

Health Scrutiny Committee

Minutes of the meeting held on 15 January 2015

Present:

Councillor E Newman – In the Chair

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

Councillor Andrews, Executive Member for Adult Health and Wellbeing

Councillor Flanagan, Executive Member for Finance and Human Resources

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

Rawan Hamdan, Clinical Commissioning Manager -Long Term Conditions, Central
Manchester Clinical Commissioning Group

Moneeza Iqbal, Programme Director - Planned Care, Long Term Conditions and
Public Health, North Manchester Clinical Commissioning Group

Dr Amjad Ahmed, GP and North Manchester Clinical Commissioning Group Clinical
Lead

Peta Navein, Diabetes Nurse Consultant

Dr Cordelle Mbeledogu, Specialty Registrar in Public Health

Mike Pickering, Lead - Manchester Diabetes Support Network

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

HSC/15/01 Two Minutes Silence – Paris terrorist attacks

The Committee observed a two minutes silence in remembrance of the victims of the recent terrorist attacks in Paris.

HSC/15/02 Minutes

Decision

To agree the minutes of the meeting on 18 December 2014 as a correct record.

HSC/15/03 Improving Diabetes Care

The Committee received the report of the Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups (CCGs) which provided the Committee with an update on the work to improve diabetes care in the community. The Committee welcomed Rawan Hamdan, Clinical Commissioning Manager-Long Term Conditions, Central Manchester CCG; Moneeza Iqbal, Programme Director, Planned Care, Long Term Conditions and Public Health, North Manchester CCG; Dr Amjad Ahmed, GP and North Manchester CCG Clinical Lead and Peta Navein,

Diabetes Nurse Consultant. The Committee noted the apology received from South Manchester CCG.

The Committee welcomed Mike Pickering, Lead for Manchester Diabetes Support Network. He informed the Committee of the work that is undertaken by his organisation to support people with diabetes. He stated that the group is supported by clinicians and regular meetings are held. He stated that the group had recently received a presentation from pharmaceutical students which was well received by members. The Chair thanked Mr Pickering for contributing to the meeting.

Ms Iqbal addressed the Committee and gave an overview of the work that is being undertaken across all three CCGs and then made reference to work in the North CCG before inviting Ms Hamdan to provide the Committee with information relating to Central CCG.

Ms Iqbal informed the Committee that all three CCGs approach diabetes care as part of integrated teams so that those patients identified as being at risk of hospitalisation receive the correct co-ordinated care. She stated that the care model is patient centred and the feedback received from patients has been very positive. She further advised that work is undertaken around the prevention of diabetes and self care.

Ms Iqbal informed the Committee that an information and advice booklet is given to all patients by their GP who are diagnosed with diabetes. In response to a question from a member she stated that this should be available in all GP surgeries. She advised that this is available in a number of languages and that work is ongoing to produce a booklet in pictorial form so that patients with literacy issues are not excluded. She advised that the development of this booklet is being undertaken in consultation with Diabetes UK. The Committee welcomed this and requested that copies of the booklet be circulated to all members of the Committee.

Ms Iqbal further advised that work continues to be undertaken to establish specialist nurses in community settings so patients are not having to attend hospitals to receive treatment. To support this appropriate training is being delivered to health practitioners to support patients in the community. In addition to this education programmes are being delivered to reach those members of the community who are identified as having a prevalence of developing diabetes. These sessions are delivered in appropriate community locations and in the appropriate language.

A member commented upon the importance of annual foot checks and asked if these checks were regularly undertaken by GPs. Ms Hardman advised that regular Foot Checks is one important element of the Quality and Outcomes Framework that has been implemented for the effective management of diabetes patients at a primary care level. She informed the Committee that following an audit all GPs and Practice Nurses in Central CCG had received training and awareness sessions from podiatrists. Following this comment Dr Ahmed informed the Committee that he and his colleagues welcomed the continued support they receive from the CCG and advised that he was currently studying for a Diploma in Diabetes.

A member asked if GPs are referring obese people, who have a high risk of developing diabetes to leisure centres as part of their self care. Dr Ahmed

acknowledged that this is not always done, especially in those GP practices where they have transient GPs. Ms Iqbal commented that a gym may not always be the most appropriate option for an individual and other, more appropriate options should be made available, such as walking groups or self help groups. She advised that work is being undertaken with Public Health to promote and offer this service.

Members discussed the importance of the early detection of diabetes and asked how this is being addressed, especially for Black and Minority Ethnic (BME) communities. Dr Ahmed advised that proactive education and community outreach work is undertaken and this work is very important to identify and target those groups known to be at risk of developing diabetes. He commented that this work also assists with the promotion of self care and dispelling many of the myths that surround diabetes, especially those held by the older generation.

In response to a question from a member Ms Hardman commented that education programmes, similar to those delivered in the North are being developed for Central CCG. She stated that these are being developed in conjunction with specialist nurses and Public Health to target and reach specific BME groups.

Decision

1. The Committee notes the report.
2. The Committee welcomes the improvements in Diabetes Care.
3. The Committee notes the importance of appropriate information for patients, such as the booklet and requests that these be used across all three CCGs.
4. The Committee requests that copies of the diabetes booklet be circulated to members of the Committee.
5. The Committee recognises the important role of GP practices in the diagnosis and care of diabetes patients.
6. The Committee recognises the importance of regular health checks and referrals to appropriate care path ways.
7. The Committee asked for a prompt written update on Diabetes Care by the South Manchester CCG, taking into account the discussion in the Committee meeting.
8. The Committee request an update report in a year's time.

HSC/15/04 Autism Developments across Children and Adults

The Committee received the report of the Director of Education and Skills and the Strategic Director, Families Health and Wellbeing. The report provided the Committee with an update on the specialist resourced mainstream provisions for pupils with Specific Language Impairment (SLI) and/or Autistic Spectrum Disorder

(ASD) which are a key part of the continuum of education provision for children in Manchester. The report provided information on the outcome of an evaluation of these provisions which was commissioned by the Council from the University of Manchester.

In addition, the report provided an update on the Autism Innovation Grant and a progress report on work to improve the autism diagnosis service provision in Manchester by the Clinical Commissioning Groups.

The Committee welcomed the report and the Chair invited members to ask questions and comment on the information provided. Members were interested to learn of the Autism Innovation Grant, however expressed concern that it was a low amount and sought clarification on who could apply. In response the Lead Commissioner for Disability and Older People informed the Committee that whilst it is recognised that the grant of £18,500 is a relatively low amount they did not want to decline the money in the hope that it will help generate match funding for those organisations and groups who successfully bid for it. She further informed members that the grant is a one off payment and is easy to administer. The Committee were advised that the proposal is to use this money to fund improvements to services for young people with Autism in the age range 14 – 25 years, and all Youth Providers are being written to and invited to submit a bid for the money.

In response to a question from a member who sought clarification regarding the ability of a specialist provider to bid for the grant rather than exclusively those mainstream providers, the Lead Commissioner for Disability and Older People advised that the grant is designed to encourage and promote innovation in the mainstream provision. She further stated that this approach is being supported by the National Autistic Society.

A member asked if there was an explanation for the increase in the diagnosis of Autism in Manchester, and what the implications of this will be on services. The Lead Commissioner for Disability and Older People responded by advising that this can be explained because the population in Manchester has increased and that diagnosis of Autism is much better than it was. In addition to these factors the provision of specialist schools that are rated as Good or Outstanding by Ofsted are increasingly attractive to parents who may choose to move into the city. She acknowledged that this represents a significant challenge, especially in the provision of services for people with complex needs however work is ongoing to ensure this demand is met.

The Strategic Lead for Special Education Needs responded to a question from a member regarding the implementation of Health and Care Plans. She stated that these were introduced from September 2014 and although it is still relatively early the initial feedback has been very positive. She stated that this person centred approach to care has been very well received and work will continue to roll out these plans.

The Strategic Lead for Special Education Needs further informed the Committee that the evaluation of the outcomes for those pupils attending mainstream provision indicated that the experience had been very positive, with peers being welcoming and the concerns regarding bullying had not been realised. She advised that the training that is delivered to schools includes the valued contribution of both teachers

and parents and that Ofsted monitor this training. She further assured the members that in those cases where mainstream provision is not appropriate specialist provision will always be provided to meet the needs of the individual. The Committee welcomed these comments.

Decision

1. The Committee notes the report.
2. The Committee notes the Autism Innovation Grant monies of £18,500.
3. The Committee request an update report in twelve months time.

HSC/15/05 Greater Manchester Alcohol Strategy

The Committee received the report of the Director of Public Health which provided a summary of the aims and priority actions for a Greater Manchester Alcohol Strategy. The report further provided a summary of activity commissioned by Public Health Manchester and delivered by local services in support of the Manchester Alcohol Strategy. The Director of Public Health addressed the Committee and introduced the report across its broad themes. The Chair then invited the Committee to comment on the paper.

A member observed that the report did not address the issue of alcohol related attendances at A&E departments and the disruptive effect this can have on other patients and staff. The Director of Public Health advised that there is a group, which consists of members, officers and NHS partners amongst others, who are looking at the wider implications of the night time economy. He advised that it is recognised that there is a need to manage the pressures experienced by A&E departments as a result of alcohol and that the outcome of this work will be shared with the Committee at the appropriate time.

A member who represents a ward with a significant student population welcomed the work being undertaken with Manchester Metropolitan University to address the issue of alcohol related antisocial behaviour. He stressed the importance of recognising the detrimental impact that this can have on host communities and neighbourhoods.

The Chair commented that whilst not exclusively the cause of, there is a link between alcohol and domestic violence and he welcomed the supporting and prioritisation of domestic abuse victims. The Director of Public Health further commented that work is also undertaken with the perpetrators of domestic violence to challenge and address their behaviour.

In response to a question from a member regarding the Criminal Justice Linkworker service within the Community Alcohol Team the Programme Lead – Alcohol stated that the service was established in 2007. She advised that the number of referrals have reduced over recent years however a scheme is being piloted to refer those people who are issued with a Fixed Penalty Notice for any alcohol related incident. She advised that the rationale for this approach is to intervene and engage with an

individual at an early stage to help them address any alcohol issues. She informed the Committee that the waiting time to meet with an alcohol worker is very short, typically within a couple of days. She further stated that all interventions are evidence based, following the guidance issued by the National Institute for Health and Care Excellence.

Decision

1. The Committee notes the report.
2. The Committee supports the aims and priority actions of the Greater Manchester Alcohol Strategy.
3. The Committee requests that the outcome of the work being undertaken to address alcohol related pressures on A&E departments be shared with the Committee at the appropriate time.

HSC/15/06 Sexual Health Services in Manchester

The Committee received the report of the Director of Public Health which provided an overview of the sexual health services provided for Manchester residents that are commissioned by the Council. The Director of Public Health addressed the Committee and introduced the report across its broad themes.

Members welcomed the report. A member requested that future reports provide a breakdown of information at a ward level as she expressed concern that incidents of underage pregnancy are high in her ward. She further enquired as to what support services are available for women who have had undergone a termination. The Director of Public Health responded that counselling and support services are available for women following a termination. He advised the member that if she was aware of any incidents where this was not being offered or provided to let him know. He further informed the members that information is available at a ward level and this information informs the Health Ward Plans.

A member observed that it was not uncommon for women who are seeking contraceptive implants to be required to attend at least two appointments, often at different sites. She stated that this was impractical and not an effective way of promoting or supporting those women wishing to access this method of contraception. The Committee welcomed Dr Cordell Mbeledogu, Specialty Registrar in Public Health. Dr Mbeledogu responded to this point by advising that it is recognised that this is an issue and this practice is currently being reviewed as part of a wider review of GP services that is currently being undertaken.

The Chair commented upon and welcomed the work undertaken to promote responsible, healthy and safe choices amongst young people, including among young men. The Director of Public Health advised that they do provide a targeted provision for young men which aims to engage with, promote and support healthy sexual and relationship choices.

Decision

1. The Committee notes the report.
2. The Committee support the sexual health priorities identified for the population of Manchester.
3. Request that information relating to Sexual Health Services by ward be made available to members.

HSC/15/07 Budget 2015/17 – A Strategic Response

The Committee considered a report of the Chief Executive, the City Treasurer and the City Solicitor. The report set out the implications for the Council of the provisional local government settlement for 2015/16 and identified a strategic framework which guided the development of the budget strategy for 2015/17. The Committee considered this report, along with all six of the scrutiny committees, prior to its submission to the Executive on 21 January 2015.

The Committee noted the report and endorsed the recommendations to the Executive.

Decision

The Committee endorsed the recommendations that the Executive:

- i. Note the impact on the City as a result of the provisional Local Government Settlement as it affects Manchester
- ii. Consider the Revenue Budget Report 2015/16 elsewhere on the agenda in the context of the overarching framework of this report
- iii. Support the overall direction of travel for dealing with the challenges for 2015/16 and to request officers to produce an updated Medium Term Financial Plan which focuses on 2015/16 and the associated impact on 2016/17.
- iv. Note the process for developing a Medium Term Financial Plan for 2016/17

HSC/15/08 Revenue Budget 2015/2016

The Committee considered a report of the Chief Executive, the City Treasurer and the City Solicitor which proposed a provisional budget for 2015/16. The provisional budget was based on the outcome of the provisional financial settlement and the issues which need to be taken into account prior to the Council finalising the budget and setting the Council Tax for 2015.16. The report also set out the estimated budget position for 2016/17 and the impact decisions made as part of the 2015/16 budget setting process would have on that year. The Committee considered this report, along with all six of the scrutiny committees, prior to its submission to the Executive on 21 January 2015.

The Deputy Chief Executive (People) reminded the Committee that the report presented options based upon the financial position and that no final decisions had been reached yet.

Members welcomed the use of the Airport dividend and the work undertaken by the Executive and Senior Officers to help mitigate the impact of the unfair cuts imposed on Manchester residents. A member stated that the national distribution of councils' spending power indicated that councils in the north of the United Kingdom had received the largest reductions in spending power, which was not fair.

The Executive Member for Finance and Human Resources stated that people who said the Council had underspent by £50million did not understand how local government finance worked. He said that if the Council had received the average reduction it would not have to make any cuts to services. He said that the annual accounts showed the truth, were open and transparent, and dispelled the myths that have been reported in the press by a local MP and the Prime Minister.

The Chair commented that whilst the Committee acknowledged that the consultation process is still ongoing and no decisions have yet been finalised he welcomed the revised option not to withdraw funding for domestic violence services.

In response to questions from the Committee the Head of Strategic Commissioning advised that again whilst no final decision had been agreed it is the ambition that no Homeless Hostels will close and that the 'step down' provision will convert to become permanent accommodation. She further informed the Committee that her team will have one Asylum worker who will co-ordinate services provided by the voluntary sector for asylum seekers.

In response to a question from a member the Deputy Chief Executive (People) clarified that the £540k identified for the outcome of a Peer review is money to address any issues identified and not pay for the peer review.

The Chair asked that information regarding the proposed strategic review of all mental health services, including the Recovery and Connect services is shared with the Committee at an appropriate time.

Decision

1. To endorse the recommendations that the Executive:
 - i. Note the outcome of the provisional Local Government Financial Settlement.
 - ii. Note the proposals in this report for bringing forward a balanced budget for 2015/16.
 - iii. Note that this draft budget is still subject to consultation and that following the outcome of the public consultation process, decisions on the revenue budget 2015/16 and the related impact on the budget position for 2016/17 will be taken by Council in March 2015.
 - iv. Note that detailed Reports from individual Strategic Directors (Directorate Reports) and the proposals for service and expenditure changes will be reported to Executive in February 2015.

- v. Note that the report contains a proposal to invest £14m from reserves in the Children and Families Directorate. The February Budget report will recommend a delegation to the Chief Executive and City Treasurer in consultation with the Executive Members for Finance and Human Resources and Children's Services to draw down the monies in accordance with the budget plans and to note that the phasing of the draw down between financial years may change as part of this process.
 - vi. Consider as set out in this Report the budget proposals for 2015/16, proposals for 2016/17 that can be agreed as part of the 2015/16 budget setting process and the impact on the 2016/17 budget position.
 - vii. Note the City Treasurer's review of the robustness of the estimates and the adequacy of the reserves
2. The Committee reiterate that the difficult budget options are as a direct result of the unfair cuts in funding imposed by Central Government on the residents of Manchester.
 3. The Committee welcomes the use of the Airport dividend to mitigate the cuts that have to be made as a result of the unfair financial settlement.
 4. The Committee welcomes the revised option not to withdraw funding for domestic violence services.
 5. The Committee welcomes the opportunity to scrutinise the draft budget at the February meeting.

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

[Councillor Swannick declared a disclosable pecuniary interest in this item as Chair of the Board of Trustees Manchester Settlement and withdrew from the meeting during consideration of this item.]

[Councillor Paul declared a personal interest as he has involvement with a number of voluntary organisations as declared on his register of interests.]

HSC/15/09 Health and Wellbeing Update

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

The Director of Public Health informed the Committee that the patient who had been undergoing test for Ebola at North Manchester General Hospital had received the all clear. He further stated that the nurse who had returned to the UK displaying symptoms of Ebola was now recovering in London.

The Committee noted the section in the NHS update relating to the pressures currently being experienced by A&E Departments and requested a report on this issue to be submitted at the February meeting.

A member commented on the section of the report that provided the Committee with information relating to Primary Care Co-Commissioning. He expressed his concern over the lack of transparency in this process and the potential for conflicts of interest to arise. This view was shared by the Chair and he expressed his disappointment that this had not been shared with the Committee at an earlier stage. The Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups advised that this process is due to be completed by the end of March and suggested that an update report be submitted for consideration by the Committee at an appropriate time. The Committee welcomed this recommendation.

Decision

1. The Committee expresses concern that this national initiative which will give more power to CCGs to commission GP services has not been given greater publicity.
2. The Committee expresses concern that the Health Scrutiny Committee have not previously been consulted on these changes and have only become aware of Primary Care Co-Commissioning changes at a time when the decision is about to be made.
3. The Committee support the first option that the CCGs are being asked to consider –

Greater involvement in primary care commissioning – this is an informal arrangement whereby CCGs are more involved in discussions about primary care but take on no formal decision making powers. In Manchester, we have been involved in this approach for some time.

5. The Committee request that a report be submitted for consideration by the Committee at the earliest appropriate time.

HSC/15/10 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.

Members were advised that the Scrutiny Review Survey had been re-issued and members were encouraged to complete and return these.

The Chair informed members that the next meeting of the Manchester Trafford Joint Health Scrutiny Committee will be held Tuesday 27 January at 6.30pm and that members were welcome to attend.

Decision

To note the report.