

Health Scrutiny Committee

Minutes of the meeting held on 21 July 2021

Present:

Councillor Green – in the Chair

Councillors Appleby, Curley, Hussain, Newman, Reeves and Richards

Apologies: Councillors Nasrin Ali, Cooley, Riasat and Monaghan

Also present:

Councillor Midgley, Executive Member for Health and Care

Dr Alice Seabourne, Medical Director, Greater Manchester Mental Health NHS Foundation Trust

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

Peter Broom, Citizen of Manchester

HSC/21/27 Minutes

Decision

To approve the minutes of the meeting held on 23 June 2021 as a correct record.

HSC/21/28 COVID-19 Update

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director Manchester Health and Care Commissioning that provided an update on COVID-19 activity that included the latest available information on data and intelligence.

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

- Welcoming the Public Health Annual Report;
- The Committee expressed their continued confidence and support for the Public Health Team, NHS partners and all those involved in the vaccination programme;
- What would the impact on the vaccination programme be if the Enhanced Support Status was withdrawn;
- Was there sufficient capacity within the system come September to deliver the vaccination programme and the roll out of the booster jab;
- Concern was expressed regarding the relaxation of the rules and the reopening of night clubs, describing these as 'super spreader events', noting the recent experience witnessed in the Netherlands;
- Expressing concern regarding the levels of anti-vaccination and conspiracy theories that were circulating on social media, noting that young people in particular were recipients of these messages and this needed to be robustly challenged;
- Were residents with vaccination appointments already booked for their second jab being actively contacted to bring this forward from 12 weeks to 8 weeks;

- Was the number of confirmed positive cases as a result of the increased rates of testing;
- Analysis was required to understand the relationship between the number of hospital admissions and those patients that were vaccinated and unvaccinated, noting this was a key message to encourage the take up of the vaccination;
- Were the reasons for the shorter stays in hospitals experienced by COVID patients as a result of improved clinical care and learning from previous waves;
- Was testing data available by ethnicity;
- How did Manchester compare with other comparable cities regarding vaccination rates; and
- Continuing the call for central government to adequately fund and support the city to respond to the pandemic.

The Director of Public Health advised that the city had benefited over a number of weeks from the Enhanced Response Area status. He commented that with the likely removal of this status other providers such as Community Pharmacy and allocated support and resources agreed across Greater Manchester would be utilised to continue this work, adding that pop up clinics and targeted interventions would continue to be delivered.

The Director of Public Health commented that national guidance was to be issued regarding the roll out of the booster programme from September onwards, however he reassured the Committee that planning and discussions were already underway across the system to prepare for this. He further stated that a proactive programme was underway to contact people with prebooked vaccination appointments to offer them an earlier date.

The Director of Public Health commented that there were risks associated with nightclubs due to the fact that they were unventilated, enclosed spaces where patrons were not required to wear a face mask. He stated that this was why the key message regarding coming forward to have the vaccine was so important. He further commented that discussions were already underway with the Compliance Team to plan for Pride and Park Life.

The Director of Public Health commented that Manchester was comparable with a number of London boroughs in terms of demography, with particular reference to the younger population and the experiences, lessons learnt and best practice was being shared.

The Director of Public Health said that the data on testing and ethnicity was not currently available however this was collected geographically. He further commented that the relationship between the numbers of hospital admissions and patients who were vaccinated was being collected and he suggested that colleagues from Manchester Foundation Trust NHS Hospital could contribute to future updates on this specific issue. The Chair welcomed this suggestion and requested that this be included in future updates to the Committee.

He stated that clinicians and staff treating COVID patients in hospitals had taken the learning from previous waves and the Executive Director of Adult Social Services commented that the reduction in the time patients stayed in hospital had been assisted by the new hospital discharge regulations whereby patients were

discharged as soon as medically fit and their care and support needs assessed outside of an acute ward, either in a discharge to assess bed or their own home.

Decisions

The Committee;

1. Notes the reports and presentation;
2. Express their continued confidence and support for the Public Health Team, NHS partners and all those involved in the vaccination programme; and
3. Recommend that Manchester Foundation Trust NHS Hospital contribute to future updates to the Committee in regard to the relationship between hospital COVID patient admissions and vaccination.

HSC/21/29 Greater Manchester Mental Health NHS Foundation Trust - Manchester Covid Recovery

The Committee considered the report of Greater Manchester Mental Health NHS Foundation Trust (GMMH) that provided a summary and overview of the activity across the GMMH Manchester services and the Covid response.

The main points and themes within the report included updates in relation to: -

- Urgent Care/Crisis response;
- Early Intervention;
- Community Mental Health Teams;
- Delayed Transfer of Care; and
- Out of Area Placements.

The Committee then heard from Peter Broom, citizen of Manchester who provided an account of his lived experience of mental health and the support he had received from the Trust. Having described his journey and the many positive outcomes he had experienced he paid tribute to the staff at the Trust and added that he had witnessed similar experiences with other recipients of this service.

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

- Thanking Mr Broom for attending the meeting and sharing his experience with the Committee;
- Stating that more needed to be done to promote the positive outcomes and success of the service;
- Was the funding provided by central government to deliver mental health services sufficient to meet the demand, noting the full impact of COVID was yet to be realised, especially amongst young people;
- Had the Transformation Fund delivered the required objectives and outcomes.
- How were the Crisis Cafes advertised and were they culturally appropriate to meet the needs of all residents in the city;

- Further analysis and understanding of the outcomes of the Crisis Cafe was requested;
- What analysis had been undertaken on the impact of changes to the delivery of the Community Mental Health Teams services during the pandemic;
- How did the figures provided on the numbers of Delayed Transfer of Care compare to previous years;
- Consideration needed to be given to increasing the number of patient bed spaces in acute settings to reduce the numbers of Out of Area placements;
- All Councillors should be proactive in promoting and supporting resident groups to access the Wellbeing Fund; and
- Mental Health Services needed to work collaboratively with other agencies and partners to ensure people received the most appropriate care and support, particularly at times of crisis.

The Medical Director GMMH, described that staff were working with all in patients and service users to engage with and actively encourage them to have the vaccine. She stated this included working collaboratively with the local Primary Care Network to deliver these in appropriate community settings. She informed the Members that the Trust had employed an Equality, Diversity and Inclusion Lead who worked closely with the University to address health inequalities.

The Associate Director of Operations GMMH said that it was recognised that investment by central government in mental health services over many years had not been adequate, however the Trust remained committed through the Transformation Fund to working with the Local Care Organisation to invest in and deliver Community Services, adding that this approach would also improve the Delayed Transfer of Care cases. He further commented that work would also be delivered in conjunction with the Primary Care Service to improve the offer delivered to residents experiencing mental health problems. He acknowledged the scenario described by a Member and said that they were working closely with key agencies and partners, including the police to ensure the response to an episode of crisis was proportional and appropriate.

In response to the questions raised regarding the Crisis Café, the Associate Director of Operations GMMH stated that these were the only ones in Greater Manchester and were new to the city, noting that the one delivered at Turning Point had only launched three weeks ago. He advised that this was new model of service delivery and was designed and delivered in conjunction with the VCSE and supported by clinical teams and links to the 24/7 helpline. He commented that these cafes had been advertised through a social media campaign and with posters. He commented that the use of, and outcomes of these cafes would to be monitored and assessed.

In response to the provision of services across the different hospital sites the Associate Director of Operations GMMH informed the Committee of the challenges experienced at the Manchester Royal Infirmary site due to the physical restrictions of the Emergency Department, however discussions continued with the site to resolve the issue.

In regard to the service provided by Community Teams during the pandemic the Associate Director of Operations GMMH advised that 75%-80% of all new referrals were seen face to face (subject to all current guidance), adding that they had

continued to offer virtual face to face appointments in addition to telephone calls. He commented that the feedback from service users regarding these arrangements implemented in response to the pandemic had been very positive. He added that during the pandemic the number of mental health patients presenting at Emergency Department had not risen which was an outlier nationally.

In conclusion the Associate Director of Operations GMMH paid tribute to the staff working at the Trust, in particular during the additional challenges presented during the pandemic.

The Executive Member for Health stated that mental health services both locally and nationally had suffered from significant underfunding that had resulted in real term funding cuts to these important services and called upon the government to adequately fund these vital services. She further paid tribute to all of the staff working at the Trust, especially during such challenging times and welcomed the Trust's commitment to working with Neighbourhood Delivery Teams. She concluded by recognising the important contribution the VCSE and the Wellbeing Fund had in supporting residents who experienced mental health issues.

The Chair on behalf of the Committee thanked all who had attended, in particular Mr Broom whose testimony was greatly appreciated, noting the importance of hearing and understanding the citizen's voice at scrutiny meetings. She stated that the Committee would invite a further report on this issue for consideration at a future meeting with the remit and scope to be agreed and this would be relayed to the Trust.

Decisions

The Committee;

1. Notes the report and requests that an update report is scheduled at an appropriate time; and
2. Request that information relating to the Crisis Cafes is circulated to the Members of the Committee.

HSC/21/30 Adverse Childhood Experiences (ACEs) & Trauma Informed Practice

The Committee considered the report and accompanying presentations of the Director of Public Health that provided an overview of how the MCC Population Health team was leading the work to fulfil the ambition of Manchester being an ACE-aware, trauma informed and trauma responsive city by 2025. A city with a co-ordinated approach to reducing exposure to ACEs, where all practitioners work with residents to prevent or mitigate the consequences of trauma; helping children, families, and communities to build resilience; and improve outcomes for residents by working in a trauma responsive way.

The main points and themes within the report included: -

- Providing an introduction and background, noting the pilot scheme delivered in Hapurhey between September 2018 and August 2019 and subsequent evaluation;
- Describing how this approach was embedded into mainstream provision within the Population Health team; included in the city-wide Covid recovery plan;
- Describing how this approach was embedded in a range of serves across the health sector; and
- Describing how success was to be measured.

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

- The Chair paid tribute to the approach and gave testimony as to the impact the training had on professionals and how this had positively influenced their approach to their work;
- Noting the positive work delivered with Social Landlords more needed to be done to engage with landlords in the Private Rented Sector (PRS) around this issue;
- ACE Training should be made available to all Councillors and MPs;
- How had COVID impacted on the delivery of this programme;
- What were the barriers to accelerating this programme and what could the Committee do to support this activity; and
- Acknowledging that Manchester was pioneering this approach and would inform and support the development of a Greater Manchester programme.

The Project Manager, ACEs and Trauma Informed Practice stated that Covid had presented a significant challenge to delivering this programme and establishing the community hubs, however opportunities had been taken to deliver virtual engagement, networking and training events with a range of participants, noting that these had been very successful. She stated that appropriate consideration would be given to people's concerns and social apprehensions post lockdown in the delivery of community hubs so as to give confidence and support to residents using these.

The Project Manager, ACEs and Trauma Informed Practice stated that working in partnership with the local Integrated Neighbourhood Teams and the VCSE would ensure all communities were catered for, adding that if Members were aware of any community groups that would benefit from this service they should contact her.

In response to the comment made regarding the PRS Landlords she stated she would take this away from the meeting for consideration,

The Director of Public Health added that undoubtedly Covid had impacted on the implementation plans, noting that the Public Health Annual report provided a case study of where the Programme Lead had been deployed to deliver Covid response duties, however he reassured Members this work was key to the recovery programme and he commented that training would be extended to Councillors and MPs.

Decisions

The Committee;

1. Endorse the approach, continue to support trauma informed and trauma responsive practice, and undertake to promote it wherever possible; and
2. Invite the project team back in June or July 2022 to update on progress.
3. Recommend that the ACE Training should be made available to all Councillors and MPs.

HSC/21/31 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 agree the work programme.