

## **Health Scrutiny Committee**

### **Minutes of the meeting held on 25 June 2015**

#### **Present:**

Councillor Craig – In the Chair

Councillors T. Judge, E.Newman, O'Neil, Paul, Swannick and Webb

Councillor Andrews, Executive Member for Adult Health and Wellbeing

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

Mandy Bailey, Chief Nurse, University Hospital South Manchester

Claudette Elliott, Deputy Chief Officer South Manchester Clinical Commissioning  
Group

Craig Harris, Executive Nurse South Manchester Clinical Commissioning Group

Tim Ellis, Unison Regional Organiser

Ed Dyson, Assistant Chief Officer, Central Manchester Clinical Commissioning Group

Nadine Armitage, Head of Partnerships, the Pennine Acute Hospitals NHS Trust

**Apologies:** Councillors Hitchen, Teubler and Wilson

#### **HSC/15/36 Minutes**

The Chair commented that there were two actions outstanding from the minutes of the 28 May 2015 that required officer's attention. These were item 4 of HSC/15/31 and item 2 of HSC/15/35. Officer's acknowledged these and agreed that they would be actioned.

#### **Decision**

1. To agree the minutes of the meeting held on 28 May 2015 as a correct record.
2. To note the minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust held 27 January 2015 and 24 March 2015.
3. To note the minutes of the Learning Disability Task and Finish Group meeting held 11 June 2015.

#### **HSC/15/37 Community Nursing in South Manchester**

The Committee received a report that provided information on Community Nursing in South Manchester. The Committee welcomed Mandy Bailey, Chief Nurse University Hospital South Manchester who introduced the report across its main themes.

The Committee welcomed Claudette Elliott, Deputy Chief Officer South Manchester Clinical Commissioning Group. Ms Elliot informed the Committee that there was a duty to review the Community Nursing Service and its effectiveness. She said that

following the consultation exercise that had been undertaken between January and March 2015 UHSM were confident that they had the correct staff with the correct skills mix to deliver an integrated model of Health and Adult Social Care. She reassured members that she was confident that the correct foundations had been established to deliver a range of services and high quality care.

The Committee welcomed Tim Ellis, Unison Regional Organiser who addressed the members. He expressed his concerns regarding the proposed reduction of 22 FTE staff and the detrimental impact that this would have on services for patients and increased work load for staff. He said that the effect of the changes to the service would result in an increase in patient demand on acute services and impact upon hospital discharge rates. He commented that this was contrary to the ambitions of the Living Longer Living Better programme.

A member said that the concern of the Committee was to ensure that those services provided for the residents of Manchester are the most appropriate. He asked directly if the changes described within the report were purely financially driven. He further asked if this would result in a better service for the residents affected. Mandy Bailey, Chief Nurse University Hospital South Manchester responded by saying that she was confident that this would deliver a better service for patients. She further said that the safety of patients was the primary consideration and that the introduction of integrated teams will improve patient experience by providing a more effective, seamless model of care.

The Committee welcomed Claudette Elliott, Deputy Chief Officer South Manchester Clinical Commissioning Group. She said that an 18 month pilot had been undertaken that has helped inform these changes. Mandy Bailey added that this pilot had demonstrated that it is important to have the right person, with the right skills and knowledge to deliver care and the introduction of multi disciplinary teams, with the correct training and support will help ensure delivery of the best patient care. The Committee welcomed Craig Harris, Executive Nurse South Manchester Clinical Commissioning Group. He said that this will allow for more time for staff to deliver clinical care, which is a more effective use of staff time rather than be dealing with administration.

A member commented that financial pressures can not be ignored and understood the need to review services, however stressed that the needs of the patient should always be the primary consideration when considering services. He further said that he supported the integration of Adult Social Care to help improve the outcomes for patients however expressed some caution as to whether or not the proposed new Community Nursing in South Manchester will be better for residents. A member further added that he had concerns relating to the staffing levels and the financial implications if agency staff are required to meet any staffing shortfall. Mr Harris advised the Committee that the national guidance relating to community based staffing levels had yet to be finalised. The Chair requested that as soon as this guidance is available that this is circulated to members of the Committee.

A member asked about the number of unpaid carers across the city and what support is being offered to them, especially children. Ms Bailey replied saying that work is being undertaken to identify and support carers and to ensure they are connected to

voluntary services and the Carer's Forum. The Chair said that she welcomed the work with the Carer's Forum and further recommended that the Committee receive a report at an appropriate time regarding Carers.

### **Decision**

1. The Committee noted the report.
2. The Committee expressed its reservations regarding the ability to deliver appropriate community based patient care with reduced staffing levels. The Committee therefore requested that an update report be submitted to the Committee at an appropriate time. This update report will include information on staffing levels, including the use of agency staff, patient contact and patient satisfaction.
3. The Committee requested that a report be submitted for consideration at an appropriate time which provides information regarding the integration of community based health services.
4. The Committee requested that the national guidance relating to community based care staffing levels is circulated to members as soon as this is available.

### **HSC/15/38 One Team – Place Based Care**

The Committee received a report that provided information and the design document to describe how community based care would look by 2020 and the high level outcome measures sought for the population. This document had been produced by Manchester City Council and the three Manchester Clinical Commissioning Groups (CCGs) to deliver the Living Longer, Living Better (LLLb) strategy to transform community based care in Manchester.

The Committee welcomed Ed Dyson, Assistant Chief Officer, Central Manchester CCG. Mr Dyson introduced the report across its main themes. He described how the one team model, with shared resources and skills will deliver better care and outcomes for patients. He said that providers had been invited to respond to the model and that the responses will be considered by the Health and Well Being Board at their July meeting.

The Interim Strategic Director of Families, Health and Wellbeing said that the specification had been produced in consultation with service users and community groups.

The Committee welcomed the report and commented that it described an ambitious programme to implement the future delivery of Adult Social Care. A member asked if the timetable described to deliver this model was achievable. The Executive Member for Adult Health and Wellbeing said that this is a major project that represents a massive change in how Health and Adult Social Care will be delivered in the future. He stated that he applauded the work undertaken by officers and partners to develop this model for Manchester residents.

A member commented that he welcomed these developments and the model described. He further commented that deprivation is an issue and asked how this model of service delivery would respond to this. The Executive Member for Adult Health and Wellbeing responded by advising that this is an important issue that is recognised and that the care model described will allow for services to be targeted.

The Chair asked what the impact of the Manchester Devolution Deal was for this programme. Mr Dyson responded that the Health Devolution Deal will enable services to be designed and delivered flexibly, responding to changing needs and across traditional boundaries to deliver better health outcomes. Mr Dyson commented that there is a lot of support for this model of place based care from Primary Care and GP champions had been identified to progress this model. Mr Dyson also advised that there was a programme of public engagement events scheduled over the coming months.

### **Decision**

1. The Committee noted the report and the 'One Team – Place Based Care' design document.
2. The Committee noted the invitation made to providers to respond to the design.
3. The Committee requested that a progress report be submitted for consideration at an appropriate time. This report will provide the members with information regarding the implementation of 'One Team – Place Based Care'.

### **HSC/15/39 North Manchester General Hospital**

The Chair introduced this agenda item by advising that a substantive report will be received at a future meeting. She advised that this will allow for North Manchester ward members who had expressed a particular interest in this item to attend.

The Committee endorsed this decision. A member said that it is important that assurance is given to the residents of north Manchester that they will receive the best possible health care. A member requested that a future substantive report include information regarding mortality rates and delayed transfer of care.

The Committee welcomed Nadine Armitage, Head of Partnerships, Pennine Acute Hospitals NHS Trust. Ms Armitage provided an oral update to the Committee regarding maternity services at the site. She described that an Improvement Plan had been agreed by the Incident Management Group, a group which consisted of CCG representatives, NHS England and the Trust Development Authority. She explained that this plan will be made available to the public and that it will be considered by the Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust and the minutes will be shared with this Committee.

Ms Armitage said that the Improvement Plan had identified a number of actions. These included the establishment of a joint working and learning partnership with

Newcastle Maternity Services and participation in the SaBiNE Project (Saving Babies in North England).

Ms Armitage then described the challenges currently experienced at North Manchester General Hospital. These included an increase in demand for urgent care services, increasing patient complexity, an ageing estate and an increasing population. She described that the Trust had responded to these challenges by developing a Five Year strategy. The strategy had been devised on the understanding that the site will be designated as a general site following the Healthier Together outcome. The Five Year strategy will include developing an estate strategy, embedding integrated working and developing a neighbourhood centre including the provision of Extra Care Housing.

The Committee thanked Ms Armitage for attending the meeting and addressing the Committee.

### **Decision**

1. To note the oral update provide by Ms Armitage.
2. The Committee requested that the Improvement Plan be circulated to members of the Health Scrutiny Committee for information as soon as it is available.
3. To receive a substantive report on services provided at North Manchester General Hospital at an appropriate time. This report will include information regarding mortality rates and delayed transfer of care.

### **HSC/15/40 Additional membership of Learning Disability Services Task and Finish Group**

The Committee was invited to approve the appointment of Councillors Craig, Rawlins, Russell and Watson as additional members of the Learning Disability Services Task and Finish Group.

### **Decision**

1. The Committee agreed to appoint Councillors Craig, Rawlins, Russell and Watson as additional members of the Learning Disability Services Task and Finish Group.

### **HSC/15/41 Health and Wellbeing Update**

The Chair invited officers to provide the Committee with information regarding the cessation of the use of the Health Bus. The Specialist Public Health Nurse advised that the approach adopted in Manchester was to address the quality of the Health Checks and not solely driven by quantity. She described how this had proven successful in the screening of pre diabetes indicators.

She further advised that across the city approximately 53% of GP practices had signed up to deliver Health Checks and work continues to increase the take up of this amongst other GP practices.

A member asked if the decision to stop using the Health Bus service was based purely on cost. The Specialist Public Health Nurse advised that the bus was an old bus with associated maintenance costs, however the experience had allowed them to use this model of service delivery and utilise community venues, free of charge that people can access.

The Committee welcomed the use of community venues to continue the delivery of Health Checks. The Committee requested that any future update include information regarding the number of community venues used to deliver health checks and that further information regarding the take up rates amongst GP practices be included.

The Committee welcomed Nick Gomm, Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups. He provided an update on the Healthier Together Programme; 7 Day Primary Care Access, Central Manchester Foundation Trust (CMFT / University Hospital of South Manchester (UHSM) joint working and the McMillan Cancer Improvement Programme.

The Chair recommended that a substantive report regarding Primary Care access and 7 Day GP services be included at the September meeting. This report will include information and analysis of the take up rates during the Central Manchester Pilot scheme. The Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups advised that external analysis of this pilot is available and will be shared with the Committee.

The Committee then discussed Healthier Together. A member expressed their disappointment that the decision had been taken to establish four specialist sites rather than five, despite the outcome of the consultation exercises. In response to a question from the Chair regarding the rationale for this decision the Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups responded by advising that the decision is taken at a Greater Manchester level to ensure the best access for all residents across Greater Manchester.

The member commented that reasons had been given to support UHSM being chosen as a specialist site previously by the Committee and submitted formally as part of the consultation exercise. He therefore recommended that the Committee should re-iterate the recommendations agreed at the meeting held 25 September 2014 which include the call for UHSM Hospital to be designated as a specialist site. (See Health Scrutiny Committee minutes 25 September 2014 HSC/14/47).

He further recommended that the Committee should call upon the three Manchester CCG representatives on the Committee in Common to support UHSM being designated as one of the four specialist sites. Members supported this recommendation.

Members further commented that UHSM is ideally situated to become a specialist site and they expressed concern on the impact this will have on residents if it is not

chosen. A member also said that he had found the consultation document that had been used not to be user friendly.

The Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups acknowledged the comments made by members and said that he would relay these to the three Manchester CCG's representatives who sit on the Committees in Common. He also advised that further information regarding the consultation responses will be shared with the Committee.

### **Decision**

1. The Committee requested that any future update regarding Health Checks include information regarding the number of community venues used and information regarding the take up rates amongst GP practices to deliver Health Checks.
2. The Committee support the ambitions of the Healthier Together programme to deliver the best health outcomes for Manchester residents.
3. The Committee re-iterated their previous recommendations regarding Healthier Together and call upon the three Manchester CCG representatives on the Committees in Common to support UHSM being designated as one of the four specialist sites at their meeting of the 15 July.

### **HSC/15/42 Overview Report**

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

A member said that he had previously requested further information regarding the Heathfield Resource Centre, Newton Heath that had been identified as 'Requires Improvement' following a recent CQC inspection. The Interim Strategic Director of Families, Health and Wellbeing responded that she would provide the member with the information requested.

### **Decision**

1. To agree the Committee's work programme.
2. To include the recommendation, agreed at the May meeting regarding member's visits to the Hospital Trusts be added to the Committee's Recommendations Monitor.