

**JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH)  
TRUST**

**MINUTES OF MEETING  
Tuesday, 22<sup>nd</sup> September 2020**

**PRESENT:** Councillors Grimshaw, Gunther (Bury MBC), Hamblett, McClaren, Surjan (Oldham MBC) Dale, Susan Smith, Sullivan (Rochdale Borough Council), Davies, Holloway and Wright (Stockport MBC).

**OFFICERS:** C. Molloy (Chief Executive – Pennine Care NHS Foundation Trust) and P. Thompson (Corporate Services – Rochdale Borough Council).

**31 APPOINTMENT OF CHAIR AND VICE CHAIR**

The Committee considered appointing its Chair and Vice Chair for 2020/2021.

Resolved:

1. Councillor Susan Smith (Rochdale Borough Council) be appointed Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2020/2021 Municipal Year.
2. Councillor Patricia Sullivan (Rochdale Borough Council) be appointed Vice-Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2020/2021 Municipal Year.

*Councillor Susan Smith in the Chair.*

**32 APOLOGIES**

Apologies for absence were received from Councillor Whitby (Bury MBC).

**33 DECLARATIONS OF INTEREST**

Councillor Holloway declared a general personal interest in proceedings insofar as his daughter was an employee of Pennine Acute NHS Primary Care Trust.

**34 MINUTES**

The Committee considered the minutes of its most recent meeting held 28<sup>th</sup> January 2020.

Members of the Committee expressed their gratitude to the staff employed by the Trust for the outstanding work they have carried out, in extremely difficult circumstances, during the Covid-19 crisis.

Resolved:

1. The Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 28<sup>th</sup> January 2020, be approved as a correct record.
2. The Trust wishes to place on record its gratitude to the staff employed by the Trust for the outstanding work they have carried out, in extremely difficult circumstances, during the Covid-19 crisis.

### 35 **PENNINE CARE NHS FOUNDATION TRUST - OUTLINE PRESENTATION**

The Chief Executive of Pennine Care NHS Foundation Trust delivered a comprehensive presentation which covered, in detail, the following areas:

- a. Pennine Care – who we are and our services
- b. Finance update
- c. CQC Improvement Plan update
- d. Single gender accommodation
- e. Impact of Covid-19

It was noted that the Joint Scrutiny Panel's membership in 2020/2021 comprised some Councillors who had not previously been members of the Committee. In this regard Pennine Care Trust's Chief Executive gave a presentation which outlined the configuration and operations of the Trust, noting that they were in the midst significant structural changes whereby a large proportion of the community based services, currently provided had been transferred to other care providers. The Trust staffing complement was expected to reduce from a figure of approximately 5,000 (in June 2019) to around 3,600 presently. The Trust is focussed on the delivery of mental health services for the six boroughs in the Trust's footprint: Trafford, Stockport, Tameside, Oldham, Rochdale and Bury, serving a population of approximately 1.3 million. The Trust operated from about 100 sites, serving approximately 100,000 patients per year (mostly out-patients) and had 40 beds across the various sites for in-patients. The annual budget for the Trust was approximately £195 million.

The services provided by the Trust were as follows:-

- a. Adult: Community and inpatient services that support people with mental ill health including - Community Mental Health Teams; Crisis Teams; Home Treatment teams and in-patient beds.
- b. Child and Adolescent: Community and inpatient.
- c. Older People: Services that support older adults with mental ill-health including Community Mental Health Teams; Dementia assessment service; day hospital and In-patient beds.
- d. Substance Misuse: Community teams.
- e. Learning Disability: Including community teams and assessment and respite care beds.
- f. Rehabilitation and High Support: Including low secure facilities; psychiatric intensive care beds; and rehabilitation beds.

Overall the Committee were informed that the Trust had four key strategic targets that they aimed to achieve by 2025:

- i. Outstanding care (for all patients)
- ii. Every service user has the opportunity to lead a life they find fulfilling
- iii. People with lived experience shaping every decision
- iv. All staff feel engaged and are involved in improvement

In considering the presentation Members of the Committee sought clarification on a number of issues including the Trust's strategy, going forward, for the provision of learning disability services, mental health services and the Trust's contribution to the Greater Manchester Health Care Plan. In terms of mental health services, available via the Pennine Care, the Chair (Councillor Susan Smith) requested that she and Councillor McLaren meet with the Trust's Chief Executive to discuss the provision of services.

Resolved:

That the presentation be noted and welcomed and that the Chair of the Committee and Councillor McLaren be requested to meet informally with the Trust's Chief Executive to discuss the current provision of mental health services from Pennine Care.

### **36 FINANCIAL UPDATE**

The Trust's Chief Executive explained the current financial position. The Trust was being supported to deliver a breakeven financial position. This has aided work on the national financial position.

Currently, in 2020/2021 there were no requirements for the Trust to deliver efficiency savings, although work on the Corporate Service Redesign continue.

Thus far, in responding to the Covid-19 pandemic the Trust had spent an additional £2.5m up to the end of month 5 (2020/2021).

The Committee were informed that financial envelopes had been received for the second half of the 2020/2021 financial year. Early indications were showing a significant challenge for the Greater Manchester system in terms of:-

- a. Mental Health commissioners mandated to spend a minimum level on services under the Mental Health Investment Standard (MHIS)
- b. Funding insufficient to deliver all Mental Health priorities. Challenging decisions to be made to deliver the best possible outcomes for service users during Phase 3 of Covid-19 recovery.

Resolved:

That the report be noted.

### **37 IMPROVEMENT PLAN UPDATE**

The Chief Executive of the Pennine Care Trust reported upon the key issues arising from the CQC inspection and the consequent follow-up improvement plan. There were some challenges in terms of the following:- staffing levels and management supervision; Compliance with the requirements of the Mental Health Act (such as understanding of seclusion and restrictive practices); Medicines Management (including medication checks following high dose of rapid tranquilisation); Recording of information (such as details of best interests' meetings and rationale for decisions such as 'do not attempt

cardiopulmonary resuscitation'); Lack of single gender bedrooms as an in-patient; Consistent approach to patient engagement and working with service users.

The Trust's Chief Executive reported that the CQC Improvement Plan for Pennine Care had been intended originally as a 12 month action plan. All of the actions from the inspection have been completed with the exception of a small number. Therefore, it had been agreed that the Improvement Plan would be closed down with the agreement from Pennine Care's Board and that the responsibility for the outstanding issues would be handed over to the appropriate Pennine Care committee/forum for ongoing monitoring.

Resolved:

That the report be noted.

### **38 SINGLE GENDER ACCOMMODATION**

The Committee was advised that Heywood, Middleton and Rochdale (HMR) and Tameside adult inpatients have now transitioned to single gender accommodation. This was done during the Covid-19 pandemic to enable the wards to manage patients safely, whilst providing isolation space for Covid-19 positive patients.

An engagement exercise with the adult inpatient staff at Tameside had now concluded and all staff preferred to remain on their respective wards. This exercise was done retrospectively due to Covid-19, which allowed staff to 'pilot' the new configuration, before making a decision. The engagement with HMR staff, had been postponed as they were piloting a 'one unit approach', which involved rotating staff across both adult inpatient wards and thus negated the need to ask staff where they would prefer to work. This would be reviewed by the inpatient operational team.

Work to eradicate the dormitories on Ramsbottom Ward, at Fairfield Hospital, Bury, was due to commence on 28<sup>th</sup> September 2020. Bed capacity on this Ward had been reduced to manage patients safely. Work was anticipated to take approximately 12 weeks. Plans to eradicate dormitories on Moorside Ward at Royal Oldham Hospital were currently out to tender with a start date yet to be determined.

Engagement with Stockport's Adult Inpatients staff had commenced during week commencing 14<sup>th</sup> September 2020, with an estimated transition date of November 2020. The Committee was informed that a training needs analysis was being devised to support staff with the transition.

In addition engagement had also commenced internally with Older People Service Managers to begin planning the transition to single gender and separate function across the North East Sector (Oldham, HMR and Bury).

External stakeholders had been identified to enable engagement with regards to single gender accommodation. This has been happening through various

forums across the Trust, however bespoke and continuous engagement is now required throughout the implementation period.

Resolved:

That the report be noted.

### **39 IMPACT OF COVID-19**

The Trust's Chief Executive reported upon the impact that Covid-19 has had on Pennine Care's service provision.

Phase One was the initial emergency response period, which ended on 31<sup>st</sup> May 2020. Since then the focus in Phase Two had been on starting to deliver increased activity in core services and 'distilling' learning from phase one.

It was reported that generally all services had seen a reduction in referral numbers: up to 40% in community services; 50% in Children and Young people's referrals; between 10 and 20% on Wards; the number of contacts people had reduced by about 20%; and there had been a shift to more contacts being done remotely – between 70 to 80%.

Appreciative enquiries had been undertaken with both the Trust's staff and people who used services. The key themes coming out of them were that most staff valued working from home, but not all did with ICT and social isolation being particular challenges. Staff welcomed the focus and reduction in bureaucracy, and cross team working and some patients liked the different ways of engaging as more flexible but not universally so.

The focus was on the rest of 2020/2021 - Phase Three planning, with particular focus on:

- a. RESTORE: Accelerating return of services
- b. PREPARE: Preparing for winter
- c. TRANSFORM: Learning and locking in changes and action on inequalities.

Members of the Committee requested that a report outlining future plans for the provision of mental health services be presented to the next meeting.

Resolved:

1. That the report be noted
2. A report outlining future plans for the provision of mental health services be presented to the next meeting of the Committee
3. A further report, updating the Committee on Phase Three planning, for the remainder of 2020/2021, be presented to the next meeting of the Committee.

### **40 DATE OF THE NEXT MEETING**

Resolved:

That the next meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust will be held on Tuesday, 17<sup>th</sup> November 2020, commencing at 10.00am, via Zoom.