

## **Health Scrutiny Committee**

### **Minutes of the meeting held on 5 January 2017**

#### **Present:**

Councillor Craig – In the Chair

Councillors Curley, T.Judge, Mary Monaghan, E.Newman, O'Neil, Paul, Stone, Watson, Wills and Wilson

Councillor Andrews, Executive Member for Adult Health and Wellbeing

Councillor Flanagan, Executive Member for Finance and Human Resources

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

Julia Stephens - Row, Independent Chair of Manchester Safeguarding Adults Board

Claudette Elliott, Chief Operating Officer, South Manchester CCG

Joanne Newton Chief Finance Officer Manchester CCG

#### **HSC/17/01                      Minutes**

A member asked that his request for further information on the 'double running' costs that was referred to at Appendix 2 of agenda item 5 be included in the minute for item HSC/16/60 Budget 2017-2020.

The member also asked that his request for information on the context of the Outcomes Framework for the next five years described at Appendix 3 of agenda item 5 be provided to the Committee in any future update report be included in the minute for item HSC/16/60 Budget 2017-2020.

#### **Decision**

To approve as a correct record the minutes of the meeting held on 8 December 2016 subject to the above amendments.

#### **HSC/17/02                      Locality Plan and Adult Social Care Budget Report and Update**

The Committee considered the report of the Joint Director, Health and Social Care Integration; Strategic Director of Adult Social Services; City Treasurer and Chief Finance Officer, Manchester Clinical Commissioning Groups. The report and the attached appendices detailed the current progress towards implementing the Locality Plan; the Three Year Budget Strategy underpinning the Plan and the relationship of the Adult Social Care Budget and Business Plan to this work. The Committee was invited to comment upon the 'Manchester's Locality Plan – A Healthier Manchester' provided at Appendix 1 of the report and the 'Adult Social Care Budget and Business Planning: 2017-2020' provided at Appendix 3 prior to their submission to the Executive meeting of 11 January 2017.

The Joint Director, Health and Social Care Integration introduced the report across its broad themes. She explained that the suite of reports described the whole system

approach to address the funding gaps across the Health and Adult Social Care service. She further explained that there had been difficulties on providing the information previously requested by the Committee due to the schedule of financial settlements being announced by Government. The Chief Finance Officer, Manchester CCG said that this had been complicated further as a new NHS Tariff had been announced in December 2016 which presented an additional financial pressure.

The Deputy Chief Executive introduced Appendix One entitled 'Manchester's Locality Plan – A Healthier Manchester'. He advised that the new model of service delivery will result in Manchester Council staff being deployed to the new multi agency teams however they will remain employees of Manchester City Council. He informed the Committee that the report will be submitted to the January meeting of the Executive and the Health Scrutiny Committee were asked to endorse the recommendations. He asked that the Committee support the rewording of recommendation number seven to include a proposal that the benefits of the Single Hospital Service and of the Locality Plan as a whole be commended to NHS Improvement and the Competition and Merger Authority to support their consideration of the Single Hospital Service. The Committee supported this recommendation.

The Executive Member for Adult Health and Wellbeing thanked the Committee for their continued scrutiny and challenge to the ongoing work to deliver the integration of Health and Adult Social Care. He stated that the additional 3% increase in the Council Tax charge is not sufficient to meet the cost of Adult Social Care and the investment from Central Government is not new money rather it had been taken from the new homes budget.

The Committee welcomed Cllr Flanagan, Executive Member for Finance and Human Resources. He stated that Central Government had remained silent on the issue of national funding of Adult Social Care. He acknowledged the comment made previously regarding the increase in Council Tax. He said that he encouraged all members of the Committee to engage with residents to help them understand why the Council Tax charge will increase by an additional 3%. He said that it is important that residents of Manchester understand the important and varied service that Adult Social Care provides to vulnerable residents across the city. He also stated that the Council is also developing new service models to tackle homelessness in the city.

The Strategic Director of Adult Social Services informed the committee that Appendix 3 'Adult Social Care Budget and Business Planning: 2017-2020' described how the savings are to be achieved. She advised that the report described savings and not reductions in service. She stated that there is no intention to reduce the number of Adult Social Workers and the required savings will be achieved through the new models of service delivery. In response to a member's comment regarding the impact on FTE she said that were unknown as yet as single line management structures were still being developed for both the Local Care Organisation and Single Commissioning Function.

A member asked if there are funding shortfalls which organisation will be responsible for meeting these in the future. The Deputy Chief Executive advised that the recommendation to the Executive that a partnership arrangement under Section 75

of the NHS Act 2006 with the City's merged CCGs to form the Single Commissioning Function will help monitor this and establish a risk sharing agreement.

Members discussed the levels of savings to be achieved and asked if they were realistic. A member noted that the majority of the savings identified are to be achieved in the first year and asked if this is viable considering the increase in demographic pressures on services identified within the reports. The Chief Finance Officer Manchester CCG said that the phasing of the savings represents the savings that are required and the opportunities are there to deliver these savings up front.

The Joint Director, Health and Social Care Integration acknowledged that the savings required are a challenge however the strengthened accountability across partners will help deliver these. She said there will be strengthened assurances between partners and the delivery and impact will be monitored very closely.

In response to a members question regarding the Out of Area Care costs the Chief Operating Officer, South Manchester CCG stated that a review of this is currently ongoing to identify efficiencies that can be saved collectively.

In response to a members question regarding savings the Head of Reform and Innovation said that work is ongoing to determine the implications of the plans in terms of 'cashability', particularly in relation to the targeted activity reductions, enabled through the development of new models of care supported by the Greater Manchester Transformation Fund.

In response to a members question regarding the improved 'Front Door' service the Chief Operating Officer, South Manchester CCG acknowledged that a range of offer needed to be established and accepted that an online service is not suitable for some people. It was noted in the report that there are proposals for an enhanced contact officer role to support vulnerable people

In response to a question from a member the Director of Adult Social Services said that a Single Commissioning Strategy is being developed and the draft strategy will be shared with the Committee and that a quarterly progress report will be provided to the Committee for information and comment.

In response to a member's question regarding GP service across the city the Chief Operating Officer, South Manchester CCG acknowledged that a variation in the service provided does exist across the city. She said that the work that is ongoing with the GP Federation and the introduction of collective commissioning will improve standards of service, standardise patient referrals and realise savings.

In response to these comments a member said that there are many external factors that can influence the successful delivery of the Locality Plan, such as national NHS funding decisions and winter pressures. He said that it is important that the Health Scrutiny Committee continue to monitor the implementation of the Locality Plan. He further acknowledged the increase in Council Tax represented a small percentage of the overall cost of Adult Social Care; however he said that it is necessary to safeguard vulnerable people.

A member commented that more attention needed to be given to the wider environmental determinants of health, such as air quality and made reference to recent news reports of a study that had identified a link between poor air quality and incidents of dementia. A member said that the Neighbourhoods and Environment Scrutiny Committee had established a Air Quality Task and Finish Group and this enquiry will include a discussion on the relationship between health and air quality.

The member further commented that more information needed to be provided regarding the development of Community Assets. The Director of Public Health said that North Manchester CCG had recently invested in community assets in North Manchester to provide low level services, delivered in a local setting to support people in their local community. He said this low level preventive work is important and this model of preventative work will be rolled out city wide.

In response to a members comment regarding services for Learning Disabled Citizens the Director of Adult Social Services agreed that there were increased numbers of young people experiencing the transition between Children and Adult Services and also that some older people with a learning disability are not known to services. She said that an additional £4.6 million had been proposed as part of the budget for adults with a learning disability.

In response to a member's comment regarding funding for Homelessness and Domestic Violence the Strategic Director of Adult Social Services informed the Committee that the funding was a continuation of what had been approved in the last budget process to increase access to these services. She also stated that additional funding has been proposed to address the issue of homelessness in the city and advised that homelessness sits under the remit of Communities and Equalities Scrutiny Committee.

A member said that the delivery of Mental Health Services needed to be improved as his experience is that services are very disjointed and patients experience delays in receiving appropriate treatment. The Strategic Director of Adult Social Services advised that she was confident that the new provider will deliver improved services to residents. She said that they will provide a system wide approach to care and treatment. She further informed the Committee that the new provider will also provide funding to support work with local Voluntary and Community Services. The Chair reminded the Committee that the Chief Executive of Cheshire West will be attending a future meeting of the Committee to speak with members and answer any questions regarding the future delivery of mental health service.

In response to a member's comment regarding the parity of esteem between physical and mental health in relation to Adaptations and Equipment the Strategic Director of Adult Social Services agreed that there should be parity and a report regarding this subject will be provided to the Committee. In response to a comment from the member she said that the information provided on the Council's web site will be reviewed to ensure it is accurate and up to date.

The Chair said that the Committee reiterated its continued support for the integration of Health and Social Care to deliver both improved health outcomes and services for all Manchester residents. The Executive Member for Adult Health and Wellbeing

reassured the Committee that it is acknowledged that this is a massive undertaking for the Council and its partners to radically transform the delivery of Health and Adult Social Care. He said that budgets, impact and delivery will be monitored very closely and he welcomed the commitment given by the Committee to continue to scrutinise this important area of work.

## **Decisions**

The Committee endorsed the recommendations that the Executive:

1. Endorse the next phases of implementation of the Locality Plan, as set out in this report, as a clear and robust response to the requirements of the Our Manchester Strategy to transform health outcomes for Manchester people and the platform for achieving financial sustainability.
2. Approve in principle that the Council enter into partnership arrangements under Section 75 of the NHS Act 2006 with the City's merged CCGs to form the Single Commissioning Function, subject to the terms of the partnership agreement being submitted to a future meeting of the Executive for approval.
3. Approve commissioners undertaking a procurement exercise to appoint a single provider of integrated health and social care in Manchester, with the intention that there will be a single contract that will include all out of hospital health services, including primary care, adult social care, community health and mental health services.
4. Note that the organisations that form the Manchester Provider Board, which include the Council as a provider of adult social care, will bid for the single contract on the basis of an equal partnership between the principal provider organisations in the form of a Local Care Organisation (LCO). Subject to the outcome of the procurement process, in the event that the bid prepared by Manchester Provider Board is successful, further reports will be submitted to the Executive on the terms of an Alliance Agreement, and the formation of the LCO.
5. Note that Council staff will need to be deployed to both the Single Commissioning Function and the LCO, with roles being backfilled, subject to the approval of Personnel Committee where appropriate.
6. Note that a report will be submitted to the Personnel Committee on the 11<sup>th</sup> January recommending changes to the Director of Adult Social Services (DASS), Deputy DASS and Director of Public Health roles.
7. Endorse the creation of a single acute provider organisation and the proposed phasing set out in this report as a key part of the move to a single unified health and care system for the City and a central part of the GM strategy for health and social care devolution.
8. Note the progress on the transfer of the City's mental health services to a new provider and that mental health will be fully integrated into the new service models being developed.

9. Note the emerging vision for the future delivery of services from the North Manchester General Hospital.

10. That the Executive note that this report will be considered by the Health Scrutiny Committee in conjunction with proposals for the financial implications of the Locality Plan for the Council's budget for 2017-21.

11. The Committee agreed that recommendation number 7 of the report entitled Manchester's Locality Plan – A Healthier Manchester' to be considered by the Executive at their meeting of 11 January 2017 be reworded to include the proposal that the benefits of the Single Hospital Service and of the Locality Plan as a whole be commended to NHS Improvement and the Competition and Merger Authority to support their consideration of the Single Hospital Service.

The Committee endorsed the recommendations that the Executive:

12. Note and endorse the draft budget proposals contained within this report, which are subject to consultation as part of the Council's overall budget setting process; and note that final budget proposals will be considered by the Executive on 8 February for recommendation to Council.

13. The Committee note the national government cuts that disproportionately effect cities like Manchester and recognise that the impact of cuts would be significantly worse were it not for the proactive action from Manchester City Council and its partners.

14. The Committee will regularly review and scrutinise the progress and implementation of the Locality Plan, including budgets, structures and services.

15. The Committee recommend that the Council proactively engage with the residents of Manchester to explain why the Council has had to increase the Council Tax charge to meet the cost of Adult Social Care.

### **HSC/17/03                      New Adult Social Care Citizen and Carer publications**

The Committee considered the report of the Strategic Director of Adult Social Services which provided the Committee with oversight of three documents produced by adult social care. The three documents provided were Your Guide to Adult Social Care – for eligible citizens; Carer's leaflets that provided carers with necessary information and advice in their caring role and The Local Account for Adult Social Care 2015/16.

A member asked if they thought it was reasonable to use the term "customers" within the Your Guide to Adult Social Care. The Head of Adult Social Care and the Strategic Director of Adult Social Services agreed it was not and advised they would raise this with the board. A member asked if the term "customers" could be replaced with the term "residents", to which officers agreed.

The Chair enquired whether the leaflet provided to carers was provided to carers groups for feedback before its release. The Head of Adult Social Care responded that it had.

The Chair asked the Adult Social Care Performance Officer which audience the Local Account for Adult Social Care 2015/16 was for. The Adult Social Care Performance Officer said that it was aimed at residents, who could read it to obtain an honest, holistic case of adult social care in the city.

The Chair asked what sort of feedback had been received from the Local Account for Adult Social Care 2015/16, and if there was any data on the demographics of individuals reading it. The Adult Social Care Performance Officer said that they had no specific feedback and that it was only cost effective to put the document on the website, but that hits on the page were tracked. A member raised concerns regarding the readability of the document for the average resident and commented that it could be best used as a tool to inform adult social care practices. In response the Head of Adult Social Care stated that the document was also used as a learning tool.

The Chair thanked officers for their attendance and presenting the documents at the meeting.

## **Decisions**

1. That the term "Customers" be removed from the Guide to Adult Social Care and replaced with "Residents".
2. To note the reports.

### **HSC/17/04                      Report of the Manchester Safeguarding Adults Board April 2015 – March 2016**

The Committee considered the report of the Strategic Director of Adult Social Services and the Independent Chair of Manchester Safeguarding Adults Board. The report provided an overview of Manchester Safeguarding Adults Board Annual Report covering the period from April 2015-March 2016. The Committee welcomed Julia Stephens – Row, the Independent Chair of Manchester Safeguarding Adults Board.

A member asked what content was missing from P43, item 8, paragraph 8, which appeared to be incomplete, stating "Completion of Adult safeguarding training for all staff should lead to more systematic assessments by prisons who have ultimate responsibility for the (prompted by Offender Managers) ." In response Julia Stephens-Row said she would follow this up, following which the Chair asked this information be circulated to members of the Committee.

A member enquired whether there was a threshold for minimum attendance for members of the Manchester Safeguarding Adults Board, and what was being done to ensure that organisations are properly represented through attendance at the board. In response Julia Stephens- Row said that she always follows up with partners who

have not attended meetings and provided them with meeting notes, and that when issues of attendance emerge they would hold conversations with partners regarding this.

A member asked if the Prevent Strategy looked at preventing all types of radicalisation including extreme right wing views. In response Julia Stephens-Row said the strategy looked at young people and adults regarding a wide variety of issues of radicalisation, including extreme right wing views.

A member commended the work of the Greater Manchester Fire Service involving vulnerable adults highlighted in the report, stating that the health service could learn much from what they had achieved. In response Julia Stephens-Row seconded this, also highlighting the work the Fire Service had done to employ more sympathetic approaches when dealing with vulnerable individuals.

The Chair asked Julia Stephens-Row opinion regarding the increased number of concerns reported regarding potentially vulnerable adults, asking if she thought this was due to more awareness of adult safeguarding issues or an indicative problem. In response Julia Stephens-Row said it was likely a mixture of the two.

### **Decision**

1. To note the report.
2. To request that an updated version of the report be circulated to members .

### **HSC/17/05                      Health and Wellbeing Update**

The Committee received a report of the Strategic Director Adult Social Care, the Joint Director, Health and Social Care Integration, and the Head of Corporate Services, Manchester Clinical Commissioning Groups (CCG's) which provided an overview of developments across Health and Social Care and the local NHS.

A member asked about the Bowel Cancer screening campaign, asking how it was intended to get more people involved and testing themselves. In response the Director of Public Health and Partnerships stated that it would be a fully evaluated campaign, and that the data gathered in this campaign would allow for approaches to be developed specifically for the Greater Manchester population. He also noted that a new sample collection system would be introduced in 2018 which he hoped would lead to increased usage. A member asked if there was any data regarding how effective the bowel cancer screening test was. In response the Director of Public Health and Partnerships said that there were a small amount of tests that resulted in false negatives, and that the campaign was also focused on getting people to think about visiting their GP if they showed symptoms of bowel cancer not just to use the testing kits.

The Chair enquired about the Mental Health Programme led by MACC (Manchester local voluntary and community sector support organisation), asking how this work would be monitored, evaluated and publicised and if funding was granted on any kind of geographical or needs based basis. In response Nick Gomm, Head of Communications and Engagement at the NHS Manchester Trust stated that a



combination of quantitative analysis and interviews with service users would be used for monitoring. In terms of awareness the NHS had been in conversations with each organisation, each of which did this type of activity. He stated that the decision to approve grants was decided by a panel who took into account a variety of factors.

A member asked what has happened to the work under the previous grant regime and whether lessons could be learnt from this. Nick Gomm responded that these were non-re-occurring pots of money, and that they asked applicants to show how their activities were sustainable in the longer term once funding was removed. He stated that there was more work to be done regarding creating sustainable community assets in the long term, and that it was a challenge.

## **Decision**

To note the report.

### **HSC/17/06                      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 that in the in CQC reports Mary and Joseph house had been rated outstanding by the CQC in all sub-categories, and asked that it be noted that the Committee congratulate them for their work, to which the Chair agreed.

In relation to the Our Manchester Community Sector and Funding Report, a member asked whether discussions were underway in relation to funding and the emerging Single Commissioning Function. In response the Strategic Director of Adult Social Services stated that discussions had begun, but that they were at an early stage. Nick Gomm also commented that as an example within the Age Friendly Manchester programme a single pot of money was being created to bring in funding from CCGs, the Council and other agencies and national bodies so that money could be invested more strategically.

The Chair asked when the detail around funding would become clear, asking if the structures around the Single commissioning function needed to be put in place first, or would it be developed alongside this. In response the Strategic Director of Adult Social Services said that it would be developed alongside the Single Commissioning Function as well and that local investment is of great importance and needed to be done mindfully.

## **Decisions**

To note the report.