

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 28 January 2016

Subject: Health and Wellbeing Update – Part 2

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

Summary

This report provides Members of the Committee with an overview of developments in the local NHS.

Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None.

1. Introduction

1.1 This is a health update paper produced by North, Central and South Manchester Clinical Commissioning Groups (CCGs) for the Health and Wellbeing Overview and Scrutiny Committee. It provides a brief summary of issues or news items that may be of interest to the Committee.

1.2 If Committee members of the Committee have any specific questions about the contents of this paper, please email them to n.gomm@nhs.net.

2. Healthier Together

2.1 On 7 January, a Court Order was received from Honourable Mr Justice Dove confirming that there was no legal error in the decision reached by the Committees in Common on the 15th July 2015 – all the claimants' grounds have been dismissed.

The Judicial Review was brought by Keep Wythenshawe Special to challenge the decision taken by the Greater Manchester CCGs on 15th July 2015 to name Stepping Hill Hospital in Stockport as the fourth hospital specialising in emergency and high risk general surgery. The court hearing took place over two days on the 9th and 10th December 2015.

In the detailed Court Order Justice Dove dismisses all 6 of the Claimant's grounds providing clear explanations to support his judgements. Further, he acknowledges that *"the proceedings have been brought before the court and defended out of a passionate concern on all sides for the health and wellbeing of all those who depend on healthcare provision in Greater Manchester, whether or not they reside there."*

This result provides an unequivocal endorsement from the High Court of the Healthier Together programme and the decision of the Committees in Common and provides a strong foundation for driving forward the implementation of Healthier Together.

A new Chief Medical Advisor to the Healthier Together Programme: Dr Jane Eddleston has been appointed to lead the implementation work. Jane brings over 20 years' experience as a consultant in Critical Care and Anaesthesia in Greater Manchester and a wealth of operational experience in implementing major service change.

3. Locality Plan communications

3.1 Manchester's Locality Plan details the major health and social care transformation programmes being undertaken in the city. It gives us an opportunity to communicate, and engage upon, our vision and plans as a whole and provides us with a strategic context for programme-specific communications and engagement activity.

3.2 Communications and engagement about Manchester's Locality Plan will provide the context, rationale, overview and progress of the range of transformation programmes in the city. It will be delivered under the name 'A healthier Manchester'

and is planned to take place between January and April 2016 to complement the GM listening process. The target audiences for this are

- The public
- Health and social care workforce
- Voluntary and Community Sector organisations
- Local councillors and MPs

3.3 The objectives of this communication and engagement programme are as follows:

- To raise awareness of, and receive feedback on, Manchester's Locality Plan
- To receive comments and suggestions on how the health and social care system in Manchester could be more efficient and effective
- To receive feedback on what can be done to support people to live healthier lives and 'self-care' where appropriate
- To support the GM Strategic Plan 'listening period'

3.4 Specific communications and engagement activity for each of the transformation programmes will continue and will focus on those stakeholders affected by that programme. This will typically be directly affected workforce and service users.

3.5 A range of materials will be developed to support the communications and engagement period. The requirements of the different audiences will determine which are used, when. These include:

- A public-facing summary of the plan
- Designed and formatted versions of the 'Logic Chains' to explain each transformation programme
- A standard presentation detailing the plan, put in context of GM Devolution
- An animated video depicting integrated care
- Digital content (Web and Social Media)
- Case studies to be used for media work
- Briefing packs for stakeholders

This list will be developed as discussions continue and in response to the requirements of stakeholders. All materials will use the same 'look' as the public facing summary.

4. A New Health Deal for Trafford

4.1 Committee members will have seen recent media reports concerning Trafford Hospital. Below is the statement prepared by Central Manchester Foundation Trust and Trafford Clinical Commissioning Group explaining the current situation:

"A thorough consultation called the New Health Deal for Trafford was conducted four years ago over a 14-week period running May – August 2012. This outlined fully the move towards a different model and introducing a nurse/GP-led centre at the same site.

Currently CMFT, Trafford CCG and partners are looking closely at the detailed aspects of how this will be implemented - including data analysis – to ensure we

continue to provide the highest possible standards of care for people living in Trafford and surrounding areas.

The centre will be clinically-designed; with the right skills mix, suitable to the locality's needs and taking into account current patient flows and the sorts of people who use the site at the moment. It will consider the kinds of conditions they present with and what model would offer the most suitable care.

We will ensure all stakeholders, including residents, staff, local MPs and Councillors, will be completely informed throughout the process.

Patients are advised to continue to access the Trafford Urgent Care Centre and their nearest Accident and Emergency facility if appropriate, just as they do at the moment.”

5. CQC GP reports

5.1 Two North Manchester practices have been noted as 'Requiring Improvement' in this month's CQC overview report.

5.2 At Hazeldene Medical Centre, the Inspectors found that:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Although information about safety was recorded, monitored and appropriately reviewed, the practice did not have a clear process for reporting and acting on significant event audits (SEAs) and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Urgent appointments were available the same day but not necessarily with a GP of their choice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a clear leadership structure and staff felt supported by the practice manager.
- The practice had hearing loops, easy read format information and translation facilities.
- Information about services and how to complain was available. The practice sought patients' views about improvements that could be made to the service, including having a patient participation group (PPG).
- Not all staff had a clear understanding of their roles and responsibilities in line with their job description, understood capacity and consent, received regular appraisals or followed policy and procedure.
- There was an inconsistent approach to infection control, medicines management and waste disposal.

5.3 At Willowbank surgery, the Inspectors found that:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

- The practice had a number of policies and procedures to govern activity; however they identified areas where policies were not in place for example infection control.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

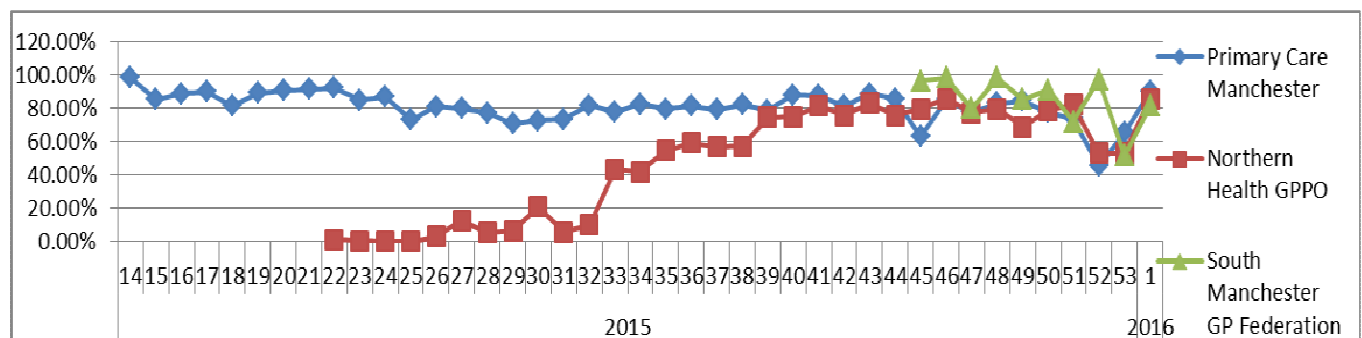
5.4 The CQC has made a number of recommendations in their reports and North Manchester CCG and NHS England are in dialogue with both practices to ensure that these are addressed.

6. Primary Care Access

6.1 At December’s meeting, Committee members raised a number of questions about the Manchester Primary Care Access project. This will be discussed in more detail at a future meeting but, in the meantime, below are some responses:

- The campaign has begun to raise awareness of the programme. Posters/leaflets have been sent to all practices and advertising is visible currently on bus shelters and other public spaces.
- Receptionists can book the appointments but not patients at this stage
- The hub locations were chosen so one is each in each of the 12 localities identified as part of the Living Longer, Living Better programme. The practices had to fit strict criteria with regard to premises, equipment and the ability to open evenings and weekends.
- A visit by committee members would be welcomed
- A Mobile app in development, as is online booking, but it is likely to be in medium term before this is available

6.2 Utilisation data is below:



6.3 Across all the Manchester localities -North, South and Central there are now very similar levels of utilisation. In Week 1 /2016 the average utilisation was 86%.

With regards to utilisation by practice, data shows that 82 of the 91 practices (90%) have booked patient appointments at either the 12 community hubs or 3 A&E GP hubs between weeks 45/2015 and 1/2016.