Health Scrutiny Committee

Minutes of the meeting held on 2 February 2017

Present:
Councillor Craig – In the Chair
Councillors Curley, T.Judge, Midgley, E.Newman, O'Neil, Paul, Stone, Watson, Webb and Wilson

Councillor Andrews, Executive Member for Adult Health and Wellbeing
Councillor Flanagan, Executive Member for Finance and Human Resources

Ed Dyson, Deputy Chief Officer Central Manchester Clinical Commissioning Group (CCG)
Jo Purcell, Chief operating Officer North Manchester Clinical Commissioning Group (CCG)
Martin Whiting, Chief Clinical Officer North Manchester Clinical Commissioning Group (CCG)
Dr Peter Gill, Doctor and Board Member at South Manchester Clinical Commissioning Group (CCG)
Ray Keelan, Elderly Care Consultant University Hospital South Manchester
Helen Speed, Programme Director Urgent Care
Tony Ullman, Senior Responsible Officer for Primary Care Manchester Clinical Commissioning Group (CCGs)
Jo Purcell, Chief Operating Officer North Manchester Clinical Commissioning Group (CCG)

HSC/17/07 Minutes

Decisions

1. To approve as a correct record the minutes of the meeting held on 5 January 2017.

2. To note the minutes of the meeting of the Home Care Task and Finish Group meeting held on 19 December 2016.

HSC/17/08 Urgent Care System in Manchester

The Chair welcomed guests and Officers to the Committee, following which Ed Dyson, Deputy Chief Officer Central Manchester Clinical Commissioning Group introduced the report. The report described the Performance of Manchester's urgent care system, outlining a number of system wide issues that impact on performance. The report also set out the actions being taken within Manchester to improve Accident and Emergency (A&E) performance. Following this he highlighted key performance measures used in the report, including the 2 hour and 4 hour A&E waiting targets.

Ray Keelan, Elderly Care Consultant University Hospital South Manchester (UHSM) commented that they were currently in a position of extreme difficulty, but the position

was improving thanks to the work of front line staff as well a supporting nursing and management team to facilitate care. She highlighting flows of people going into hospital as a key factor that was currently affecting performance. Ed Dyson stated that flow was indeed a key issue, as well as stating that the problems they were experiencing are not the result of failing A & E departments but rather a system under pressure. He said that the recruitment and retention of staff was a key issue, as well as the primary care system being under great stress, with many unfilled GP vacancies and under investment in the city. Despite this pre-hospital systems were in place to treat people who do not require acute hospital services.

The Interim Head of Strategic Commissioning Manchester City Council informed the Committee that adult social care had a similar problem with flow, despite this staff were working collaboratively with health colleges.

The Quality and Performance officer informed the Committee that resilience allocations of staff and resources had been put into the health and social care system where they need urgent responses, but acknowledged that more needed to be done to manage flow.

Helen Speed, Programme Director Urgent Care reiterated the challenges described to the Health and Social Care system, but stressed that they had experienced success by working collaboratively. She stressed the importance of using community assets and different and innovative ways of working to relieve pressures on emergency care.

A member asked what the impact of the introduction of tuition fees for those wishing to pursue degrees in nursing would be. Ray Keelan, Elderly Care Consultant, UHSM responded by saying she had been working hard to ensure that nursing was as attractive as possible in South Manchester, but that more needed to be done to encourage enthusiastic people to join the profession. Martin Whiting, Clinical Officer North Manchester CCG stated that private practice nurses had particularly bad retention rates, and that Manchester needed to maximise its recruitment potential by employing other health care professionals where possible such as Health Care Assistants, Pharmacist and Physicians Assistants.

A member sought clarification as to what the helicopter role was that was discussed within the report. The Quality and Performance officer responded that the role entailed a team with an observational view of what was happening across the system at departmental perspectives so that appropriate support could be given to clinicians, as well as maximising the amount of people diverted away from hospitals to other parts of the NHS, and getting as many people as possible through the system within 4 hours.

A member commented that the public needed to be aware of the numbers of people attending A&E at hospitals daily in Manchester. citing the figure of 1,500 people attending on Monday 30th of January as highlighted within the report. Following this the member asked for the breakdown of this attendance at individual hospitals. In response Ed Dyson commented that approximately 1000 attendees had been to Central Manchester Trust Hospitals, 250 to North Manchester and 250 Wythenshawe.

A member asked if the percentage of calls answered in 60 seconds by NHS 111 had reduced, citing concerns with two dips in performance highlighted within the report. In response Helen Speed said that the current provider was under a notice to improve. She also informed the Committee that a streaming process had taken place, with all calls concerning under 5 year olds now being diverted immediately to clinicians. She said that the NHS 111 system experienced problems with an increase in the volume of calls when GP out of hours services end. Members asked that additional information be circulated about NHS 111 performance.

A member asked what was being done to address issues regarding those with high levels of physical health needs such as individuals who require stair lifts, and what was being done to ensure they got moved quickly into appropriate accommodation. Ed Dyson replied that the new mechanisms that would be put in place through health and social care devolution would allow for hospitals and social care providers to work together on these issues, as well as share best practice. The Strategic Director of Adult Social Services stated that work was being produced to try and find ways to move people more quickly to properties that are properly adapted to meet their needs.

A member commented that the Home from Hospitals service was a good model of care and asked if this is available across the city. The Strategic Director of Adult Social Services said that currently it was only available in north and central Manchester however the ambition is that this model is rolled out across the city.

A member highlighted the retention of staff as a key issue, and asked what was being done to address this. Ed Dyson responded that work was being commissioned to try and reduce the number of staff sick days and non-attendance days where possible. Ray Keelan responded that there was a generational change taking place with doctors with different aspirations and that there was an ageing work force who did not want to work the peak hours between 8-12pm. She said they needed to make the job more attractive, but acknowledged that this was not easy.

A member asked how the GP referrals mechanism worked in Manchester, commenting that nationally GP referrals had been reported to have been reduced by 40%, as well as the impact that this had on social care. Ed Dyson responded by saying that their was no quota mechanism in Manchester for referrals, and that their was a GP referral gateway process that sometimes re-directed referrals to alternative community services. Martin Whiting stated that Manchester did not ration hip and knee replacements and didn't have pre-requisites for weight and smoking. Following this he offered to bring back a more detailed report on the system of referral management to a future meeting of the Committee. The Committee welcomed this recommendation.

A member asked what the effects of delayed transfers of care from hospitals into social care were and what was being done to address this. In response Ed Dyson said that it had an effect on patient experience as well as placing extra pressure on hospital departments. He said that they had commissioned experts in hospital care to review the systems and process in hospitals regarding this issue and that a report was due to follow shortly. The Strategic Director of Adult Social Services stated that capacity issues were usually with nursing homes not residential and nursing care.

A member asked what the patient experience was like in A&E Departments. In response Ray Keelan said that the majority of patients were treated well and only a very small proportion of people made formal complaints.

The Executive Member for Adult Health and Wellbeing commented that consideration needed to be given to finance, since the overarching budget always presented issues for the NHS.

The Chair thanked guests and officers for their attendance, and asked that feedback from the Health Scrutiny Committee be fed back to the CCG's in addition to the Council. She stressed the importance of securing sustainable and sufficient funding for the NHS and social care in the city.

Decisions:

1. To note the report.

2. To request that additional information be circulated to members regarding NHS 111 performance.

3. To request an update report on GP referrals be sumbittend for consideration at an appropriate time.

HSC/17/09 Primary Care Access in Manchester

The Committee received the report of Jo Purcell, Chief Operating Officer North Manchester Clinical Commissioning Group (CCG), Tony Ullman, Senior Responsible Officer for Primary Care Manchester CCGs and Dr Peter Gill, General Practitioner and Board Member South Manchester CCG. This report focused on two areas in relation to Primary care: Access and Quality. In addition to providing a general overview of the two areas the report also outlined developments and initiatives that were underway to support these areas and help transform primary care.

Dr Peter Gill introduced the paper across its main themes. The Chair asked what should be done if posters advertising the extend access and out of hours service were not on display in GP surgeries. In response Tony Ullman said that the Manchester Primary Care Partnership would be happy to follow up on such issues as well as the Central Manchester Clinical Commissioning Group, following which he invited members and the public to provide information of such GP surgeries not displaying this inforation.

A member asked what was being done to make sure there was adequate staffing for the extended access and out of hours service, and if this service was safe, caring and effective. In response Jo Purcell said that flexible working had been key, as many doctors wished to work on a portfolio basis as opposed to in fixed positions. As well as this she said the recruitment of a number of pharmacists working in general practices who could take over some aspects of a GPs workload, as well as physicians associates who could work on long term condition management.

A member commented that whilst the report contained information regarding the 12 access hubs through which the extended access and out of hours service was run it lacked any detail regarding how they operate at the neighbourhood level. In response Jo Purcell said that it was important to recognise that the service did run on a neighbourhood basis. Tony Ullman said that there was a cultural change taking place across GP practices, with more practices working together than ever before. He also stated that they wanted to commission more services on a neighbourhood basis, so patients had access to the services they require.

The Chair asked if more detail was available regarding the operation of GP practices at a neighbourhood level, stating that she would have liked to see information regarding lunchtime closures for example in the report. In response Dr Peter Gill stated that the CCG's had been aware of these issues and were developing a dashboard to look at issues such as types of care, quality of care, opening hours and feedback on practices so that CCGS can respond in a proactive way to these issues.

A member asked for clarification on whether individuals could call and get GP bookings a month in advance. In response Dr Peter Gill commented that there was a challenge between trying to provide on the day services and advance bookings for individuals. He commented that general practice did try to allow for both, and cater for the needs of those patients with a long term health need who want the assurance of a future appointment,

A member commented that they believed the issue of working cultures in GP practices to be key, and welcomed efforts to improve this. They also raised that there were issues with what practices claimed were their working hours as opposed to their actual hours, when GPs in practice see patients, as well as getting through on the telephone to receptionists.

A member commented that a year ago the Committee were told the extended access and out of hours service would develop in a two stage process. The first stage would see patients required to get a referral from their GP, and the second would result in a system where they could look to get an appointment in their community hub without the need of a referral. He commented that not only has this second stage not been reached, there were also problems with clinicians and receptionists failing to direct people to the extended access and out of hours service. In response Jo Purcell commented that at the moment it was a difficult situation as individuals had to get a referral through their GP, and that a major barrier was technology.

A member asked why so many GP surgeries appeared as amber or red in terms of their performance indicators following the Care Quality Commission (CQC) inspections. In response Jo Purcell stated it was important to note that many of these ambers were surrounding admin and process which are considered as far less important than patient care and safety. Following this Tony Ullman said that had this report been presented 10 years ago the number of ambers and reds would have been significantly higher. Despite this he stated that they were aware of the problem and when rated as inadequate CCGs were working with practices to address this. He also said that often these issues are to do with quality management and not clinical care.

The Chair thanked guests for attending the Committee, and commented that the report described real progress.

Decisions:

1. To note the Report

2. To request an update report on Primary Care Access in Manchester be sumbittend for consideration at an appropriate time.

HSC/17/10 The Councils Budget 2017-2020

The Committee received a report of the Strategic Director (Adults), Joint Director of Health and Social Care Integration, Director of Public Health and City Treasurer which provided an update on the Council's financial position and set out next steps in the budget process, including scrutiny of the Executive's draft Budget proposals and Directorate Budget and Business Plan reports and accompanying delivery plans. The Committee were asked to consider and make recommendations to the Executive on those draft budget proposals within its remit and to comment on draft Directorate Business Plans and Delivery plans which have been designed to ensure the Council delivers high quality services and outcomes for residents, as well as a balanced budget, across the three financial years 2017/18-2019/20.

The Chair noted that much of the information had been received previously and asked whether officers wished to highlight any new developments. The Executive Member for Finance and Human Resources described the consultation process which had been undertaken with residents; and in addition to that the informal consultation which had been fed back through the scrutiny process. He highlighted Appendix 3: The Executive's Draft Budget proposals (consolidated schedule) which showed the changes which had been made as a result of the public consultation and the comments of scrutiny Committees. In respect of Health Scrutiny Committee the savings options around the locality plan had been reduced from £27,064 to £12,000. The Chair noted that Health Scrutiny Committee had also considered the Council's Budget in detail at its January 2017 meeting; due to the need for information to be aligned with the Locality Plan Budget. Members expressed disappointment that the Council's budget process was not aligned with the budget processes and savings required by Clinical Commissioning Groups (CCG's) and hospital trusts.

A member referred to 'Appendix 5 Directorate and Budget Business Plan Report-Locality Plan' and requested further information on estates, in particular the twelve existing health and social care buildings that had been identified as locality bases for the new integrated health and social care teams; and the Manchester Strategic Estates Plan that had recently been agreed. She also requested further information on the proposed changes to the current model of adult social work, which was based on a traditional model of care assessment, to a new model underpinned by an 'Our Manchester' approach. She added that she would like to know where the buildings were located and what the plan was for larger and more wide ranging accommodation; and would work with the Chair to develop the scope of the report further, to which the Chair agreed.

A member noted that the Committee had considered the savings proposals for the Local Care Organisation which were detailed within Appendix 5 at its meeting held on 5 January 2017. He added that the Joint Director of Health and Social Care had advised at that meeting she was in the process of identifying savings to reduce the £8 million shortfall and reduce the risk ratings and asked what progress had been made. He also noted that the Committee had focussed on local care organisations but since the single hospital service and the commissioning function fed into the finances behind the locality plan the Committee would benefit from more information on these. The Joint Director of Health and Social Care responded that she could not assure members that the £8 million shortfall had been resolved at the present time. She described the work that was ongoing to address this which included a workshop planned for the 3 February 2017 with CCG Commissioning Colleagues. She described the difficulties around the alignment of budgets between the three CCG's and the Council and the importance of working at a Greater Manchester level to adopt a 'whole system approach' since all localities were currently in the process of reviewing and updating their funding plans. She added that a response would be received within the next week in respect of funding being agreed for the Local Care Organisation, some of which would contribute to closing the £8 million funding gap.

A member asked for further clarity on the actual areas from which savings could be realised. The Joint Director of Health and Social Care responded that the current focus of providers and commissioners was on the care models to be delivered and invested in for 2017/18. The Committee requested a report on this be provided to its next meeting.

The Chair summarised the content of the discussions, adding that she wanted to revisit and endorse the decisions made by the Committee at its meeting held on 5 January 2017.

Decisions:

1. To request a future report on Estates, in particular the twelve existing health and social care buildings that had been identified as locality bases for the new integrated health and social care teams; and the recently agreed Manchester Strategic Estates Plan. To include where the buildings are located and what the plan is for larger and more wide ranging accommodation.

2. To request a report on the proposed new care model underpinned by the 'Our Manchester' approach and the care models to be delivered and invested in for 2017/18 currently being considered by providers and commissioners be provided to the next meeting of Health Scrutiny Committee. To include reference to how the proposals will address the £8 million shortfall.

3. To receive further information on the finances behind the single hospital service and the commissioning function and how these feed into the finances behind the locality plan to the next meeting of Health Scrutiny Committee.

4. To revisit and endorse the concerns raised by the Health Scrutiny Committee at its meeting held on 5 January 2017 as follows:

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 11th 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 disproportionally 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/17/11 Single Commissioning Organisation

The Committee received a report of the Strategic Director of Adult Social Care which advised that the three Manchester CCGs and Manchester City Council had agreed to establish a single commissioning organisation for the City of Manchester by 1 April 2017. The report updated members on the progress made to merge the three Manchester CCGs and develop a partnership agreement with the Council, thus bringing together health, social care and public health commissioning. The new organisation will be called Manchester Health and Care Commissioning (MHCC) and the report outlined the key steps required to establish MHCC by 1 April 2017. The Committee were asked to note and comment on the establishment of the Manchester CCG and the development of the Commissioning Partnership with Manchester City Council. The report was also being provided to Executive at its meeting on 8 February 2017 but members of Health Scrutiny Committee were not asked to endorse any of the recommendations to Executive. The Strategic Director of Adult Social Care introduced the report across its main themes. She apologised for the lateness of the report adding that it was an Executive report but she wanted to provide it to Health Scrutiny Committee for information.

The Chair asked what role the Health Scrutiny Committee could play in the governance function when the Council's Executive decisions would be delegated to the new organisation. The Strategic Director of Adult Social Care responded that

Health Scrutiny Committee could still play an important role within the decision making process by making those recommendations it would have made to its own Executive to the new organisation. Members expressed disappointment that the role of Health Scrutiny Committee was not made explicit within the report. A member noted that the Council itself had very robust governance procedures in place including a written Constitution and a Code of Corporate Governance which were updated on an annual basis and a Resources and Governance Scrutiny Committee which scrutinised governance issues. She noted there was reference to a constitution being produced for the new organisation which would require changes to the Council's constitution to reflect this. The member requested that due to the gravitas of this a special meeting of the Council's Constitutional and Nomination Committee be held to consider these changes to which members agreed. Members also agreed that the role of Health Scrutiny Committee should be much more explicit within the document.

The Executive Member for Adult Health and Wellbeing stressed the importance of collaboration with the NHS and the need to align processes and procedures to suit all organisations. A member stressed the importance of the role of Health Scrutiny Committee in terms of its statutory rights under national legislation. He added that in addition to its rights to scrutinise the Council itself the rights were also extended to any providers of NHS services, including private providers. The Executive Member for Adult Health and Wellbeing agreed adding that he felt the formulation of the Single Commissioning Organisation could only increase the influence of Health Scrutiny Committee. The Strategic Director of Adult Social Care added that she had been working closely with the City Solicitor to ensure the new arrangements complied with legislation and were robust. The Chair welcomed the comments but re-iterated the importance of making the role of Health Scrutiny Committee explicit, in particular to those within the NHS that may not be currently familiar with its role or responsibilities.

A member asked whether the Council would retain responsibility for its own appointments to the MHCC Board. The Senior Responsible Officer explained that any Executive roles would be appointed by a panel which would include the City Council, the Chief Accountable Officer for MHCC, lay members, and members of the Greater Manchester Partnership. In response to a member's query the Senior Responsible Officer explained that a lay member for governance was similar to current Non Executive Directors in the NHS and was a 'challenge' role. The Head of Corporate Services for North, Central and South Manchester CCG's added that recruitment for lay members would be carried out by external advertisement and interviews would be carried out by a panel which included member representation.

A member added that he was aware that elected councillors could not be appointed as lay members of a CCG board; but questioned whether this restriction would also apply to the new MHCC Board. He added that it seemed to be assumed that members of the CCG Governing Body should also become lay members of the board and questioned whether this was desirable noting that the Council did not appoint lay members to its Executive. The Senior Responsible Officer described the complexities of the considerations and stressed that it was perceived desirable to have a wide range of perspectives and skills on the board. He added that NHS lay members provided valuable input to decision making.

The Chair thanked officers for their comments and requested that once the Commissioning Partnership Agreement was developed that this be provided to a future meeting of Health Scrutiny; and that it make explicit the role of the Health Scrutiny Committee.

Decisions:

1. To note the report

2. To request that once the Commissioning Partnership Agreement is developed that it be provided to a future meeting for comment; and that it make explicit the role of the Health Scrutiny Committee.

HSC/17/12 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 commented that she welcomed the inclusion the information provided regarding the Greater Manchester Ageing programme - creating an age-friendly activity. A member commented that the Combined Authority had recently adopted a Population Health Plan. He said that whilst he supported this it had failed to acknowledge some of the wider determinates of health outcomes such as air quality and active travel. The Chair, whilst noting that older people fell within the remit of the Communities and Equalities Scrutiny Committee recommended that a substantive report, with an emphasis on health be submitted to the Committee for consideration in the new municipal year on the Greater Manchester Ageing programme.

Decisions

1. To note the report.

2. To request a future report on the Greater Manchester Ageing programme.

HSC/17/13 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.

Decisions

To note the report and approve the work programme.