

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

**MINUTES OF MEETING  
Tuesday, 1 February 2022**

**PRESENT:** Councillor McLaren ((Oldham MBC) in the Chair); Councillors Dale (Rochdale MBC), Davies (Stockport MBC), Hamblett (Oldham MBC) Patrick (Tameside MBC), Sullivan (Rochdale MBC) and Wright (Stockport MBC)

**OFFICERS:** J. Crosby, (Executive Director of Service Development and Delivery - Pennine Care NHS Foundation Trust) and J. Jenkinson (Senior Governance and Committee Services Officer)

**17 APOLOGIES**

Apologies for absence were submitted on behalf of Councillors Cocks (Rochdale MBC), Cosgrove (Oldham MBC) and Whitby (Bury MBC).

**18 DECLARATIONS OF INTEREST**

There were no declarations of interests.

**19 MINUTES**

**RESOLVED** - That the minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust meeting held on 23rd November 2021, be approved as a correct record.

**20 PENNINE CARE NHS FOUNDATION TRUST UPDATES**

The Chair welcomed all to the meeting, and invited Judith Crosby, (Executive Director of Service Development and Delivery - Pennine Care NHS Foundation Trust) to introduce the presentation.

Pennine Care NHS Foundation Trust (PCFT) and Integrated Care System (ICS) Developments

The Executive Director of Service Development and Delivery outlined the role of the PCFT, which included: supporting the development of Greater Manchester 'spatial levels' work; the development of locality arrangements and the development of a shared mental health narrative with system partners.

In relation to Integrated Care System (ICS) developments, the Panel was informed that each Greater Manchester locality would have in place: a Locality Board, Place Lead, Local Provider Collaborative and a Clinical and Professional Advisory Body/Group. It was explained that the transition to the

new statutory ICS arrangements presented a range of challenges, including: the development of financial flows and relationships; navigating consistency of the arrangements; and the resources required to support governance in five localities.

The Chair then invited comments and questions from Panel Members.

During the course of the discussion, the following points were raised:

- Concern was raised that the ICS would be remote and removed from residents. In addition, it was noted that there had been a delay implementing ICS, and it was asked if the process would be concluded by July 2022. In response, it was explained that there was 'a fighting chance' the ICS would be in place by July 2022. Members were informed that the ICS would reduce bureaucracy to ensure that each locality was designed to best serve those living within its towns.
- In response to a query, the Executive Director explained that the categorisation of 'severe' mental health in patients was a decision made by managers locally. Devolved management structures were in place and operational day-to-day decisions were taken by service managers. Particular concerns were raised regarding devolved structures in Pennine Care and linkage between the Trust and locality decision-making; it was agreed to discuss these matters outside of the meeting.
- With regard to caseloads, it was asked how these were shared across Greater Manchester and if there was sufficient capacity within the system. The Executive Director agreed to provide details of caseload numbers to the Panel. It was explained that there was not enough capacity within community mental health care, and suggested that this could be considered in more detail at a future meeting.
- Concerns were raised about recruitment and sufficient staffing capacity. It was asked if consideration had been given to 'growing our own' staff. In response, it was explained that the Trust's Executive Director of Workforce was developing a 'grow your own' strategy, which included recruiting from those with 'lived experience' to ensure there was diversity within the workforce.

### Getting to Good Progress Report

In September 2018, the Care Quality Commission (CQC) had inspected the PCFT, and the overall CQC inspection outcome was that the Trust 'required improvement'.

The Executive Director of Service Development and Delivery outlined the ongoing actions being implemented to achieve a good rating. It was

explained that since the last update provided to the Panel there had been limited progress, due to the continuing challenges of the Covid-19 pandemic.

Nonetheless, the following successes were reported:

- Single Gender Accommodation - adult inpatient wards were now fully operational as single gender units. Some older age inpatient wards were behind schedule to transition to single gender due to feedback from clinical leaders where alternative configuration needed to be considered.
- There had been successful recruitment to the Head of Patient and Carer Experience and Engagement. This had enabled the Trust to commence a benchmarking exercise to support the implementation of a new strategy.

During the course of the discussion the following points were raised:

- In response to a query regarding the patient experience of single-sex accommodation, the Executive Director explained that there had been safety concerns in relation to mixed sex wards. The majority of patients favoured single sex accommodation and the feedback had been very positive. It was further explained that staff received appropriate training to work on single sex wards and the feedback from staff members had been positive.
- Referring to the slide on page 18 of the agenda, which stated 'some older age inpatient wards are behind schedule to transition to single gender due to feedback from clinical leaders where alternative configuration needs to be considered'. It was queried what 'alternative configuration' meant. The Executive Director explained that some wards required redesign, and it was suggested that an estates colleague could attend a future meeting to provide further details to the Panel.
- The Chair asked if there was a system in place used to monitor progress, which could indicate how close the Trust was to reaching a 'good' rating. In response, it was explained that the CQC inspection regime had changed, however, the Trust expected another inspection. In the meantime, the Trust periodically completed a self-assessment, which was independently verified. A partner to support this process was due to be identified in March 2022 and the Executive Director agreed to share this information and an update on the work with the Panel.

## Financial Update

The Executive Director of Service Development and Delivery provided a summary of the Trust's financial position – it was noted that overall, the Trust was forecasting a 'break even' position.

Work was currently underway to produce a Capital Plan; a draft version of the Plan would be submitted by 28<sup>th</sup> April 2022.

It was agreed that the draft Capital Plan would be presented at the next Joint Scrutiny Panel for Pennine Care (Mental Health) Trust meeting.

## Impact of Covid-19 on Service Delivery

The Panel was advised that during the pandemic, mental health services had encountered pressures and challenges in the following areas:

- Increased absence rate due to positive Covid test or identified as a contact.
- Demand on inpatient provision.
- Increasing rates of delayed transfers of care in older adults, due to care home placements being hard to access because of Covid closures.
- Moorside Ward had been closed in early December 2021, due to an Omicron outbreak.
- Community teams had maintained high levels of engagement with patients and clinics remained operational despite high levels of staff absence during late December 2021.

During the course of the discussion the following points were raised:

- In response to a question regarding the rate of staff vaccine uptake, it was explained that whilst it was difficult to obtain completely accurate information, it was estimated that approximately 40 members of staff had not yet received a vaccine. In the small percentage of staff identified as having 'vaccine hesitancy' there was an over representation of staff in the younger age groups and Black, Asian and minority ethnic members of staff.
- The importance of staff wellbeing was highlighted and it was explained that health checks, welfare packs and 'Thank You' days were offered to employees. It was noted that due to the current high levels of staff absence, it was not possible to offer team development days, as this would have a detrimental impact on the day-to-day operation of the Trust.
- It was noted that the increased use of agency staff to cover sickness absence had an impact on the Trust's budget. In addition, it was explained that a scarcity of agency staff was inflating market fees.

- Concerns were raised regarding the ongoing impact of Covid on the health, wellbeing and resilience of the workforce, in particular concerns regarding staff burnout as a result of the continued pressure of managing and maintaining services during the pandemic. It was explained that as part of the Trust's Capital Programme, 'rest and recuperation' areas would be created to provide more space for staff to take breaks away from wards. In addition, increased budgets to provide more wellbeing resources for staff were being considered. It was suggested that Nicky Littler, Executive Director of Workforce, be invited to a future meeting to discuss these matters further.

## **RESOLVED –**

- I. That the presentation be noted.
- II. That the following items be considered at the next meeting:
  - Staffing report (including engagement of temporary and agency staff and staffing vacancies) – (March 2022)
  - Budget 2022/2023 (Capital and Revenue) – (March 2022)
  - Update on PICU Unit/Stopford House refurbishment – (March 2022)
- III. That the following items be scheduled for future meetings in June / July 2022:
  - ICS update report
  - 'Getting to good' progress report
  - Workforce update (including 'grow your own staff' strategy)

## **21 DATE OF NEXT MEETING**

**RESOLVED** - That the next meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be held on Tuesday, 22 March 2022.