

Health Scrutiny Committee

Minutes of the meeting held on 1 October 2015

Present:

Councillor Wilson – In the Chair
Councillors Hitchen, T.Judge, E.Newman, Swannick and Webb

Councillor Andrews, Executive Member for Adult Health and Wellbeing

Councillor Midgley, Mental Health Champion
Nick Gomm, Head of Corporate Services, North, Central and South Manchester
Clinical Commissioning Groups
Dr Ivan Benett, Clinical Director, Central Manchester Clinical Commissioning Group
Dr Sohail Munshi, Chair, Manchester Primary Care Partnership
Craig Harris, Executive Nurse and Director of Infection and Prevention Control
Jane Thorpe, Head of Mental Health Improvement Programme
Ben Jackson, Branch Secretary, Unison

Apologies: Councillors Craig, O'Neil, Paul and Stone

HSC/15/54 Appointment of Chair

Councillor Wilson was nominated to Chair the Committee in Councillor Craig's absence. This was seconded and approved.

Decision

To appoint Councillor Wilson to Chair the meeting.

HSC/15/55 Minutes

Decision

To agree the minutes of the meeting held on 3 September 2015 as a correct record.

HSC/15/56 Locality Plan

The Committee considered the report of the Strategic Director, Adult Social Services which provided members with a draft copy of the Locality Plan which outlined the vision and proposals for health and social care integration in the city.

The Joint Director, Health and Social Care Integration introduced the report across its broad themes. She said that this is an ambitious programme aimed to reduce fragmentation in the provision of services and to have greater local influence in the deployment of resources to improve health outcomes for residents. She said that work is currently in progress to deliver a route map for each of the transformation

objectives identified within the plan. In response to a question from a member regarding financial modelling the Joint Director, Health and Social Care Integration advised that this is a very important aspect of the programme and further work is underway to ensure the plan is financially viable.

Members welcomed the report and commented that the scale of this project is vast. The Executive Member for Adult Health and Wellbeing acknowledged the scale and ambition of the Locality Plan necessary to deliver the required changes to health and social care across the city. He recommended that once milestones and measures are agreed these can then be reported to the Health Scrutiny Committee for comment. Members welcomed this recommendation.

The Chair commented that there needs to be robust democratic accountability of the Locality Plan and the wider delivery of reform across Greater Manchester. A member recommended that the Scrutiny Support Officer make enquiries about the Greater Manchester Health Devolution scrutiny arrangements and report this to the Committee.

Decision

1. To note the report.
2. To request a further report, detailing the agreed milestones and measures established to deliver these objectives are provided to the Committee for consideration at an appropriate time.
3. To request that the Scrutiny Support Officer makes enquiries about the Greater Manchester Health Devolution scrutiny arrangements and report this to the Committee.

HSC/15/57 GP Access

The Committee welcomed Dr Ivan Bennet Clinical Director, Central Manchester Clinical Commissioning Group, and Dr Sohail Munshi Chair of the Manchester Primary Care Partnership who presented a report which provided an overview and update on the work to improve access to General Practice services in Manchester.

Dr Bennet said that the delivery of Primary Care is a key element for the successful delivery of the Greater Manchester Health and Care devolution programme. He described the Central Manchester Demonstrator programme which had provided late weekday and Saturday and Sunday appointments for all practices in Central Manchester. He said that this programme had been independently evaluated and had reported its findings. He said that a significant finding of the review had been the recognition that the availability of additional GP appointments had reduced the number of patients attending Accident and Emergency.

In response to a members question Dr Bennet said that the contractual challenges mentioned in the summary of the evaluation report referred to governance and system agreements.

Dr Munshi explained that over the previous two years GP practices in the city had formed three GP Federations which allowed for the ability to provide services across an area at scale, and to move away from outdated practices such as half day closing and extended lunch time closing. To support this joint working across practices GPs are now using a shared IT system. This allows practitioners to access patient records and deliver a better, clinically informed service.

Dr Munshi described that when an appointment is not available at a patients practice an alternative appointment can be offered using one of the twelve community hubs. These hubs are supported by nurses and Health Care Assistants and they are associated to the patients 'home' practice. Members were informed that currently eight of the twelve hubs are live, with the remaining four opening by the end of November 2015. A member commented that whilst she welcomed the introduction of hubs offering alternative appointments some residents will still experience problems accessing these due to the lack of public transport links.

Dr Munshi said that the additional appointments being offered by the hubs are being utilised by GPs surgeries. In response to a question from a member he advised that currently it is only GP practices that can book these appointments, however the ambition is to launch a web based booking system in 2016 so patients can do this directly themselves.

A member commented that she welcomed the reported improvements but had anecdotal evidence that residents are still experiencing difficulties in securing an appointment with their GP and are not being offered an alternative appointment at a hub. Dr Munshi and Dr Bennet both expressed disappointment that this was the case and suggested that they would speak with the member outside of the meeting with a view to resolving this with the practice concerned. Dr Bennet said that if patients do experience difficulties and are not being offered an alternative appointment they should be encouraged to formally raise this with the practice as often the GP will be unaware of such issues.

A member commented that he had received similar anecdotal evidence of patients experiencing difficulty in obtaining an appointment with their GP. He suggested that patient satisfaction surveys are undertaken. Dr Munshi said that surgeries do this and he described how practices in East Manchester meet regularly to monitor patient feed back obtained from an anonymous survey as a way of continually reviewing and improving the service they provide. Members welcomed this and said that practices should be encouraged to share best practice with each other to improve the patient experience.

A member commented that much more publicity needed to be given to the new service being offered to patients. Dr Munshi advised all GP practices had been visited by project workers to make staff aware of this new service and literature for patients had been given to practices. Dr Munshi said that following the 'go live' of the last four hubs in the south of the city further publicity will be given to this service.

Dr Bennet concluded that whilst there is still work to be done to ensure consistency in the service being provided to all residents wishing to access a GP appointment, this had significantly improved and he was proud of what had been achieved.

Decision

1. To note the report.
2. To request a further update report at an appropriate time.

HSC/15/58 Mental Health Services Update

The Committee considered the joint report submitted by the Executive Nurse and Director of Infection and Prevention Control, Director of City Wide Commissioning and Quality, Director of Children's and Adults Safeguarding and Strategic Director, Adult Social services. The report provided an update on Clinical Commissioning Group (CCG) and Manchester City Council (MCC) mental health commissioning and mental health services across the city, and an update on the Mental Health Improvement Programme and its position within the wider strategic context of Manchester's health and social care locality plan.

The Chair advised the Committee that Unison had submitted a number of questions in response to the report and the Chair invited Mr Jackson, Branch Secretary of Unison to address the Committee. Mr Jackson said that mental health services have been subject to significant underfunding over a period of years and this has had a severe impact on services, patients and staff. He asked that the members of the Committee scrutinise any further proposed changes to mental health services. The Committee thanked Mr Jackson for attending the meeting and requested that the Scrutiny Support Officer circulate the questions submitted by Unison.

Mr Harris, Executive Nurse and Director of Infection and Prevention Control responded that a full written response to the questions submitted would be provided and meeting will be convened with Unison to discuss the reply. Mr Harris said that the response will be shared with the Committee. Mr Harris said that a report regarding the cost improvement plans proposal of the Manchester Mental Health and Social Care Trust is to be submitted to the meeting of 29 October and staff will be consulted on the report prior to its submission to the Committee.

Mr Harris said that it is accepted that mental health services have to change within the city to improve the service provided for patients and to support the staff delivering these. He advised that the ambition is to commission quality services that are responsive, accessible in the community and delivered in an appropriate time scale for service users. Mr Harris then introduced the report across its broad themes and delivered a supporting presentation. The presentation described those services commissioned by the CCGs and those commissioned by MCC and the challenges identified. Mr Harris also described the important role that the Third Sector offer in providing support for people in Manchester.

The Committee welcomed Councillor Midgely, Mental Health Champion. She welcomed the report and thanked Mr Jackson for attending the meeting and addressing the members. She welcomed the ambition stated to reduce the fragmentation within mental health services and acknowledged the important role

that the voluntary sector plays in supporting patients with mental health problems. She made reference to the good work of the Sanctuary Self Help Crisis Line which offers 24hour support for people experiencing crisis. She said that she welcomed the information provided which stated that the number of patients who are treated out of area had reduced. Mr Harris responded saying that the ambition is to reduce this figure to zero and this is monitored fortnightly. He further commented that additional NHS England funding had been applied for to reduce the waiting times for those patients requiring access to psychological therapies. Mr Harris said that this improving the waiting times is a priority and discussions regarding this funding are ongoing.

Mr Harris said the time between initial referral and accessing psychological therapies had significantly improved and the waiting time is now typically eighteen weeks. He said that this is monitored and practical measures such as increasing the numbers of staff and patient contact sessions had increased. A member said that he welcomed the improvements described to improve mental health services despite financial restraints as he said that it is accepted that at times of economic down turn and instability the demand for such services increases across the population.

A member commented that financial pressures are a significant factor when attempting to improve services and made reference to the report which stated that the Manchester Mental Health Social Care Trust is not financially viable. Mr Harris replied saying that the financial situation only became apparent this year and the Trust is working to respond to the deficit. He advised that a further report is to be submitted to the Committee at the next meeting which will address this issue.

A member said she welcomed the improvement described to reduce the waiting period to eighteen weeks between referral and accessing services, however said that this is still a significant length of time which could potentially result in the worsening of a persons condition. The member asked if there were any other service that a person could access during this period. Mr Harris said that work is ongoing with third sector providers to offer a coordinated and consistent offer to provide support for patients and bridge the gap between services.

A member commented that she welcomed the contribution of leisure services being utilised to support people experiencing mental health problems and made reference to a recently organised swim for patients with dementia.

The Strategic Director of Adult Social Services advised that an advocacy service is commissioned to provide support for people experiencing mental health problems and are facing being sectioned. She said this is particularly important for those individuals without family. She then described the employment and mental health pilot that is due to commence early next year. She said that this is a programme which will offer a range of therapies to those people experiencing barriers in accessing employment because of mental health problems and assist them in securing employment. She said that an update report regarding this pilot will be provided to the Committee at an appropriate time.

The Chair said that it is important that the Committee is kept informed of changes and asked that any future reports include information about the cost of services;

number of people accessing these services and the outcomes delivered by these services. He said that improvement to patient outcomes is central to any service.

Decision

1. To note the report and presentation.
2. To request that any future update report include information about the cost of services; number of people accessing these services and the outcomes delivered by these services.

HSC/15/59 Health and Wellbeing Update

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

A member asked for an update on the proposed changes to surgical procedures performed at North Manchester General Hospital. The members asked that further information regarding this is provided in the next update report from the NHS. The Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups agreed that this will be provided and that he would invite a representative from the Pennine Acute Trust to answer any of the Committee's questions. The Committee agreed this recommendation.

Decision

1. To note the reports.
2. To request that the next NHS update report provides information about any proposed changes to surgical procedures performed at North Manchester General Hospital.

HSC/15/60 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 requested that the Scrutiny Support Officer, in consultation with officers provide information relating to follow up action instigated in response to those services rated by the Care Quality Commission as either Inadequate or Requires Improvement. The Committee agreed this recommendation.

Decision

1. To note the report and approve the work programme.

2. To request that the Scrutiny Support Officer, in consultation with officers provide information relating to follow up action instigated in response to those services rated by the Care Quality Commission as either Inadequate or Requires Improvement.