

Health Scrutiny Committee

Minutes of the meeting held on 18 December 2014

Present:

Councillor E Newman – In the Chair

Councillors Ahmed, Azra Ali, Hitchen, Swannick, Paul, Siddiqi and Wilson

Councillor Andrews, Executive Member for Adult Health and Wellbeing

Nick Gomm, Head of Corporate Services, North, Central and South Manchester
Clinical Commissioning Groups

Allan Jude, Director of Ambulance Commissioning, NHS Blackpool CCG

Hadrian Collier, Ambulance Commissioning Communications and Engagement Lead,
NHS Blackpool Clinical Commissioning Group

Jonathan May, UK Managing Director, Arriva Transport Solutions

Dennis Hajdukiewicz, Head of Manchester, Arriva Transport Solutions

Asiya Jelani, Head of Communications and Engagement, Arriva Transport Solutions

Paul Reed, Chair, Manchester Mental Health Users' Network

Apologies: Councillors Barbara O'Neil, Brian O'Neil, Lyons, M Murphy and Teubler

HSC/14/68 Minutes

Decision

To agree the minutes of the meeting on 20 November 2014 as a correct record.

HSC/14/69 Non-Emergency Patient Transport Services (NEPTS) in Greater Manchester

The Committee received the report of the Director of Ambulance Commissioning, NHS Blackpool Clinical Commissioning Group (CCG). The report provided members with an update from NHS Blackpool CCG, lead commissioners for non-emergency transport in the North West, focusing on the service provided by Arriva Transport Solutions (ATSL) for the people of Manchester.

The Committee welcomed Allan Jude, Director of Ambulance Commissioning, NHS Blackpool CCG; Hadrian Collier, Ambulance Commissioning Communications and Engagement Lead, NHS Blackpool CCG; Jonathan May, UK Managing Director, Arriva Transport Solutions; Dennis Hajdukiewicz, Head of Manchester, Arriva Transport Solutions and Asiya Jelani, Head of Communications and Engagement, Arriva Transport Solutions.

The Chair introduced this item by reminding the Committee of the recommendations made by the Health Scrutiny Committee following consideration of this item at its meeting of 6 March 2014 (HSC14/20). At their March meeting the Committee had expressed concerns regarding the reported performance of Arriva and welcomed the

opportunity to further examine their performance and improvements since the Committee last considered this item.

Mr Jude introduced the report across its broad themes and informed the Committee that the report demonstrated a significant improvement in the service provided by Arriva. He advised that the performance and quality standards set by the CCG are consistently met and this is scrutinised by a Quality Panel at the CCG which is Chaired by the Director of Nursing.

Mr May informed the Committee that Arriva are committed to service improvement across the whole of Greater Manchester and have engaged with both hospitals and service users to increase and improve levels of communication. He reported that the management team had been improved and the number of staff and vehicles had increased to better meet the demand on their service. Mr May further advised that the level of patient satisfaction had improved. He stated that on any occasion where a patient is left unsatisfied by the service provided, Arriva are committed to fully investigating the complaint. Ms Jelani informed the Committee that all complaints are recorded and reported in a report that is submitted to the Quality Panel.

In response from a question from a member Ms Jelani advised that the complaints figures detailed within the report relate to the whole of Greater Manchester and they are compiled by Arriva. Mr Jude reassured the Committee that the database and software used to record this data is nationally recognised and is accurate. Mr May further commented that when complaints are received Arriva will work closely with hospitals, clinics and patients to resolve issues.

The Committee welcomed the report and the improvements detailed. The Committee further requested that information relating to the three Manchester CCGs is to be provided. The Committee also requested that information provided will include detail of renal and oncology services.

Decision

1. The Committee recalls the conclusions of the March 2014 meeting of the Health Scrutiny Committee.
2. The Committee notes that there appears to be improvement in the level of service provided by Arriva.
3. The Committee notes that Arriva acknowledge that on occasion they do let patients down however the team will investigate complaints.
4. The Committee acknowledges that Blackpool CCG Quality Team monitor the number and nature of complaints.
5. The Committee requests that all complaints regarding timeliness need addressing.
6. The Committee requests additional information regarding the service performance, complaints, patient feedback for the three Manchester CCGs. This is also to include information relating to renal and oncology patients.

7. The Committee request an update report at an appropriate time.

HSC/14/70 Welfare Provision Scheme 2014/15

The Committee considered the report of the City Treasurer which provided details of how the Council's Welfare Provision Scheme is working, including performance data and spend against budget for the first half of the financial year. It also provided details of a recent judicial review and the current government advice in terms of funding schemes for the 2015/16 financial year.

The Corporate Assessment Manager introduced the report across its broad themes. He advised that the processing times for applications to the scheme are very efficient and feedback received suggests that people are getting a better service than that which was previously administered by the Department of Work and Pensions. The Chair then invited the Committee to comment upon the content of the report.

A member commented upon the increasingly important role that food banks are playing in meeting the needs of people who are in crisis. He noted the role of Fareshare in communities, an organisation that accesses and distributes surplus food stock. A member asked for further information regarding the qualifying criteria for the Food Poverty Grant stating that she knew of a group in her ward that had applied however had been refused. The Corporate Assessment Manager advised that there was an extensive application process and a large number of applications had been received. He stated that although not all applications could be granted every effort had been made to ensure that there was a spread across the city. He stated that he was unable to comment upon an individual application; however he advised the member that he would look into the circumstances of the case she was referring to and offer clarification.

A member commented upon the Loans offered by the Council as part of the scheme, she expressed concern regarding the level of interest rate applied to the loan. The member stated that the rate of 26.8% APR was high and asked for further information. The Corporate Assessment Manager responded by advising that there is a maximum level of repayment that a person would be expected to repay.

In response to a question from a member regarding the level of budget under spend the Corporate Assessment Manager advised that this figure is similar to that reported by other authorities.

Decision

1. The Committee notes the report and recognises the support the Welfare Provision Scheme provides for those residents in crisis.
2. The Committee notes that the Welfare Provision is very important due to the financial challenges faced by many residents.
3. The Committee requests that a list of all organisations awarded a Food Poverty Grant be circulated to members of the Committee. Information regarding the criteria

used to assess these applications is also requested.

4. The Committee recognise the important role that the voluntary sector plays in distributing 'surplus' food.

5. The Committee note that as long as austerity continues the need for this scheme will continue.

[Councillor Wilson declared a personal interest in this item as a Trustee and Member of the Management Committee of Burnage Food Bank]

HSC/14/71 Public Health Annual Report

The Committee received the report of the Director of Public Health which provided members with the annual report concerning the health of the population of Manchester.

The Director of Public Health introduced the report across its broad themes. He advised that the report consisted of three chapters and he gave an overview of each chapter. He informed the Committee that whilst there are still a number of significant health challenges he was able to report that recent figures demonstrated that the life expectancy of both men and women in the city had increased.

He advised the Committee that one of the most significant challenges is regarding the mortality rates surrounding both cancer and cardio vascular disease. He advised that this is traditionally the result of late diagnosis. The Director of Public Health advised of the project established with the aim of addressing this, in partnership with Macmillan, Cancer Support and the Christie NHS Foundation Trust to recruit and train a network of volunteers. These volunteers will then promote cancer awareness in their communities and target those at higher risk or who may not have access to health or social care services. He further reminded the Committee that the NHS Health Checks that were discussed at August meeting (HSC/14/43) will assist with this and helps to target BME groups within the community.

The Committee welcomed the report and a member commented upon the connection between poor air quality and ill health, especially asthma. The Director of Public Health responded by stating that the Health Protection Group are looking at the issue of air quality along with colleagues from Environmental Health. He offered to provide further information regarding this specific piece of work, and how Manchester compares to other cities to a future meeting of the Committee. A member commented that cycling and walking should be promoted as a factor contributing to a healthier lifestyle. He commented that there is a need to demonstrate the health returns from such activity to the wider population.

A member then commented upon the importance of healthy eating and informed food choices in tackling obesity, especially in children. The Director of Public Health responded that this is very important and significant challenge; and The Early Start Programme promotes positive health behaviours for young people. He acknowledged that this is a wider issue that includes supermarkets and the advertising industry and

that this will require work to be undertaken across a number of agencies to ensure the correct messages are relayed and supported.

In response to a question from a member regarding Domestic Violence and the profile of victims subject to a homicide review, the Director of Public Health reported that he would need to make further enquires to be able to provide the Committee with this information.

Decision

1. The Committee notes the report.
2. The Committee welcomes the progress made on the life expectancy figures.
3. The Committee requests that further information be provided regarding the work that is ongoing in relation to Air Quality.
4. The Committee requests additional information on active travel / cycling and the impact this has on Public Health.
5. The Committee notes that the increase in austerity has a significant impact in the health of Manchester residents. The Committee acknowledges the important work that Public Health plays in improving the health outcomes for the residents of Manchester.

HSC/14/72 Budget Savings Options

The Committee considered the report of the Strategic Director, Children and Families that provided further information requested by the Committee at its November meeting regarding the Budget Savings Options. The report provided further information in regard to Mental Health Commissioning Models, Homelessness Services including the closure of hostels, Respite Care and Supported Accommodation. The Committee had also requested information on the impact of the budget options on the Voluntary and Community Sector and more detail on Learning Disability and Reablement Services. As requested the report included a breakdown of the numbers of people affected by the individual options.

The Committee welcomed Paul Reed, Chair of the Manchester Mental Health Users' Network who was invited to address members. Mr Reed expressed his concerns regarding the closure of the Harpurhey Day Centre and the detrimental impact this would have on the people who use this service. He advocated that budget spending on Mental Health Services should be increased.

In response to the comments made by Mr Reed the Head of Commissioning informed the Committee that the Council does not fund the Harpurhey Day Centre, rather it commissions the Recovery and Connect Service which provides a 26 week programme of 1:1 help and support for individuals. She advised that analysis of this provision demonstrates that it is not fully utilised, stating that the scheme has never run above 40% capacity which had prompted the option to review this service.

The Executive Member for Adult Health and Wellbeing reminded the Committee that the report explores all options and described the difficult context in which these savings have to be made. He advised that both he and officers have given a commitment to meetings and dialogue with service users to fully appreciate the implications of all the budget options before any final decisions are made.

The Chair commented that the Recovery and Connect Service emphasises the need to get people ready for work, and whilst he acknowledged the benefits to individuals engaged in economic activity he challenged the assumption that this would be easy in the current economic climate for those people with support needs, gaps in their employment and mental health problems. The Head of Commissioning responded by stating she accepted that not all will be ready for work however the importance of engaging people in meaningful activity should not be underestimated in improving peoples mental health.

A member asked for clarification regarding the statement contained within the report that read 'Where hostels close, MCC staff would need to ensure secure alternative accommodation was available on the basis of their individual need.' The member sought assurance that this did not mean that people would be referred to a Bed and Breakfast provision. The Chair supported this comment and expressed his view that further work needs to be undertaken with Registered Social Landlords and reputable private landlords to ensure people receive the most appropriate accommodation. The Head of Commissioning advised that it is not the intention to refer people to Bed and Breakfast accommodation rather the intention will be move people into suitable accommodation, including the use of Private Rented Sector.

In response to a question submitted to the Chair in advance of the meeting, the Head of Commissioning commented upon the wrap around service provided for rough sleepers. She stated that this option is based on the Housing First model that was developed to support entrenched rough sleepers move into a tenancy, meeting their housing needs first. This model is designed to assist rough sleepers and not victims of Domestic Violence. However she was able to announce that funding has been agreed by the CCG's in Manchester to continue the Identification and Referral to Improve Safety (IRIS) system that had been discussed and supported by members at the November meeting (HSC 14/64). This programme is a general practice based Domestic Violence Awareness training; support and referral programme for primary care staff and provides for adult patients and their children who are living with abuse. The Head of Commissioning stated this was welcome news as those victims currently subject to a homicide review were not known to the Council but were known to their GPs thus emphasising the importance of such a service. The Committee welcomed the continued funding of the IRIS service.

A member asked about the rationale for providing support services for only women from Manchester who are the victims of domestic violence. The Head of Commissioning responded by commenting that this is a very emotive subject area and it is acknowledged that Manchester is a net importer for woman fleeing violence from other cities. She reiterated to the Committee that the report described options and that no final decisions have been made.

A member enquired if any Equality Impact Assessments had been undertaken and if these can be made available to the Committee. The Strategic Director, Children and Families informed the Committee that Equality Impact Assessments will be undertaken once the budget proposals are agreed and reminded the Committee that currently the options are being explored.

The Chair commented that Wellbeing Services provide a great benefit for relatively little investment and evidence of good practice should be replicated across this city. The Head of Commissioning agreed that they provide a good service and value for money and again are being considered within the context of all the budget options.

Decision

1. The Committee notes the report.
2. That the Committee receive a report at the January meeting regarding the proposed budget options.

[Councillor Azra Ali declared a disclosable pecuniary interest and withdrew from the meeting during consideration of this item.

Councillor Swannick declared a personal interest in this item as Chair of the Board of Trustees Manchester Settlement]

HSC/14/73 Health and Wellbeing Update

The Committee received a report which provided members of the Committee with an overview of developments across Health and Social Care and the local NHS.

The Chair welcomed the Care Quality Commission inspecting GP practices. A member commented that the Chair of the Health Scrutiny Committee should write to the CQC to express the Committees support of this initiative. The Committee supported this recommendation.

The Chair further noted the Accident and Emergency survey and acknowledged the pressure experienced by A&E departments both in terms of admissions and waiting times. He stated that the Government need to provide sufficient resources to address this developing crisis.

Decision

1. The Committee note Part 1 and Part 2 of the report.
2. The Committee recommends that the Chair of the Health Scrutiny Committee write to the CQC to express the Committees support for the inspection of GP practices.

HSC/14/74 Overview Report

A report of the Governance and Scrutiny Support was submitted. The Overview Report contained key decisions within the committee's remit; responses to previous recommendations made by the Committee and the Committee's work programme.

Decision

To note the report.