

Health Scrutiny Committee

Minutes of the meeting held on 12 February 2015

Present:

Councillor E Newman – In the Chair

Councillors Ahmed, Azra Ali, Hitchen, M.Murphy, Brian O’Neil, Swannick, 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

Craig Harris, Director of City Wide Commissioning, Quality & Safeguarding

David Shackley, Medical Director of Manchester Cancer

Janet Tonge, Macmillan Cancer Improvement Partnership Programme Lead

Julie Atkin-Ward, Development Manager, Macmillan

Jessica Campbell, Senior Cancer Awareness Nurse, Cancer Research UK

Jenny Scott, Head of Specialised Commissioning, NHS England

Linda Devereux, Service Specialist NHS England

Helen Speed, North Manchester Clinical Commissioning Group

Apologies: Councillors Lyons, Barbara O’Neil and Teubler

HSC/15/11 Minutes

The Committee received the minutes of the meeting held 15 January 2015.

Councillor Swannick requested that it be noted that whilst his interest in the Budget Item (HSC/15/07) is recorded as a disclosable pecuniary interest, he wished that it be expressly recorded that he does not receive any payment or financial reward for this role.

Decision

1. To agree the minutes of the meeting on 15 January 2015 as a correct record subject to the above inclusion.

2. To note the minutes of the Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford meeting held 27 January 2015

HSC/15/12 Cancer Services in Manchester Macmillan Cancer Support in Manchester Overview of Macmillan Cancer Improvement Partnership (MCIP) in Manchester Procurement of Specialised Cancer Services

The Chair recommended that the Committee consider the reports and presentations of the assembled guests together before opening up the subject for discussion. The Committee supported this recommendation. The Committee welcomed Craig Harris, Director of City Wide Commissioning, Quality & Safeguarding; David Shackley, Medical Director of Manchester Cancer; Janet Tonge, Macmillan Cancer Improvement Partnership, Programme Lead; Julie Atkin-Ward, Development Manager, Macmillan; Jessica Campbell, Cancer Research UK; Jenny Scott, Head of Specialised Commissioning, NHS England and Linda Devereux, Service Specialist NHS England. Each guest was invited in turn to address the Committee.

The Committee heard from Craig Harris who presented his report which provided an overview of cancer services across Manchester, including the commissioning arrangements, and the challenges faced by the public, patients and health services. It described the governance arrangements and priorities for 2015-16, and described a route map for changing the Manchester cancer position, working in collaboration with acute trusts, the local authority, charities and the voluntary sector.

Mr Harris introduced his report across its broad themes. He described that Cancer is an illness that affects a large number of people; it is an illness that does not discriminate and is the biggest killer in the UK. In response to this Mr Harris described those priorities identified by NHS England. He explained that these include early intervention and early diagnosis to reduce incidents of cancer and improve mortality rates; and delivering appropriate care to support people living beyond cancer. He stated that those services that are commissioned for cancer patients are designed to reduce variation in care and provide a seamless service with clear expectations set out for providers. He described that services are patient centred as it is recognised that this empowers and supports patients during what is a very difficult time.

The Committee then heard from Janet Tonge. Ms Tonge provided the Committee with a presentation which described The Macmillan Cancer Improvement Partnership (MCIP) in Manchester. She described that the MCIP vision is to work locally with partners from the NHS, St Ann's Hospice and the Council to fully understand the needs of those people affected by cancer. Ms Tonge explained that by understanding these needs and expectations it will help design and deliver a more compassionate and effective standard of care. The Committee were advised that this will result in anyone in Manchester who is affected by cancer being confident that they will receive comprehensive information, care and support and be treated with kindness, dignity and respect.

Ms Tonge then described the work that is being undertaken to address the premature mortality rates caused by lung cancer in Manchester. She explained that the work is directed to increase the rates of early detection and intervention; and she further described the work that is being delivered around breast cancer monitoring and services.

The Committee then heard from Julie Atkin-Ward, Development Manager for Macmillan. Ms Atkin-Ward said that Macmillan are dedicated to improving the lives of all people affected by cancer. She then described the Cancer Care Teams established by Macmillan that were designed with service user involvement. These

teams are Prevention and Diagnosis; Treatment and Recovery; Living With and Beyond and End of Life. She explained that user involvement is very important when designing these teams as this places the patient at the centre of the design and delivery and enables patients to take control of their condition. She described the importance of advice and information being available for patients and their families at the correct time. She informed the members that 97% of the population live within one mile of information resources.

The Committee then heard from Jessica Campbell, Senior Cancer Awareness Nurse for Cancer Research UK. She delivered her presentation which described the policy priorities of Cancer Research UK. These were prevention, early diagnosis and treatment. She explained that in Manchester Cancer Research UK are working closely with primary care services to improve outcomes. In addition they are using Cancer Awareness Roadshows supported by trained nurses to visit local communities and engage with people and help encourage early diagnosis and screening. She further described the Talk Cancer Training that is delivered to raise cancer awareness in local communities. She explained that this helps tackle the misconceptions and fears that often surround the illness.

The Committee then heard from David Shackley, Medical Director of Manchester Cancer. Mr Shackley said that twenty clinical cancer networks have been established across all of the ten acute trusts in Greater Manchester. He explained that these networks are chaired by consultants and are focused on coordinating equality of care and standardising processes for cancer patients. He said that these networks work closely with partners to provide a single service pathway for patients and provide a clinical overview across all services. Mr Shackley explained that the four priorities for Manchester Cancer are Patient Outcomes; Patient Experience; Research and Compliance. Members were assured that in all of those incidents where compliance had been identified as an issue this related to organisational structures and not clinical issues, and commissioners are responding to address this.

Mr Shackley then said the research that is undertaken at The Christie and the University which is internationally recognised as pioneering and world class. He said that £200m is being invested into research at The Christie which includes the installation of a Proton Beam and to recruit leading experts. Members acknowledged the pioneering role that The Christie continues to play at the forefront of cancer research

The Committee then welcomed Jenny Scott and Linda Devereux from NHS England. Ms Scott delivered a presentation which provided the Committee with an update on changes to some specialised cancer services within Greater Manchester. She explained that national guidance for specialised cancer services delivery are designed to achieve greater degrees of specialisation for rarer cancers; the establishment of centres of excellence with the highest calibre of staff; improved access to services as close to where patients live, that services are safe and sustainable and compliant with national service standards. Ms Scott described the consultation process that has been undertaken with patient representatives, Healthwatch, relevant scrutiny committees and Health and Wellbeing Boards when formulating and delivering these changes.

Ms Scott explained that the changes described related specifically to specialist surgery and that most cancer treatment and services such as diagnostic services, chemotherapy, radiotherapy and aftercare will remain unchanged. However by concentrating complex diagnostic and surgical expertise and facilities for patients with rarer cancers this will improve the outcomes for those patients. In response to a question from a member who asked if the decision to establish these specialised centres was a financial consideration, Ms Scott replied that the decision is evidence based clinical decision.

Members welcomed the presentations and paid tribute to the work undertaken by all of the assembled guests and their respective organisations on behalf of the residents of Manchester.

Members commented upon the importance of early diagnosis for the prevention and treatment, especially with regard to lung cancer. Ms Tonge responded that the importance of this is recognised and work is being undertaken to deliver a standardised offer amongst all GP practices. To support this additional support and training is being offered to GPs and the establishment of Cancer Champions within each practice is being promoted. The Committee was disappointed to note that not all GP practices had signed up for this additional training and support. Mr Shackley commented that the programme of work undertaken by Public Health Manchester is very important in reducing the number of people who smoke, amongst other activities. The Committee noted this comment and requested that an update be provided for a future meeting regarding the work undertaken by Public Health Manchester that supports the ambitions to reduce the levels of cancer in Manchester.

A member noted that the cost of cancer spend in Manchester was below the national average and what would be the outcome if this was increased. In response Mr Harris advised the Committee that the figures presented were out of date and that this is being reviewed. Mr Shackley further commented that the mortality rates that were provided within the reports are also out of date and the new data that is being collated indicates an improvement year on year.

A member noted that North Manchester had the less provision of Palliative Care than Central and South Manchester, which meant that patients and their families lack appropriate support and have a higher risk of emergency admissions to hospital. Ms Tonge responded that MCIP had allocated funding to address the gaps in service experienced in North Manchester. This has included the establishment of a 24hr help line and additional support from Macmillan nurses in GP practices. She assured the Committee that the North Manchester CCG are aware of, and monitoring this situation. The member noted these comments and asked that an update be provided to the Committee in six months time.

The Chair asked for an explanation as to why there had been a 25% increase in the number of referrals to the Acute Trusts from the three Manchester CCGs. Ms Tonge responded by stating that this is a positive increase as this demonstrates that there has been an increase in cancer awareness. It further allows for early diagnosis and treatment which will improve patient outcomes.

Decision

1. The Committee notes the reports and thank all of the assembled guests for attending and informing the meeting.
2. The Committee notes that cancer touches most people in Manchester at some time in their lives and thanks all providers of cancer related services who support Manchester's patients and their families - including NHS health professionals, particularly at The Christie and Manchester's three Hospital Trusts; Public Health Manchester; MacMillan and Cancer Research UK; and other health, hospice and care staff.
3. The Committee notes the high rates of both lung and breast cancer in Manchester.
4. The Committee call for funding of services per head of population to equal that of the national average.
5. The Committee calls for all GP practices to sign up to and deliver those programmes designed to assist and support patients with cancer.
6. The Committee notes the increase in referrals to acute services and further requests that information be provided to the Committee regarding the detection rates at each of the three Manchester Hospital Trusts.
7. The Committee welcomes the role played by Public Health Manchester in promoting smoking cessation and cancer prevention. The Committee requests that further information regarding Public Health priorities and activity in regard to cancer be provided in the Health and Wellbeing Update report for consideration at the March meeting.
8. The Committee requests that a copy of the patient information leaflet produced to support a suspected cancer referral by the GP be circulated to all members of the Committee.
9. The Committee welcomes the substantial financial investment in services in Manchester provided by Macmillan and recognises that this makes a positive difference for Manchester's cancer patients and their families.
10. The Committee recognises that there is an issue with long term funding of Macmillan's services in Manchester and supports additional investment by the three CCGs and Public Health Manchester to sustain the level of activity.

HSC/15/14
HSC/15/15

Budget Reports
Business Planning

The Committee considered a number of reports that had been provided to all members within the Budget Papers Pack 2015/16. The relevant reports for Health Scrutiny Committee were: Budget Proposals for Children and Families 2015-17, and the Children and Families Budget Option Consultation. These reports would be presented to the Executive on Friday 13 February 2015 and the Health Scrutiny Committee was invited to comment on the reports prior to their submission to the

Executive. The reports would be subject to the Council's normal budget setting procedure and would be considered by Finance Scrutiny Committee (Budget) on 23 February 2015 prior to their submission to Budget Council on 6 March 2015.

The Deputy Chief Executive (People) introduced the item and summarised the main points of interest to the Committee. He explained that the budget reports were published late as the consultation deadline had been extended to take into account of the use of the airport dividend to mitigate the funding cuts. The consultation reports of interest to the Committee included the Voluntary and Community Sector, Mental Health, Homelessness and Housing Related Support, Drug and Alcohol Services, Wellbeing Services and Sexual Health. He said that the consultation process, along with feedback from scrutiny committee's, had fed into the budget proposals.

The Chair then highlighted key points from the budget pack of interest to the Committee, and gave examples of where budget options had changed as a result of scrutiny committee comments and/or the consultation process. He noted that whilst adults with learning disabilities were not subject to a formal consultation process some engagement had taken place. He noted that members had been lobbied recently about the services provided by Manchester Care and Repair, about the Physical Activity on Referral Service, and about the Brian Hore Unit for people with alcohol dependency, and that he had asked for updates at this meeting. The Executive Member for Adult Health and Wellbeing updated the Committee on the current situation with those individual organisations where negotiations were still ongoing. The Executive Member for Adult Health and Wellbeing suggested the establishment of a task and finish group to look at service provision for adults with learning disabilities to which the Chair agreed.

A member queried whether NHS budget deficits would impact on the Council's ability to ensure service provision. Members asked what would happen to Manchester Rape Crisis, Healthy Lifestyle Classes and the Recovery and Connect Service. The Deputy Chief Executive (People) said that it was in the interests of NHS acute trusts to work with the Council, Clinical Commissioning Groups (CCG's) and primary care both financially and to improve the outcomes for residents. He said progress with Living Longer Living Better (LLLb) was going well and he was confident the required changes could be delivered. The Director for Public Health said that healthy living networks should provide a more integrated service and be more equitably spread across the city. He stressed the importance of self help and self care for residents, and of the Council working with community groups to promote this. The Head of Strategic Commissioning said that Manchester Rape Crisis was one of a number of organisations funded by Equality Grants and that all services funded in this way would be subject to a full service review in the coming year. The Strategic Director of Adults Health and Wellbeing said that recovery and connect would be sustained for the existing cohort but re-designed going forward.

The Executive Member for Adult Health and Wellbeing said that in respect of housing related support a lot of work was required to provide a single point of access for young people and suggested a task and finish group may be established to look at this.

The Strategic Director of Adult Social Care noted the difficulty in proposing the budget and thanked officers for all their work. He stressed the importance of efficiency and reform in delivering savings.

Decision

1. To condemn the government for the funding cuts made to the Council that has unfairly impacted upon the people of Manchester.
2. To note the reports
3. To welcome the changes to the original budget options that are now included in the proposed budget that mitigates some of the difficult consequences of the funding cuts and also responds to the concerns of service users and relevant parties in the consultation process
4. The Health Scrutiny Committee will continue to monitor the budget as it is implemented; and will monitor the effects of the many changes
5. To agree that the Health Scrutiny Committee will set up a Task and Finish Group to look at Learning Disabilities and monitor changes to services
6. To note the comment from the Strategic Director of Adult Social Services that despite the very difficult financial position the Council is in, that extensive consultation has ensured that funding cuts are, wherever possible, to be achieved through efficiency and service reform.
7. To welcome the changes to the budget options that are trying to make improvements in our difficult situation
8. To endorse the recommendations to Executive contained within the Children and Families Consultation Reports:

a) Children & Families Consultation - Voluntary and Community Sector (General and Adult Social Care) services

The Executive is recommended to:

- o Accept the revised budget option for Equalities Grant to maintain the level of funding whilst a review of all services and their impact is conducted
- o Accept the revised budget option for infrastructure support of a reduction in funding of £60,000 in 2015/16 from a budget of £544,000.
- o Accept a revised budget option for advice services with a reduction of funding to £855,000 over 2 years from a council budget of £1,230,000.
- o Accept the budget option of a reduction in funding for wellbeing services of £307,750 from a budget of £1,184,075 during 2014/15
- o Accept the budget option for Carers Services with a reduction in funding of £62,027 from a budget £412,027

b) Children & Families Consultation - Mental Health

The Executive is recommended to:

- Accept the budget option to reduce funding to the mental health budget by £1.9 million from £15,746,233 in 2015/16.
- Agree the investment of £500,000 in mental health to develop a new service.

e) Children and Families Consultation – Homelessness and Housing Related Support
The Executive is recommended to:

- Accept the revised budget option to reduce funding of £1,814,000 from a budget of £5,722,000 for housing related support.
- Accept the budget option to reduce the Homelessness Grant by £199,188 from a budget of £729,188

f) Children & Families Consultation - Drug and Alcohol

The Executive is recommended to:

Accept the budget option of reducing the drug and alcohol budget from £12.1 million to £9.043 million over 2015/16 and 2016/17. This would produce a saving of £3.057 million.

g) Children & Families Consultation – Wellbeing Services

The Executive is recommended to:

- Accept the option to reduce the current budget by £2.726million over the next two years, from a budget of £5 million

h) Children & Families Consultation – Sexual Health

The Executive is recommended to:

- Accept the budget option to reduce the overall budget for sexual health services by 30% over the next three years from an annual budget of £10,772,705 to £7,620,325 (a saving of £3,152,380).

9. To endorse the recommendations to Executive contained within the Children and Families Proposed Budget 2015/16:

The Executive is recommended to:

Approve the proposals in this report to be included in the budget to be recommended to Council.

[Councillor Azra Ali declared a disclosable pecuniary interest as an employee of Lifeline Rise and as Chair of Saheli]

[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/15/16 Manchester A & E pressures

The Committee considered the report of the Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups which provided members with an overview of recent pressures of Accident and Emergency

Departments in the three Manchester hospitals. The report described the performance as measured against national targets, service developments that have been instigated to address issues and the on-going monitoring of the situation.

The Committee welcomed Helen Speed from North Manchester CCG who introduced the report across its broad themes. The main themes identified within the report were that in Quarter 3 of 2014/2015 all of the three sites failed to meet the 95% in 4 Hour target for A&E and all of the sites had experienced an increase in the number of people attending A&E. Similarly there had been a reported increase in planned activity experienced by the North West Ambulance Service (NWAS) and members were informed that the CCGs are working with the NWAS to understand the drivers behind this growth in activity.

Ms Speed explained that pressures were also experienced due to the numbers of delayed transfers of care. She explained that these delays can be the result of a number of factors such as the NHS or Social Care. Ms Speed described the measure that had been employed across the three sites to address these delays. These include additional Social Work support, including weekend working, seven day pharmacy cover and the commissioning of Practice Integrated Care Teams and the Proactive Elderly Care Teams.

Ms Speed further described the developments across the three sites in primary and community services to support the deflection from A&E departments. These have included amongst others additional GP appointments until 8pm weekdays and for several hours at weekends in Central Manchester; using the Better Care Fund to commission services for homeless people; community rapid response services and community Crisis response teams.

Ms Speed also advised that winter resilience schemes had also been put into place at the three sites. These measures include increased staffing at A&E departments, focus on hospital patient flow, supporting discharge procedures and the establishment of a Mental Health Suite to support patients who present at A&E with a mental health condition. A member asked what the current staffing levels are at the three hospital sites and enquired as to what is accepted as safe staffing levels on hospital wards. Ms Speed responded that clarification on this will be sought and reported back to the Committee.

Ms Speed concluded by informing the Committee that North Manchester A&E Department is the best performing A&E site in Manchester. A member welcomed this however commented that there was no mention of the Walk In Centre that had been 'co-located' from Ancoats to North Manchester General Hospital following its closure. Ms Speed explained that it is not reported separately as it is assessed and included as A&E activity.

The Chair commented that a recent press report described how a Pharmacist had been employed at North Manchester General Hospital to assist with patients attending A&E and relieve the pressures experienced. Similarly the report described the role of an administrator who books appointments with a GP for those patients attending A&E. A member commented that this was a very convoluted process for residents and is effectively doing the work that was previously undertaken by Walk In

Centres. Ms Speed responded that all decisions taken to refer a patient to Primary Care are taken by a clinician and only when it is safe and appropriate to do so. She did acknowledge that same day access to primary care is an ongoing issue across the whole of the city.

A member asked if there was any consideration given to the eventuality of a heat wave. Ms Speed responded that the resilience plans cover heat waves. She commented that they work closely with Public Health England and use Met Office data to monitor the weather and plan for any extremes. She further advised that all resilience activity is closely monitored and reviewed to assess their effectiveness.

The Strategic Director for Families, Health and Wellbeing commented that resilience planning starts at a very early stage. He further commented that a lot of work had been undertaken to improve the levels of safe and appropriate patient discharges for patients resident in Manchester. He informed the members that improvements had been achieved through the commissioning of integrated care teams which had greatly improved this process.

Decision

1. The Committee notes the report and welcomes the efforts of the three A&E Departments to deal with the pressures.
2. The Committee recalls its decision to oppose the closure of Manchester Walk In Centres and acknowledges the difficulties experienced by many residents in obtaining same day access to their GP.
3. The Committee welcomes the work undertaken between Manchester City Council and the three Manchester CCGs to develop and implement integrated teams to ensure the safe discharge of patients.
4. The Committee requests that information regarding the staffing levels at the three hospitals be included in the Health and Wellbeing Update report for consideration at the March meeting.
5. The Committee requests that information relating to the 28 day readmission rates at the three hospitals be included in the Health and Wellbeing Update report for consideration at the March meeting.
6. The Committee supports the role of the Manchester and Trafford Joint Health Scrutiny Committee in monitoring the effects and impact of the downgrading of Trafford Generals Hospitals Accident and Emergency Department in the New Health Deal for Trafford on Wythenshawe Hospital and Manchester Royal Infirmary.

HSC/15/17 Health and Wellbeing Update

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

Decision

To note the reports.

HSC/15/18 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.