

Health Scrutiny Committee

Minutes of the meeting held on 10 October 2017

Present:

Councillor Farrell – in the Chair
Councillors Battle, Curley, Midgley, O’Neil, Reeves, Smitheman, Stone, Teubler, Webb, Wills and Wilson

Councillor Craig, Executive Member for Adult Health and Wellbeing
Councillor Bridges, Assistant Executive Member for Adult Health and Wellbeing

Nick Gomm, Director of Corporate Affairs, Manchester Health and Care
Commissioning

Michael Wilson, Programme Director for the Congenital Heart Disease Programme within NHS England

Andrew Bibby, Assistant Director of Specialised Commissioning for the North West
Sarah Price, Executive Lead for Population Health and Commissioning, GM Health and Social Care Partnership

Julia Stephens-Row, Independent Chair of Manchester Safeguarding Adults Board
Professor Craig Harris, Executive Nurse and Director of Commissioning and Quality
Dale Huey, Strategic Lead for Primary Care Psychological Therapies, Greater Manchester Mental Health NHS Foundation Trust

Dr Rosemary Morton, Clinical Director, Manchester Royal Infirmary

Dr Anton Sinniah, Medical Director, North Manchester General Hospital

Dr Matthew Thornber, Clinical Director: Urgent Care, Wythenshawe General Hospital

Keith Bennett, Divisional Director of Operations: Unscheduled Care, Wythenshawe General Hospital

Jayne Wood, Director of Operations and Performance Wythenshawe General Hospital

Claudette Elliot, Director of Commissioning, (Community and Hospitals), Manchester Health and Care Commissioning

Apologies: Councillors Mary Monaghan and Smitheman

HSC/17/43 Urgent Business

Councillor Midgley, Mental Health Champion informed the Committee that 10 October 2017 was World Mental Health Day, and the theme of this year’s campaign was mental health and work. World Mental Health Day was observed on 10 October every year, with the overall objective of raising awareness of mental health issues around the world and mobilizing efforts in support of mental health.

The Day provided an opportunity for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide.

Councillor Midgley called upon the Council to lobby the Government to significantly invest in mental health services and to ring fence mental health budgets. The Committee further called for more to be done at a national level to challenge the stigma associated with mental illness. The Committee supported this recommendation.

HSC/17/44 Minutes

The minutes of the meeting of 5 September 2017 were submitted for approval as a correct record. Cllr Teubler requested that her attendance at the meeting be recorded.

Decision

To approve as a correct record the minutes of the meeting held on 5 September 2017 subject to the above amendment.

HSC/17/45 Manchester Urgent Care System

The Committee considered a report of the Chair of Manchester Urgent Care Transformation and Delivery Board. The report outlined the key issues facing Manchester's Urgent Care system; highlighted current performance and difficulties achieving the required performance across urgent care health and social care systems.

The report detailed current measures and actions as well as future initiatives that would be taken to secure improvement. The report described:

- Current performance of the Manchester Trusts against the national 4 hour A&E target;
- Ambulance handover and performance;
- Delayed Transfer of Care performance;
- Citywide wide response to urgent care pressures;
- 2017/18 System Resilience investment;
- Urgent Care Winter planning; and
- Governance.

Some of the key points that arose from the Committees discussions were:-

- Staffing levels and the recruitment and retention of staff;
- Delayed Transfer of Care and communication between teams and other health professionals; and
- Access to GP services and the lack of promotion of weekend and evening appointments.

In response The Director of Commissioning, Manchester Health and Care Commissioning advised that the reporting of Delayed Transfer of Care had been standardised across all hospital sites to ensure that this information was recorded

accurately. She said that Delayed Transfer of Care was monitored daily at each hospital and guidance had been issued to staff.

A report would be provided to the Committee that detailed the work undertaken to increase GP access across the city.

The Medical Director, North Manchester General Hospital (NMGH) said his site had received medical and surgical support from staff from Salford Royal Hospital and Central Manchester Foundation Trust Hospital. He said that delays in transfer of care for patients, especially the elderly and frail could result in very serious health outcomes for patients. He said that they were working with neighbouring Local Authorities to improve the situation and the recruitment of staff at all grades continued. The hospital site had become more attractive for staff as a result of the move towards the Single Hospital Service and that they had established links with local educational providers in the city. He reported that they were seeking to minimise staff turnover rates and detailed exit interviews were undertaken with staff when they left.

The Medical Director, NMGH said that the new intermediate care facility at NMGH had had a positive impact on patient flow, as this had freed up bed space for patients. He advised that ambulances were directed to the surgical unit at another hospital as a result of the Healthier Together decision, and if a patient presented at the A&E department requiring surgery they would be appropriately transferred, however these represented a very small number of cases.

The Director of Operations and Performance Wythenshawe General Hospital said that more staff had been trained at their site to dispense medication to improve patient flow, and the onsite pharmacy service had been extended. She advised that staffing levels and ward ratios were reported and there was oversight of this to ensure this was maintained at a safe level. She said that winter resilience funding had also been secured to allow for additional staffing.

The Executive Member for Adult Health and Wellbeing said that when discussing Delayed Transfer of Care it was important to remember that these were people who require a solution to best meet their needs. She said that a lot of work had been undertaken to address this issue across the whole health economy, with initiatives such as the 135 Village, Extra Care Housing Scheme commissioned to deliver better outcomes for residents.

Decision

1. To note the report.

HSC/17/46 Update on congenital heart disease services for children and adults in the North West

The Committee received a presentation that provided Members with an update on congenital heart disease services for children and adults in the North West. The presentation was delivered by The Programme Director for the Congenital Heart

Disease Programme within NHS England; The Assistant Director of Specialised Commissioning for the North West and The Executive Lead for Population Health and Commissioning, Greater Manchester (GM) Health and Social Care Partnership.

Part One of the presentation described NHS England national proposals, detailing the three-tiered model of care; the standards following the 2013 New Congenital Heart Disease Review; proposals following assessment against the standards and the next step for the national decision.

Part Two provided an overview of the current situation in the North West, detailing those services currently commissioned in the North West region and what that meant for patients.

Some of the key points that arose from the Committees discussions were:-

- The impact on patients in Manchester of these proposals;
- The impact of these changes on the University;
- The rationale for the decision to relocate to Liverpool; and
- The relationship between devolution and the decision taken by NHS England.

The Assistant Director of Specialised Commissioning for the North West responded by saying that the decision to locate the Level 1 service (specialist surgical centre) to the Liverpool Alder Hey Hospital would only effect a small minority of patients requiring specialist surgery, and the majority of routine care would continue to be delivered locally. He advised that by relocating adult cardiology surgery services in Liverpool, alongside the Children's surgical team would establish a more resilient clinical team. He said the decision was driven by clinical evidence and that the impact that this would have on the local universities would be minimal.

The Assistant Director of Specialised Commissioning for the North West described that for those patients and their families that were required to travel to Liverpool arrangements would be made to support them financially with transport costs. He said that patients and patient groups had been involved throughout this decision.

The Assistant Director of Specialised Commissioning for the North West said that the lessons learnt from this process is the recognition of the need for effective communications to articulate the reasons for change.

The Executive Lead for Population Health and Commissioning, GM Health and Social Care Partnership advised that decisions that related to national services were not devolved to GM Health and Social Care Partnership, however they were involved with commissioning local services. She said they continued to work collaboratively with NHS England to ensure that those cardiology services that were delivered locally were safe and efficient for patients. She said that a lesson learnt was the timeliness of decision making and the announcement of such decisions.

The Committee thanked the representatives for attending the meeting and answering questions from Members, however reiterated their position that they were not satisfied with the proposals. The Committee requested that the Executive Member for

Adult Health and Wellbeing monitored the implementation of the changes to congenital heart disease services.

Decisions

1. The Committee notes the presentation.
2. The Committee requests that the Executive Member for Adult Health and Wellbeing monitors the implementation of the changes to congenital heart disease services.

HSC/17/47 Annual Report of Manchester Safeguarding Adults Board April 2016 – March 2017

The Committee considered a joint report submitted by Executive for Strategic Commissioning and Director of Adult Social Services and The Independent Chair of Manchester Safeguarding Adults Board. The covering report provided an overview of Manchester Safeguarding Adults Board Annual Report covering the period from April 2016 to March 2017.

The report provided information on the activity and achievements of the partnership using the principles outlined in the Care Act 2014 as headings, these were:-

- Empowerment;
- Prevention;
- Proportionality;
- Protection;
- Partnership; and
- Accountability.

Members welcomed the comprehensive glossary that had been included with the report and sought clarification on a range of statistics that had been presented within the report. The Independent Chair of Manchester Safeguarding Adults Board said that the data used to compile the report had been submitted by partner agencies, however she would respond to the Member's questions outside of the meeting. She advised that work was underway to review transition between services to reduce the number of transition points that people have to negotiate.

Decisions

1. The Committee notes the publication of the Manchester Safeguarding Adults Board (MSAB) annual report 2016/2017.
2. The Committee endorses the recommendation to promote the importance of adult safeguarding across all the partners and in the services they commission ensuring that safeguarding was at the heart of redesigned services going forward.

HSC/17/48 Improving Access to Psychological Therapies (IAPT)

The Committee considered a joint report of The Executive Nurse and Director of Commissioning and Quality. The report described the IAPT services available in the city within the context of the national IAPT programme, required national key performance indicators (KPI's) and the transformation programme within Greater Manchester Mental Health Foundation NHS Trust.

Some of the key points that arose from the Committees discussions were:-

- Acknowledgment of the reported improvements;
- Adequate staffing levels;
- Waiting times from referral to treatment; and
- What happens to patients whilst they were waiting for their first appointment.

The Executive Nurse and Director of Commissioning and Quality said that there had been a £4m investment into mental health services and 10% of the CCG budget was spent on mental health services compared to the average of 3% nationally. He advised that patient waiting times had improved as a result in an increase in capacity and there was better communication with patients. He advised that the new provider of mental health services in Manchester was resilient and able to respond to any national reviews that may impact on Manchester. He said that the important role of self-help services and the Voluntary and Community Sector was also recognised to support and maintain people to live and lead active lives in their local communities.

The Clinical Psychologist and Clinical Lead, Greater Manchester Mental Health NHS Foundation Trust advised that they were focused on all aspects of quality care to deliver improved outcomes for patients. He said that they provide evidenced based therapies to meet the needs of the population. He reported that this person centered approach even extended to making appointments for patients to accommodate their needs. He also said that they were proactive in training and retaining staff to deliver therapies.

Decisions

1. The Committee notes the report.
2. The Committee welcomes the reported improvements in Improving Access to Psychological Therapies.
3. That a report on Mental Health Grants Scheme is provided to the Committee for consideration at an appropriate time.

[Councillor Stone declared a personal interest as a Board member of the All Arts & Media project]

HSC/17/49 Local Account 2016/17

The Committee received a report of the Strategic Director Adult Social Care which provided Members of the Committee with an overview of the 2016/17 Local Account.

The Local Account formed a key part of the approach to sector led improvement in adult social care, as it was a key mechanism for demonstrating accountability for performance and outcomes. It was designed to tell citizens how well the Council had done in delivering adult social care against priorities. It also informed citizens of the challenges and the work planned over the coming year.

The Strategic Lead, Adult Social Care informed the Committee that following publication of the document, social media and other communication tools would be utilised to promote the document and it's key messages.

Some of the key points that arose from the Committees discussions were:-

- The report highlighted the increase in social isolation and loneliness and commented that this was linked to mental health and wellbeing; and
- Clarification was sought on where the money was to be saved from hospital based services to increase funding for GP services, community health and social care teams, and the voluntary sector.

In response the Director of Population Health and Wellbeing said that social isolation was recognised as an issue effecting older citizens and the 'Manchester: Great Place to grow older 2010-2020' strategy had been launched. He said that this would seek to address this issue by engaging with residents, using the 'Our Manchester' approach to empower citizens to engage in activities in their community.

The Executive Member for Adult Health and Wellbeing clarified that the savings in hospital services would be achieved through the investment made using the Transformation Fund to deliver improved community based health and care services that would reduce the need for acute hospital services.

Decision

To note the report.

HSC/17/50 Health and Wellbeing Update

The Committee received a report of the Strategic Director Adult Social Care which provided an update on Fuel Poverty. The report described the Manchester context, Key Strategy Developments and the response to this issue.

Some of the key points that arose from the Committees discussions were:-

- Members asked that a mapping exercise be undertaken to identify those properties defined as being in fuel poverty be provided for each ward;

- If any work was being undertaken with private landlords and letting agencies to improve property conditions for tenants in the private rented sector;
- Members enquired what grant funding was still available for residents to insulate their homes; and
- Members expressed concern that the roll out of Universal Credit would detrimentally effect residents and increase the levels of fuel poverty.

The Director of Population Health and Wellbeing said that information at a ward level would be available and would be circulated to Members. He further informed the Committee that the One Team Prevention Programme would seek to address the issue of fuel poverty with private landlords across all neighbourhoods. In response to the question regarding grant schemes he said he would seek clarification on this subject and circulate this to the Committee.

Decision

To note the report.

HSC/17/51 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 requested that an update report on Primary Care Access in Manchester be submitted to the Committee for consideration at an appropriate time.

Decisions

1. To note the report.
2. That an update report on Primary Care Access in Manchester be included to the work programme for consideration at an appropriate time.