# **Health Scrutiny Committee**

# Minutes of the meeting held on 30 January 2018

#### Present:

Councillor Farrell - in the Chair

Councillors Battle, Curley, Midgley, Mary Monaghan, O'Neil, Reeves, Siddiqi, Smitheman, Stone, Wills and Wilson

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

Dr Manisha Kumar, Clinical Director, Manchester Health and Care Commissioning Dr Vish Mehra, Chair, Manchester Primary Care Partnership

Tony Ullman, Deputy Director, Primary Care and Population Health

Neil Thwaite, Director of Strategic Development and Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust

Deborah Partington, Director of Operations, Greater Manchester Mental Health NHS Foundation Trust

Professor Craig Harris, Executive Nurse and Executive Director of Safeguarding, Manchester Health and Care Commissioning

Lynne Stafford, Chief Executive of the Gaddum Centre and Chair of the Manchester Carers Network

Sue Shaw, Director of Change Grow Live

Lisa Collier, Service Manager Change Grow Live

Peter Furlong, Regional Development Manager Change Grow Live

Nina, Service user representative Change Grow Live

**Apologies:** Councillor Mary Monaghan

#### HSC/18/01 Minutes

# **Decision**

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

## **HSC/18/02** Primary Care Access in Manchester

The Committee considered the report of the Deputy Director, Primary Care and Population Health, Manchester Health and Care Commissioning (MHCC) which provided Members with an update on access to Primary Medical Care in Manchester; both in core and also extended hours.

The Clinical Director of MHCC; the Chair of Manchester Primary Care Partnership (MPCP) and the Deputy Director – Primary Care and Population Health referred to the main points and themes within the report which included:-

- The current status of primary care across Manchester;
- Information on the development of the Manchester Primary Care Strategy. The Strategy set out a vision for Primary Care over the next ten years, to 2027, with a particular focus on more detailed plans for the next couple of years, to 2020;
- Data on the access to core Primary Care (The national GP Contract defined core hours for Practices as 8am-6:30pm weekdays, not including Bank holidays);
- Improving Primary Care access for Homeless people and Refugees and Asylum Seekers;
- Patient perspective that were obtained following a survey on patients' overall experience of primary care services and their overall experience of accessing those services;
- Information on the 7 day enhanced access service;
- Patient waiting times; and
- Information on Care Quality Commission (CQC) ratings for Practices across Manchester.

Some of the key points that arose from the Committee's discussions were:-

- The experience of residents did not always reflect the improvements described within the report and inconsistencies in the service still existed, especially for nonurgent appointments;
- GP access for homeless people;
- The patient experience survey were not very positive;
- Inconsistencies with the communication and training of front line staff in regard to the extended service offer:
- The need to maintain a GP surgery on the Merseybank estate;
- The distance that patients were required to travel to attend an alternative GP practice for an out of hours appointment;
- Did the reconfiguration of services result in fewer GP practices?;
- The geographical variation in out of hour and extended service across the city; and
- The take up rates of weekend, an in particular Sunday appointments were low.

The Clinical Director advised that a key priority was to address the variation in service provided across the whole of the city, and a telephone triage system was being introduced to identify those patients requiring urgent and non-urgent appointments. She said that in relation to the services being offered to homeless people she acknowledged that there are incidents of poor practice, however training was ongoing with GPs and reception staff to address any inconsistencies in service offered to homeless people. She also advised Members to raise any concerns they may experience with reception staff with the practice manager.

The Chair of MPCP commented that the training of receptionist staff was very important and was closely monitored. He said that a lot of training had been delivered, however inconstancies did occur as a result of staff turnover. In order to support staff they had deployed highly trained staff across sites to support and train reception and front line staff. He said that whilst the take up of Sunday appointments remained low, not all practices started offering these appointments at the same time

and it was anticipated that as awareness of these appointments increased the take up rate would also increase. He advised that the difference in variation across the city could also be explained as a result of not all practices commencing the extended service at the same time. He commented that work was ongoing to review the extended offer across the city to address any issues of inconsistency.

The Deputy Director reported that all surgeries should be displaying posters to inform patients of the extended service. He said that patients should be offered alternative appointments in a neighbouring practice that was not too far away. He also advised the Members that a reconfiguration of services did not mean a reduction in access, rather it was a way to ensure that GP surgeries are efficient. He further informed Members that there was no intention to remove the GP practice from the Merseybank estate.

#### **Decision**

To note the report

# **HSC/18/03** Manchester Mental Health Transformation Programme

The Committee considered the report of the Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning that provided Members with an update on the transformation programme, organisational change and development, work with Greater Manchester Combined Authority and transformation plans for the coming year.

The Director of Strategic Development and Deputy Chief Executive – GMMFT, the Director of Operations – GMMHFT and the Executive Director of Safeguarding, Manchester Health and Care Commissioning referred to the main points and themes within the report which included:-

- A description of the Key Milestones from March 2016 to January 2018;
- Progress update on the work of the Transformation Working Groups to address the priority areas for clinical transformation and service improvement as identified by Manchester Commissioners, Manchester City Council and NHS England;
- Transformation Working Groups had been coproduced with the involvement with service users, carers and staff;
- A description of the actions taken to Improving Access to Psychological Services;
- An overview of the organisational change process that has been implemented across the organisation;
- An update on Staff Health and Wellbeing; and
- Information was provided on the recent Care Quality Commission (CQC) inspection.

Some of the key points that arose from the Committee's discussions were:-

- The lack of bed space over the Christmas and New Year period;
- Further information was sought on the work of the Homeless workers;

- What are the current waiting times for treatment and what support was offered to patients waiting for treatment;
- What support was offered to police officers who are presented with people with mental health issues;
- The use of out of our area placements and what was being done to address this.

The Director of Operations informed the Committee that to address the use of out of area placements, 14 additional bed spaces had been commissioned in Salford and an additional 10 in Cheadle. She said that work was ongoing at a Greater Manchester level to address this issue and also the delays in patient discharge from hospital that included working with local housing providers. She reported that by investing the Wellbeing Fund into community interventions and local support, this would reduce the incidents of patients escalating to crisis and attending Accident and Emergency Departments. She said this fund would enable local communities to identify gaps in provision across neighbourhoods, raise awareness of what support was available locally and help share good practice. She commented that the allocation of the Wellbeing Fund would be administered by a panel that comprised of a range of stakeholders.

She further informed the Committee that the Section 136 Suite had resulted in strengthening relationships with Greater Manchester Police and supporting officers working in the local community who may encounter people with mental health issues. In response to the questions regarding the work with homeless people she said that they had three staff who work with a range of partners across the city to provide support to homeless people. She advised that by working with partners this had allowed strong working relationships to become established and trust to be developed with the homeless population. The Director of Population Health and Wellbeing commented that the Trust had engaged positively to effectively respond to the issue of homelessness.

The Executive Member for Adult Health and Wellbeing advised that the establishment of the Longford Centre in Chorlton, a facility to support people who had recently become homeless was a positive example of bringing a range of services together to provide a coordinated response to the issue of homelessness.

The Executive Nurse and Executive Director of Safeguarding said that there was a substantial wealth of data available to monitor and assess the progress of the Trust and that this was reviewed on a monthly basis by Commissioners. He said that he would provide a summary of these figures in future update reports so the Committee had opportunity to scrutinise these.

The Director of Operations described that improvements to Improving Access to Psychological Services had been achieved by securing accommodation and rooms in which to deliver these services. The Executive Nurse and Executive Director of Safeguarding commented that people were still waiting to receive these treatments, however this was not unique to Manchester and that whilst people are awaiting to receive treatment the Trust keep in contact with patients.

## **Decision**

To note the report.

# **HSC/18/04** Alcohol and Drug Services in Manchester

The Committee considered the report of the Director of Population Health and Wellbeing that provided Members with an overview of alcohol and drug Services commissioned by the Population Health and Wellbeing Team.

Officers referred to the main points and themes within the report which included:-

- A strategic context, both locally and nationally of the National Drug Strategy 2017;
- Information on the purpose and aims of the Greater Manchester Alcohol Strategy;
- Statistical data;
- Information was provided each commissioned alcohol and drug services that worked in partnership with other services to make the city safer and healthier; and
- Case studies were also provided to demonstrate the work of the services.

The Committee heard from representatives from Change, Grow, Live (CGL) who delivered a presentation that provided the Committee with:-

- An overview of the range of services that their service delivered and how these were delivered;
- The work delivered around prevention and self-care with a range of partners including the University, Greater Manchester Police, Housing Providers and the Mental Health Trust;
- Information on the partnership work undertaken with the Rough Sleepers Team and Mental Health and Primary Care services to address harm reduction;
- Information and examples of engagement and early intervention activities across the city;
- A description of the treatment pathways to support patients and recovery support;
  and
- An update on planned future developments.

The Committee then welcomed Nina, an individual who had experience of being a service user with CGL. She said that her experience had been very positive and that she now volunteered to offer peer support to service users.

Some of the key points that arose from the Committee's discussions were:-

- The prevalence of cannabis use and the impact of this on young people;
- What support was available for children of addicts and how are these children identified:
- Further information was sought on needle exchange services;
- How successful were the detox rates and what support was there for people who may relapse; and
- What work was being done with the homeless community?

The Director of Change Grow Live advised that they did offer support to young people who were carers of parents who were addicts and these young people were identified from a range of sources, including schools; GPs and other statutory bodies. The Executive Member for Adult Health and Wellbeing said that there was a comprehensive Young Person's Carers Strategy to support young people. The Director further informed the Committee that the preferred model was to support people to detox in the community setting, however for those people for whom this was not appropriate and patients required a residential detox programme this would be provided. She said that for those people having undergone detox, a programme of ongoing professional and peer support was available to reduce the likelihood of relapse. She said that they also used regular three and six monthly post discharge 'check in's' with patients and that they had specific Key Performance Indicators around patient relapse rates.

The Director informed the Committee that they had a team of workers who worked with the homeless population. She said they provide an outreach service that was delivered with a range of partners across the city who were working with homeless people. She said they had established a strong relationship with the Urban Village Medical Practice to help support and deliver services to rough sleepers and the homeless.

The Committee was advised that an exercise is underway to review the location of needle exchanges across the city that would help identify any gaps in this service.

The Strategic Commissioning Manager advised that there was a lot of data available on cannabis use amongst young people and this information would be provided to the Committee.

#### **Decision**

To note the report.

## **HSC/18/05** Carers Support Strategy

The Committee considered the report of the Commissioning Specialist (Development) that provided Members with an update on the Development of the Manchester Carers Network; the on-going review of Carer Support Strategy and the drive towards an "Our Manchester" social movement which would capture the energy of the wider social and business community in support of Manchester citizens with caring responsibilities; the recently adopted Greater Manchester Carer's Charter and the development of a Joint Strategic Needs Assessment for Carer's Health and Wellbeing and a growing partnership across health and social care in support of Manchester's carers.

The Committee heard from the Chief Executive of the Gaddum Centre and Chair of the Manchester Carers Network who provided an update on:-

• Information on the identified support needs of the cared for person:

- Information on the Gaddum Centre's development and administration of the Manchester Carers' Network;
- An update on the On-going Review of Carer Support Strategy; and
- Information on The Greater Manchester Carers Charter, that had been coproduced across the GM local authorities, NHS and carer organisations under the coordination of the Greater Manchester Health and Social Care Partnership and with the support of the Greater Manchester Mayor that was formally adopted 19 January 2018.

The Executive Member for Adult Health and Wellbeing advised that the adoption of a universal and comprehensive Carers Support Strategy was very important for Greater Manchester and that future update reports would contain an update on the agreed action plans.

The Committee welcomed the progress reported and welcomed the strength based asset approach adopted to co-design and deliver the Carers Support Strategy.

#### **Decision**

To note the report.

# HSC/18/06 Delivering the Our Manchester Strategy

The Committee considered the report of the Executive Member for Adults, Health and Well Being, which provided an overview of work undertaken and progress towards the delivery of the Council's priorities, as set out in the Our Manchester strategy, for those areas within her portfolio.

Members welcomed the report and commented that it was clearly written and described the varied activities undertaken by the Executive Member.

## **Decision**

To note the report.

# HSC/18/07 Updated Financial Strategy and Directorate Budget and Business Plans 2018-2020

The Committee considered the report of the Chief Executive and the City Treasurer that provided Members with an update on the Council's financial position and set out next steps in the budget process, including scrutiny of the draft Budget proposals and Directorate Budget and Business Plan reports and accompanying delivery plans by this Committee.

The Committee received:-

 The Adult Social Care Directorate Budget and Business Plan 2018-20 Health and Social Care;

- The Adult Social Care Directorate Budget and Business Plan 2018-20 Health and Social Care Homelessness and Delivery Plans 2018/19- 2019/20; and
- The Manchester Health and Care Commissioning Joint Financial Plan 2018 -2020.

The Committee had been invited to comment on these reports prior to their submission to the Executive on 7 February 2018.

The Committees were of the opinion that they had not had sufficient time to consider the detailed reports that had been provided to them and indicated that additional time needed to be allocated to adequately scrutinise the information provided. Members also said that an Executive summary would have benefited the reader.

## **Decision**

To consider the Updated Financial Strategy and Directorate Budget and Business Plans 2018-2020 at the 27 February 2018 meeting.

# HSC/18/08 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.

Following consideration of the Updated Financial Strategy and Directorate Budget and Business Plans 2018-2020 earlier on the agenda the Committee agreed to include this item at their meeting of 27 February.

The Executive Member for Adult Health and Wellbeing said that she would arrange a briefing for Members of the Committee in advance of the next meeting of the Committee.

The Committee agreed that to accommodate this and give enough time to consider this item to defer the Dentistry and Oral Health and Sexual and Reproductive Health Service items to a meeting of the Committee in the new municipal year.

#### **Decisions**

- 1. To note the report.
- 2. To include the item Updated Financial Strategy and Directorate Budget and Business Plans 2018-2020 on the Committee Work Programme for the meeting of 27 February 2018.
- 3. To move the Dentistry and Oral Health and Sexual and Reproductive Health Service items from the 27 February 2018 meeting. These items would be scheduled for a meeting in the new municipal year.