

## **Health and Wellbeing Overview and Scrutiny Committee**

### **Minutes of the meeting held on 9 September 2010**

**Present:**

Councillor Cooley – In the Chair  
Councillors H Fisher, M Murphy, E Newman, O'Connor, Barbara O'Neil and Siddiqi

**Local Involvement Network (LINK):** Mrs A Young

Councillor Evans, Executive Member for Adult Services  
Councillor Hassan, Assistant Executive Member for Adult Services  
Councillor Grant, Ward Councillor for Whalley Range and Executive Advisory Panel  
Nick Gomm, Assistant Director for Engagement, NHS Manchester  
Craig Harris, Associate Director for Joint Commissioning, NHS Manchester  
Mark Burton, Head of the Manchester Learning Disabilities Partnership  
Gary Parvin, Head of the Joint Learning Disabilities Team  
Stuart Hatton, Chief Operating Officer, Manchester Mental Health and Social Care Trust  
Dr Sean Lennon - Deputy Medical Director and Consultant Psychiatrist for Older Age Services, Manchester Mental Health and Social Care Trust  
Caroline Ridgway, Joint Branch Secretary, Manchester Community & Mental Health Branch, UNISON  
Pat Gallagher, Steward, Manchester Community & Mental Health Branch, UNISON  
Catherine Shannon, Manchester Evening News  
Paul Reed, Manchester Users Network  
Lois Turner, Manchester Users Network

**Apologies:**

Councillor Cox, Hennigan, Keller and O'Callaghan  
Mike Kelly, LINK Representative

### **HWB/10/57      Urgent Business**

The reports on the Manchester Mental Health and Social Care Trust Inpatients Services and the NHS Update were submitted as urgent business.

**Decision:**

To note the Chair's decision to accept the items as urgent business.

### **HWB/10/58      Minutes**

**Decision:**

To approve as a correct record the minutes of the meetings held on 22 July and 29 July 2010.

## **HWB/10/59 Information and Overview Report**

A report of the Governance and Scrutiny Support Unit was submitted providing information about the Committee's work programme, future key decisions relating to the Committee's remit and the responses to previous recommendations of the Committee. Members were asked to note the responses to the Committee's previous recommendations and agree the draft work programme.

### **Decision:**

1. To agree the draft work programme.
2. To note the responses to the Committee's previous recommendations.

## **HWB/10/60 LINK Update Oral Report**

The LINK representative provided members with an oral update on the recent activities of the LINK. She advised members that The LINK is holding their Annual General Meeting at 10am on 22 September 2010 at Cross Street Chapel where there will be speakers from the Local Medical Committee and NHS Northwest. Members of the Committee are invited to attend.

The LINK has recently completed some training for members on their power to 'Enter and View'. Several members of the Steering Group have completed training and these skills would be put to use to visit North Manchester General Hospital.

A subgroup of the LINK Steering Group has been established to look at access to services. The first piece of work will survey patients on how they access emergency care in South Manchester. The Strategic Director for Adult Services commented that the results of this survey would be helpful to the NHS when looking at urgent care.

### **Decision:**

To note the report.

## **HWB/10/61 Learning Disabilities Partnership**

A report of the Head of the Manchester Learning Disability Partnership was submitted. The report summarised the variety of actions being taken by the Manchester Learning Disability Partnership and its partners to improve experiences and outcomes in areas of disadvantage experienced by learning disabled people with particular focus on health and social care and the transition to adulthood.

The Head of the Manchester learning Disabilities Partnership introduced the report, informing members that learning disabled people have significantly poorer health than the rest of the population. There are several linked causes:

- Lifestyle factors – diet and exercise in particular.
- Health problems associated with some of the conditions that cause learning disability.
- Difficulty for many learning disabled people in identifying their own health needs.
- Unhelpful assumptions made by many health and social care staff about the value of health interventions and preventive work.
- Mainstream health services have until recently not prioritised equipping their staff with the knowledge and skills to work with this population.

The Head of the Manchester Learning Disabilities Partnership described some of the initiatives in place to improve this situation, covering obesity and Coronary Heart Disease risk, Primary Care (support to GP practices to carry out annual health checks), joint work with the three main acute providers on staff training and patient passports. He also outlined the measures in place to improve the support offered to learning disabled young people reaching adulthood through the development of a new Transition Planning Team, combining staff from Adult Services and Children's Services. This team is still very new but they will focus on supporting young people aged between 16 and 21 who are physically or learning disabled.

The NHS Manchester Board had agreed a number of actions to take forward these initiatives, to build them into their business plans.

Members discussed how the health of learning disabled adults could be improved. A member asked how to increase the number of GPs in Manchester who will carry out annual routine health checks. The Head of the Manchester Learning Disabilities Partnership said 60% of GP practices signed up for the pilot scheme and in the first year (2008-9) this resulted in 709 health checks. A number of GPs had withdrawn from the scheme but the Partnership is looking at ways to encourage GPs to commit. There is a training programme for GPs although this is voluntary. Nurses from the Learning Disabilities Partnership carry out checks to identify health problems wherever possible. The Executive Member for Adult Services acknowledged that this could be a lengthy process which needed to be simplified to deal with problems at the earliest opportunity.

Members discussed the perceptions of learning disabled adults and the lack of understanding among medical staff of how to support them. The report informed members of the deaths of six learning disabled people in hospital care. In cases where there was cause for concern about the care people received, some of the reasons included a lack of understanding of how to support learning disabled person and failure to follow advice from LD specialists and carers. The Strategic Director for Adult Services informed members that the Partnership was taking action with Acute Trusts to prevent further deaths.

A member commented that there is still discrimination against learning disabled adults and children and more should be done to challenge this stigma. A member said that hospitals and medical staff should use the knowledge of carers and family members to support the care they need. Members suggested that there should be

mandatory training for all healthcare staff and this should be written into the contracts for all commissioned services.

A member asked whether there had been any progress in taking the actions forward since the report to the NHS Manchester Board in April and when the Health and Wellbeing Overview and Scrutiny Committee would be informed. The Head of the Manchester Learning Disabilities Partnership said that no date had been agreed to feedback progress.

The Strategic Director of Adult Services said that there is still significant progress to be made, particularly in light of the NHS White Paper and new commissioning arrangements. GP consortia representatives will be invited to sit of the Manchester Learning Disabilities Partnership to ensure that they are aware of the needs of learning disabled people.

**Decision:**

1. To acknowledge the work of the Manchester Learning Disabilities Partnership to improve the experiences and outcomes of learning disabled adults and children.
2. To recommend that NHS Manchester look to introduce mandatory training for all healthcare staff and this should be written into the contracts for all commissioned services.

**HWB/10/62      Dementia Strategy**

The Committee considered a report of the Strategic Director for Adult Services and the Director for Commissioning, NHS Manchester. The report described the progress in implementing the Manchester Dementia Strategy since the last update in October 2009. It also described the Strategy in the context of recent Government policy changes.

The Lead Commissioner, Adult Services and the Head of Supporting People introduced the report, providing members with further progress since the report was written. The Lead Commissioner, Adult Services informed members that work had started with the Learning Disability Services to identify and plan for people with Learning Disabilities and dementia. The first meeting was taking place within the next week. The Council had also engaged with GPs to revise the Dementia Protocol to encourage earlier diagnosis and intervention. All care homes are now required to nominate a named lead person to provide contact points for information and training. This is being included as part of the new care home contracts, which are planned to take effect from October.

Dementia remains a national priority for the Coalition Government and local authorities will be required to provide regular progress updates on implementation of the national Dementia Strategy. A National Declaration on Dementia is expected in the autumn. Local areas will then be expected to develop and publicise their own Declaration. The Lead Commissioner, Adult Services said that Manchester was in a good position to take this work forward in the future.

The Executive Member for Adult Services congratulated officers for their achievements so far. He acknowledged that dementia would remain a priority for the Council and work would continue to find resources and facilities to support the implementation of the Manchester Dementia Strategy.

A member asked whether there was a job description for the named dementia leads in care homes. The Lead Commissioner, Adult Services said that the role would be developed through Care workers support and learning network but its key aim would be to ensure staff in care homes take advantage of training. Members requested that the care home support network should look to formalise the role in a job description.

The Committee discussed the role of champions and noted the overlap between the role of both dementia and dignity in care champions. A member asked who would be able to undertake training. The Lead Commissioner, Adult Services confirmed that the training was not confined to workplace representatives and volunteers would be allowed to attend if they so wished.

**Decision:**

1. To note the report
2. To ask the Lead Commissioner, Adult Services to encourage the Care worker learning and support networks to formalise the role of dementia champions in the form of a job description.

**HWB/10/63      Dignity in Care**

The Committee considered a report of the Strategic Director of Adult Services. The report outlined the measures in place to ensure that dignity and respect are central to care provided across Manchester, with particular reference to embedding the standards in Safeguarding Adults and the care of people with dementia.

The Head of Workforce Development, Adult Services introduced the report and told members that the Department of Health launched the Dignity in Care standards in October 2007. The standards described a minimum level of respect that older people could expect to be given when being cared for. The standard were designed to improve services provided to older people through ensuring they could be easily understood and implemented in all areas of health and social care service delivery.

The Council established a Steering Group with local representatives from the NHS, the independent and voluntary sector and the Commission for Social Care Inspectorate. The Executive Member for Adult Services chaired the Steering Group and its aim was to agree the priority areas for incorporating the dignity standards into the work of the Council and its partners. The Dignity in Care agenda is also central to the Dementia Strategy and the Agenda for Safeguarding Adults. The Steering Group launched a Dignity in Care Campaign, which included:

- Development and distribution of materials highlighting the 10 standards

- Introduction of the daisy as Manchester's dignity brand
- Publicity and raising awareness campaign including a range of press, radio and posters adverts

Over the last three years, the Council and its partners have been able to build on the launch and the success of the awareness raising campaign to develop and deliver a range of specific activities that included:

- Dignity in Care self assessment toolkit
- Dignity in Care awards
- Recruitment of Dignity in Care lay assessors

A member asked about the role and number of Dignity Champions in Manchester. The Head of Workforce Development, Adult Services commented that there was still some way to go in recruiting Dignity Champions. Their role would be similar to that of Dementia Champions to raise awareness and integrate the principles of the dignity standards into the day to day work of the organisation. The Council is working with the Moston Health Forum and Manchester LINK to integrate the dignity standards into the work of Greater Manchester Police and the Neighbourhood Watch coordinator through the recruitment of additional dignity champions.

A member commented that there had been some occurrences where care workers are not able to communicate effectively with their clients due to language barriers. Members stressed the importance of ensuring that staff are matched to the language needs of their clients to ensure that the dignity standards are met.

Members stressed the importance of ensuring that the dignity standards were not a separate entity and that they needed to be incorporated in the care provided by the Council and all of its partners to improve quality. Members thanked the Steering Group and officers for their dedication and noted the good practice in place across Manchester.

### **Decision**

To note the report.

### **HWB/10/64 Manchester Mental Health and Social Care Trust Inpatient Services**

The Committee considered a report of the Manchester Mental Health and Social Care Trust. The report described the Inpatient Pathway Redesign proposal to relocate inpatient service provision to two sites and the level of engagement with stakeholders to date. The Committee was asked to comment on the proposals and to decide whether a public consultation is required in line with best practice guidance of the NHS Act 2006.

The Chief Operating Officer, Manchester Mental Health and Social Care Trust introduced the report. He explained that the Trust intended to close inpatient

services in central Manchester and relocate the beds to North and South Manchester. The proposals aimed to free up financial resources and improve clinical effectiveness without reducing the number of beds. The Trust is keen to ensure true and meaningful engagement with all its stakeholders (service users, carers, commissioners, voluntary sector, university, recognised staff organisations, clinicians and other Trust staff) from the onset and throughout the duration of the project. He stressed that the number of beds would not be reduced but efficiency savings would be made from a reduction in estate costs.

The Trust had involved stakeholders in looking at the options available at the early stages. Stakeholders had identified a preference for keeping services across all three sites but the Trust discounted this option after they were unable to provide a consistent level of service across the three sites. This judgement was based on a number of 'critical success factors'

The Chair reminded members that the Committee had an agreed process for deciding whether a proposal constituted a substantial variation. The Assistant Director for Engagement, NHS Manchester said that the Trust did not consider the proposal to be a substantial variation in service as there would be no reduction in the number of beds or any change in how patients would access the services. The LINK had not yet reached a decision but was due to meet later in the week.

The Committee welcomed Caroline Ridgway, Joint Branch Secretary, Manchester Community & Mental Health Branch, UNISON to comment on the proposals. Ms Ridgway said that she needed to be a formal public consultation on the proposals as stakeholders had identified a preference for the three sites to remain open and viewed the proposal as a way to reduce the number of beds. Unison had concerns about the proposal and its impact on staff and patients.

Mr Paul Reed, Manchester Users Network was also invited to comment. He said that the Manchester Users Network were concerned that there had been inadequate consultation with patients. They wanted a public consultation utilising the media to attract people to contribute to the consultation process.

The Chief Operating Officer, Manchester Mental Health and Social Care Trust responded to these comments. He said that the Trust had engaged with stakeholders through workshops during the options appraisal. The Trust would also ensure that all stakeholders were fully involved throughout the implementation of the proposals. He added that the proposal allowed the Trust to provide a better quality service and safeguard frontline services. By keeping all three sites open, the Trust would have to find the required savings from elsewhere.

Some members expressed concern about the lack of involvement of stakeholders, particularly staff in the unit. Many patients and staff perceived the proposal as an attempt to reduce the services available to them. A LINK representative said that the proposals required further consultation in line with the government code of practice. The Trust acknowledged the concerns of stakeholders and had written to them to provide assurance that the level of service will not reduce.

Members asked about the closure of facilities at Edale House and the impact on staff. The Chief Operating Officer, Manchester Mental Health and Social Care Trust confirmed that staff would relocate to North or South Manchester with service users. He also confirmed that the Trust complied with legislation on gender segregation in all inpatient services but some day care facilities were mixed. In response to concerns raised by members about the impact on community based services, the Chief Operating Officer, Manchester Mental Health and Social Care Trust confirmed that no day centre services would be affected by this proposal.

Some members were concerned about the impact of relocating services on carers and questioned whether this impact made the proposal a substantial variation. They were particularly concerned that there were inadequate transport links across the city which would make traveling difficult. The Chief Operating Officer, Manchester Mental Health and Social Care Trust said that the Trust recognised that availability of public transport infra-structure could impact on the ease with which carers, family members or friends can travel to support the service user whilst they are an inpatient. The Trust has recognised and acknowledged the service users' and carers' genuine concern regarding any potential public transport difficulties and will explore with GMPTE, what could be done to minimise any impact which might arise. Patients were not guaranteed to be placed in the nearest facility to their home in the current system and it was likely that some families experienced similar problems now.

The Chair acknowledged the concerns of members and representatives attending the committee. The Committee agreed to add this item to the work programme for its next meeting in October to consider the detailed stakeholder engagement plan and whether this proposal constituted a substantial variation.

**Decision:**

1. To note the degree of involvement of users, carers and partner agencies in the work to date and the implementation arrangements for continued engagement of stakeholders
2. To add the Inpatient Pathway Redesign proposal to the work programme for the Committees next meeting in October to consider the detailed stakeholder engagement plan and whether the proposal constituted a substantial variation.

**HWB/10/65      MiCARE Update**

The Committee considered a report of the Head of Business Development, Adult Services and the Head of Business Support, Neighbourhood Services. The report highlighted the progress in implementing the MiCARE system following some initial teething problems experienced by some members of staff earlier in the year.

**Decision:**

To note the report.

## **HWB/10/66      NHS Update Report**

The Committee considered the monthly NHS update report. The report highlighted the monthly update on a range of topics relating to the Committees work including:

- An update on the consultation papers for the White Paper
- NHS Manchester's Annual General Meeting
- Relocation of GP practice
- Stroke Needs Assessment Questionnaire
- Points4Life

### **Decision:**

To note the report