

Health Scrutiny Committee

Minutes of the meeting held on 25 February 2016

Present:

Councillor Craig – In the Chair

Councillors Hitchen, T. Judge, Marshall, E. Newman, O’Neil, Paul, Swannick, Watson, Webb and Wilson

Councillor Andrews, Executive Member for Adult Health and Wellbeing

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

Dr Steve Jones, Central Manchester Foundation Trust Hospital

Dr Toli Onin, University Hospital South Manchester

Dr Helen Hosker, Manchester Clinical Commissioning Groups

Dr Whiting, North Manchester Clinical Commissioning Group

Helen Speed, North Manchester Clinical Commissioning Group

Julia Stephens-Row, Independent Chair Manchester Safeguarding Adults Board

Tony Ullman, Executive lead for Primary Care, Central Manchester Clinical Commissioning Group

Dr Sohail Munshi, Manchester Primary Care Partnership

Apologies: Councillor Stone

HSC/16/12 Minutes

Decisions

1. To agree the minutes of the meeting held on 28 January 2016 as a correct record.
2. To note the minutes of the meeting held on 21 January 2016 of the Learning Disability Task and Finish Group.
3. To note the minutes of the meeting held on 2 February 2016 of the Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford.

HSC/16/13 Manchester’s urgent care system

The Committee considered the report of the North, Central and South Manchester Clinical Commissioning Groups that outlined current performance across the urgent care health and social care system, the causes of areas of underperformance and actions being taken to secure improvement.

The Committee welcomed Dr Steve Jones, Central Manchester Foundation Trust Hospital (CMFT); Dr Toli Onin, University Hospital South Manchester (UHSM); Dr Helen Hosker, Manchester Clinical Commissioning Groups; Dr Whiting, North Manchester Clinical Commissioning Group and Helen Speed, North Manchester

Clinical Commissioning Group. Dr Whiting introduced the report across its broad themes and delivered a supporting presentation to the Committee which described the current performance issues and remedies identified to address these.

Members welcomed the report and the presentation and opened the discussion by reaffirming their admiration and recognition of all the dedicated staff working in urgent care. Members commented that future reports should include more data to fully understand the rates of patient flow at the hospital sites.

A member commented that whilst he was disappointed by the delays in commencing the building works to expand the Accident and Emergency (A&E) Department at UHSM he acknowledged that the completion of this project will deliver a significant improvement for both the staff and patients at this facility.

A member commented that he had recent personal experience of attending the A&E waiting area at CMFT. He described that he had found the area to be crowded and that certain individual whilst waiting for treatment were intimidating other patients. Dr Jones responded by stating that the waiting area is restricted due to its physical size and location however they do employ security staff at the site.

Members commented upon the issue of Delayed Transfer of Care cases and asked what measures are being taken to address this. Dr Whitting advised that the proposed Single Hospital Service, although not primarily aimed at A&E will establish a consistent patient offer and improve patient flow. Members commented that on a recent visit to North Manchester General Hospital they had observed the integrated Health and Social Care team that had been established to facilitate the discharge and care of patients and supported the extension of this model to other hospital sites. Dr Hosker said that they are also seeking to establish a standardised out of hour's service for mental health patients.

The Interim Director of Adult Social Services said that from an Adult Social Care perspective she welcomed the development of the Single Hospital Service. The Executive Member for Adult Health and Wellbeing said that the integration of Health and Adult Social Care will improve services offered to the residents of Manchester.

In response to a question from a member regarding ambulance handover times Dr Hosker said that the target time is 30 minutes and that incidents of 2hrs indicated a significant issue. Dr Hosker said that an increase in ambulance handover times will arise when a receiving department is full, or those times when there are multiple ambulances attending at busy times. She said that this issue is being reviewed as it is recognised as an issue for patient care and reduces the number of emergency vehicles available.

A member commented upon the decline in waiting times for Accident and Emergency at North Manchester General Hospital. She noted that previous reports had contradicted the performance figures presented within the report considered at this meeting. Dr Whitting advised that prior to April 2015 NMGH had been the best performing A&E department in Greater Manchester however since then it had regrettably witnessed a decline in performance. He said that this can be explained in part due to bed closures.

Decisions

1. To note the report.
2. To receive an update report on Manchester's Urgent Care Systems at an appropriate time. The update report shall include detailed figures for each A&E site and detail the number of patients who re-present at A&E departments.
3. The Committee reaffirms their admiration and recognition of all those dedicated staff working in urgent care.

HSC/16/14 Annual Report of Manchester Safeguarding Adults Board April 2014 – March 2015

The Committee considered the joint report of the Strategic Director of Adult Social Services and the Independent Chair, Manchester Safeguarding Adults Board. The Committee was invited to consider the Annual Report of the Manchester Safeguarding Adults Board that covers the period April 2014 – March 2015. This is a summary report that had been presented to the Health and Wellbeing Board at their meeting of 13 January 2016. The Committee was informed that each partner agency on the Board has been requested to promote the annual report within their organisation and as local authorities have the lead responsibility to establish Safeguarding Boards the Health Scrutiny Committee needs to assure itself as to the work of the Board.

The Committee welcomed Julia Stephens-Row, Independent Chair Manchester Safeguarding Adults Board who introduced the report. The Executive Member for Adult Health and Wellbeing informed the Committee that he welcomed the Manchester Safeguarding Adults Board stating that he was confident that it was fit for purpose. He stated that consideration of Adult Safeguarding issues are to be taken at all times, especially when considering budget decisions. The Interim Director of Adult Social Services said that Adult Safeguarding will be at the fore when designing the integrated Adult Social Care model.

In response to a question from the Committee the Independent Chair Manchester Safeguarding Adults Board advised that the increase number of reported incidents is as a result of increased awareness and training. She said that cases are audited to ensure they are appropriate and to identify further training needs.

Members discussed the prevalence of Domestic Violence. In response to a comment from a member regarding the availability of ward level data the Executive Member for Adult Health and Wellbeing advised that this information is available and will be circulated to members. The Committee noted that the Communities Scrutiny Committee regularly received reports regarding Domestic Violence and Abuse and Female Genital Mutilation. The Interim Director of Adult Social Services said that domestic violence is a significant issue and all GPs are being targeted to promote the Iris Project, a project designed to increase identification and referrals of patients experiencing domestic abuse and provide direct support to those referred.

Decisions

1. To note the publication of the Manchester Safeguarding Adults Board (MSAB) Annual Report 2014-2015.
2. To support the strategic objectives and priorities of the MSAB for 2015-18 that have been outlined in the report.
3. To promote the importance of adult safeguarding across all parts of Manchester City Council and in the services that are commissioned, ensuring that safeguarding is at the heart of the re-design of services going forward.
4. To encourage that when budget decision are being taken that the impact on adult safeguarding is considered in the same way as equality impact assessments are undertaken.

[Councillor Watson declared a disclosable pecuniary interest and withdrew from the meeting during consideration of this item of business]

HSC/16/15 Primary Care

The Committee considered the joint report of Tony Ullman, Executive lead for Primary care, Manchester Clinical Commissioning Groups and Dr Sohail Munshi, Manchester Primary Care Partnership. The report described the Commissioning vision for Primary Care; changes in commissioning arrangements; and the developing transformation programmes as they link to developing community based care for the population through One Team. The report also provides an update on the Manchester Access programme. Tony Ullman introduced the report.

The Committee welcomed Dr Sohail Munshi who described the actions taken to increase the awareness of, and take up of additional appointments, especially Sunday appointments. These have included targeting vulnerable members of the population, such as ring fencing appointments for carers and patients in the palliative care sector. He further described the publicity campaign which had included the use of bill boards, buses, pharmacies, radio and the printed press. He advised that a further publicity campaign will commence in March 2016 which will include a digital campaign to increase awareness of this service.

Members welcomed the report. A member commented that in addition to the mediums described consideration should be given to publicising this service on wider forms of social media to target younger people. A member commented that he had a recent positive experience of being able to book an appointment online. He said that other GP practices should adopt good practice to improve standards across the whole of the city. Mr Ullman said that the GP contract does not dictate standards however peer review of practice standards is used to promote and share good practice with a view to improve standards across all GP practices.

A member commented that despite the improvements described within the report there still existed variation in the levels of service provided by GP practices across the city. A member commented that despite the assurances given that alternative appointments were available in the north of the City she had not been advised of this, despite asking for one when she had recently contacted her local surgery. Members

asked that future update reports should include details of the number of GP practices that comprise of two or less doctors; how many operate a half day closure or close during the lunch time period. In addition those GP practices who had not signed up to the Manchester Access project should be identified.

A member commented upon the important role that community pharmacy services play in delivering primary care and noted that the national contract for the delivery of these are to be reviewed. The Committee requested that a report on the future delivery of community pharmacy services is submitted to the Committee for consideration at an appropriate time.

Decision

1. To note the report and welcome the progress described.
2. To recommend that an update report be submitted for consideration at an appropriate time. This report shall include information relating to the number of GP practices that comprise of two or less doctors; how many operate a half day closure or close during the lunch time period. Further, the report shall identify those GP practices who had not signed up to the Manchester Access project.
3. To recommend that an update report include evidence of good practice adopted by GP practices to improve access to Primary Care, such as online appointment booking.
4. The Committee requested that a report on the future delivery of Community Pharmacy Services is submitted for consideration at an appropriate time.

HSC/16/16

Final Report and Recommendations of the Learning Disability Services Task and Finish Group

The Committee considered the report of the Learning Disability Services Task and Finish Group. The report described the findings of a detailed review undertaken on behalf of the Committee. The Committee was invited to note the findings of the Task and Finish Group and agree the recommendations as set out in the report.

Councillor Newman, Chair of the Task and Finish Group introduced the report and commended the recommendations to the Committee. The Executive Member for Adult Health and Wellbeing said that he thanked the group for undertaking this piece of work and that he supported the recommendations of the group.

The Committee thanked Councillor Newman for Chairing the Task and Finish Group.

Decision

To agree the recommendations of the Task and Finish Group as set out in the report.

HSC/16/17 Health and Wellbeing Update

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

A member welcomed the information provided regarding the Manchester response to the Care Quality Commission (CQC) consultation. He further noted the Manchester quality monitoring of Adult health and social care services. He sought assurance that there would be a continued separation between the inspection regime and those responsible for delivering and commissioning services. The Interim Director of Adult Social Services said that the CQC are the regulatory body and the council has a very good relationship and dialogue with them. She said that the CQC share information as they often are the first to receive whistle blowing reports. She stated that the Manchester quality monitoring team also monitor services that the CQC don't inspect such as homeless hostels.

In response to a question from members regarding vaccination levels the Director of Public Health said that the data issues referred to in the report related to ensuring that the data provided to the Child Health Unit was accurate. He said he was confident that the figures of vaccination will reflect the levels set by the World Health Organisation. He further said that with regard to Tuberculosis vaccination this will be targeted as the number of incidents had reduced to 31 cases per 100,000 population. He recommended that a report be submitted to the Committee at a future date regarding vaccinations. The Committee agreed this recommendation.

A member welcomed the update on the work to develop Wythenshawe Hospital's Emergency Department. He requested that updates continue to be regularly provided to the Committee.

The Committee welcomed Tony Ullman, from Central Manchester Clinical Commissioning Group. Mr Ullman responded to a question from the Chair regarding the proposals for dermatology services in central and south Manchester. Mr Ullman advised that a community service model is more appropriate than a hospital referral as this was often inappropriate and subject to long waiting times. He advised that when the final briefing is available this will be shared with the Committee.

Decisions

- 1 To note the reports.
2. The Committee requested that a report on vaccinations is submitted for consideration at an appropriate time.

HSC/16/18 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 recommended that a Task and Finish Group be established to monitor the transition of Home Care provision to the strength based model approach for both older people and people with physical disabilities in the context of the Care Act 2014. The Terms of Reference for the Task and Finish group are to be drafted and submitted to the May meeting of the Committee for approval. The Committee agreed this recommendation.

Decisions

1. To note the report and approve the work programme.
2. To receive the draft terms of reference of the Task and Finish group which seeks to examine and monitor the transition of Home Care provision to the strength based model approach for both older people and people with physical disabilities at the May meeting.

HSC/16/19 Councillor Swannick

The Chair announced that this was the last meeting that Councillor Swannick would be attending as a member of the Committee as he was standing down as a Councillor in May. The Committee joined the Chair in thanking Councillor Swannick for his service and dedication to the Committee on behalf of the residents of Manchester and they wished him well for the future.