

Health Scrutiny Committee

Minutes of the meeting held on 21 July 2016

Present:

Councillor Craig – In the Chair

Councillors Curley, E.Newman, O'Neil, Paul, Stone, Watson, Webb, Wills 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

Craig Harris, Executive Nurse, Director of Infection Prevention Control and Director of
City Wide Commissioning and Quality

Stephen Gardner, Director of Strategic Projects, Central Manchester Foundation
Trust Hospital

Apologies: Councillors T.Judge and Mary Monaghan

HSC/16/35 Minutes

Decisions

1. To approve as a correct record the minutes of the meeting held on 30 June 2016.
2. To note the minutes of the meeting held on 5 July 2016 of the Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford.

HSC/16/36 Health and Wellbeing Update - Mental Health service retractions

The Committee had discussed the proposed service retractions extensively at their meeting of 29 October 2015 (see minutes HSC/15/63 Cost Improvement Plans (CIP) Proposals for 2015/16 of Manchester Mental Health and Social Care Trust). The Chair informed the Committee that she had invited Craig Harris, Executive Nurse, Director of Infection Prevention Control and Director of City Wide Commissioning and Quality to provide the Committee with an update on the proposed Mental Health service retractions. This was in addition to the written update provided in the Health and Wellbeing Update Part 2 report submitted for consideration by the Committee.

Mr Harris said the decision had been taken to continue to commission those services that had previously been identified for retraction. He said that a commissioner led consultation exercise will commence in August to capture the views of service users and stakeholders to help inform the models of service delivery. He said that the new service provider, due to be announced in August will be involved in the consultation planning and that the proposed consultation questions will be shared with the members of the Committee for comment.

Members welcomed the decision to suspend the proposed service retractions and supported the proposed consultation. A member commented that the consultation needed to capture the views of service users and their extended families and carers and welcomed the commitment that this exercise will inform and shape what services will look like and how they are delivered.

A member asked if all those services that were previously identified for retraction would continue to be delivered pending the outcome of any consultation exercise. Mr Harris said that all services will continue to be delivered, subject to any normal operational issues pending the outcome of the consultation exercise and new service delivery model. He said that service will continue to receive referrals and this is being cascaded to GPs and other referral sources.

The Chair reminded the Committee that a substantive report on Mental Health Services will be submitted to the September meeting.

Decisions

1. The Committee requested that information regarding the consultation exercise be circulated to members.
2. The Committee welcomed the decision to maintain those services previously identified for retraction.
3. The Committee noted that a substantive report on Mental Health Services will be submitted to the September meeting for consideration.

HSC/16/37 Manchester's Locality Plan – One Team care model

The Committee considered the report of the Deputy Chief Executive, Central Manchester University Hospitals NHS Foundation Trust (CMFT). The report described The Local Care Organisation is a continuation of the Living Longer, Living Better strategy. It will act as a key part of Manchester's health and care economy system to enable the delivery of care in community settings and closer to people's homes. There will be a single Local Care Organisation (LCO) for Manchester which will hold a single contract for out of hospital care. It will hold neighbourhood teams to account for performance and delivery through new One Team models of care. The Committee welcomed John Ashcroft, Programme Director, Manchester Provider Board who introduced the report across its broad themes.

The Joint Director, Health and Social Care Integration informed the Committee that this is one of the three complimentary pillars designed to deliver the integration of Adult Social Care and Health. She said that currently the health and social care system is fragmented and this programme will deliver improvements in the health outcomes for all Manchester residents.

The Joint Director, Health and Social Care Integration responded to a members account of poor health care experienced by a local resident, saying that this programme of activity is designed to address inadequate services and health

inequalities. She further explained that the financial consequences of doing nothing would result in a funding gap of £135m in 5 years time. She informed the Committee that the funding application that is currently being developed for submission to the Greater Manchester Transformation Fund in September would support the level of investment required to deliver this programme.

Members said that they welcomed the ambition to deliver improved services for all residents however commented that the report lacked detail, making it difficult to scrutinise and comment upon. Members commented that consideration had to be given to the language used to ensure that reports are written in plain English. Members further commented on the lack of financial information provided, that no information had been provided on the Voluntary and Community Sector (VCS) or activities around prevention and wider health determinants. Members requested that the information regarding the identified key milestones referred to within the report is circulated to members.

A member commented upon the important role that GPs and GP Practices will have in the successful delivery of Local Care Organisations. The Programme Director, Manchester Provider Board acknowledged this comment and reassured the Committee that GPs are engaged with and in support of this process.

The Joint Director, Health and Social Care Integration said that she acknowledged the important role that the VCS will play in LCOs. She also said that part of the submission to the Greater Manchester Transformation Fund includes activities around prevention. The Director of Public Health said that the wider determinants of health are understood and the work is underway to bring together a range of services, such as the VCS, work and skills support and providers of housing to approach this issue in a coordinated way.

A member commented that it is predominately older people who require health services and said that further analysis and understanding of who uses health services and when is required.

The Executive Member for Adult Health and Wellbeing acknowledged the Committee's comments regarding the lack of detail provided. He said that there is a significant amount of work currently underway to ensure that this delivered in the most appropriate and successful way. He said that there are different models of what a LCO can be, such as a physical or virtual team and that further detailed information will be available in September, including governance arrangements and work force requirements. The Executive Member for Adult Health and Wellbeing said that he welcomed the involvement of the Committee in scrutinising this area of work once the detail is available.

The Chair recommended that a monthly update report on the implementation of the Locality Plan is included as part of the Committees work programme. The Committee agreed this recommendation.

Decisions

1. The Committee recommended that the draft programme plan identifying the key milestones and activities be circulated to members.
2. The Committee recommended that a monthly update report describing progress on the Locality Plan is included as part of the Committees work programme.

HSC/16/38 Manchester's Locality Plan – Single Hospital Service

The Committee considered the report of Matt Graham, Director of Strategy and Business Development, University Hospital of South Manchester; Stephen Gardner, Director of Strategic Projects, Central Manchester Foundation Trust Hospital and Sandra Good, Director of Strategy and Commercial Development, The Pennine Acute Hospitals NHS Trust.

The report described the development of a single hospital service as one of the three pillars of the Manchester Locality Plan, alongside a single Local Care Organisation to provide integrated out-of-hospital care and establishing a single commissioning health and social care services in the city. The pillars are designed to transform the health and care system in Manchester in order to improve the health and wellbeing of the city's population.

The Committee welcomed Stephen Gardner, Director of Strategic Projects, Central Manchester Foundation Trust Hospital who introduced the report across its broad themes. He informed the Committee that the planned timeline for the delivery of this new service model is to combine the University Hospital of South Manchester and Central Manchester Foundation Trust Hospital by 31 March 2017 and North Manchester being incorporated in the new structure the following year.

A member commented that the date of 31 March 2017 was a very ambitious target. Mr Gardner acknowledged that it is and that the date had been agreed upon as this is the end of the financial accounting period and also in recognition of staff pension considerations. He said that a lot of work is currently being developed to plan the delivery of services across the sites. He said this planning will take into consideration the size and demand on the individual service, for example one site may be required to deliver Infectious Diseases, which is a relatively small service whereas respiratory services, which is a much larger service is anticipated to be provided at all three sites. He advised that analysis had been undertaken to understand the levels of service around the eight exemplar services identified within the report. The Committee recommended that further information on the eight exemplars speciality services are circulated to members.

Members welcomed the inclusion of North Manchester General Hospital in a single hospital service for Manchester. A member further commented that a single service was supported as it will remove the false competition that had previously been encouraged between Hospital Trusts.

A member commented that it is predominately older people who require acute hospital care and the services they require should be the primary consideration when looking at services and where they are provided. The member further commented

that it is important that patients are considered as people rather than a medical condition.

A member sought an assurance that no changes to those services provided at North Manchester General Hospital would be made until the final plans and decisions are taken to deliver the single hospital service. Mr Gardner responded by saying that he was unable to give the Committee this assurance as North Manchester General Hospital is administered under the arrangements of The Pennine Acute Hospitals NHS Trust. The Committee agreed to invite representatives of The Pennine Acute Hospitals NHS Trust and their governing body to a future meeting of the Committee to discuss arrangements at North Manchester General Hospital.

Decisions

1. The Committee agreed to invite representatives of The Pennine Acute Hospitals NHS Trust and their governing body to a future meeting of the Committee.
2. The Committee recommended that further information on the eight exemplars speciality services are circulated to members.

HSC/16/39 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/16/40 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 commented on the numbers of CQC ratings reported that were either Inadequate or Requires Improvement. The Deputy Director of Adult Services responded by saying that she would circulate information to the members about the action plans that had been agreed in response to these ratings.

The Committee further requested that the CQC improvement plans for all three Hospital Trusts are circulated for information to the members of the Committee. The Head of Corporate Services, North, Central and South Manchester Clinical Commissioning Groups agreed that he would provide this in advance of the next meeting.

A member requested that a briefing note be circulated to members of the Committee regarding the Key Decisions to be taken in relation to Home Care Fees and Nursing Care Fees. The Deputy Director of Adult Services said that this information will be circulated in advance of the next meeting.

Decisions

1. To note the report and approve the work programme.
2. The Committee requested that the CQC action plans for the three Manchester Hospital Trusts are circulated for information to the members.
3. The Committee requested that information on the agreed action plans following the CQC rating of Inadequate or Requires Improvement as detailed in the report are circulated to members.
4. The Committee requested that a briefing note be circulated to members of the Committee regarding the Key Decisions to be taken in relation to Home Care Fees and Nursing Care Fees.