

**Minutes of:** HEALTH SCRUTINY COMMITTEE

**Date of Meeting:** 20 September 2022

**Present:** Councillor E FitzGerald E FitzGerald (in the Chair)  
Councillors N Bayley, R Brown, C Birchmore, J Grimshaw,  
J Harris, K Hussain, E Moss, I Rizvi and M Walsh

**Also in attendance:** Councillor T Tariq (Cabinet Member for Health and Wellbeing)  
Will Blandamer, Adrian Crook, Dr Nilika Perera, Kelly  
Winstanley, Dill Defore  
Michael Cunliffe (Democratic Services)

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor M Hayes

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### **HSC.1 APOLOGIES FOR ABSENCE**

Apologies for absence were submitted by Councillors M Hayes, C Boles and Ms Hayley Ashall.

### **HSC.2 DECLARATIONS OF INTEREST**

Councillor T Tariq declared an interest due to being employed as a Manager for Healthwatch Oldham and a member on Oldham Health and Wellbeing Board.

### **HSC.3 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on the 21<sup>st</sup> July 2022 were agreed as an accurate record.

Matters arising:

The Chair reported that the Scrutiny Officer was progressing a matter which Councillor Brown was involved with.

The Chair had also sent 2 letters to the local MPs about dentistry and a response was still awaiting although the delay was probably as a result of the Queen's death.

### **HSC.4 PUBLIC QUESTION TIME**

There were no public questions.

### **HSC.5 MEMBER QUESTIONS**

There were no Member questions.

### **HSC.6 SINGLE GENDER MENTAL HEALTH WARDS WITHIN THE PENNINE FOOTPRINT**

Dr Nilika Perera, Associate Medical Director, Pennine Care NHS Foundation Trust presented to the meeting information on the SGA (Single Gender Accommodation).

A paper presented to the Pennine Care Trust Board in September 2021, asked the Board to pause the implementation of Single Gender Accommodation in Older Adult Services, and consider an alternative configuration.

The previously agreed configuration indicated insufficient capacity to manage the gender split, specifically for female functional patients. As a result the clinical and operational team requested an alternative configuration be considered that continued to deliver single gender, single function, allowing for a functional and organic ward in each care hub in the South Division.

The report attached to the agenda pack set out the new proposed ward configuration in Older Adult Services.

The Health Scrutiny Committee had asked to note this update from Pennine Care NHS Foundation Trust and the implementation of Singular Gender Wards for Older People. This builds on the update to the joint health overview and health scrutiny panel from Clare Parker, Executive Director of Nursing, Professional Leadership and Quality Governance.

Background information was provided that the NHS Operating Framework confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

Following an extensive programme of work, all Adult Inpatients wards across Pennine Care had successfully completed the transition to Single Gender Wards by January 2021.

The next phase of the reconfiguration would focus on ensuring compliance for the Older Adult wards across Pennine Care. A full review of the learning from the Adult Ward transition had been carried out and the learning will be taken forward into the Older Adult transition, especially recognising the importance of staff buy-in, effective gatekeeping processes and efficient flow through the wards.

An earlier proposal of the configuration was done, however, this highlighted insufficient capacity to manage the largest co-hort of patients, Female Functional. Following the agreement to pause the implementation, further detailed analysis had been carried out. This proposal had been developed by looking at the profile of historical demand for beds, against bed availability.

The Older People's Delivery Group is responsible for overseeing the transition to Single Gender Accommodation for Older Adult Wards. A workshop had taken place to engage the MDT staff; ward managers, service managers and medics along with Paul Lumsden and Sian Schofield had visited all the wards in March 2022. All staff were supportive of the recommended approach to establishing single gender accommodation in old age wards. There was a task and finish group reporting to the older adult delivery group.

A summary of the plans were:-

- The total number of beds have not changed
- The bed numbers are to meet the current and historical bed number requirements.
- The ward functionality has not changed and therefore staff job roles and expertise does not change.

Dr Perera explained the analysis had identified a number of benefits and risks to the new proposed configuration.

Councillors on the committee then asked a number of questions and these included why there was only one ward in Bury and it was reported that there would be a 10 bed ward available for male patients and this was a better provision than being provided for those who lived in south Manchester. An overview of a £0.5m upgrade of facilities to include single bedrooms rather than dormitories was provided with an offer for Members to visit the wards and view the welcoming environment and space for service users. The model was based on the quality of care and therapeutic environment rather than the number of beds available.

A Member asked where other facilities within the Greater Manchester area fitted in and it was reported that facilities at Meadowbrook in Salford was in a different area and the Woodlands falls under a different NHS Trust.

A question was asked on people being sectioned and information was provided on how people can be detained under the mental health act.

A Member praised the introduction of single gender wards to aid with privacy and this would be of preference to certain faith communities. It was reported that a review of data over the last 5 years indicated more functional beds were required and there should not be an overspill of patients.

A Member enquired if the local provision across Greater Manchester was high or low and it was reported that it was based on national projections and in the UK for the number of beds this area was in the top 25%.

In summary there would be 2 adult wards covering Bury north and south providing general adult and older adult services which would be single sex wards with 44 beds available.

The Chair asked that in the times of a cost of living crisis, what support was available to families for help with visiting if someone was stuck in the system. It was reported that there was no free transport to help assist with this and a future report would be brought back to this committee within the 2023-2024 Health Scrutiny work programme.

**It was agreed:**

That the report be noted.

**HSC.7 MENTAL HEALTH STRATEGY AND DELIVERY PLAN**

The Chair introduced Will Blandamer who provided the committee with a verbal refresh on a presentation made at the start of the municipal year and he stated that mental health was important as part of the strategic framework. The strategy can be co designed with a number of partners to provide the principal provision of mental health services in the borough.

Adrian Crook, Director of Adult Social Services and Community Commissioning also provided the Committee with information from the report attached in the agenda pack on the Mental Health Strategy which offers a series of recommendations with a supporting evidence base, further to a review of Bury's mental health services.

The associated Delivery Plan provided guidance and the required actions to deliver the strategy's recommendations along with a timescale for doing so. The development of the Mental Health Strategy and Delivery Plan for the Bury Locality had been set against the establishment of NHS Greater Manchester Integrated Care.

The strategy and plans are one part of the complex landscape in Greater Manchester, where many parts are brought together and will require the system to work together, differently than

in the past in order to transform whole pathways of care to deliver better care for local populations.

The Bury Locality Board are recommended to receive and approve these documents, the implementation of which will be overseen by the Bury Integrated Delivery Collaborative.

A Members asked about the dementia care review and Bury was 26% lower than the national average but had concerns that it was a progressive illness and could go worst very quickly within a year. It was acknowledged that there was no outreach and home intervention team in Bury as some other areas have and this would be looked at within the strategy and action plan.

Will Blandamer drew to the attention of Members within the report that for older people with dementia Bury does well in terms of recorded prevalence and had the fifth highest recorded rate in the country in 2020/21. 63% of all over 65s registered with a GP practice against an England average of 3.9%. Diagnosis rates for dementia in 2021 were good as was the quality rating for residential care and nursing home beds. However, annual reviews of people's dementia care plans was poor, only 26% of plans are annual reviewed (England average is 39.7%). Bury also had the 12th worst direct standardised mortality rate in England in 2020-2021.

A Member made note that in the report some of the old ward names were listed and North Moor should be recorded as North Manor.

A Member enquired how would this improve or reduce assessments and it was reported that referrals ranging from GPs to community mental health teams would be looked at with the aim of not having repeated assessments conducted and one single point of entry into the system.

The Chair asked about CAMHs in the report and it could take some time for children to be seen by services. It was reported that in Bury the capacity review had reported that the service provision would be doubled due to the demand. A new mental health and school provision would be launched as post Covid there had been a significant rise across multiple service areas. Screening would be better with earlier support via teachers and professionals in the community.

The Chair asked for further information on support for schools and it was reported that this request would be communicated to the CAMHs lead for an update to be provided to the committee.

A Member asked about veteran's mental health and it was stated that this was a specialist treatment and the numbers of veterans requiring help was growing.

The Chair also enquired about maternity outreach clinics and any actions as the report stated Bury's position was amber. Adrian Crook would pick up on this issue but the report was still in a draft stage.

In Summary, the Chair welcomed the plan and the Health Scrutiny Committee would revisit this topic in one year.

**It was agreed:**

That the report be noted.

**HSC.8 SUPPORT FOR CARERS**

Adrian Crook presented the report on behalf of Hayley Ashall, Strategic Lead, Integrated Commissioning (Carers, Physical Disabilities and Prevention) who was absent from the meeting.

Over the past few years, the Community Commissioning team had been working closely with carers and those who support carers in Bury. An extensive engagement exercise with over 400 carers and those who support carers was undertaken and from that the Bury Carers Strategy (2021 – 2024) was co-produced detailed in appendix 1 of the report attached to the agenda. A Bury Carers Strategy Action Plan (to ensure the strategy outcomes were achieved), along with an emerging set of 8 key themes that everything carer related in Bury centres around, were all developed from the engagement activity.

The strategy holds the 8 key themes and priority statements at its core. The wording and narrative were developed by carers themselves and it was a good achievement that the carers strategy and action plan had been co-produced.

The carers action plan and strategy are reviewed monthly at a cross system meeting, 'The Carers Strategy Core Delivery Partnership Group'. Members of the Bury Carers Strategy group come together to monitor progress against the Bury Carers Strategy Action Plan ensuring partners take responsibility and ownership for strategic development and action delivery. The group is well attended, and is currently recruiting four carer representatives to ensure the voice of carers is heard and included in all carers activity.

A couple of Members discussed the subject involving the power of attorneys and how carers groups can give advice of where to go. Adrian Crook would make a note of this as there was no list of recommended providers.

A Member enquired if a member of the public wanted help from a carers group how would they find this. It was reported that a google search of 'Care Bury' would take the public to the webpages of Bury carers support. There was also an ambition to build up the dementia advisory services and the Citizens Advice service could also signpost people.

The Chair felt that this was something Councillors could work together on communicating pathways and asked if a couple of Members would like to take part in exploring all pathways and what elected Members could do to help promote the services available.

Councillors Birchmore and Walsh offered their support to engage in a group to raise the visibility of services.

**It was agreed:**

That the report be noted.

**HSC.9 SOCIAL ISOLATION AND LONELINESS**

Listed on the agenda was a discussion to take place led by the Chair regarding areas of social isolation and loneliness that should be looked into by the Committee.

The Chair reported that the Committee had agreed they would set up a task and finish group about Social Isolation and Loneliness at the start of the year. Considering the 'cost of living crisis' and increased demand for services there was a risk that this could get worse. The task and finish group's purpose would be to understand what support is available and identify opportunities for improving the life for those residents at risk and already struggling.

The Chair stated the Government did have a Minister covering loneliness and Age UK states that over 2 million people aged 75 and over live alone.

The Chair felt it was useful for the Committee to look into this topic which could benefit both the Council and residents of Bury.

Councillor Harris supplied the meeting with details of a cabaret act lunchtime club which provided entertainment during the day rather than the evening when older people are less likely to venture out.

Members commented that whilst out canvassing their areas, some residents answering their doors stated they had not spoken to anyone for a couple of months and there was a worry of them being withdrawn from society. It was felt Councillors needed to get involved with those individuals no matter how small an activity it was.

Members discussed the good schemes which are run by local faith communities which included delivery of hot meals. Another Member discussed how they had delivered letters in their ward to have a meet up once a month whilst another Member of the Committee highlighted the problem deaf people can have with participation in groups.

The Chair proposed a task and finish group on this topic which would involve a short meeting at some point before the next committee and to investigate topics to look at. Along with the Chair, Councillors Grimshaw, Moss, Rizvi and Walsh agreed to be part of this group. The Chair via the Scrutiny Officer would provide the full committee with details of the first task and finish meeting if any more Members wished to attend and gather all the information with updates provided at future Committees on the progress.

## **HSC.10 URGENT BUSINESS**

There was no urgent business.

Councillor FitzGerald thanked all officers and Members for their attendance.

**COUNCILLOR E FITZGERALD**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 8.40pm)**