

Health Scrutiny Committee

Minutes of the meeting held on Tuesday, 4 December 2018

Present:

Councillor Farrell (Chair) – in the Chair
Councillors Clay, Curley, S Lynch, Mary Monaghan, O'Neil, Reeves, Riasat, C Wills and J Wilson

Also present:

Councillor S. Murphy, Deputy Leader
Councillor Craig, Executive Member for Adults, Health and Wellbeing
Councillor Bridges, Executive Member for Children's Services
Councillor Midgley, Assistant Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning
Craig Harris, Executive Director of Nursing and Safeguarding, Manchester Health and Care Commissioning
Dr Manisha Kumar, General Practitioner and Clinical Director, Manchester Health & Care Commissioning
Dr Binita Kane, Consultant Chest Physician, Manchester University NHS Foundation Trust South, Clinical Lead for Health Innovation Manchester Respiratory Programme
Martina McLoughlin, Senior Manager, Commissioning and Service Redesign, Manchester Health & Care Commissioning
Matthew Conroy, Primary Care Information Manager, Manchester Health & Care Commissioning

Apologies: Councillor Battle, Holt, C Paul and Smitheman

HSC/18/49 Minutes

The minutes of the meeting held on 6 November 2018 and the minutes of the Public Health Task and Finish Group were submitted for approval and note. Cllr Riasat requested that his attendance at both meetings be recorded.

Decision

1. To approve the minutes of the meeting held on 6 November 2018 as a correct record subject to the above amendment.
2. To note the minutes of the Public Health Task and Finish Group meeting held on 26 October 2018 subject to the above amendment.

HSC/18/50 Budget 2019/20 Refresh Process: Update for Scrutiny Committees

The Committee considered a report of the Chief Executive and the City Treasurer which provided an update on the Council's financial position and set out the next steps in the budget process. The report summarised Officer proposals for how the Council could deliver a balanced budget for 2019/20.

In conjunction to the above, the Committee also received and considered the Manchester Health and Care Commissioning Pooled Budget 2019/20, Including Adult Social Care, which set out in broad terms the directorate's key priorities, key activities and Homelessness Business Planning: 2019/20, which was a refresh of the directorate's Business Plans for 2018/20 in the context of current resources, challenges and opportunities.

Taken together, the report and the directorate Business Plan illustrated how the directorate would work together and with partners to deliver Our Plan and progress towards the vision set out in the Our Manchester Strategy.

Homelessness Business Planning: 2019/20

The Deputy Leader addressed the Committee regarding the issue of homelessness in Manchester stating that the impact of austerity and welfare reform had a significant impact on the levels of homelessness and people who sleep rough, and this presented a significant challenge. She described how Manchester was responding to this challenge by investing in preventative services, utilising the Social Impact Bond that was funding available from the Ministry for Housing, Communities and Local Government (MHCLG) that was conditional on achieving positive outcomes through a payment by results model. She further advised that properties were being purchased to accommodate families and commented that the legal lessons learnt from this exercise would inform any future purchases to reduce the time taken to secure these.

Members noted the Cold Weather funding from the MHCLG of £35,000 for cold weather winter provision for people who sleep rough and commented that this was an inadequate amount for the scale of the challenge. A Member further enquired if any impact assessments of Universal Credit had been undertaken. The Strategic Lead for Homelessness responded by saying that the Welfare Reform Board did monitor and analyse the impact of Universal Credit and information on this would be shared with the Committee. She further commented that they were currently lobbying the MHCLG for additional funding and a decision on this was pending. In response to a comment from a Member regarding the provision of hot water at a facility she said that she was unaware of any issue, however she would make appropriate enquiries.

Members then discussed the issue of Private Sector Landlords and the use of retaliatory Section 21 Notices (eviction notices) if a tenant complained about disrepair in a property. The Deputy Leader responded by saying that she acknowledged the comments made and that the Executive Member for Housing and Regeneration was undertaking work around this issue as part of a broader piece of work around the Private Rented Sector. She said that inspections of private properties were undertaken before placing people in them and officers would reject a property if unsuitable and then work with the landlord to improve the property conditions. She said that discussions were also currently underway with Housing Providers to utilise their experience to undertake property inspections.

A Member enquired how the different needs of the homeless population were met, noting that families would have different needs to single people and may also have other complex needs. The Strategic Lead for Homelessness said this was recognised and the Manchester Homelessness Partnership brought together a number of different statutory organisations and voluntary groups with lived experience to inform the response to the issue homelessness. The Director of Population Health and Wellbeing further advised that there was a multi-agency approach to delivering health and mental health services for homeless people and made reference to the Urban Village Medical Practice Homeless Healthcare Service based at the Ancoats Primary Care Centre.

Manchester Health and Care Commissioning Pooled Budget 2019/20

The Executive Member for Adults, Health and Wellbeing said that despite the continued reduction in funding from central government for Adult Social Care the Council remained committed to improving the health outcomes of all Manchester residents and protect services for vulnerable people.

The Director of Adult Social Care said the delivery of the new models of care that would be achieved through the Local Care Organisation would reduce the number of non-elective hospital admissions. The Director of Adult Social Care said this would also be supported by the introduction of assistive technology to support people in their home, when appropriate and the Executive Member for Adults, Health and Wellbeing commented that a report on assistive technology would be provided to the Committee at an appropriate time. A Member commented that technology across all health and social care providers needed to be appropriate to ensure that information could be shared and accessed by all staff delivering health and care.

In response to a question regarding staff engagement and Trade Union involvement the Director of Adult Social Care commented that the workforce were the most valuable asset to delivering the ambitions of the Local Care Organisation, and the duty of care to staff was taken very seriously. She explained that asset based staff and team training had been delivered that had included resilience training and Trade Unions had been fully consulted with. In response to a comment from a Member regarding the use of agency staff the Director of Adult Social Care said that they were seeking to reduce the number of agency staff where possible.

The Director of Population Health and Wellbeing responded to a comment from a Member regarding the actions on preventable early deaths by saying that the Population Health Plan that had been submitted to the May meeting of Health Scrutiny Committee had outlined how this would be addressed, along with the other priorities identified.

Decisions

The Committee notes the reports and request that the comments of the Committee be taken into consideration when the final business plans were produced.

HSC/18/51 Adult Respiratory

The Committee considered the report of the Clinical Director, Manchester Health and Care Commissioning (MHCC) that described how MHCC were working collaboratively with partners with the ambition to improve health outcomes and quality of life for patients, support self-management, personalisation and early intervention in the community; and strengthen the quality of end of life care.

The Clinical Director referred to the main points of the report which were: -

- Describing the work of NHS RightCare teams, who worked locally with systems to present a diagnosis of data and evidence across the population to identify opportunities and potential areas where quality could be improved;
- A description of the work streams identified by the Manchester Adult Respiratory Steering Group;
- A data analysis of respiratory emergency admissions for the first 6 months of 17/18 compared to the first 6 months of 18/19, noting the considerable pressure in emergency admissions for respiratory patients and how providers were managing these admissions;
- A description of the Primary Care Respiratory Standards developed by MHCC;
- The work underway to review how these standards were applied to those in receipt of Homecare;
- A description of the COPD (Chronic Obstructive Pulmonary Disease) Virtual Clinic and the impact of this innovation;
- An update on the procurement and distribution of spirometers, noting that Spirometry was a simple test used to help diagnose and monitor certain lung conditions by measuring how much air you could breathe out in one forced breath;
- A description of the Manchester Integrated Lung Service;
- A description of the collaborative work undertaken by Primary, Community and Secondary Care to produce the Manchester Respiratory Referral Criteria that covers the minimum information that should be contained in all respiratory referral letters;
- A description on Pulmonary Rehabilitation, a programme of exercise and education for people with long-term lung conditions;
- The programmes developed through Health Innovation Manchester (HIM);
- The activities to address smoking including information on the CURE Project;
- An update on the developments in relation to social prescribing with a description of the Breathe Better model; and
- Information on the partnership work undertaken in Greater Manchester.

Members welcomed the report and noted the information that had been provided that gave the numbers of COPD and Asthma reviews undertaken at a ward level, and requested that this information, along with other relevant health data is shared with local Members.

In response to a comment regarding the difference in figures relating to these reviews across wards the Clinical Director Members commented that establishment of Neighbourhood Teams would address the issue of variation across the city. The

Chair sought clarification as to why some practices appeared to be undertaking significantly more reviews than others. The Primary Care Information Manager responded by saying that this was primarily due to Practices not recording the information correctly on the system. He advised that this information was collected periodically and enquiries were made to individual practices if their returns were low. He said advice and training was offered to those sites to ensure this information was accurately recorded, he also added that Practices were paid for delivering these reviews so it was in their own interest to accurately record this work.

The Clinical Director commented that the majority of GP practices in Manchester were rated as 'Good' or as 'Outstanding' by the Care Quality Commission (CQC), and the couple that were rated as 'Require Improvement' related to improvements around issues of practice management rather than the delivery of care for their patients. She said that for those few practices rated as 'Require Improvement' support was provided to help them address any issues identified. She commented that if Members wished to view the latest CQC reports these could be viewed via their website.

Members discussed the issue of shisha smoking, noting that one hour of shisha smoking could be as damaging as 100 cigarettes and asked what was being done to regulate these premises. The Chair informed the Committee that the Neighbourhoods and Environment Scrutiny Committee would be considering a report on this topic in the new year and asked that the report be circulated to the Committee when this was available.

The Director of Population Health and Wellbeing responded to a comment from a Member regarding the lack of reference within the report to air quality and emissions by commenting that the Manchester Public Health Annual Report 2018 addressed the issue of air quality. He added that the Manchester Health and Care Commissioning Board had considered a report on this issue at their October meeting and this linked into activities at a Greater Manchester level to address this issue of poor air quality. In addition, he commented that the issue of shisha smoking was also being addressed by the Manchester Tobacco Alliance who worked collaboratively with GPs and enforcement agencies.

Decision

The Committee notes the report and request that any future update report include information on the recording of activities undertaken at GP practices.

HSC/18/53 Young people moving in to adult services

The Committee considered the report of the Strategic Director of Children and Education Services, Executive Director of Nursing and Safeguarding, Manchester Health and Care Commissioning and the Director of Population Health and Wellbeing that provided an overview of work that was being done and work that was planned to improve the experience and outcomes of those young people moving from children and young people services to adult services and to improve the experience for their families and carers too.

The Executive Director of Nursing and Safeguarding referred to the main points of the report which were: -

- Describing the services for children and young people and the developments that brought together children and adult social workers under the same management, based in the same team;
- Describing the impact of The Care Act 2014 and the changes that this brought about;
- Describing the 4+1 review process and the strengths and challenges identified and what was being done to address these;
- The work undertaken around the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) and Complex Placements;
- Work delivered around young people's specialist substance misuse services and the integration of the Eclipse service into the wider integrated adult drug and alcohol service that has afforded the opportunity to develop the approach to supporting young adults who may require treatment beyond the age of 18; and
- Information on reproductive and sexual health services for young people.

Members commented that it needed to be recognised that the transition from services could be a very stressful and worrying period for those in receipt of services, their families and carers and everything should be done to make this transition as seamless as possible. The Executive Member for Adults, Health and Wellbeing said this was acknowledged and understood and the approach adopted was a holistic one. She further commented that she was committed to working with her Executive colleagues to improve transition.

In response to comments from Members regarding Learning Disabled citizens the Director of Adult Services said that a lot of work had been undertaken by the Assistant Executive Member to better integrate services. She said that this work had been overseen by the Learning Disability Partnership Board and that a report on this activity would be reported to the Committee at an appropriate time.

The Assistant Executive Member for Adults, Health and Wellbeing commented upon the work undertaken with teams to improve the transition period with the various teams working much more closely together. She further commented that the workshops that had been arranged to consider this area of work had included parents and carers so that their opinions and experiences were captured. A Member asked that Members be invited to any workshops so they could observe the work that undertaken. The Member further commented that when an update report was submitted for consideration that this would include anonymous case studies.

The Executive Member for Children's Services commented that whilst he recognised the improvements described, he acknowledged that more needed to be done and that he was committed to working with colleagues to achieve this. He described that transition needed to be reviewed in a broad sense to ensure that no individual 'fell through the gaps' when they reached a certain age.

A Member commented that many services had different age eligibility criteria that made transitions difficult to navigate, especially for those individuals with complex

needs. The Executive Director of Nursing and Safeguarding acknowledged this comment and advised that services operated within a legislative framework that did not always integrate together, however the ambition was to deliver an all age service that removes barriers.

The Director of Adult Services said that the lessons learnt and good practice adopted in other authorities would be adapted to meet the needs of Manchester residents with an emphasis on collaborative working. She further commented that the voice of the service user and their families was included in the design and commissioning of services.

In response to a request for further information on CAHMS the Executive Director of Nursing and Safeguarding said that a report was being considered by the Children and Young People Scrutiny Committee that afternoon and recommended that this report be circulated to the Committee for information. A Member commented that where appropriate scrutiny committees should work together to jointly scrutinise those areas, such as CAHMS that cut across the remit of both committees. The Chair noted this comment and advised the Members that he would discuss this at the next scrutiny coordination meeting.

In response to a question regarding autism the Executive Director of Nursing and Safeguarding said that a working group had been established to review autism services with the view to refresh the Autism Strategy. He said this work was currently at an early stage and that a report would be provided to the Committee on this activity at an appropriate time.

Decision

The Committee notes the report and request that a progress report is submitted for consideration in six months' time.

HSC/18/54 Final Report and Recommendations of the Public Health Task and Finish Group

The Committee received the final report and recommendations of the Public Health Task and Finish Group and were invited to note the findings of the investigation and endorse the eight recommendations.

Councillor Wilson, Chair of the Task and Finish Group commented upon the importance of Public Health in improving the health outcomes of Manchester residents and called for continued lobbying of central government for a fairer funding deal for Manchester. In response to comments from Members regarding other wider determinants of health he said that he acknowledged this and said that the Group had agreed to focus on the specific areas as described in the report.

The Executive Member for Adults, Health and Wellbeing acknowledged the comments regarding the wider determinants of health, such as housing conditions and reassured the Committee that work was continuing to address these issues.

Decisions

The Committee: -

1. Note the findings of the Public Health Task and Finish Group;
2. Endorse the eight recommendations of the Public Health Task and Finish Group;
and
3. Recommend that the Executive Member for Adults, Health and Wellbeing provide an update report on the implementation of these recommendations to the Committee at an appropriate time.

HSC/18/55 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 and approve the work programme.