

## Health Scrutiny Committee

### Minutes of the meeting held on 10 October 2016

#### Present:

Councillor Craig – In the Chair

Councillors Hitchen, Mary Monaghan, E.Newman, O'Neil, Paul, Stone, Watson, Webb, Wills and Wilson

Councillor Andrews, Executive Member for Adult Health and Wellbeing

Councillor John Flanagan, Executive Member for Finance and Human Resources

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

Sophie McCormick, Assistant Director for the Single Hospital Service

John Ashcroft, Programme Director, Manchester Provider Board

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

Coral Higgins, Commissioning Manager (Cancer), Manchester Clinical  
Commissioning Groups

#### **HSC/16/47                      Minutes**

#### **Decision:**

To approve as a correct record the minutes of the meeting held on 8 September 2016.

#### **HSC/16/48                      Manchester Locality Plan - A Healthier Manchester**

The Committee considered the report of the Joint Director, Health and Social Care Integration. The report provided an update on progress towards implementation of the Locality Plan Transformation Programme, with a specific focus upon the three main change pillars and progress towards securing investment from the Greater Manchester Transformation Fund. The report was introduced by the Joint Director, Health and Social Care Integration and the Committee welcomed Sophie McCormick from the Single Health Service; John Ashcroft from the Manchester Provider Board and Ed Dyson from Central Manchester Clinical Commissioning Group (CCG).

The Joint Director of Health and Social Care Integration emphasised that this is a large scale transformation programme of the delivery of health and social care for the city of Manchester. The bid to the Greater Manchester Transformation Fund was due to be submitted and included governance proposals. It was also noted that the Manchester Local Care Organisation (MLCO) will be the responsible body that will deliver the out of hospital care.

A member sought an assurance that Manchester would receive a fair share of the funding to transform health care for the city of Manchester in line with the population

size of Manchester. The member also expressed concerns around the democratic accountability of the NHS and the devolution process.

The Joint Director, Health and Social Care Integration informed the Committee that in relation to the bid, a comprehensive case had been made in order to deliver the ambition of what had been articulated. The Executive Member for Adult Health and Wellbeing advised that following submission of the bid he would share the financial detail confidentially to members of the Committee. He also confirmed that once the bid had been awarded, the funds would be robustly monitored and milestones established to ensure that the plan is delivered.

Members were concerned the money secured from the Transformation Fund bid would be used to address the existing health budget deficit. The Joint Director, Health and Social Care Integration acknowledged that nationally trusts were experiencing significant budgetary pressures. She also said that the money from the Transformation Fund would not be used for the budget deficit of hospital trusts and is intended to be invested in the new models of care.

A member requested clarity on the Memorandum of Understanding. The Programme Director, Manchester Provider Board said that the document described the integration of adult social care and community district nursing and how partners were going to operate in the future. He also said that currently it did not include General Practitioners (GP's), however work was underway with the GP Federations to address this.

In response to members' questions about trade union consultation it was confirmed that both the Council and the NHS have been in consultation with the trade unions and staff. A member requested that any future update reports include information on the negotiations with trade unions and staff.

A member asked if the patient voice is to be included in the design and commissioning of the single hospital service. The Single Commissioning Function, Assistant Chief Officer confirmed that the patients' voice is crucial and there will be the opportunity to utilise existing Council and NHS engagement mechanisms. The Committee welcomed this commitment to the inclusion of the patient voice and requested that future update reports include information on how this is being developed.

Members discussed governance arrangements for the new structure to deliver health and adult social care. The Director of Adult Social Services informed the Committee that once this had been established, the information would be shared with members of the Committee.

In response to members concerns about the significant pressures on acute services and potential changes to pharmacy provision, the Joint Director, Health and Social Care Integration confirmed there are discussions on what alternative interventions can be delivered at a local level to reduce people requiring acute hospital care. The Programme Director, Manchester Provider Board said that discussions are ongoing regarding the future provision of pharmacies.

## Decision

1. The Committee noted the report.
2. The Committee requested that the Executive Member for Adult Health and Wellbeing share the details of the submission to the Greater Manchester Transformation fund to members.
3. The Committee requested a future update on the work of the Neighbourhood Local Care Teams and this update report will include information on consultation with staff and trade unions and the patient voice.

## **HSC/16/49                      Health Cancer Services in Manchester**

The Committee received a report from the Executive Nurse and Director of City Wide Commissioning and Quality. The report provided an overview of cancer services across Manchester, including the commissioning arrangements, and the challenges faced by the public, patients and health services. It described the priorities for 2015-20, progress to date and areas in development.

In response to members' comments regarding one of their constituent's negative experience of the service, the Commissioning Manager (Cancer) explained the new model of after care will reduce the number of unnecessary hospital appointments and deliver services locally. The Executive Nurse said that the delivery of the Single Hospital Service will improve patient experience and address inconsistencies of service.

In response to members' concerns around the low figures for uptake of cancer screenings, the Director for Public Health confirmed that whilst across Greater Manchester there exists an issue of capacity, this had now been resolved. He also stated that uptake of screenings have been deteriorating over previous years and public health campaigns were not always reaching communities. He acknowledged the need to improve breast cancer and bowel cancer screening and said that Public Health were working with NHS England and Primary Care colleagues to address this.

The Commissioning Manager (Cancer) explained the pilot project supported by Macmillan to provide lung health checks in the community had been expanded to include North, South and Central Manchester. She explained that there had been engagement with members' of the public who had helped design the service. In response to members concerns about inconsistencies in screening across different CCGs, the Commissioning Manager (Cancer), clarified that all screening is centrally co-ordinated at Wythenshawe Hospital and a patient list is sent to all GP practices informing them of those patients who are due to be screened.

A member enquired as to what statistical information was available on adults and young people who smoke and what activities had been undertaken within schools. The Director for Public Health informed the Committee that national data suggests that 22% of adults smoke in Manchester, however local data on the breakdown of what percentage of young people who smoke had not been provided. The Executive Member for Adult Health and Wellbeing said that Cancer Research UK will be

delivering a full presentation to Council and he would ask them to concentrate on smoking prevalence in Manchester.

A member asked about the status of smoking cessation services in Manchester and requested further explanation as to why the use of additional new patient clinics was not sustainable. The Director of Public Health explained that stop smoking services had been de-commissioned and redesigned, and was now known as the Buzz service. This new service delivered a holistic approach to all lifestyle issues. The Executive Nurse confirmed that whilst the continuing use of new patient clinics was not sustainable there were ongoing discussions as part of the Locality Plan design.

Members expressed disappointment that not all GPs had signed up to the Locally Commissioned Service (LCS). However, the Chair stated that it was important to note that 90% of GP practices had signed up. The Commissioning Manager (Cancer) informed the Committee that they were developing the primary care standards and the work of the Local Commissioning Services is also incorporated into the standards.

A member commented that the mortality rate was lower in South Manchester and higher in North and Central Manchester for incidences of prostate cancer. The Executive Nurse said that he would circulate further information to the Committee that would give more detail.

A member commented that the University of Manchester and the local Maggie's Centre be acknowledged as delivering a good service for the residents of Manchester at Christies. Maggie's is part of a network of drop-in centres which aim to help anyone who has been affected by cancer.

## **Decision**

1. The Committee noted the recommendations of the report.
2. To request that the Director for Public Health consider how to promote the profile of bowel screening checks especially for men.
3. To request that the Director of Public Health develop links with the Healthy Schools programme to see if they can help reduce the numbers of young people who smoke.
4. To request that the Commissioning Manager (Cancer) provides a list of GP practices or geographical locations that didn't sign up to the Locally Commissioned Service, which can be circulated to members of the Committee.
5. To request that the Executive Nurse provides the 2015/16 figures on prostate cancer, updated with local intelligence, for circulation to members of the Committee.

The Committee considered the report of the City Treasure which provided the Committee with an overview of the budget process to date and next steps, including details of the Budget Conversation which closed on 16 September.

The Executive Member for Adult Health and Wellbeing informed the Committee that a report will be submitted to the November meeting that will present officers savings proposals. He said that the Committee will be able to comment on these proposals. He encouraged the Committee to involve as many residents and residents groups in the scrutiny process to ensure the views of residents are captured and included in the budget conversation.

A member said that existing community networks, such as the Age Friendly Network should be utilised to meaningfully engage with residents and to ensure that the views of residents who may not access the internet are captured. The Director of Adult Social Care said that this is the intention and the comments of the Committee would be relayed to the Communications Team.

A member commented on the importance of mental health services and that this should be prioritised in the budget considerations. She commented that this had also been identified by residents as a priority via the online questionnaire. The Director of Adult Social Care said that a significant amount of work is being developed around service delivery with the new provider, Greater Manchester West. The Director of Adult Social Care recommended that the Chief Executive of Greater Manchester West should be invited to a future meeting of the Committee to discuss this further.

## **Decisions**

1. The Committee noted the activity, engagement and feedback received as part of the Budget Conversation.
2. The Committee noted the next phase of the process, including the second phase of Budget consultation proposals and next steps.

## **HSC/16/51            Health and Wellbeing Update**

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

The Committee welcomed the information provided regarding 'What makes a good Care Home' and asked how this is applied. The Director of Adult Social Care said that she would circulate further information to members of the Committee.

## **Decisions**

1. To note the report.
2. To note that the Director of Adult Social Care would circulate information on the application of 'What makes a good Care Home' to members of the Committee.

**HSC/16/52                      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.

**Decision**

To note the report and approve the work programme.