

## Health Scrutiny Committee

### Minutes of the meeting held on 27 February 2018

#### Present:

Councillor Farrell – in the Chair  
Councillors Battle, Curley, Midgley, Siddiqi, Stone, Wills and Wilson

Councillor Craig, Executive Member for Adult Health and Wellbeing

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

Vicky Szulist, Chair, Healthwatch Manchester

Neil Walbran, Chief Officer, Healthwatch Manchester

Peter Blythin, Director Single Hospital Service, Manchester University NHS  
Foundation Trust

Anne-Marie Miller, Director of Communications and Engagement, Manchester  
University NHS Foundation Trust

Catherine Cutt, Health Lead, IRIS (Identification & Referral to Improve Safety) The  
Pankhurst Trust (Incorporating Manchester Women's Aid)

**Apologies:** Councillors Mary Monaghan, Reeves and Smitheman

#### HSC/18/10 Minutes

A Member commented that the minute for item HSC/18/07 should be amended to read that 'Members also said that an Executive summary should be provided to accompany the budget reports to aid the understanding of the reports.'

#### Decision

To approve as a correct record the minutes of the meetings held on 30 January 2018 and 6 February 2018 subject to the above amendment.

#### HSC/18/11 'Week Spot?' Review of access to the 7 day GP service

The Committee considered the report published by Healthwatch Manchester. Healthwatch Manchester are the independent consumer champion created to listen and gather the public and patient's experiences of using local health and social care services, this included services like GPs, pharmacists, hospitals, dentists, care homes and community based care. The report submitted to the Committee provided a review undertaken of the 7 day GP service in Manchester. The Chief Officer Healthwatch Manchester referred to the main points and themes within the report which included:-

- The background and rationale for commissioning the review of the service;
- The use of four volunteers to act as mystery shoppers to undertake the review;
- The key findings of the review; and

- Conclusions and recommendations.

Appended to the report was the response from Manchester Health and Care Commissioning that included the actions identified in response to Healthwatch's recommendations.

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

- Thanking Healthwatch and the volunteers for undertaking the review further commenting that the report was clearly written and well presented;
- That the findings of the report reflected the experience of residents;
- The report highlighted the importance of training for practice receptionists;
- How confident was Healthwatch that improvements would be made for patients;
- Commenting on the variation in service between the North and South of the city, the low take up rate of weekend appointments and communication and advertising of this service, especially to traditionally hard to reach communities.

The Chief Officer Healthwatch Manchester thanked the Committee for their support and said that following the publication of the report an action plan had been agreed in consultation with the Primary Care Partnership and commissioners. He informed the Committee that the action plan addressed issues such as the training of reception staff, appropriate patient signage to the extended service and the need for a consistent use of terminology. He said the delivery of this action plan would identify any improvements and that Healthwatch may consider running the exercise again to assess improvements. He said that they were also considering reviewing patient experience once they had accessed the extended service as there were emerging issues regarding patient records being updated but then not available at the patient's home practice.

The Director of Corporate Affairs, Manchester Health and Care Commissioning said that the Healthwatch report had been welcomed by commissioners and the findings had been taken seriously. He said that the report entitled 'Primary Care Access in Manchester' that had been considered by the Committee at their January meeting had referred to the response to the Healthwatch report and the action plan appended to the report was in response to the specific recommendations of the Healthwatch report. Following Members comments he said that the action plan would include a review of the disparity with the take up of this service between the north and the south of the city, and work to target hard to reach groups in the community.

The Executive Member for Adult Health and Wellbeing informed the Committee that the Health and Wellbeing Board had considered the Healthwatch report and that she welcomed the work of Healthwatch and their volunteers. She said if Members or residents were made aware of any failings in this service that they should inform Healthwatch. She also suggested that when any future update reports on Primary Care were scheduled for consideration by the Committee that Healthwatch were invited to contribute to the discussion. The Committee endorsed this recommendation.

## **Decisions**

The Committee:-

1. note the report; and
2. agree to invite Healthwatch to any future meetings when reports on Primary Care Access are to be considered.

### **HSC/18/12 Single Hospital Service Progress Report**

The Director, Single Hospital Service Programme, Manchester University NHS Foundation Trust introduced his report that he had submitted to the Committee. He referred to the main points and themes within the report which included:-

- An update on the Single Hospital Service Programme in Manchester;
- A description of the work that had taken place since the creation of Manchester University NHS Foundation Trust (MFT) on 1 October 2017;
- A description of the approach that would be used within MFT to track the anticipated benefits of the merger; and
- An outline of the work being led by Greater Manchester Health and Social Care Partnership to explore the transfer of North Manchester General Hospital (NMGH) into MFT.

In addition to the report the Committee also received a short video presentation that described the recent developments in the service and the benefits that this had brought to both patients and staff. The video included the patient and staff voice.

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

- The reported experience of emergency care over the winter months at the two Emergency Departments at Manchester Royal Infirmary (MRI) and Wythenshawe Hospital did not correspond to the reports in the local media;
- Assurance was sought that assets were not being stripped at North Manchester General Hospital; and
- How were services to be organised and patient choice on where they were to be treated.

The Director, Single Hospital Service Programme, Manchester University NHS Foundation Trust informed the Committee that nationally Accident and Emergency Departments had experienced significant pressures over the winter period, however the Trust had performed significantly better than other local and national Trusts. He said MFT continually review their winter planning and the operational service performance was reviewed on a daily basis and that the introduction of a seven day service had helped improve patient flow.

In response to the concerns raised regarding North Manchester General Hospital he said that he was aware of the concerns expressed by the Members. He said that staffing remained an issue at the site and work was ongoing to address this. Work was ongoing with commissioners to review the services offered at the site and the intention was to incorporate NMGH into MFT. He advised that work was currently

ongoing to develop a service strategy that would inform where specialist services would be located and how to best utilise the estates. He commented that this would increase patient choice as to where they receive treatment, improve care and provide financial stability.

The Executive Member for Adult Health and Wellbeing said that the process that had to be adhered to so as to enable NMGH into MFT was very protracted and subject to a national system. She commented that this process had to be navigated carefully to ensure that it was delivered correctly however there was a stated commitment to ensure NMGH was properly resourced during this period. She also commented that the development of the Local Care Organisation would result in more service being offered in a community setting.

### **Decision**

To note the report.

### **HSC/18/13 The Manchester Local Care Organisation**

The Committee considered the report of the Chief Executive, the Executive Director for Strategic Commissioning, the City Treasurer and the City Solicitor that provided an update on arrangements which the Council would enter into to create the Manchester Local Care Organisation (LCO). This report and recommendations had been endorsed by the Executive at their meeting of 7 February 2018.

The Executive Director for Strategic Commissioning referred to the main points and themes within the report which included:-

- The background to the development of the LCO in the context of the wider Manchester Locality Plan;
- Detail on the two phase approach agreed for the LCO Provider Selection Process;
- Information on the LCO Business Plan, a one year plan for 2018/19, with indicative figures for 2019/20. More detailed Business Plans covering future years would be submitted to the Executive for approval as the LCO developed;
- A description of the Governance arrangements for the LCO;
- A description of LCO Board and Executive arrangements to maintain strategic oversight and accountability;
- Workforce implications and protocols for those council staff who would transition to deliver service through the LCO over the next two to three years; and
- Budget implications of the LCO.

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

- Thanking the Executive Member for Adult Health and Wellbeing for arranging briefings for Members, commenting that these had been very informative.
- Clarification was sought regarding the statutory responsibilities of the Director of Adult Social Care Services in the new structure.

The Executive Member for Adult Health and Wellbeing said that the design and delivery of the LCO was in year one of a ten year programme of delivery. She commented that the design of the LCO demonstrated a clear commitment to ensure the public sector delivery of public services to ensure that quality services are delivered safely.

The Director of Adult Social Care informed the Committee that she would retain the statutory responsibilities for Adult Social Care, she said these responsibilities could not be delegated, however she could authorise individuals to discharge this responsibility on her behalf.

### **Decision**

To note the report.

### **HSC/18/14 Safeguarding - quality monitoring of services, following CQC inspection**

The Committee considered the report of the Director of Adult Social Services that provided information on the work of the Quality Performance and Contracting Team in monitoring and supporting the improvement of providers when concerns had been identified during a Care Quality Commission (CQC) inspection. The Director of Adult Social Services referred to the main points and themes within the report which included:-

- A description of the Quality, Performance and Contracting team (QPC) that was now part of Manchester Health and Care Commissioning (MHCC), but undertook monitoring and improvement work with providers across the City.
- The role of the QPC in providing monitoring and improvement support to providers;
- A description of the three levels of support available to providers from the QPC;
- A comparison of Manchester CQC ratings against Greater Manchester ratings;
- An update on the IRIS project was also provided to the Committee. IRIS was an evidence-based General Practice domestic violence and abuse training, support and referral service, which aimed to improve identification of patients suffering from DVA and refer them to a specialist domestic abuse worker.

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

- Clarification was sought regarding when the CQC would inspect a new provider;
- Concern was raised that the number of CQC 'Good' ratings in Manchester was lower than the GM average and the number rated as 'Requiring Improvement' was higher.
- An update report on those 28 providers identified as Requiring Improvement should be submitted in six months' time;
- What systems were in place to share good practice between providers to increase their CQC to either good or outstanding; and

- Clarification was sought as to whether the IRIS training included same sex relationship awareness and what was being done to identify any gaps in this referral service.

The Deputy Director of Adult Social Services informed the Committee that the CQC would not inspect a provider prior to them opening, however they undertake the appropriate checks to ensure the provider was correctly registered, ensuring that the business plan was appropriate for the service they would be providing, that the appropriate Health and Safety and staffing policies were established and appropriate. She said that any new provider would be inspected by the CQC within a year of opening.

The Health Lead, IRIS, confirmed that the training did include same sex relationships, however the number of referrals for members of the LGBT community was low, however this was not unique to Manchester and was reflected nationally. She said that the response from GP's to engage with the IRIS scheme had been very positive however work was ongoing to identify and address any barriers, including low or non referral rates from certain practices compared to others and the relatively low referral rate from practice nurses.

## **Decisions**

The Committee-

1. note the report; and
2. request an update report be submitted in six months' time on those 28 providers rated as 'Requiring Improvement'.

## **HSC/18/15 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.

## **Decision**

To note the report.