

Health Scrutiny Committee

Minutes of the meeting held on 2 March 2017

Present:

Councillor Craig – In the Chair

Councillors Curley, T.Judge, Midgley, E.Newman, O'Neil, Paul, Stone and Wills

Councillor Andrews, Executive Member for Adult Health and Wellbeing

Bev Humphrey, Chief Executive, Greater Manchester Mental Health NHS
Foundation Trust (GMMH)

Nick Gomm, Head of Corporate Services – CCGs

Craig Harris - Executive Nurse and Director of Commissioning and Quality – CCGs

Deborah Partington - Director of Manchester Services, Greater Manchester Mental
Health

Dr Cordelle Mbeledogu - Consultant in Public Health Medicine

HSC/17/14 Minutes

Decision

To approve as a correct record the minutes of the meeting held on 2 February 2017.

HSC/17/15 Final Report and Recommendations of the Homecare Task and Finish Group

The Chair of the Homecare Task and Finish Group thanked guests, members and officers for their participation in the Task and Finish group and introduced the report. The report presented the findings, conclusions and recommendations of the Home Care Task and Finish Group. The Task and Finish Group carried out an investigation into how the Council delivers home care services in Manchester. The Chair of the Task and Finish Group commented that the investigation had led to useful dialog with homecare providers and that this presented an opportunity for the Committee to build upon. He also commented that whilst the report mainly focused on recommendations for Local Care Organisations it also included a recommendation for hospitals to work closer with social services to stop delayed discharges taking place when care packages were ready.

The Committee agreed to endorse the recommendations of the group.

Decision

To note the report and endorse the recommendations set out in the report.

HSC/17/16 Manchester Mental Health Transformation Programme

Craig Harris, Executive Nurse and Director of Commissioning and Quality – CCGs introduced the report. This report provided the Health Scrutiny Committee with a

progress report on Manchester Mental Health Services, following the acquisition on the 1 January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The report also described the planned transformation programme over the next two to three years in line with the Manchester Locality Plan and the Greater Manchester Mental Health Strategy.

Members thanked guests for the report, commending it for its transparency. A member asked what milestones there were on the improvement journey of the Mental Health Service, commenting that the report did not provide enough detail. In response Bev Humphrey, Chief Executive (GMMH) said they would be happy to return with more detailed project plans. Deborah Partington, Director of Manchester Services, Greater Manchester Mental Health added that each transformation area had a detailed plan and milestones and that they were able to share these with the Committee.

A member asked how grants for 3rd sector organisations were organised for mental health. In response Craig Harris said that grants were allocated on a year by year basis through the community asset fund. Following this he said that going forward in line with the Our Manchester approach a single voluntary sector pot was being considered.

A member commented they were pleased with the additional resourcing of beds outlined in the report. A member commented that he was pleased discussions were taking place about the mental health services estate, and was pleased to hear that £450,000 investment had already been provided to North Manchester Hospital.

A member asked if there was more detail that could be provided regarding meeting targets for access to IAPT psychological therapy by April 2018. In response Deborah Partington said that they were introducing a very similar model to one which has been proven to work in other areas. A member asked that they continue to monitor progress in this area with specific reports.

A member asked what was meant by “reliable improvement” as discussed in the report. In response Deborah Partington said it was a target that was used to measure if somebody has improved enough to require further treatment or not.

A member questioned if implementing more management structures in the NHS was the correct approach. In response Bev Humphrey said that whilst she recognised NHS reorganisations had been an issue, bringing the NHS trusts together would allow for increased investment in clinical work streams and make savings from managerial work streams.

The Executive Member for Adult Health and Wellbeing commented that he was impressed by what the Greater Manchester Mental Health NHS Foundation Trust had already achieved since it took over Manchester mental health services. He followed by stating that the country needed a needs funded system for mental health, and asked that the committee continued to call for this in the future, to which the committee agreed

Bev Humphrey commented that many of the aims of the strategy for mental health services in Manchester were reflected in the Greater Manchester Mental Health Strategy, and that when the city's services improved it would lift up the quality of services around Greater Manchester. Following this she reassured the committee that as the new provider in Manchester they were playing a part in the ongoing development of the Greater Manchester Mental Health Strategy.

The Chair thanked guests for their attendance, and commented that whilst there had been a lot of positive discussion that the committee would like to have them back at a future date to scrutinise progress.

Decisions

1. To note the contents of the report.
2. To recommend the committee monitor progress in future reports, with specific reports on improvement in IAPT psychological therapy, out of placement services and community work.
3. To note that the committee will continue to call for needs based funding from both national government and Greater Manchester for mental health services.

HSC/17/17 Public Health Annual Report 2016-17

The Director of Public Health and Partnerships introduced the report. Under the provisions of the Health Service Act 2006, the Director of Public Health (DPH) must produce an annual report on the health of the population for their area. The Director of Public Health and Partnerships introduced the draft report of the Manchester DPH under the responsibilities that transferred to the City Council on 1 April 2013. The final report would be formatted and published on the Council internet by the end of March, with links to the relevant sections of the web based Manchester Joint Strategic Needs Assessment (JSNA). This cover report also included information on the One Team Prevention Programme which would be one of the key priorities for the Manchester public health team in 2017-18.

A member asked for more detail on the impact referrals to the IRIS program for domestic violence victims have had. In response the Director of Public Health and Partnerships said he would bring back a report on this subject. The member also asked if in line with the scrap the fee campaign the Council had checked that all GP practices did not charge fees for legal aid letters for domestic violence victims. In response the Director of Public Health and Partnerships said he would bring back more information on what GP practices were doing in relation to this.

A member commented that they were pleased to see air quality and the wider determinants of health considered in the Manchester plan, but disappointed it was not present in the Greater Manchester plan. He also commented that the Air Quality Task and Finish Group had been exploring these issues at length.

A member asked what the childhood vaccination uptake was and how it compared to the national average. In response the Director of Public Health and Partnerships said

that for polio Manchester was not far below the national average, but for MMR at year two they were below, and that this is being monitored and looked into.

A member asked what number of individuals had engaged with alcohol and drug treatments services and how this compared to previous years. In response the Director of Public Health and Partnerships said that data from the last 6 months shows that methadone and drug treatment services were functioning better than previously, and that waiting lists had been reduced from 5 weeks to 0.

A member asked about details of initiatives to promote healthier lifestyles. In response the Director of Public Health and Partnerships said that although Public Health had reduced the amount it was investing in initiatives to promote healthy lifestyles it will be investing in small community based approaches to help communities become more physically active.

A member asked if Public Health received regular data on air pollution hubs such as Manchester airport. In response the Director of Public Health and Partnerships said that the Health Advisory Group received data from hubs, as well as data on childhood asthma which was at high levels in Manchester. Finally he commented that more preventative work needed to be done to tackle childhood asthma.

A member asked how when children are weighed in year 6 as part of the childhood obesity programme this data was used from there on, and what is being done in communities to help tackle childhood obesity. In response the Director of Public Health and Partnerships said that all parents receive a letter following the weighing of children as part of the childhood obesity programme, and that there are referral pathways into community weight management. Following this he said that work was being done through the healthy schools programme to provide community activities for children, much of which could be free.

Dr Cordelle Mbeledogu, Consultant in Public Health Medicine presented to the committee regarding the one team prevention programme.

The Chair asked how many community link workers were anticipated to be recruited for the programme, and what level of remuneration they would receive. In response Dr Cordelle Mbeledogu said they were expecting 20 overall with 3-5 per neighbourhood, and that these would be grade 3-4 roles in line with the health trainer model. Following this she said that they were also asking the provider to seek out partner community link workers who would work with voluntary organisations in communities.

A member asked who else aside from GPs could refer individuals to the service, and how health professionals will know this service is available. In response Dr Cordelle Mbeledogu said the first phase will allow just health and social care practitioners to refer individuals to the service, but once it is established the possibility of including other partners such as MASH, educational psychologist and GM Fire and Rescue will be explored.

A member asked how they will reach people who need the service but won't refer themselves to a GP. In response Dr Cordelle Mbeledogu said that part of the

programme involved health development coordinators placed in each neighbourhood, who would work with health and wellbeing services to work in communities, including by outreaching to residents.

A member asked when the NHS and Public Health were going to see health projects moving away from ill health and towards tackling the wider determinants of health and prevention strategies. In response Dr Cordelle Mbeledogu said that she had spoken to colleagues at Transport for Greater Manchester, and they were exploring ways to see how transport could be used as a health asset, for example making cycling a prescribed treatment.

Decisions

1. To note the contents of the report.
2. To request additional information about the uptake of the IRIS programme and if GPs were acting in line with the Scrap the Fee programme.

HSC/17/18 Local Care Organisation Prospectus Update

The committee received the report. In December 2016 the Committee commented on the draft Local Care Organisation(LCO) Prospectus. The brief report provided an update on the response to the Prospectus and outlined the next steps, before the final version of the Prospectus was published online. This would complement the issue of Prior Information Notice (PIN) for the LCO, which signalled the formal start of the provider selection process. The committee was asked to note the report.

Decision

To note the contents of the report.

HSC/17/19 Health and Wellbeing Update

Nick Gomm, Head of Corporate Services, CCGs presented the report, which provided members of the Committee with an overview of developments across health and social care.

A member asked what sort of expectation would be put in the new GP contract regarding compliance and cooperation with other health bodies in line with wider health priorities. In response Nick Gomm informed the Committee that the contract was a national contract, but through the local commissioning of GP practices additional issues could be raised.

A member asked if the View Park residential home had improved since its last visit outlined in the report. In response the Interim Head of Strategic Commissioning said that he did not have any specific information to hand and that he would circulate this outside of the committee.

Decision

To note the contents of the report.

HSC/17/20 Overview report

The Chair thanked Councillor Andrews for his hard work as the Executive Member for Health over the past 4 years.

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.