

## **Health Scrutiny Committee**

### **Minutes of the meeting held on 8 March 2023**

#### **Present:**

Councillor Green – in the Chair

Councillors Appleby, Bayunu, Curley, Karney, Newman, Reeves and Russell

**Apologies:** Councillors Nasrin Ali, Riasat and Richards

#### **Also present:**

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

Sophie Hargreaves, Director of Strategy, Manchester University NHS Foundation Trust

Professor Matt Makin, Medical Director, North Manchester General Hospital, MFT

Julie Taylor, Locality Director of Strategy / Provider Collaboration (Manchester), NHS Greater Manchester Integrated Care

Jonathan Kaye, Co-Chair of the Steering Group and Clinical GP Lead

Juliet Eadie, Senior Commissioning Manager, NHS Greater Manchester Integrated Care

Sally Ferris, Chief Executive Officer Together Dementia Support

Trish Dwyer, Later Life Service Manager, Manchester Services, GMMH

Jeff Seneviratne, Dementia Carers Expert Reference Group (Dementia United & Chair of the Trustees, Together Dementia Support)

Nazir Patel, Outreach Worker, LMCP

Liaqat Ali, citizen of Manchester

### **HSC/23/17 Minutes**

In moving the minutes of 8 February 2023, a Member commented that the information available to the public via the website regarding how to access the Walk-In Centre in Boots was still out of date. The Executive Member for Healthy Manchester and Adult Social Care stated that he would follow this up.

#### **Decision**

To approve the minutes of the meetings held on 8 February 2023 and 22 February 2023 as a correct record, noting the above comments.

### **HSC/23/18 Update on Pathway Developments for Unpaid Carers**

The Committee considered the report of the Executive Director of Adult Social Services that described progress to develop a comprehensive pathway of support for Unpaid Carers in the city, noting that the report focused on Adult Carers who are aged 18+ years.

Key points and themes in the report included:

- Providing an introduction and background;

- Describing the significant work that had been achieved over the past five years to recognise the importance of Carers in the city and improve access to a whole range of services;
- Describing that Commissioners, working together with Carers Manchester Network, had agreed a pathway of support for Carers and describing this model and noting that investment in the Carers VCSE organisations had been at the heart of the work, with all funding targeted at different organisations to deliver certain aspects of the work;
- Detailing key updates on progress;
- Information relating to Carers Manchester Network;
- Impact of the Cost-of-Living increase;
- Information on the Carers Manchester Contact Point and outcomes;
- Communications and marketing;
- Support for Carers in their respective localities and neighbourhoods;
- Information on the Carers Emergency Fund and data in relation to this activity over the previous two years and case studies;
- Information in regard to the Adult Social Care Carer's Team and associated case studies;
- Carer's Emergency Card, noting that this card was issued to a carer as a means of informing other professionals should the carer be involved in an accident or emergency admission to hospital;
- Describing the work with Manchester GPs and Health partners;
- The approach to carers in employment; and
- The Commissioning Strategy and priorities for the next two years.

The Committee then heard from Nazir Patel, Outreach Worker, LMCP. He described the work his service provided to identify and support carers, especially those that did not identify themselves as carers and for whom English was not their first language. He provided numerous examples of the different ways people were supported. Mr Liaqat Ali, a citizen of Manchester spoke of his experience as a carer and the positive impact LMCP had on him and his family. He spoke of the many different ways he had been supported, including income maximisation, support during the pandemic, regular meetings and peer contact, trusted advice regarding vaccinations and the opportunities this support had given him to pursue his own hobbies and interests.

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

- Thanking Mr Patel and Mr Ali for attending the meeting and sharing their experience with Members;
- Recognising the important and invaluable role that carers played in Manchester;
- Recognising the good work provided by LMCP;
- Welcoming the detailed and informative report that had been submitted and commented that the information should be shared with all Councillors;
- What was being done to reach and support carers in 'hard to reach' communities;
- Noting the census figures presented in regard to the numbers of carers in Manchester and questioning if these reflected the true numbers of carers in Manchester;
- Noting the importance of a well-planned and managed transition for young carers as they moved into adult services;

- Noting the comments made regarding the future funding of LMCP and the outcomes of the Our Manchester Voluntary & Community Sector Fund exercise, what was being done to secure future funding to continue the delivery of this service; and
- Was there a strategy to support Council staff who were carers.

The Head of Adult Social Care Commissioning stated that all avenues and opportunities to identify and engage with hidden carers were being explored. She made reference to all staff working with the Local Care Organisation receiving Carer Awareness training and having access to a carers tool kit, and she further made reference to having affiliate members of the Carers Manchester Network', such as Age UK who would identify carers through the course of their activities. She also stated that work was delivered with a range of groups, including LGBTQ+ groups and that more information could be provided following the meeting. She stated all staff working at the Contact Centre were trained regarding carers assessment awareness and that everyone who requested or referred would be assessed but eligibility was determined by the Care Act. She commented that the issue of digital exclusion was understood, and work was underway to address this, including work delivered by the libraries service and the telephone helpline. In response to a specific question regarding the take up levels of Carers Allowance she advised that this data was held by the DWP, however commented that benefits awareness and support with applications to maximising income was a key element of support offered to carers.

The Head of Adult Social Care Commissioning noted the discussion regarding the census data and stated that an exercise would be undertaken to analyse this data further. She further commented that a briefing could be organised for all Members to promote the work that was described within the report. In response to the discussion regarding young carers, she stated that there was a wealth of activity and information on this area of work, and this was normally reported to the Children and Young People Scrutiny Committee, however consideration would be given as to how this information could be incorporated into any future update reports to the Committee. In response to the comments regarding the continued funding of LMCP, she advised that whilst they had been unsuccessful in their bid for funding via the Our Manchester Voluntary & Community Sector Fund exercise, discussions were ongoing to consider alternative funding opportunities. In response to a specific question, she confirmed that the Carers Emergency Fund did now include tumble dryers.

In response to the discussion regarding employment and carers, the Head of Adult Social Care Commissioning advised that the Council had an agreed approach to supporting carers who were employed. She advised that by ensuring Manchester City Council, as a larger public sector employer, was a beacon of good practice would provide leverage when promoting this with other organisations and employers.

The Executive Member for Healthy Manchester and Adult Social Care welcomed the report and placed on record his appreciation to the Head of Adult Social Care Commissioning and her team for producing such a detailed report. He further paid tribute to all the carers in the city, noting the important role they played. He stated that the increased reliance on unpaid carers was a direct result of years of funding cuts imposed by the government.

## Decision

The Committee recommend that a briefing be arranged for all Members of the Council to highlight the breadth of work described within the report.

### **HSC/23/19 Dementia Developments in Manchester**

The Committee considered the report of the Executive Director of Adult Social Services and the Director of Public Health that described recent work to invigorate the Dementia pathway and improve services for people diagnosed with Dementia and their Carers.

Key points and themes in the report included:

- Providing an introduction and background, noting that according to the NHS, Dementia was a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning;
- Data on Dementia diagnosis rates;
- Describing the work delivered with South Asian communities;
- Describing the multi-agency Dementia Steering Group had refreshed its membership to include people and Carers with lived experience to ensure that the transformation of the post-diagnostic pathway delivered high quality, timely, equitable and effective services;
- Describing how the Steering Group had worked together to develop a new Vision for how Dementia care and support was progressed, and a new Action Plan ensured that key organisations and sector leads were accountable; and
- Reporting that there was recognition of the vital role that the VCSE (Voluntary, Community and Social Enterprise) organisations, with specific expertise in Dementia support, with a proposal to develop a citywide VCSE Dementia Alliance.

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

- Information was sought as to the makeup of the Dementia Steering Group;
- How was the lived experience of people for whom English was not their first language captured and responded to;
- Noting the projected figures presented regarding the prevalence of dementia and the impact this would have on families;
- Further information was sought as to the job descriptions of the Dementia Care Co-ordinator and the Dementia Specialist Nurses;
- The Government should fund a Dementia Care Co-ordinator post at each Primary Care Network; and
- Noting the complexity of dementia and noting the importance of good quality adult services to support people living with a diagnosis of dementia.

The Co-Chair of the Steering Group and Clinical GP Lead stated that the Dementia Steering Group was a multi-disciplinary group and included the voice of the patient and lived experience. The Later Life Service Manager, Manchester Services, GMMH commented that work was ongoing to engage with a range of communities in

Manchester, including African Caribbean community groups using culturally appropriate settings, including faith settings.

The Co-Chair of the Steering Group and Clinical GP Lead described the role of the Dementia Care Co-ordinator as being responsible for completing a relevant wellbeing plan for an individual, however more importantly it provided a named contact for a patient and their families. He stated that this was very important for people as it was important to recognise the complexity of a dementia diagnosis, adding that it was important not to dismiss dementia as simply an older person's condition. He added that the wellbeing plan would be produced and agreed with the patient and the ambition would be to have this digitally shared, with consent with other health practitioners so that patients were not required to repeat their stories. He stated that the ambition would be to have a dedicated Dementia Care Co-ordinator at each Primary Care Network. Regarding the MFT Dementia Specialist Nurses Members were advised that information on this role profile would be circulated following the meeting.

The Later Life Service Manager, Manchester Services, GMMH advised that it was recognised that there were levels of unmet need in the city, and they were conscious of the need to ensure that services responded to and met the needs of patients. The Chief Executive Officer, Together Dementia Support stated that sessions and events were delivered that were culturally sensitive and language appropriate. She further noted the importance of connectivity and informal peer support. She advised that this was an ongoing consideration of the Steering Group.

In response to a question asked in relation to Memory Assessment Team Service the Senior Commissioning Manager, NHS Greater Manchester Integrated Care clarified the data presented in relation to assessments.

The Executive Member for Healthy Manchester and Adult Social Care welcomed the report and described that a lot of work had been initiated both at a local level and a Greater Manchester level to deliver services to support people living with dementia.

The Chair of the Trustees, Together Dementia Support welcomed the report and welcomed the opportunity to discuss the subject area at Committee. He stated that the report represented work in progress and called for the need to address the fragmented nature of care for dementia patients across health, social care and the Voluntary Community and Social Enterprise sector. He endorsed the ambitions described within the report, particularly those in relation to post-diagnostic support and carer pathways. He stated that in delivering on these stated ambitions Manchester would become a beacon model.

The Chief Executive Officer, Together Dementia Support endorsed the previous contribution adding that it was important to recognise the importance of good services to enable people living with dementia to live well. The Co-Chair of the Steering Group and Clinical GP Lead added that all services needed to be codesigned to meet and respond to the cultural needs of all Manchester communities.

The Chair, in endorsing the work described within the report, stated that the Committee would commit to receiving an annual update on this important area of activity.

### **Decision**

To note the report.

### **HSC/23/20 Pennine Acute Disaggregation Update**

The Committee considered the report of the Director of Strategy, MFT and Locality Director of Strategy/Provider Collaboration (MICP) that provided an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA).

Key points and themes in the report included:

- Providing an introduction and background to the acquisition of the Pennine Acute Hospitals Trust;
- An overview of the disaggregation approach and the context of complex services;
- A summary of proposals to disaggregate four complex services namely Cardiology, Gastroenterology, Rheumatology and Urology; and
- Providing a summary of the assessment of the impact of these proposed changes on North Manchester residents in terms of quality, equality, patient choice, travel and access.

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

- Members welcomed the update and noted that the proposals did not represent any asset stripping at North Manchester General Hospital.

### **Decision**

To note the report.

### **HSC/23/21 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.

### **Decision**

The Committee notes the report and agrees the work programme.

### **HSC/23/22 Councillor Eddy Newman**

The Chair recognised that this would be the last meeting that Councillor Newman

would be attending as he was retiring. The Committee wished to place on record their appreciation for his many years of dedication and service to the work of the Health Scrutiny Committee.