

**MINUTES OF THE MEETING OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY MEETING  
HELD ON WEDNESDAY, 11 SEPTEMBER, 2019 AT BOARDROOM, GMCA OFFICES, CHURCHGATE  
HOUSE, OXFORD STREET, MANCHESTER M1 6EU**

**PRESENT:**

Councillor John O'Brien (in the Chair)	Wigan Council
Councillor Keith Holloway	Stockport MBC
Councillor Eve Holt	Manchester City Council
Councillor Eddie Moores	Oldham Council
Councillor Margaret Morris	Salford City Council

**OFFICERS IN ATTENDANCE:**

Lindsay Dunn	GMCA
Lisa Fathers	Director of Teaching School & Partnerships, Bright Futures Educational Trust (BFET) Executive Team
Michael Forrest	Deputy Chief Executive, North West Ambulance Service (NWAS)
Warren Heppolette	Executive Lead, Strategy and System Development, Greater Manchester Health and Social Care Partnership (GMHSCP)
Joanne Heron	GMCA
Dr Sandeep Ranote	Medical Director, Northwest Boroughs Healthcare NHSFT & Children & Young People MH Lead, GMHSCP
Lee Teasdale	GMCA

**APOLOGIES:** Councillor Stella Smith (Bury Council)

**JHSC/25/19 DECLARATIONS OF INTEREST**

Councillor Holloway declared that his daughter was an employee of the Oldham Clinical Commissioning Group.

**JHSC/26/19 MINUTES OF THE MEETING HELD ON 10 JULY 2019**

Members were asked to consider the approval of the minutes of the last meeting held on 10 July 2019.

**Resolved/-**

That the minutes of the last meeting held on 10 July 2019 be approved as a correct record.

BOLTON  
BURY

MANCHESTER  
OLDHAM

ROCHDALE  
SALFORD

STOCKPORT  
TAMESIDE

TRAFFORD  
WIGAN

## **JHSC/27/19 GREATER MANCHESTER MENTAL HEALTH IN EDUCATION (MHIE) PROGRAMME**

The Committee considered a report from Warren Heppolette (Executive Lead, Strategy & System Development, GMHSCP); Dr Sandeep Ranote (Medical Director, Northwest Boroughs Healthcare NHSFT & Children & Young People Mental Health Lead, GMHSCP) and Lisa Fathers (Director of Teaching School & Partnerships, BFET Executive Team), which provided an overview of the Mental Health in Education programme (MHIE) being delivered across Greater Manchester and provided details on each of the initiatives. The report also explored the scope of the future ambitions for the MHIE programme both locally and nationally and the governance structure by which the programme would be managed.

Warren Heppolette advised Members that in December 2017 the government had published the green paper 'Transforming Children and Young People's Mental Health Provision'. The paper had set out the ambition to go further in ensuring that children and young people showing early signs of distress were always able to access the right help in the right setting, when they needed it. As part of the next steps in the reforms the government had agreed to support the following three key elements:

- Mental Health Support Teams
- Four-week waiting times for access to specialist NHS children and young people's mental health services
- Designated senior leads for mental health

In addition to these, Greater Manchester (GM) had been working to deliver local projects designed to test the potential implementation model for the priorities within the green paper. These GM initiatives included:

- GM Mentally Healthy Schools and Colleges Pilot
- GM Mental Health in FE Colleges Project
- GM Universities MH Service Pilot
- GM Mental Health in Education Setting Standards

Dr Sandeep Ranote advised Members that the green paper had been informed in part by the 2015 paper 'Future in Mind'. This paper had brought together children and educational mental health experts from across the country to consider child psychiatric care and set an ambitious agenda for protecting and improving children and young people's mental health and wellbeing. It was emphasised that the programme was not just about putting money into services but also about ensuring parity in the support offer across all of GM and removing the stigma that was sometimes involved in seeking mental health support. Dr Ranote stated that the level of passion from all partners to make the programme a success was hugely positive – with the programme having allowed for joint working and collaboration on a level that had not been available previously.

Information around the development of mental health support teams was provided. Education Mental Health Practitioners (EMHPs) were linked to groups of schools and colleges, and would offer individual and group help to young people with mild to moderate mental health issues including anxiety; low moods and behavioural difficulties. The support teams would work with the school or college designated mental health lead to provide a link with more specialist mental health services. This would mean schools and colleges finding it much

easier to contact and work with mental health services. These teams would provide the link between the NHS and schools, and would work alongside others providing mental health support such as school nurses; educational psychologists; school counsellors; voluntary & community organisations and social workers.

It was emphasised that the support teams would be newly trained and would not take away from the existing specialist Child and Adolescent Mental Health Services (CAMHS) provision as this was about delivering a programme that supported and added to, rather than taking away from the existing structure.

Lisa Fathers spoke to the Committee from the perspective of Bright Futures Educational Trust (BFET). She advised that a positive side effect of the programme had been that it had also so far proved to have improve the wellbeing of the teachers involved as well as the students. Schools were being helped in a strategic way on how best to embed the ethos behind the programme. An example of this good practice had been in Gorton, where children knew exactly where they needed to turn to access first aid support and mental health support. 42<sup>nd</sup> Street as the Voluntary, Community and Social Enterprise (VCSE) lead had been very helpful, working hard to increase the number of mental health practitioners. Overall there was a strong package in place, with each individual school working in tandem with others across the piece. Young Mental Health Ambassadors had also been a great help in spreading knowledge around the work being done.

Dr Ranote advised that the Mentally Healthy Schools and Colleges Project was now about to move into Phase 4. At the conclusion of the project, it would have reached 125 schools and colleges, this equated to 10% of the 1200 schools and colleges across GM – whilst it was agreed that on paper this may not seem an impressive figure, in actuality it was considerably above the national average in its level of reach. The unfortunate reality was that there was not the funding or level of resource in place to directly reach all 1200 locations. The Project had helped the partners involved to develop a set of education setting standards that would act as the framework for schools and colleges across GM going forward.

It was noted that good work was taking place at local authority level as well, with Salford developing a strong programme for example. However, there was cognisance of the need to avoid 'postcode lotteries' and that all schools within GM should receive the same high level of support.

### **Committee Member Comments and Questions**

Members expressed concerns about the number of children having to go straight from CAMHS into Adults mental health services – with many being 'failed by the system and falling through the gaps'. With this in mind, what level of work was taking place with mental health practitioners within schools and colleges?

It was advised that it was recommended to all schools and colleges that they sent their Special Education Needs Co-ordinators (SENCOs) on the training programme. Close work was also taking place with secondary education colleges as these often included cohorts that had behavioural and educational issues in their youth and had a differing set of needs from the mainstream with many having previously already had CAMHS support for mental health issues.

Members noted their concerns around only 125 of GM's 1200 schools and colleges being directly involved in the Mentally Health Schools and Colleges Project. How could local councillors help in getting the messages about the good work being done over to the remaining 90% of schools and colleges within GM? Members also asked about the process by which the 125 locations had been selected.

It was advised that following the conclusion of phase 3 of the project, officers were in a stronger position to review the governance aspects. A dedicated programme board needed to be formed to look at this, and it was suggested that a member of the Joint Health Scrutiny Committee could form part of the membership of this programme board. Further details about the programme board including the terms of reference would be provided to Members for further consideration. Any Members wishing to be nominated were asked to contact GMCA officers.

Regarding the 125 locations chosen - Phase 1 had involved a rapid 10 day turnaround with the initial cohort of schools being chosen very quickly but with an appropriate geographical spread across all localities in GM. Phase 2 saw closer working with the locality leads to identify schools that were most in need of assistance at present. Constant re-evaluation work had been taking place, and lessons were being learnt. It was also noted that the selection process had been overseen and agreed at the highest level.

Members expressed concern about parents who were unwilling to engage with the process – what was being done to communicate the work to them?

It was explained that a key part of the work involved in the pilot was seeking to reduce the taboos and stigmas around mental health, if these common concerns could be broached and dealt with, then parents would be less likely to refuse help for their child. There however remained many challenging situations to broach – and it was therefore important that the work continued beyond the school setting, with the whole system carrying these important messages – through parent champions, parent teacher associations, school governors etc. The messages often had more power when delivered by fellow parents instead of health professionals, and helped in developing an organic increase in understanding and empathy.

Members welcomed this approach and asked that they be informed of the schools within their localities involved in the programme – so that they could be involved in meetings helping to spread the importance of the work being undertaken.

It was also advised that schools themselves could choose to prioritise the importance of the issue, by paying to send more staff on training and arm them with the skills needed to approach mental health issues. National and international learning collaborations were also being formed – for example, GM was sharing intelligence with schools in Staten Island, New York – which had a similar makeup of demographics and wealth disparities to those seen in GM.

The Chair re-emphasised the importance of local links, stating that each of GM's local health scrutiny panels should also be looking to feed this information down through their own committees and receiving presentations on the good work being done.

It was commented that mental health issues often stopped many children from achieving at the level they should at school, and that if children could be made more resilient at the right age, then they would likely be more resilient as adults.

Officers agreed, stating the importance of pathway succession. The programme was one of a number of transformation programmes taking place in children's mental health and none of them worked in isolation, with 'the dots being joined' across schools; youth services; GPs; youth centres and other relevant partners. It was not expected at the present time that this work would lead to reductions in referrals to CAHMS, but instead it should see an increase in children being referred at the right time in the right setting. It was hoped that eventually, with good embedded working across the piece, that reductions in referrals would be seen, but this would inevitably take time.

Members sought more information on addressing the stigmas around mental health. Was fear and a lack of understanding at the root of the concerns? Was this lack of understanding being addressed in order to remove the element of fear?

Officers emphasised the importance of embedding the appropriate language and making services fully accessible. There was a need to influence the harder to reach parents who might not interact with the schools, like attending parent's evenings for example – there was often a need to go out to them. Sometimes these parents had been through bad educational experiences in their youth and could be distrusting initially – with trust having to be carefully built up over time.

Dr Ranote felt that the NHS needed to use its media partners in a more positive proactive way. It was found that often communications from the NHS were only being used to address negatives – and there was a need to look at a more proactive strategy, where the media could be used to help spread positive messages.

The Chair noted that the Greater Manchester Mental Health Network was due to hold a Greater Manchester Mental Health Strategy Review at the British Muslim Heritage Centre on 30 September and asked that all the relevant details be forwarded on to the Committee Members.

Lisa Fathers advised that she could arrange a mental health workshop for members and that this could be arranged outside of the meeting.

#### **Resolved/-**

- That the progress made to date across a number of key education settings be noted by the Committee.
- That the proposals put forward be endorsed by the Committee.
- That details of the 125 schools and colleges involved in the GM Mentally Healthy Schools and Colleges Project be fed back to Committee Members.
- That details on the arrangements for the Greater Manchester Mental Health Strategy Review due to take place on 30 September 2019 be fed back to Committee Members.
- That officers be asked to confer further with Bright Futures Educational Trust around arrangements for a mental health workshop.
- That further details on the proposed dedicated governance board, including any terms of reference be fed back to Committee Members for consideration.

## **JHSC/28/19 NORTH WEST AMBULANCE SERVICE (NWAS) PERFORMANCE ACROSS GREATER MANCHESTER (GM)**

The Committee considered a presentation from Michael Forrest on the performance of NWAS across Greater Manchester.

It was advised that following the development and implementation of a North West wide Performance Improvement Plan (PIP) in May 2018, the Trust had made significant improvements in performance throughout the 2018/19 operational year. Response performance had stabilised, leading to considerable improvements in patient safety and there was a commitment to achieving continued improvements – with 2019/20 having seen the devising of a Service Delivery Improvement Plan (SDIP) with the purpose of achieving and maintaining certain standards.

Across GM, the Trust had achieved some notable successes. During 2018/19 the Trust had conveyed over 15,500 fewer patients to emergency departments by both doubling its telephone triage capability, and increasing the number of patients managed on scene. This made a significant difference and allowed ambulances more freedom to deal with the most acute calls.

Timely access to response pathways of care was crucial to managing patients without the need for conveyance to emergency department. The NWAS referral pathway into the Wigan Community Response Team (CRT) had been developed in August 2018, with the main objective being to reduce conveyance to hospital for frail/elderly patients who could be supported within a community setting with additional support to best meet their individual need. The CRT was an existing service, however it was felt that if NWAS could access and utilise the multidisciplinary team and the wider range of services, then patient care would benefit. The Wigan CRT provided a strong example of how NWAS could work with providers across the wider health system, and it was intended that similar models of care would be pursued to ensure that patients avoided unnecessary conveyance when clinically appropriate to do so.

The level of demand for services was detailed to the Committee. Over 270,000 calls had been received but many of these were duplicate calls. For example, a significant traffic accident may result in 10+ calls to 999, and sometimes calls were made multiple times to check on the progress of an ambulance en-route. 10% of calls were now dealt with over the telephone, but this was only where appropriate and always with mindfulness of managed risk. 25% were now able to be dealt with on the scene. Good mechanisms were also in place which meant further growth could be absorbed without overburdening the department – the activity levels were continuing to increase so these appropriate mechanisms were increasingly important.

The Trust had developed a number of key strategies over the previous twelve months in order to support its ambition to be in the top three ambulance services by 2021, and to be the best in England by 2023. Urgent and Emergency Care and Quality Strategies would ensure that the right care was delivered at the right time, in the right place, every time. These were complimented by a number of key enabling strategies such as digital, workforce, fleet and estates.

It was also noted that the 111 Service contract was due for renewal in the next year. There was still some lack of understanding around what the 111 Service could do for people and this had helped to foster an undeserved poor reputation.

Warren Heppolette was invited to comment. He stated that systems working together to ensure the best level of integrated care was absolutely key. In the past the work of the NWAS would have been heard about in isolation, but that was not the case anymore, with services no longer being considered as a silo'd independent system, and instead being considered and understood within the context of the bigger picture of care models.

### **Committee Member Comments and Questions**

Members agreed about the increasing importance and value of partnership working. When people did not have to face the trauma of entering a hospital setting and instead had an issue that could be managed on scene – it often added to the quality of life for that person.

Members asked, given the stressful and demanding nature of the job, how NWAS was coping when it came to levels of recruitment and retention.

It was advised that until recently paramedics had been on the staff shortage list, with a 14% gap. However, following a rigorous recruitment exercise – there was now a full establishment of paramedics in place. It was of course a job with challenges, it being noted that around 1300 assaults on NWAS staff were reported each year which was unacceptable – and it was found that the job had a higher than average turnover of staff. The staff could also often suffer burnout when working in the inner cities as there tended to be no breaks between call-outs. With that in mind, a transfer system had been implemented where paramedics could elect to spend some time working in a more town based/rural setting for a period, as taking care of the wellbeing of staff was vital

Reference was made to the installation of defibrillators in public spaces/businesses. It was important that these were registered so a record could be kept of their locations. The Chair recommended that members go back to their councils and work with other councillors/officers to establish the locations of defibrillators and help to build up a picture of all the locations.

Members suggested that a breakdown of the NWAS figures by district would be welcome to help them be in a position to ask the best related questions. It was advised that this information would be sourced for Members. It was advised that NWAS also made use of the 'Tableau' software system which could be signed up to for access to the catalogue of NWAS statistics.

Members expressed concern around the reliability of patient transport services, particularly in areas of low car ownership. It was advised that after being outsourced for some time, the transport patient service had now been brought back in-house, talks were taking place on how best to commission the service.

Members sought to see some of the NWAS sites on context, asking if a meeting could be held at the Parkway Centre on Princess Parkway, to look at the dispatch process in action, and also to pay a site visit to the new Wigan Fire and Ambulance Service hub. It was agreed that this

could be arranged and officers would take up the arrangement of suitable dates outside of the meeting.

The Chair drew the item towards a close – stating that three years previously he had been involved in a meeting where he had expressed serious reservations around repeated incidents of ambulance stacking, and was pleased to see that this service had been changing radically since then. He stated that statistics and data meant little to the patient at ground level – and all that mattered to them was their personal experience of being cared for appropriately and seeing a doctor or paramedic as soon as possible to assuage their fears. It was clear that NWS had worked hard to achieve this, and examples of dealing with patients on site where appropriate so that they did not have to face the trauma of entering a hospital setting was a good example of this. The report was very welcome, and the results achieved were deserving of congratulation.

Michael Forrest thanked the Chair and the Members for their comments, stating that it was important that NWS continued to receive an equal measure of support and challenge. He also advised that as part of looking to provide the best possible service to patients – 3000+ staff had now been trained in dementia awareness as NWS sought a rollout of a dementia friendly ambulance service.

#### **Resolved/-**

- That the performance figures of North West Ambulance Service in GM and the opportunities to improve the service provided to Greater Manchester patients be noted by the Committee.
- That a breakdown of North West Ambulance Service figures by district be fed back to Committee Members.
- That arrangements be made for a site visit to, and meeting to be held, at the Parkway Centre.
- That arrangements be made for a site visit to the Wigan Fire and Ambulance Service Hub.

#### **JHSC/29/19 WORK PROGRAMME**

Consideration was given to the report of Joanne Heron, Statutory Scrutiny Officer, Governance and Scrutiny Team, GMCA.

The planned programme of work up to the March 2020 meeting was detailed to the Committee – the Statutory Scrutiny Officer asked that Members contact her if they would like to make any additions to the programme.

#### **Resolved/-**

That the work programme items be approved.

#### **JHSC/30/19 DATES OF FUTURE MEETINGS**

All meetings will take place between 10.00am – 12 noon in the Boardroom at GMCA Offices, Churchgate House, Oxford Street, Manchester, M1 6EU on the following dates:



- Wednesday 13 November 2019
- Wednesday 15 January 2020
- Wednesday 11 March 2020