

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Wednesday, 22 May 2024**

#### **Present:**

Councillor Green – in the Chair

Councillors Cooley, Curley, Hilal, Johnson, Karney, Marsh, Muse and Sarwar

**Apologies:** Councillors Judge, Reeves and Sadiq

#### **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

#### **HSC/24/17 Minutes**

#### **Decision**

To approve the minutes of the meeting held on 6 March 2024.

#### **HSC/24/18 Adult Social Care Activity and Care Market Capacity**

The Committee considered the report of the Executive Director of Adult Social Services that provided information on adult social care performance activity as well as external commissioning and market capacity.

Key points and themes in the report and accompanying presentation included:

- Providing the context in which Adult Social Care were delivered;
- Better Outcomes Better Lives transformation programme and key headline activity;
- An update on key areas of adult social care that related to community capacity, including key performance information;
- An overview of the care market, with reference to market sustainability and in-year supplementary funding;
- Supporting discharge through the Manchester Integrated Control Room; and
- New arrangements for placement finding via the Brokerage Team.

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

- Welcoming the report and recognising the outstanding work that was delivered on behalf of Manchester residents;
- Thanking the Executive Member and officers for their continued dedication and hard work;
- Whilst welcoming the use of technology to support residents, it was important to recognise the importance of face-to-face support;

- Noting and welcoming the recent inspection by the CQC of the Central Reablement Team and the awarding of an “Outstanding” rating;
- More needed to be done to raise the prestige of the caring profession;
- Commenting that there still existed many unrecognised unpaid carers in the city;
- Was the intention to roll out the described pilot that had been taking place with an existing homecare provider around delegated responsibility;
- Noting the significant impact the closure of a care home could have on both the residents and their families; and
- Welcoming the information provided regarding the Real Living Wage paid to carers, however there was a need to support care staff on other issues, such as the cost associated with work visa applications.

The Assistant Director, Early Help, Hospitals, Reablement and Manchester Equipment and Adaptations Partnership (MEAP) said the major adaptations were defined as works exceeding £1000 and minor as less than. She said that major works were administered in conjunction with assessment officers and Occupational Therapists. She commented that the demand for these services was increasing year on year and there was a national challenge regarding the recruitment and retention of qualified Occupational Therapists. In regard to a discussion relating to wheelchairs and highways she commented that highways was not within her remit and wheelchairs could either be supplied via the MEAP or health providers. She further provided a description of the Disabled Facilities Grant process where individuals could apply for funding for major adaptations that helped people stay as independent as possible, for as long as possible, in their home. She addressed the discussion regarding the use of technology. She said the intention was to deliver the most appropriate and safe support for residents, assessed by adopting a person centred, strength-based approach and it was not the intention to replace the role of the social worker. In accordance with the Care Act, support would be reviewed annually to ensure the individual continued to receive the correct and appropriate support.

The Executive Director of Adult Social Services stated that the Hospital at Home model of care was a model that was supported by multi disciplinary teams (MDTs). She added that discussions were ongoing with providers and health colleagues to extend this model into care homes. She reiterated that people were at the heart of these discussions. She further stated that the intention was to roll out the delegated responsibility pilot, with the appropriate level of clinical oversight and that an update on this could be provided to the Committee at the appropriate time.

The Executive Director of Adult Social Services noted and acknowledged the comments expressed regarding the impact care home closures had. She said that in the event of such a closure staff would work with residents and families to secure the best outcome for residents and their families. She added that the local care home sector was monitored to identify early warning signs and where appropriate support would be offered to sustain the provision. She made reference to the new framework rates (uplifts to providers) that had been completed through the MLCO Commissioning Board and various MCC governance routes to further stabilise the care market. The large increases to older people’s care homes provision were significant and would have a direct impact on reducing the fragility in the market, hopefully preventing care home closures and improving recruitment and retention in the sector.

The Executive Member for Healthy Manchester and Adult Social Care stated that in the event of a closure of a care home the relevant ward Members would be briefed at the earliest opportunity.

The Assistant Director (Commissioning) informed the Committee that reablement led flats were part of the Extra Care programme that had been routinely reported to the Committee. She advised that there were currently 30 such properties across the city, all supported by Reablement Teams with wrap around care. She stated that this model had been recognised as good practice by the Care Quality Commission. She commented that the challenge was to meet ongoing demand.

The Executive Director of Adult Social Services recognised the comments made regarding the perception of caring as a profession. She made reference to the establishment of the Greater Manchester Social Care Academy and suggested that a report on this work could be provided to the Committee at the appropriate time.

The Head of Commissioning for Care Homes, Homecare and Quality informed the Committee that the reported strength-based assessments and reviews that continued to exceed the BOBL performance indicator for the past 12 months was a result of improved identification with people being directed to the most appropriate care pathway. He further advised that a Greater Manchester pilot scheme had been launched that was designed to financially support providers help support staff with work visa applications, he further commented that recent communication with the Home Office had greatly improved to support this activity.

The Assistant Director (Commissioning) addressed the comments regarding paid and unpaid carers and drew Members' attention to the Greater Manchester Support for Carers Programme, an exemplar model for carer support. She added that this area of work was regularly reviewed and audited with best practice being shared.

## **Decision**

To note the report.

## **HSC/24/19 Mental Wellbeing Strategic Framework 2024-2029**

The Committee considered the report of the Director of Public Health that provided an overview of the new Mental Wellbeing Strategic Framework for Manchester 2024-2029.

Key points and themes in the report included:

- Describing that the purpose of this first citywide Mental Wellbeing Strategic Framework was to bring a focus to the mental health and wellbeing approach that was integral to improving health outcomes and reducing health inequalities in our population, and to set out the foundations for developing our local activities over the coming years;
- An overview of the Mental Wellbeing Steering Group which had been convened in September 2023, noting that the experiences and needs of Manchester residents and communities had been essential in developing the strategic plan;

- Describing that the framework was organised into four themes, each representing a different stage of system-wide prevention activity; and
- Each theme included several action areas, which would shape the development of delivery and action plans.

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

- Welcoming the report and supporting the work described;
- Recognising that good mental health was very important for all residents of the city;
- Noting the detrimental impact deprivation and austerity had on mental health;
- The importance of challenging the stigma associated with mental health;
- Recognising the importance of preventative work and early intervention, especially for children and young people;
- Noting that the funding from national government to support the number of children and young people diagnosed with Special Educational Needs and Disability (SEND) was inadequate;
- What were the reasons for the increase in number of children with a SEND diagnosis;
- Discussing the detrimental impact social media and the internet could have on people, particularly young people and enquiring if any analysis or research had been undertaken into this;
- Noting that attention deficit hyperactivity disorder (ADHD) had become increasingly more prominent; and
- Noting that there were a large number of people who were neurodiverse but had not received a formal diagnosis, and this could result in unsafe behaviours and life choices.

The Director of Public Health said that the use of the term 'Framework' had been deliberately chosen to encapsulate the breadth of work to improve mental health, challenge stigma, identify gaps, drive improvements and support the work to address inequalities, in accordance with the principles of Manchester being a Marmot city. She stated that trusted Voluntary Community and Social Enterprise (VCSE) groups would be an important partner in this work to help connect and engage with marginalised and hard to reach community groups. She said that mental care needed to be considered in a much wider sense than clinical care, and the ambition was to connect people with the most appropriate support.

The Director of Public Health acknowledged the comments made regarding the internet and social media, particularly in regard the impact on mental health and young people. She said that the associated action plan would include specific consideration of young people using an evidence based approach. She added that the Kickstarter Pilot had also included consideration of this, adding this pilot recognised the importance of support and appropriate preventative work prior to formal CAMHS (Child and Adolescent Mental Health Services) intervention. She informed the Committee that the Making Manchester Fairer work included colleagues from Children's Services.

The Executive Member for Healthy Manchester and Adult Social Care stated that CAMHS activity was reported to the Children and Young People Scrutiny Committee.

The Director of Public Health further commented that neurodiversity would also have specific associated actions, noting the comments expressed regarding the prevalence of this amongst care leavers. She added that any actions and associated strategies would be codesigned and coproduced with people with lived experience.

The Director of Public Health acknowledged the comments made regarding the increased number of children with a SEND diagnosis. She said that there were a number of factors that contributed to this, including but not limited to, deprivation; the impact of the pandemic and social and educational development; and trauma experienced by women during pregnancy.

The Director of Public Health informed the Committee that further information regarding ADHD would be provided following the meeting.

## **Decision**

To note the report.

## **HSC/24/20 Measles Update**

The Committee considered the report of the Director of Public Health that provided information on the recent national measles incident. It described the governance arrangements and actions that have been put in place to prevent the spread of measles in Manchester and to contain any cases as they arise to minimise the risk of an outbreak.

Key points and themes in the report included:

- An update on the current situation, noting that no data was published at a local authority level so the report was unable to include data on cases in Manchester, only at North West level;
- Vaccination data, noting that Manchester's coverage of the MMR vaccine was well below the national average and the target set by the World Health Organisation;
- Information on Manchester's response, including the Manchester Measles Outbreak Response Group chaired by the Director of Public Health;
- An update to the approach to communications and engagement activity; and
- Information on future plans.

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

- Stating that there was no link between the MMR vaccination and Autism, adding that any claims were discredited;
- The need to communicate the seriousness of measles and reiterating the importance of the MMR vaccination for children;
- The importance of engaging all residents on the issue of vaccination;
- Were older people susceptible to contracting measles; and

- Noting that there had been a reported national increase in whooping cough cases in the UK.

The Deputy Director of Public Health welcomed the comments from the Committee. She stated that communications, engagement and awareness raising on this issue was very important. She said that the lessons learned from the pandemic in regard to engaging with hard to reach communities and building trust would be utilised at a neighbourhood level by building on the Health Equity work and Sounding Boards.

The Deputy Director of Public Health stated that since the report had been produced the number of identified cases in older teenagers and people in their early twenties had increased in the North West, adding that this was a concern for Manchester due to the high number of students who reside here. She commented that the Public Health team, in conjunction with health partners and the local Universities had undertaken scenario planning for the event of an outbreak. She said that students should be encouraged to visit their GP to obtain the vaccination at the earliest opportunity. She said this situation continued to be closely monitored.

The Deputy Director of Public Health commented that anyone could contract measles and the illness was a particular risk for pregnant women and people who were immune suppressed. She acknowledged the comment regarding whooping cough and said this national increase in cases was also linked to the decline in the take up of the childhood vaccination.

The Director of Public Health reiterated that there was no link between the MMR vaccination and Autism and that the vaccination (with the two doses administered before the age of 5) was the best way to prevent measles, adding that the spike in cases reported in London and the West Midlands could be witnessed in Manchester.

The Executive Member for Healthy Manchester and Adult Social Care paid tribute to the diligent and constant work of the Public Health team to protect the residents of Manchester. He commented that the work described provided a snapshot, however he reassured the Committee that work on this had been underway for some time and Manchester was prepared for the event of an outbreak. He stated that he would contribute to provide all Members with briefings on this issue.

## **Decision**

To note the report.

## **HSC/24/21 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.

The Committee noted that it would be discussing the work programme for the forthcoming municipal year in further detail in a private session following the meeting,

and that an updated work programme reflecting this discussion would be circulated as normal in the papers for the next meeting.

### **Decision**

The Committee notes the report and agrees the work programme, noting the above comment.