and ears' on the ground to ensure patient safety. He commented that whilst the topic under discussion today was governance the importance was the improvements that were being made across the Trust in relation to culture and leaders leading by example.

The Associate Director of Nursing and Quality, GMMH made reference to the many different ways in which the service user voice was captured, these included the Service User Survey; a PALS officer who worked directly with service users and linked directly into the governance and quality assurance structures; established Service User Forums and a recently appointed Patient Engagement Lead. The Associate Medical Director, GMMH commented that meetings were facilitated for patients to meet with the ward manager to discuss aspects of care and what was working and what was not, he added that these were very powerful meetings and an opportunity to hear the service user experience. The Associate Director of Operations, GMMH said that Manchester had an established service user and carers group, called 'Our Care Matters' who met monthly and were representative of all services. She added that service managers and operational managers attended these group meetings. She added that the Patient Engagement Lead had coproduced with service users and carers a 'Better Together Strategy'. She stated that a specific service user and carer group had also been established to consider and feed into the development at Park View in North Manchester, adding that these were very well attended. She commented also that an engagement day with CHARM had also been facilitated recently and had resulted in a number of actions to be progressed. The Chief Operating Officer, GMMH commented that the initial feedback from that session with CHARM had been very positive despite some challenging conversations.

The Chair commented that it was important to recognise the importance of challenging conversations to drive improvements and foster honest and open dialogue.

The Associate Director of Corporate Governance, GMMH said that it was important to learn and embed all the learning from the many various opportunities and mechanisms to capture feedback, including but not restricted to, analysis of Freedom to Speak Up and the Staff Survey. He said all this data and information, both formal and informal would be triangulated and used to inform all future planning and priorities.

The Deputy Chief Executive and Chief People Officer, GMMH advised the Group that an extensive programme to recruit the new Chief Executive had been initiated, with a search company undertaking proactive conversations with potential candidates. These conversations were predicated on an understanding of system wide expectations of candidates and clear discussions regarding the challenges the role would present. He said that the selection process would include all candidates meeting with a range of stakeholder panels, that included staff and service users with feedback obtained from each panel to help inform any final decisions.

Decision

To note the report.

GMMHIP/24/08 Final Recommendations

The Members of the Task and Finish Group were invited to formulate and agree recommendations for inclusion in the Task and Finish Group's final report. Following

agreement of the final report, the final report would be submitted to the next meeting of the Health Scrutiny Committee for endorsement by the Committee.

Decision

The Task and Fish Group agree that the following recommendations to be included in the final report.

1. The Health Scrutiny Committee shall continue to be involved in reviewing the implementation and outcomes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan.
2. The Group recommend that a meeting of the Health Scrutiny Committee in the new municipal year be dedicated to hearing from a range of different service users and patient groups who would be invited to share their experience of the impact of the Trusts Improvement Plan.
3. The Health Scrutiny Committee to consider a report that provides an update on the implementation of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan in the Autumn of 2024. The new Chief Executive and Board Chair to attend this meeting when scheduled.
4. The Group encourages the incoming Chief Executive Officer to undertake walkarounds and engage with frontline staff, including staff in the Community Mental Health Teams as soon as is practically possible following their appointment.
5. The Group encourages the Trust to undertake a rigorous peer review once the new Chief Executive is appointed.

GMMHIP/24/09 Work Programme of the Task and Finish Group

The Task and Finish Group considered the terms of reference and future work programme and were invited to make any amendments. The Group noted that this meeting concluded the work of the Task and Finish Group.

Decision

To note the report.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 6 March 2024

Subject: Update On Developments for Unpaid Carers

Report of: Executive Director of Adult Social Services

Summary

This is an extensive report that sets out key areas of development and progress during the past twelve months, since the last update to Health Scrutiny. It includes how commissioners have recently retendered the main contract for the Carer's pathway as well as the recent grant competition to secure a North Locality Lead. South and Central Leads have also included an update on key activities they offer to better support Carers in their local communities and neighbourhoods. New developments include a pilot with Carefree to offer a small number of Carers a short respite break with a detailed evaluation on the benefits of the model. Listening and involving Carers remains central to the aim of Adult Social Care and a new Experts by Experience Carer Panel will enable the carer voice to be evident through ongoing service developments. Finally, the Council's Adult Social Care Assessment Team continues to develop best practice around carer's assessments and the Carers Emergency Fund helps Carers in a crisis to carry on caring, whilst meeting essential and basis needs.

Recommendations

The Committee is recommended to consider, note and comment on the work achieved to date on improvements to the carer's pathway in the city.

Wards Affected: All

<p>Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>	<p>Delivering tailored support to Carers through Carers Manchester Contact Point helpline is an effective and efficient means to delivering rapid information, advice and guidance to Carers and supports the environmental considerations of the city</p>
<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>	<p>Unpaid Carers are now included as one of the protected characteristics. Carers are not only Manchester residents, they are also MCC employees. This work ensures that the needs of Carers (and Carers in employment) is highly visible and meets our equality, diversity and inclusion priorities and considerations.</p>

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting Carers in employment is a key objective of the strategy, so that Carers feels supported and knowledgeable about how they can continue caring and working, with the right amount of support they need on an ongoing basis
A highly skilled city: world class and home grown talent sustaining the city's economic success	Supporting Carers in employment allows the city to retain the huge skills and knowledge and contributes to the city's economic success.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Carers arise from all parts of our communities and care for people with some of the most complex needs and for significant periods each week. This strategy/pathway ensures that Carers are aware of their rights to an assessment and to receive help and advice when they need it.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

The report updates on the new Accelerated Reform Fund, a national investment to support Carers and Shared Lives arrangements and the role Manchester City Council will undertake on behalf of Greater Manchester. Greater Manchester will receive £1.98m of funding in 2024/25.

Financial Consequences – Capital

There are no financial consequences for the Capital budget.

Contact Officers:

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 Position: Assistant Director (Commissioning)
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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

Previous report on Unpaid Carers 8 March 2023 – [Governance Report \(manchester.gov.uk\)](https://www.manchester.gov.uk)

1.0 Introduction

- 1.1 The purpose of this report is to provide an annual update on the significant work underway to improve the lives of unpaid Carers in the city. By way of a recap, an Unpaid Carer (referred to as Carers in this report) is defined (and widely adopted) by the Carers Trust as: ***“Anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without their support”***.
- 1.2 This report will focus on updating Members on the following:
- The procurement of a fully commissioned Service Provider through a new contractual agreement.
 - The process currently being undertaken to fill the vacant gap in North Manchester through a Locality Lead Provider (sourced from Carers Manchester Network).
 - Update on work in Central and South Manchester by the Locality Lead Providers.
 - Areas of focus by Gaddum – the commissioned service provider to deliver the Carers pathway.
 - National investment by DHSC in Carers through the Accelerated Reform Fund.
 - Update from the ASC Statutory Carers Team and latest performance on assessment activity.
 - The Carers Emergency Fund.

2.0 Procurement of a commissioned VCSE service provider for Carers

- 2.1 The initial £1.5m investment of City Council and Transformation funding was made permanent due to the proven impact of the Carers Manchester Pathway.
- 2.2 Before initial grants expired, Commissioners entered procurement of a single contract for delivery of the Carers Pathway which includes Carers Manchester Contact Point, Carers Manchester Network Co-ordination, and Communications & Marketing (alongside existing grants for the Manchester Carers Network and Locality Partnerships)
- 2.3 An independent consultation took place before entering procurement, to inform our direction based on input and learning from Commissioners, Stakeholders and Partners across the pathway.
- 2.4 Following Procurement, Gaddum, the existing commissioned Voluntary Community and Social Enterprise (VCSE) organisation were successful in their bid to deliver the enhanced Carers Manchester Pathway.
- 2.5 As part of the contract specification and revised Carers pathway, there were new areas of focus, as part the maturing approach to support all Carers in the city. This included:

- New workstreams – such as Equality, Diversion and Inclusion, Carers in Employment and Developing Respite options.
- Update governance structure.
- Creation of a Carers Expert by Experience panel to secure and embed a listening approach and coproduction wherever possible.
- Strengthened locality leadership, particularly involving and distribution of small funds to other smaller Carers network organisations.

2.6 ASC Commissioners investment in the Carers Pathway contract specified a number of key roles to ensure effective delivery such as:

- Carers Programme Pathway Manager to oversee the whole pathway delivery in conjunction with Locality Lead providers and working closely with Commissioners and the Carers Assessment Team
- Project Manager
- Network support and Carer Engagement Officer
- Marketing Officer
- Data and Administration coordination
- Contact Point (helpline) Coordinator
- Complex Case Worker
- Contact Point Officers x 4
- Welfare Rights Officer
- Administrative support

2.7 The contract is now in place for 2 years, with a 5-year option to extend, subject to ongoing funding. This provides a stable platform for continued delivery of the carer's pathway, to better support Carers to be resilient and supported through a range of interventions including:

- Monday to Friday continued access to Carers Manchester Contact Point (telephone: 0161 543 8000) to access information and advice, signposting to other agencies who can help, ongoing support through the Contact Point Officers, referrals to the Welfare Rights Officer.
- Discretionary referrals to be considered for the Carers Emergency Fund, delivered through the Council's Revenues and Benefits Service.
- Sign up to the Carers Newsletter to be kept informed on national and local developments and items of particular interest to Carers.
- Referrals to other Carers Network organisations according to particular needs and specific specialisms e.g. mental health support, Parent Carers and Dementia, for example. These referrals are also the gateway to a number of services that promote carer breaks and align with the forthcoming Respite Strategy.

2.8 The Carers Manchester Partnership Board (CMPB) brings together strategic leads from across the statutory and voluntary sectors, for the commissioning and provision of carer support services, to drive and coordinate the development programme which oversees the application of the Our Manchester Carers Strategy and Carer support pathway. The extensive work programme focuses on:

- Carers Manchester Contact Point
- Carers statutory Assessments
- Locality Partnerships
- Carers Benefits & Welfare
- Communications & Marketing
- Carers Identity Card & Emergency Planning
- Carer Breaks & Respite
- Carers in Employment
- Carer Equalities

2.9 Membership of the Carers Partnership Board includes:

Role	Organisation
Assistant Director (Commissioning) and ASC lead for Carers	Manchester Local Care Organisation
Carers Commissioning Lead	Manchester Local Care Organisation
Young Carers Co-ordinator	Manchester City Council
Adult Social Care Service Manager	Manchester Local Care Organisation
Carers Assessor Team Manager	Manchester City Council
Carers Pathway Programme Manager	Gaddum
Head of Operations	Gaddum
Carers Manchester Network Representative	Network Organisation (rolling basis)
Carers Manchester Locality Lead – North	Manchester Carers Forum
Carers Manchester Locality Lead – Central	African Caribbean Care Group
Carers Manchester Locality Lead – South	Manchester Carers Forum
Lead for User and Carer Engagement	Greater Manchester Mental Health
Carers Lead	Manchester Royal Foundation Trust
Patient Experience of Care Manager	Manchester University NHS Foundation Trust
Customer Service Manager	Manchester University NHS Foundation Trust
Strategic Lead: Health Equity and Inclusion	Manchester Integrated Care Partnership

3.0 Locality Lead Providers

3.1 Whilst the procurement of the Carers Pathway service provider was being undertaken during summer 2023, it was decided to defer the appointment of a Lead provider for North of the city, arising as a result of the former provider stepping down from this role.

3.2 To confirm, the Lead Providers in place were:

- African Caribbean Care Group (ACCG) and Central Lead
- Manchester Carers Forum (South)

3.3 Now the appointment of a contracted provider (Gaddum) is in place, a grant competition has been underway to secure the North Locality Lead, ring-fenced to existing Carers Manchester Network providers based on their specialist experience in delivering carer support.

3.4 Manchester Carers Forum has been successful in the grant process and is now appointed to lead the North of the city for locality support to Carers.

4.0 Update from Gaddum – the Commissioned Service provider for the Carers Pathway

Our new priorities for 2024

4.1 Following the completion of the tender process for the delivery of Carers Manchester co-ordination function and Contact Point our plans for include the following.

Development of a respite strategy

4.2 Carers tell us all the time that one of their key priorities is to be able to take a break from their caring role. These breaks can take the form of attendance at a Carers group, attending a pampering or social activity through to the break being made by the person they care for attending a day centre or having a respite stay within a residential care home. Here are some pictures from recent Carer Activity sessions:



Carers at Gaskell House



Carers attending Halle Concert



Carers participating in Drum Circle



Together Dementia Support Gospel Choir performing on Carer's Rights Day

- 4.3 The Carer Manchester partners currently provide significant respite opportunities but our priority for 2024 is to develop a comprehensive Carers respite strategy, which will be developed by Carers and will provide the evidence for our strategic planning of these services in the future.
- 4.4 In advance of the full Respite Strategy development, the Carers Partnership Board and ASC Commissioners have agreed a pilot partnership with [Carefree](#) organisation to offer Carers a free break:
- Carefree manages the interface between Carers needing a break and hospitality partners who donate free accommodation.
 - The carer has the option to take the cared-for person as well if they wish.
 - The pilot partnership is for 300 Manchester Carers to trial the Carefree offer with a full evaluation of the success of the project.
 - There is a £33 administrative fee, normally paid for by the carer, however, given the deprivation needs in the city, this has been funded out of the Carers budget for the pilot period.

Creation of Carers Expert by Experience panel

- 4.5 One of the key priorities for the Carers Manchester voices is to ensure that the voices of Carers are able to effectively influence and decide what our strategic priorities should be and how we deliver advice, information and support.
- 4.6 In order to enhance, the current work which goes on to support this, Gaddum will be creating both an Expert by Experience carer panel and a process for consolidating carer feedback from Pathway members into one place.
- 4.7 The creation of the Carers panel will ensure that all aspects of Carers Manchester Delivery will be able to be co-produced, with the Respite strategy being the first piece of work to be undertaken.

Input of findings from Impact Network work

- 4.8 IMPACT is the UK's £15M centre for implementing evidence in adult social care: [Mission, Vision and Work - IMPACT \(bham.ac.uk\)](#). Working across the four nations and with co-production at its heart, it draws on insights from research, lived experience, and practice knowledge to make a difference to front-line services, and to people's lives.
- 4.9 Gaddum was selected to deliver one of the national IMPACT networks, whose theme is 'remodelling the front door' by which is meant the service where people first ask for information and access social (care) services. In Manchester, this work which involves, Commissioners, Statutory and VCSE partners and Carers working together is focussing on the Carers Manchester Contact Point and how Carers gain access to advice and support.

- 4.10 This work is due to complete in April 2024 and will bring forward proposals for how we ensure Carers are informed about services and know how to access them which will be considered by the Carers Strategy Board in May.

Carers Manchester Contact Point developments (helpline)

- 4.11 For the past three years the Carers Manchester Contact Point has sat at the core of the Carers Manchester Pathway. It has offered a single point of contact where Carers can go to for advice and information and be signposted or referred on to the support they need.
- 4.12 Over the next year, Gaddum will be undertaking the following to ensure that it continues to develop.
- Extending the use of Student Social Workers within its delivery thereby increasing capacity
 - Embedding the provision of Welfare Benefits support through the work of a dedicated Benefits Officer
 - Enhancing, and extending the referral pathways it has with Partner organisations.
 - Obtaining an Advice Standard Accreditation

Enhance our links with Health

- 4.13 Over the past year, significant improvements have been made in our relationships with Health colleagues. Examples being:
- Manchester Foundation Trust (MFT) developing a Carers strategy.
 - Health Commissioners and MFT becoming members of the Carers Strategy Board
 - Carers Manchester Network working with health colleagues to deliver dedicated vaccination clinics for Carers.
- 4.14 We intend to build on this work through utilising Accelerated Reform funding (see section later in this report) to develop a dedicated Carers support service linked to Hospital Discharge processes and operating in Wythenshawe, Manchester Royal Infirmary and North Manchester General Hospital.

5.0 Update from the Locality Partners

- 5.1 Delivery of the carer's pathway relies heavily on the support to Carers in our local communities. For Central Manchester, the lead provider is African Caribbean Care Group, and, for North/South Manchester, the lead provider is Manchester Carers Forum. Both Chief Officers will attend Scrutiny to answer any questions and their updates are below:

5.2 Central Locality Update (Carers Manchester Central)

- 5.2.1 The Carers Manchester Central Partnership (CMC) works to improve the lives of unpaid Carers in Central Manchester through early identification and a

variety of support services and activities. The Partnership is led by the African Caribbean Care Group working with African Caribbean Mental Health Services (ACMHS) and other VCSE organisations. The CMC partnership is proud of the impact, reach and connections made across the 11 wards within the locality.

Carers Recognition Awards

- 5.2.2 The CMC Partnership hosted the second Carers Recognition Award in April 2023 due to popular demand from Carers and those they care for. 180 people attended the event where 80 Carers were nominated for an award. The Lord Mayor, Cllr Donna Ludford, presented the Awards and Certificates to Carers. This was a proud moment for them and provided CMC the opportunity to engage with newly identified Carers. Feedback comment from a carer: ***“Everyone was respectful, Great music, Good food, was good to meet and socialise with new people, was so amazing for me to receive an award after all my years of being an unpaid carer.”***

Carers forums and Community Stalls

- 5.2.3 The monthly Carers Forums in Gorton, Hulme, and Moss Side bring Carers together informally to participate in activities which helps to improve their health and wellbeing together with information and guidance that helps to enhance their knowledge empowering them to continue in their caring role. They feel free to express their thoughts and experiences which allows the partnership to identify unmet needs. Some of the session attended by Carers were:
- **Cancer screening awareness session**
 - **Long term health conditions presentation and discussion**
 - **Community Diagnostics Centre’s (CDC) presentation** – Information was shared about this new service. Carers provided direct feedback on the barriers they face accessing hospital appointments. The hope is this feedback will lead to improved services for Carers in the future.
 - **Books to Go service** – The service is free for Carers where they can receive books, CD audiobooks and large print delivered to their home. Carers were unaware of this service which makes it accessible for them to access library books, especially if it is difficult for them to leave the home due to their caring roles.
 - **Care and Repair** - Presented information to Carers about their service offer that Carers can access to make their home environment safe for the person that they care for.
 - **Carers Living Life to the Full Session** - This was a six-week course to improve the lives of Carers by "looking at things differently", "Building inner confidence", "how to fix almost everything". Carers received a certificate at the end of this course and said that they felt more confident and capable of tackling difficult things.
 - **Band on the wall music session** - Carers attended a musical event hosted by Band on the Wall. They were encouraged to sing, dance and be involved with the musical session. Carers loved the music selected and quoted ***‘ it was great to hear music from my era’, ‘...its very***

uplifting’, and ‘I liked to hear other people’s stories and how it related to the music shared’.

5.2.4 The CMC Partnership holds regular community Carer Awareness pop up stalls in shops and supermarkets, Libraries, churches, Hospitals and GP surgeries ensuring we are connecting with all potential Carers across the 11 wards within the locality.

Short Break Respite

5.2.5 In addition to the short break respite Carers receive from the Day Care support service Carers enjoyed a number of short breaks due to specific funding secured.

Visit to Lyme Park: Carers enjoyed a stroll around the gardens.

London - Overnight stay at the 4-star Clayton Hotel. Carers enjoyed the sights and activities that London had to offer. **“One carer commented on the comfort of the bed, stating that it was the best sleep she has had for a long time”.** The next day Carers travelled by coach to Buckingham Palace where the afternoon was spent looking around the state rooms and having the opportunity to see the new Coronation display.

Chatsworth House, a visit to look around Chatsworth House and the gardens.

Chester - Carers enjoyed a sunny day trip to Chester, they shopped, visited the cathedral, and stopped for some food/ drinks.

Llandudno - Carers enjoyed the leisurely walk, went to the beach and took in the beautiful scenery.

Equality, Diversity, and Inclusion

The image shows two leaflets for Carers MCR Central. The left leaflet is in Urdu and the right is in English. Both leaflets have a purple header with the Carers MCR Central logo and the text 'ARE YOU A CARER?'. The Urdu leaflet asks 'کیا آپ ایک کیئرر ہیں؟' and 'کیا وہ آپ کے بغیر محتاج ہیں؟'. The English leaflet asks 'Do you care for someone... without any financial benefit?' and 'Are they your friend, relative or neighbour?'. Both leaflets provide contact information: 'Carers-Mcr-Central@accg.org.uk' and '0161 226 6334'. At the bottom, there are logos for ACCG, ACHRE, LMCP, and other partners.

5.2.6 The CMC Partnership has expertise in supporting diverse communities ensuring that their culturally specific needs are met. With an awareness of the barriers faced by many when accessing services or information and advice CMC developed multi language videos and leaflets for the South Asian community. Many Carers care for others with long-term health conditions, physical and mental health disabilities without support which can be isolating

for them. The Support and guidance they receive from the partnership help to improve their mental health and wellbeing so they can continue in their caring role.

5.2.7 CMC Partnership's Additional Support to Improve the lives of Carers

- Eligible Carers were referred to the **Household Support Fund** and received £400 to help towards their utility bill where they are pension age and have a disability.
- The **NHS Covid Vaccination Van** was located at Claremont Resource Centre, enabling Carers and their cared for the opportunity to have their COVID vaccinations as well as a free lunch together with information about winter wellness and welfare benefits provided.
- The CMC Partnership held a **Carers Rights Day Event**. Carers received information about Carers allowance, requesting flexible working hours at work, and legislation about the Carers Leave Act 2023 effective from April 2024. The Carers completed a crossword that encouraged them to think about words such as 'hoist' and 'Carers assessment'. This was a fun way to get Carers to think about what they may need as a carer.

Working with Stakeholders and professionals

5.2.8 The CMC partnership continues to build relationships and networks with a variety of stakeholders such as the Community Explorers, Neighborhood partnership, VCSE organisations and local businesses to bring about improved care support and facilities for Carers.

5.3 **South Manchester Locality Update (Carers Manchester South)**

5.3.1 CMS is a small team of locality coordinators that sits within Carers Manchester South Partnership (CMSP). We consist of Manchester Carers Forum, Together Dementia Support, Lifted and Connect Support. A central role of CMS is raising awareness of the Manchester Carers Pathway and CMCP to practitioners, to increase their knowledge and understanding of carer needs, identify Carers and inform Carers of support available.

5.3.2 To achieve this CMS have continued to develop strong working relationships with key locality GPs, Primary Care Networks, Integrated Neighbourhood and specialist social work teams, Health Development Coordinators, Care Navigators, Neighbourhood Officers and service providers.

Engagement work with Carers

5.3.3 CMS have undertaken a range of engagement activities, in the past 12 months, using formal quantitative and qualitative research methods and analysis, to find evidence of Carers perceived views on their experience as a carer, the support they receive, the support they need and their perceived gaps in service provision.

- 5.3.4 In April 2023 we looked at Carers views on the relevance and need of online based support. No clear evidence was found that Carers would benefit from online based support. However, if provided then it needed to offer the opportunity to meet other Carers, develop relationships of trust, share experiences, problem sharing and the provision of information that is useful in their caring role.
- 5.3.5 As a result, CMS have offered Zoom based Information Sessions on issues such as the 'needs assessment' process, use of mobile phone technology and are planning other information sessions over the next 12 months.

Particular needs of Carers from an Equality, Diversity and Inclusion aspect

- 5.3.6 Over the past 12 months CMS has continued to attend several community outreach events based in South Manchester Mosques and places of worship and prayer.

Working with other local organisations

- 5.3.7 Over the past 12 months CMS has continued to develop relationships with local community and neighbourhood organisations. This includes being part of the Wythenshawe Age Friendly Group and South Manchester locality partnership forums, and Community Explorers South. This allows us to raise awareness of the CMCP and role of CMS, but also ensures Carers needs are heard and addressed.

Making a difference to Carers and improving outcomes

- 5.3.8 CMS has continued to host and attend a range of community-based outreach events including local libraries, community groups, GP Practices, local supermarkets and other public venues. We have been able to reach Carers and unidentified Carers to signpost them to the CMCP and other relevant carer support services.
- 5.3.9 We continue to support groups for Carers of adults on the autistic spectrum and Carers of adults with substance misuse issues. We have also offered a wide range of social/leisure activities for Carers and the people that they support to spend time together away from their caring role.

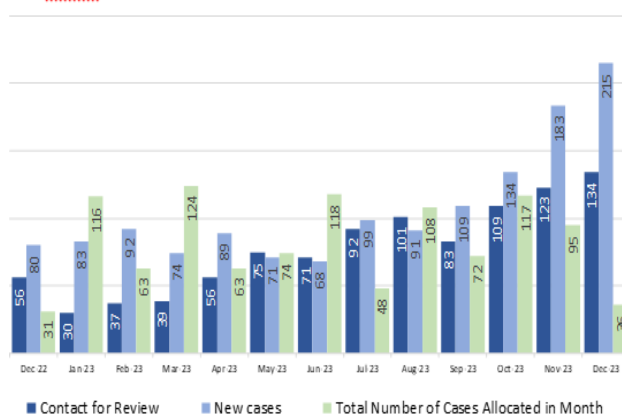
Working with stakeholders and professionals

- 5.3.10 We are members of each South Manchester Locality Practitioner Frontline Forums to raise awareness of carer needs, promote the Pathway and Contact Point and ensure Carers are included in local service provision. We have also played a role in the South Manchester Transport Group, locality poverty and cost of living groups, and Locality mental health task groups.

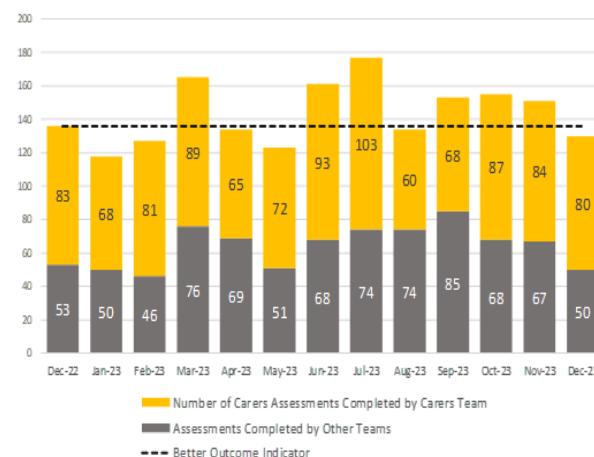
6.0 Update on the ASC Statutory Carer's Assessment Service

- 6.1 Statutory carer’s assessments are mandatory for Adult Social Care in line with the legislative requirements of the Care Act 2014. Whilst carer’s assessments can be undertaken by any Social Worker or Social Care Assessor (SCA), often in conjunction with the cared-for person, the majority of specialist carer’s assessments are conducted by the small Carer’s Team. This is beneficial as the Social Care Assessors build up specialist knowledge and insight into the needs of Carers and how to signpost them to further carer’s services and organisations in order to holistically meet their needs.
- 6.2 This is a small team delivering carer assessments across the city who also work very closely with Gaddum, notably the Carers Contact Point helpline to seamlessly cross-refer to ensure that Carers are aware of how to access the helpline and also how to receive a statutory carer’s assessment. This is developing as a strong partnership and a good example of statutory and VCSE services working closely together to benefit the carer.
- 6.3 Monthly data is gathered on the numbers of referrals dealt with by the Carer’s Team and also the number of completed assessments:

CJ22. Carers Team Activity



CJ22a. Completed Carer Assessments



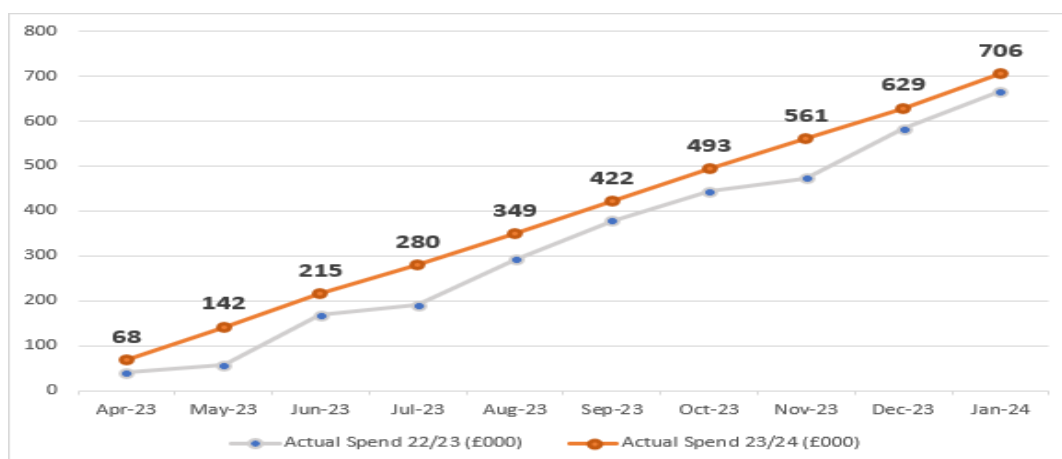
- 6.4 In Chart CJ22 above left, this shows the numbers of referrals. Of significance is the number of new cases which has steadily grown and that fulfils our strategic priority of helping more Carers (not known to ASC), meeting their Carers to carry on caring and building up their knowledge of where to receive help and improving resilience. It cannot be understated the savings to health and, particularly to Adult Social Care, that Carers contribute through the provision of free care to their family members or friends. So, increases in new cases is a positive indicator that we are supporting more Carers.
- 6.5 In Chart CJ22a above right, this shows the number of completed carer’s assessments across adult social care, by both the Carer’s team and other social care professionals. The monthly target is 140 completed assessments, which shows some monthly variation and directly attributed to the small size of the carer’s team. However, further investment in a further 2 Social Care Assessors for Carers has recently been agreed and now operational. This will have a positive future impact on the waiting list (waiting list no more than 20 days).

6.6 Routine carer post-assessment surveys have been in place for over 2 years. A link (or paper version) is sent to each carer at the completion of their statutory carer's assessment, as part of our aspiration to measure satisfaction levels with service delivery and improve the service based on carer feedback. Some headlines from the surveys are as follows:

- 550 surveys have been completed, so findings are significantly valid from a research perspective.
- 72% of Carers are female.
- 497 Carers are heterosexual, 3 Lesbian, 13 Bisexual, 10 Gay and 3 in another way.
- The majority age band of respondents is between 50 and 70 years old.
- Nearly half of Carers (48%) live in North Manchester.
- 91% received enough information in planning their support.
- 97% stated the Social Care Assessor listened and understood their needs.
- 98% of respondents felt the SCA was respectful and helpful.
- 96% of respondents did not want to raise any negative comments or complaints.
- 80% of respondents rated the service as excellent, 17% as good, with only 3% rating the service as poor.
- We also ask for comments on the Contact Point helpline as part of the survey to gain feedback on the commissioned service provider.
- 47% of Carers have used the Contact Point helpline.
- 96% of respondents would recommend the Contact Point.
- 92% of Carers felt the Contact Point should continue.

6.7 The Carers team have a duty function which is monitored daily. All referrals to the team come via the Contact Centre to the Carers Incoming work tray which are then screened and actioned accordingly. Once a referral is screened and accepted on duty the SCA will place it in waiting allocations tray. If deemed urgent the team have an escalation system ensuring the carer is assessed with 48 hours. Should the carer be a risk of breakdown, the duty SCA will gather all the relevant information for the cared for and make an urgent referral to the appropriate INT team to arrange an assessment for the cared for. The SCA will provide reassurance that there is support available to help them in their caring role. A Carers assessment will be completed with the carer at the earliest convenience for them.

6.8 In meeting the needs of Carers through a statutory carer's assessment, there is the option to meet the identified assessed needs through a Carer's Personal Budget. The annual budget is £714k per year and, prior to the new Carer's Pathway, this budget was underspent due to low assessment activity. In more recent years, the number of Carers assessments has grown, therefore increasing the number of payments from this budget, which is very positive. The following chart shows spend activity over the past years with the budget fully committed:



6.9 Outcomes from assessment are recorded on Liquid Logic and can be summarised in the following themes:

- Travel and Inclusion
- Indoor Health and Wellbeing
- Outdoor Health and Wellbeing
- Social Interaction
- Training and Personal Development
- Household goods and maintenance

6.10 It should be noted that meeting the needs of carer's differs from meeting citizen needs, and outcomes are what Carers tell us they would benefit from to support their wellbeing. Improving their social isolation or supporting them with essential household needs e.g. garden maintenance all go far to support Carers to balance their roles and continue caring, with just enough support.

6.11 Further improvements for Carers include:

- New Carer's strength-based assessment approach
- Development of a new Emergency Support Plan, particularly when a carer is poorly or admitted to hospital
- New carer's policy and processes
- Commitment to the hospital discharge process through the Accelerated Reform Fund (see later)

7.0 Performance Data Update

7.1 Quality data collection and analysis are integral to evidencing our impact on our investment and support for Carers, and allows us to identify trends, patterns, and unmet need across the Carers Support Pathway. A Performance and Data workstream was implemented to oversee development of an overarching Pathway Data Dashboard, to allow us to present, review and analyse our findings from across the Pathway. Due to the updated Governance and Contract, we are now reviewing our data requirements and learning.

7.2 We are redefining our benchmarks more clearly and drive growth in Carer engagement and service satisfaction across a range of indicators. This includes opportunities to improve data collection in areas such as health, Carers in employment, respite and more detailed information on Equality, Diversity and Inclusion (including a focus on Equality Impact Assessments).

8.0 The Carers Emergency Fund

8.1 The Carers Emergency Fund, established and funded by the City Treasurer during the Covid-19 pandemic continues to go from strength to strength. The core aim is a discretionary payment to help Carers via the Contact Point helpline with urgent financial needs that impact on their caring role.

8.2 The annual budget is £100k and a significant number of Carers are assisted via this funding, with typical support including:

- Access to small, one-off grants to support travel or utility top-ups
- Support with new essential white goods such as washing machines, tumble dryers or fridge/freezers
- Beds and bedding

9.0 National investment by DHSC in Carers through the Accelerated Reform Fund

9.1 The Department of Health and Social Care (DHSC) recently announced significant national investment for Carers and also Shared Lives as ring-fenced funding to meet gaps in provision. There was a condition that local authorities should come together regionally to mirror the NHS ICB geography, which, for Manchester meant that we would be bidding as a Greater Manchester Consortium. There was a stipulation that only a lead LA could submit the bid so the Executive Director of Adult Social Services agreed with GM colleagues that Manchester would both submit the bid and act as the Host Authority. The bid was submitted mid-January with the involvement of all 10 LAs across GM. As part of the preparatory work, and to meet the brief that only new services could be funded, it was agreed that there should be a focus on 'improving the hospital discharge experience' for unpaid Carers.

9.2 The bid is now approved, and GM Consortium will receive £1.98 million to deliver local projects around hospital discharge and also work to improve Shared Lives Carers (out of scope of this report). Funding is not yet allocated.

9.3 Manchester's bid elements set out the need for the 3 Acute Trusts under MFT to have dedicated Carer's Officers at each of the 3 hospital sites to deliver on a number of aspects:

- To raise hospital staff's awareness of the needs of unpaid Carers.
- To promote Carers Manchester – as a brand/service - to Manchester Carers who are visiting their family/friends who are in-patients.
- To deliver targeted support to Carers who may be anxious about a family member returning home with expectations of carer support.

- To trial a 'mini' statutory Carers assessment as part of the support package in order to avoid further referrals and swifter resolution of carer identification and needs assessment.
- Overall, through the range of initiatives above, to support carer's to be more resilient and knowledgeable to continue caring, with the ongoing support they need in the future.

9.4 Commissioners are delighted to be able to deliver this project as it is a genuine gap in service provision. Hospital admission, for a family member, is often a time when a carer stops caring due to lack of support and sheer exhaustion. By better supporting Carers at the time of hospital admission, Carers should be supported to deal with the resultant discharge arrangements and ensure that their needs are being met also.

10.0 Conclusions

10.1 This is an extensive report on Unpaid Carers setting out the breadth of services and support that Carers need across the pathway. Whilst there is much to celebrate, there remains further work to embed a comprehensive offer to Carers in the city, to continue to build their resilience and access to quality VCSE and statutory support. ASC's partnership with the Carers Network is a prime example of achieving more together with a central focus on helping carer's earlier and meeting their basic and more complex needs through the pathway.

11.0 Recommendations

11.1 Members of Health Scrutiny are requested to consider, note and comment on the work achieved to date on improvements to the carer's pathway in the city.

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 6 March 2024

Subject: Manchester Public Health Annual Report

Report of: Director of Public Health

Summary

As part of the statutory role of the Director of Public Health there is a requirement to produce an annual report on the health and wellbeing of the local population. The report can either be a broad overview of a wide range of public health programmes or may have a focus on a particular theme. This year the report focuses on HIV and sexual health. However, this includes a look back to how the city responded to the emerging HIV and AIDS crisis in the 1980s/1990s (That was Then) and how that response has informed the services now operating in the present day (This is Now). In addition, the Director of Public Health has set out some of the issues Manchester will need to consider from 2024/5 onwards.

A digital version of the report will be circulated to the Committee prior to the meeting and contributors to the Report will attend the Committee to respond to questions.

Recommendations

The Committee is recommended to note the report.

Wards Affected: All

Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city	Commissioned providers of sexual health services are required to pledge their zero-carbon targets as part of their contract with the Council.
Equality, Diversity and Inclusion (EDI) - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments	This report highlights the important historical context of EDI developments that have supported the current approach in the city.

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	HIV treatment advances have ensured that many adults living with HIV continue to contribute significantly to the success of the City's economy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Manchester contributed to global research and innovation around HIV back in the 1980s and 1990s that enhanced the City's reputation as a key player in Life Sciences.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The work of campaigners, councillors and activists in the voluntary and statutory sectors back in the 1980s, helped create some of the conditions that will enable programmes such as Making Manchester Fairer to go from strength to strength.
A liveable and low carbon city: a destination of choice to live, visit, work	Manchester's reputation as a welcome and tolerant City has ensured many people who have experienced stigma and discrimination contribute to be attracted to visit, work and live in the City.
A connected city: world class infrastructure and connectivity to drive growth	HIV and sexual health services are a fundamental requirement to enable any global city to meet the needs of demographic changes and support greater connectivity between cities and countries.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None

Financial Consequences – Capital

None

Contact Officers:

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Name: Victoria Paris

Position: Commissioning Manager – Sexual Health

E-mail: victoria.paris@manchester.gov.uk

Background documents (available for public inspection): None

1.0 Introduction

- 1.1 The format of the previous two Manchester Public Health Annual Reports covering the Pandemic, with a focus on personal stories and testimonies, has been adopted for this thematic report on HIV and Sexual Health. The Report will be in two parts.

Part One: “That was Then” how Manchester responded to the emerging global challenge of HIV/AIDS in the 1980s and 1990s.

Part Two: “This is Now”, highlights how Manchester has taken the learning from those times into the present day.

- 1.2 At the end of the report under “What next for Manchester” the Director of Public Health makes a series of recommendations for consideration.
- 1.3 The report will also include a Foreword from Councillor Thomas Robinson, the Executive Member for Healthy Manchester and Social Care.

2.0 Report Content

- 2.1 The “That was Then” section will include contributions from:

- **Councillor Pat Karney** who has been a Labour councillor in the city since 1979, reflects on the 1980s, the City Council’s pioneering AIDS Unit and the march against Clause 28.
- **Paul Fairweather** LGBT and HIV campaigner. Paul was one of the Council’s first Gay Men’s Officers and a founder member of Manchester AIDS-Line. Paul continues to play a vital role in work addressing stigma around HIV in Manchester.
- **Dr Ed Wilkins**, Retired Consultant in Infectious Diseases, who worked at Monsall Hospital and North Manchester General Hospital in the 1980s and 1990.
- **Bridget Hughes**, District HIV Coordinator for Central Manchester Health Authority in the early 1990s. Bridget was a driving force behind plans to establish a HIV/AIDS Hospice in the City. Bridget is currently Interim Associate Director of Operations at Greater Manchester Mental Health Foundation Trust.
- **Leasa Benson** who started out as a junior staff nurse in Ward 14B at Monsall Hospital and worked alongside Ed. Leasa is now the Lead Nurse for Health Protection in the Council’s Department of Public Health.
- **Michael Linnell** who back in 1985 was employed as an artist by the drugs charity Lifeline, based at the old drug dependency unit at Prestwich Hospital. Mike is now a well-respected member of the Greater Manchester Drug Alert Panel.

- **Felicity (Phil) Greenham** started out as a District HIV Prevention Co-ordinator in the 1980s and later had a lead role with Body Positive North West. Phil is currently a Trustee with the Brunswick Centre, who provide support to people with HIV and the LGBTQ+ community in Yorkshire.
- **Priscilla Nkwenti** was one of the first volunteers for the Black HIV and AIDS Forum (BHAF) and then their first paid worker. Priscilla stayed with the organisation as it became BHA for Equality and retired a few years ago.
- **Evelyn Asante-Mensah** initially volunteered on the BHAF committee, later taking a paid role. Evelyn has been chair of Manchester Primary Care Trust and is currently the chair of Pennine Care NHS Foundation Trust.
- **Mike Narayansingh** was a key officer in the City Council's AIDS Unit and had the lead role relating to programmes of work with injecting drug users and sex workers. Mike was instrumental in setting up Manchester Action on Street Health (MASH).
- **Janet Mantle** worked as a Health Promotion Specialist at Withington Hospital from 1989 and developed the first ever training pack on HIV for primary care. She undertook other senior public health roles in Manchester and was a Consultant in Public Health at the City Council until her retirement.
- **Catherine Jones** worked in Manchester in the early 1990s as a health promotion specialist with responsibility for sexual health and HIV in schools. Cath went on to work at the City Council as the Head of Extended Schools and is now retired.
- **Paul Martin** started his career as Development Lead for MESMAC Manchester which then became Healthy Gay Manchester. Paul is now the Chief Executive of the LGBT Foundation.
- **Tina Threadgold**, who started at Body Positive in 1995 as a second-year health and social care student and now works for Manchester Action on Street Health.
- **Richard Scarborough** has worked for the Manchester Department of Public Health as sexual health commissioning manager. In recent years Richard has supported the Department on several specific projects including the production of this Annual Report.
- **David Regan** has held several voluntary and paid roles in his 40-year career in Manchester and is currently the Director of Public Health for Manchester.

- **Jack Holden**, writer and actor whose play *Cruise* premiered at the Duchess Theatre London in June 2021 and came to Home in Manchester during the summer of 2023.

2.2 The “This is Now” section of the report will include summaries of several interviews with key organisational leads and short pieces about the wide range of innovative services, projects and initiatives including:

- Passionate about Sexual Health (PaSH) a partnership between BHA for Equality, George House Trust and the LGBT Foundation. The work the three organisations undertake is also covered.
- Manchester Action on Street Health.
- Our Room, previously the Men’s Room.
- The Northern Contraception, Sexual Health, and HIV Service. The Northern is part of Manchester University NHS Foundation Trust (MFT).
- The HIV Service, part of the Infectious Diseases Department based at North Manchester General Hospital which is also art of MFT.
- Brook Manchester a national charity supporting young people with their sexual health and wellbeing.
- Urban Village Medical Practice (UVMP) who provide a range of bespoke sexual health services to the homeless population of Manchester.

3.0 What next for Manchester

3.1 In line with previous annual reports the Director of Public Health will also make a series of recommendations under the heading “What next for Manchester”, these are set out below:

3.2 Continue work to address HIV stigma and increase education and awareness among health and social care professionals especially in the context of an ageing cohort of people living with HIV, by:

- Sustaining investment in the George House Trust Positive Speakers programme in schools.
- Exploring the use of the HIV stigma training module created for NHS staff in Manchester, or a similar bespoke package, to wider system partners.

3.3 Address rising rates of Sexually Transmitted Infections (STIs) by:

- Exploring options to provide a same-day STI testing service with rapid results and treatment, targeted at those most at risk of STIs and look at the feasibility of a Dean Street-type service in the city centre.

- Exploring options to increase the capacity of the online STI home test kit service and for additional capacity in sexual health services to offer walk-in appointments for people who are symptomatic.
- Developing peer-led campaign activity to increase knowledge and understanding of STIs and a combination prevention approach to the prevention of STIs, including condom use and regular testing.

3.4 Improve access to contraception by:

- Ensuring all available access points to effective contraceptive methods and advice for all age cohorts and communities are maximised, including pharmacies, general practice and bespoke services.
- Continuing to support the implementation of women's health hubs in primary care to expand the capacity of provision of long-acting reversible contraception.

3.5 Maintain and build on both the HIVE (HIV elimination of new cases programme) and Fast-Track Cities Programmes through the Greater Manchester arrangements.

Given that Greater Manchester exceeded the initial 90:90:90 targets and the subsequent 95:95:95 targets, the possibility of delivering on the ambitions of both HIVE and Fast-Track Cities is something Manchester should be proud of.

3.6 Increase the national public health grant by £0.9 billion more a year to reverse years of funding cuts. Budgets should be shifted away from a short-term model for Directors of Public Health to be able to make decisions with the knowledge that there will be sufficient long-term funding available.

4.0 Recommendation

4.1 The Committee is recommended to note the report.

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**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 6 March 2024

Subject: Final Report and Recommendations of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

Report of: The Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group

Summary

This report presents the findings of the detailed investigation undertaken by the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.

Recommendations

To note the findings of the Task and Finish Group and endorse the recommendations as set out in section 8.0 the report.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Governance and Scrutiny Support Officer
Telephone: 0161 234 3376
Email: lee.walker@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact the contact officer above.

Copies of the reports and meeting minutes for this Task and Finish Group are available via the Council's website:

<https://democracy.manchester.gov.uk/ieListMeetings.aspx?CIId=401&Year=0>

1.0 Introduction

- 1.1 Greater Manchester Mental Health NHS Foundation Trust (GMMH) is one of the largest specialist mental health providers in the country, providing inpatient and community-based mental health care for people living in Bolton, the city of Manchester, Salford, Trafford and Wigan, and a wide range of specialist mental health and addiction services across Greater Manchester and beyond.
- 1.2 Like many who watched the BBC Panorama programme that aired 28 September 2022 concerning the Edenfield Centre, Councillors were shocked at the content. In response to these serious allegations of neglect and abuse, the Health Scrutiny Committee had summonsed the Deputy Chief Executive, GMMH to address the October 2022 meeting (see minute reference HSC/22/41).
- 1.3 Following the October 2022 meeting, the Health Scrutiny Committee resolved to dedicate it's meeting of 24 May 2023 to hear again from GMMH with the intention being to seek an assurance that the required improvements were being made (see minute reference HSC/23/24).
- 1.4 In late November 2022, GMMH was placed into Segment 4 of the NHS England Oversight Framework and joined the national Recovery Support Programme (RSP), in order to receive intensive support in high priority areas.
- 1.5 NHS England segmentation decisions indicate the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (Segment 4).
- 1.6 At the same time, the Care Quality Commission (CQC) published a series of reports based on inspections of several GMMH services and suspended the Trust's well-led rating at Trust level.
- 1.7 At the meeting of 24 May 2023 Members learnt of the GMMH Improvement Plan that had been instigated and the five areas for priority focus that had been identified. The conclusion of this meeting was that Members recommended and agreed to establish a subgroup to consider the Improvement Plan in further detail.

2.0 Membership

- 2.1 The membership of the Task and Finish Group was approved by the Health Scrutiny Committee at their meeting of 19 July 2023 as Councillors Bayunu, Curley, Green (Chair) and Wilson.

3.0 Objectives

- 3.1 The objectives and key lines of enquiry were agreed by the Health Scrutiny Committee at their meeting of 19 July 2023. The full terms of reference are attached as an Appendix to this report. The agreed objectives were:

1. To review progress against the five key workstreams of the Greater Manchester Mental Health NHS Foundation Trust Improvement Plan:
 - Patient Safety
 - Clinical Strategy and Professional Standards
 - Empowered and Thriving Workforce
 - An Open, Listening Organisation
 - A Well Governed and Well Led Trust.
2. To seek an assurance that the required improvements are implemented.

4.0 Key Lines of Enquiry

4.1 The Group agreed the following Key Lines of Enquiry to undertake their review:

1. To consider the strategies and planned work related to each of the five key work streams of the Improvement Plan.
2. To consider the measurement and reporting of progress / improvements.
3. The Subgroup will consider evidence from the Trust and any other witnesses as the Subgroup deem appropriate.

5.0 Evidence Gathering Process

5.1 The Group held three meetings to consider evidence. The themes of the three meetings were structured around the five workstreams of the Trusts Improvement Plan. The full detail of what the Group considered at each meeting can be found in the work programme, attached as Appendix 2 to this report.

6.0 Formal Meetings and Themes

6.1 Meeting 1 – Tuesday 19 December 2023

6.1.1 Theme: GMMH Improvement Plan: Patient Safety, Clinical Strategy and Professional Standards (Workstreams 1 and 2)

6.1.2 At this meeting the Group discussed a number of areas of activity, including the process of ligature audits that were undertaken across the in-patient sites in accordance with published Care Quality Commission national guidance. The issue of staff recruitment and retention was discussed, recognising the importance of this to raise and maintain the highest standards of patient safety and care. The Group also learned of the NHS England Recovery Support Programme and the NHS Oversight Framework to support the ongoing delivery of the Improvement Plan.

6.2 Meeting 2 - Tuesday 23 January 2024

- 6.2.1 Theme: GMMH Improvement Plan: People and Culture (Workstreams 3 and 4)
- 6.2.2 At this meeting the Group discussed several key areas of activity, including the issue of staff recruitment and retention again, reiterating the importance of staff having the correct values; the role of the Board with particular reference to the role of non-Executive Board Members and how they interacted with teams, staff and service users; and how the voice of service users and carers was captured and responded to. Throughout the discussion and questioning the Group were seeking to obtain an assurance that all patients were treated with dignity at all times and protected from the cruel practices that had been witnessed in the Panorama programme.
- 6.3 Meeting 3 - Tuesday 20 February 2024
- 6.3.1 Theme: GMMH Improvement Plan: Governance and Leadership (Workstream 5)
- 6.3.2 At this meeting the Group discussed a number of areas of activity, including the importance of leadership visibility and meaningful engagement with both staff and service users and how this contributed to cultural improvements across the Trust. Throughout the discussion and questioning the Group were seeking to obtain an assurance that patient safety underpinned all actions described. The Group also heard of the approach being taken to appoint the correct candidate to the role of Chief Executive at GMMH.

7.0 Agreement of Final Report and Recommendations

- 7.1 The Task and Finish Group were invited to consider the final report that presented the findings of the investigation undertaken by the Group. The report was circulated electronically to all Members, who were invited to consider the content of the report and the recommendations.
- 7.2 The final report, which would contain any amendments agreed by the Group would then be submitted to the next scheduled meeting of Health Scrutiny Committee. The Health Scrutiny Committee would be asked to endorse the recommendations contained within section 8.0 of this report.

8.0 Conclusions and Recommendations

- 8.1 Following careful consideration of all the evidence presented throughout the course of this investigation the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group agreed the following recommendations:

Recommendation 1

The Health Scrutiny Committee shall continue to be involved in reviewing the implementation and outcomes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan.

Recommendation 2

The Group recommend that a meeting of the Health Scrutiny Committee in the new municipal year be dedicated to hearing from a range of different service users and patient groups who would be invited to share their experience of the impact of the Trusts Improvement Plan.

Recommendation 3

The Health Scrutiny Committee to consider a report that provides an update on the implementation of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan in the Autumn of 2024. The new Chief Executive and Board Chair to attend this meeting when scheduled.

Recommendation 4

The Group encourages the incoming Chief Executive Officer to undertake walkarounds and engage with frontline staff, including staff in the Community Mental Health Teams as soon as is practically possible following their appointment.

Recommendation 5

The Group encourages the Trust to undertake a rigorous peer review once the new Chief Executive is appointed.

9.0 Acknowledgements

- 9.1 The Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group would like to thank the following people for their advice and support during this investigation.

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

Bernadette Enright, Executive Director of Adult Social Services, Adult Social Care

Jan Ditheridge, Chief Executive, Greater Manchester Mental Health NHS Foundation Trust

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

Sian Wimbury, Deputy Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust

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

Bridget Hughes, Associate Director of Operations, Greater Manchester Mental Health NHS Foundation Trust

Sarah Williamson, Associate Director of Nursing and Quality, Greater Manchester Mental Health NHS Foundation Trust

Paul Lewis-Grundy, Associate Director of Corporate Governance, Greater Manchester Mental Health NHS Foundation Trust

Dr Nishan Bhandary, Associate Medical Director - Manchester Care Group, Greater Manchester Mental Health NHS Foundation Trust

Title	Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group
Membership	Councillors Green (Chair), Bayunu, Curley and Wilson
Lead Executive Members	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care
Strategic Directors	Bernadette Enright, Executive Director of Adult Social Services
Lead Officers	Chief Executive of Greater Manchester Mental Health NHS Foundation Trust
Contact officer	Lee Walker, Governance and Scrutiny Support Officer
Objectives	<p>1. To review progress against the five key workstreams of the Greater Manchester Mental Health NHS Foundation Trust Improvement Plan:</p> <ul style="list-style-type: none"> - Patient Safety - Clinical Strategy and Professional Standards - Empowered and Thriving Workforce - An Open, Listening Organisation - A Well Governed and Well Led Trust. <p>2. To seek an assurance that the required improvements are implemented.</p>
Key Lines of Enquiry	<p>1. To consider the strategies and planned work related to each of the five key work streams of the Improvement Plan.</p> <p>2. To consider the measurement and reporting of progress / improvements.</p> <p>3. The Subgroup will consider evidence from the Trust and any other witnesses as the Subgroup deem appropriate.</p>
Operation	This Subgroup will report its findings to the Health Scrutiny Committee by submitting minutes to the Committee. The Committee will be asked to endorse any recommendations from the Subgroup.
Access to Information	<p>Meetings of the Subgroup will be open to members of the media and public except where information that is confidential or exempt from publication is being considered.</p> <p>Papers for the Subgroup will be made available to members of the media and public on the Council's website and Central Library except where information which is confidential or exempt from publication is being considered.</p>
Schedule of Meetings	To be determined.
Commissioned	24 May 2023

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**Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group
Work Programme – 2023/2024**

Meeting 1: Tuesday 19 December 2023, 10am in the Council Antechamber Deadline for reports: Friday 8 December 2023				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: - Patient Safety - Clinical Strategy and Professional Standards	To receive a report that describes the agreed work and activities of the Improvement Plan to address patient safety and Clinical Strategy and Professional Standards This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	Dep Chief Executive GMMH Chief Nurse GMMH Medical Director GMMH	
Oral Update from the Executive Member for Healthy Manchester and Adult Social Care	The Executive Member for Healthy Manchester and Adult Social Care will provide any relevant oral update to the Task and Finish Group.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	-	
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

Meeting 2: Tuesday 23 January 2024, 2pm in the Council Antechamber				
Deadline for reports: Friday 12 January 2024				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: People and Culture	To receive a report that describes the agreed work and activities of the Improvement Plan that considers 'People and Culture.' This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	Dep Chief Executive GMMH	
Oral Update from the Executive Member for Healthy Manchester and Adult Social Care	The Executive Member for Healthy Manchester and Adult Social Care will provide any relevant oral update to the Task and Finish Group.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	-	
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

Meeting 3: Tuesday 20 February 2024, 10am in the Council Antechamber				
Deadline for reports: Friday 9 February 2024				
Item	Purpose	Lead Executive Member	Lead Officer	Comments
GMMH Improvement Plan: Governance and Leadership	To receive a report that describes the agreed work and activities of the Improvement Plan to consider the actions the Trust will adopt to support Governance and Leadership. This report will include information on the agreed governance arrangements in relation to this activity, the agreed metrics and reporting of progress and improvements.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	Dep Chief Executive GMMH	
Oral Update from the Executive Member for Healthy Manchester and Adult Social Care	The Executive Member for Healthy Manchester and Adult Social Care will provide any relevant oral update to the Task and Finish Group.	Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care	-	
Final Recommendations	The Group will be invited to make recommendations of the Task and Finish Group.	-	Lee Walker	
Terms of Reference and Work Programme	To review and agree the Subgroup's terms of reference and work programme and consider any changes or additions that are necessary.	-	Lee Walker	

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 6 March 2024
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Governance and Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: lee.walker@manchester.gov.uk

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Action	Contact Officer
11 October 2023	HSC/23/43 Making Manchester Fairer: Tackling Health Inequalities in Manchester 2022-2027	<p>1. All Council strategies and policies are to be framed and prominently articulated with the Marmot Themes and Making Manchester Fairer.</p> <p>2. All Ward Plans should be framed and structured using the key themes of Making Manchester Fairer.</p> <p>3. That officers provide a briefing note that described the methodology used to identify those areas with the highest need.</p> <p>4. That officers provide a briefing note that details the location of temporary accommodation across the city and how that relates to the MMF methodology set out in (3) above.</p>	<p>1. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available.</p> <p>2. This recommendation has been forwarded for consideration. A response to this recommendation will be circulated to Members when available.</p> <p>3. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available.</p> <p>4. This recommendation has been forwarded. A response to this recommendation will be circulated to Members when available.</p>	Lee Walker Scrutiny Support Officer
10 January	HSC/24/02 Support For	The Committee recommends that the Executive Member for	A response to this recommendation will be circulated to Members when	Lee Walker Scrutiny Support

Date	Item	Recommendation	Action	Contact Officer
2024	People With Complex Needs And The Role Of Social Workers & Tackling Alcohol Harm in Manchester	Healthy Manchester and Adult Social Care and the Chair of the Health Scrutiny Committee engage with the Mayor of Greater Manchester with the view to establishing a Manchester Manifesto to tackle the alcohol industry on the issue of alcohol-related harm.	available.	Officer
10 January 2024	HSC/24/04 Enabling Independence Accommodation Strategy Update	That a visit to the Smart Suite be arranged for Members.	The date for this visit was circulated to Members 19 February 2024.	Lee Walker Scrutiny Support Officer
7 February 2024	HSC/24/08 Revenue Budget Update 2024/25	The Committee recommend that an extract of the budget discussion from the webcast of this meeting, along with vox pops of interviews with members of the public be sent to the Prime Minister and Chancellor of the Exchequer to support the call for fairer and sustainable funding for Manchester.	This recommendation was included in the minute of the Budget related reports that were forwarded to the Executive for consideration at their meeting of 14 February 2024.	Lee Walker Scrutiny Support Officer

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **26 February 2024**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

There are no Key Decisions currently listed within the remit of this Committee.

3. Items for Information

Care Quality Commission Reports

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England.

Key to Inspection Ratings

Services are rated by the CQC according to how safe, effective, caring, responsive and well-led they are, using four levels:

- **Outstanding** – The service is performing exceptionally well.
- **Good** – The service is performing well and meeting expectations.
- **Requires improvement** – The service isn't performing as well as it should and the CQC have told the service how it must improve.
- **Inadequate** – The service is performing badly and the CQC have taken enforcement action against the provider of the service.
- **No rating/under appeal/rating suspended** – There are some services which the CQC can't rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by the CQC and will be published soon.

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met.

Provider	Address	Link to CQC report	Report Published	Type of Service	Rating
Church View Medical Centre	Church View Medical Centre The Harpurhey Health Centre 1 Church Lane Harpurhey Manchester M9 4BE	https://www.cqc.org.uk/location/1-549721000	1 February 2024	GP Practice	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Manchester City Council	Hall Lane Resource Centre (Respite Care, Short Breaks Service) 157-159 Hall Lane Baguley Manchester M23 1WD	https://www.cqc.org.uk/location/1-2146647956	10 February 2024	Care Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Requires Improvement Caring: Good Responsive: Good Well-led: Requires Improvement
Homesend Ltd	Number 9 Anson 9 Anson Road Victoria Park Manchester M14 5BY	https://www.cqc.org.uk/location/1-114610100	6 February 2024	Care Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Saud Health Care Ltd	M.A. Dental Care 394 Palatine Road Manchester M22 4FZ	https://www.cqc.org.uk/location/1-11064746573	7 February 2024	Dentist	Overall: No Action Required

Tregenna Group Practice	Tregenna Group Practice Portway Woodhouse Park Wythenshawe Manchester M22 0EP	https://www.cqc.org.uk/location/1-567859473	8 February 2024	GP Practice	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
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**Health Scrutiny Committee
Work Programme – March 2024**

Wednesday 6 March 2024, 2pm (Report deadline Friday 23 February 2024)

Item	Purpose	Lead Executive Member	Lead Officer	Comments
Carers Strategy	Following the presentation of the Carers Strategy to the Committee in March 2023, an update on strategy implementation will be provided to the Committee.	Councillor T. Robinson	Bernie Enright	Invitations will be extended to frontline service providers and people with lived experience.
Manchester Public Health Annual Report	To receive the 2023/24 Public Health Annual Report which will focus on sexual health and HIV.	Councillor T. Robinson	David Regan	Invitations will be extended to frontline service providers and people with lived experience.
Final Report and Recommendations of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group	To receive a report which presents the findings of the detailed investigation undertaken by the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group.	-	Lee Walker	TBC – Subject to approval of the Final Report and Recommendations.
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee’s work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.	-	Lee Walker	

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Findings From CQC Reports into Manchester Based Services and The Publication Of The GMMH Independent Review by Professor Shanley	To receive a report that describes the findings from CQC reports into Manchester based services and the publication of the GMMH Independent Review by Professor Oliver Shanley OBE.	Councillor T. Robinson	David Regan, Bernie Enright	
An Update on Health Protection Outbreaks as They Arise	To receive an update on health protection outbreaks.	Councillor T. Robinson	David Regan	
Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Update	Further to the meeting of 24 May 2023 to consider a report from the Greater Manchester Mental Health NHS Foundation Trust that provides an update on the Trust's Improvement Plan.	Councillor T. Robinson	Chief Executive of GMMH	
Access to NHS Primary Care – GP, Dentistry and Pharmacy	To receive a suite of reports that provide an update on the provision and access to primary care services across the city.	Councillor T. Robinson	Tom Hinchcliffe	Previously considered 8 February 2023.
2022/2023 Manchester Safeguarding Partnership Annual Report	To receive the annual report of the Manchester Safeguarding Partnership with a focus on Adults.	Councillor T. Robinson	Bernie Enright	
Update On Health	Following the visit by members of the Health Scrutiny	Councillor	David	This item was

Infrastructure Projects	Committee to North Manchester General Hospital in March 2023, the Committee will receive an update report on the new hospital programme and progress in north Manchester.	T. Robinson	Regan Tom Hinchcliffe	previously considered at the 11 January 2023 meeting.
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