

Health Scrutiny Committee

Minutes of the meeting held on Tuesday, 8 January 2019

Present:

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

Also present:

Councillor Craig, Executive Member for Adults, Health and Wellbeing
Councillor Midgley, Assistant Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)
Dr Manisha Kumar, Clinical Director MHCC
Dr Amjad Ahmed, Clinical Lead Diabetes MHCC
Dr Naresh Kanumilli, Clinical Champion Diabetes UK, Clinical Network Lead for Diabetes, Greater Manchester & East Cheshire Strategic Clinical Networks
Dr Vish Mehra, Manchester Primary Care Partnership
Professor Steve Ball, Consultant & Hon. Professor of Medicine & Endocrinology, Manchester University Foundation Trust
Dr Martin Rutter, Consultant Physician & Lecturer Medicine and Endocrinology, Manchester University Foundation Trusts
Nicola Milne, Community Diabetes Specialist Nurse, Chair Diabetes UK Professional Organising Committee
Sara Fletcher, Head of Commissioning MHCC
Tony Ullman, Deputy Director, Primary Care and Population Health MHCC
Caroline Bradley, Head of Primary Care Commissioning MHCC

Apologies: Councillor Battle, Mary Monaghan and Smitheman

HSC/19/1 Minutes

The minutes of the meeting held on 4 December 2018 were submitted for approval. Cllr Holt requested that her attendance be recorded.

Decision

To approve the minutes of the meeting held on 4 December 2018 as a correct record subject to the above amendment.

HSC/19/2 Adult Diabetes

The Committee considered a report of the Clinical Director, Manchester Health and Care Commissioning (MHCC) that provided an update on the diabetes work programme that had been designed to reduce inequalities in diabetes care and

outcomes for the people of Manchester. The main aim was to improve the health outcomes and quality of life for all those at risk of, or living with diabetes in Manchester, through supported self-management, personalisation and early optimal interventions.

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

- Providing a description of the different types of diabetes and the implications of this condition;
- Describing the prevalence of diabetes in Manchester, providing comparisons against Greater Manchester and England figures;
- Projected figures for the number of cases of diabetes, noting that Manchester's expected diabetes prevalence rates were set to increase;
- Information on The National Diabetes Prevention Programme, an ongoing national programme which began in 2016 and was rolled out in Manchester in August 2017;
- Data on the diagnosis of diabetes, with particular reference to NHS Health Checks that helped to identify people with diabetes, particularly as the service was able to provide outreach in hard to engage with populations;
- The role of Primary Care in the prevention of diabetes, including adoption of the Manchester Standards with its eight processes of care to standardise care for patients;
- Data on how the Manchester Standards had reduced the number of emergency hospital admissions;
- Information on the Community Diabetes Service, the Community Diabetes Education and Support Team, Secondary Care Services, Inpatient Support Services and transition to Adult Services;
- The work undertaken to deliver Health Care Professional Education;
- Activities to educate people living with diabetes; and
- The work to reduce the number of lower limb amputations.

Members sought clarification on the information that had been provided in the graphs and tables throughout the report and an explanation was provided as to the various data sets and recording periods.

In response to concerns expressed by Members regarding the numbers of reported medical errors Prof Ball described what constituted a medical error, and provided examples of what would be categorised as severe to minor errors. He stated that all errors had a negative impact on patients and their experience of care. He said that all incidents are recorded and reported and practitioners are held to account.

Prof Ball explained that the report presented to the Committee reported processes rather than clinical outcomes. He said that this was the beginning of a new approach to the management of diabetes and clinical benefits were understood, however the clinical outcomes would be reported in future years.

Dr Rutter responded to questions from Members regarding flash glucose monitoring to improve self-care for patients. He said that this would be provided for those patients with the highest clinical need and funding had been awarded for this.

Members commented that the impact of austerity, wage freezes and welfare reform had a significant detrimental impact on people's health and their ability to make healthy lifestyle choices. Members further commented that diabetes was a serious illness with serious outcomes for patients if not managed correctly and more needed to be done to raise people's awareness of this condition.

Members also discussed the importance of improving the experience for patients when transitioning from young people's services to adult services. Prof Ball agreed with the view of the Committee, commenting that it would be beneficial to establish age appropriate and lifelong care pathways and work was underway with commissioners to consider this approach, further stating that often barriers are self-engineered by systems. The Chair noted that consideration needed to be given as to how topics that cross the remit of more than one Scrutiny Committee were reported appropriately.

Ms Milne responded to a comment from a Member who suggested that the Care Processes described were in fact diagnostic tests by advising that these prompted Health Professionals to engage in conversations with patients to identify the correct care pathways so as to manage their condition appropriately. Dr Rutter stated that the correct management of diabetes had reduced the number of admissions to hospital. Prof Ball said appropriate conversations were needed between health professional and patients to establish a relationship and motivate people to take self-care of their condition.

Dr Rutter explained that Manchester, in recognition of the diverse makeup of the population had attracted funding to pioneer this new approach to diabetes management. He said that appropriate education programmes would be devised and delivered to reach all members of the community, using appropriate language and materials, in addition Community Champions would be identified to support this activity. Funding had also been secured to deliver an online resource that patients could access to obtain information and advice on their health care and people would be supported to access this resource.

Dr Kumar stressed the importance of education in relation to diabetes awareness and informed the Committee that activities were focused on preventative measures that promoted healthy living as a system wide message. Ms Milne commented that NHS Health Checks were also being promoted amongst the general population that included screening for diabetes. In response to a question regarding routing retina screening the Committee were informed that this service was administered nationally.

Decision

The Committee;

1. Note the report;
2. Recommends that a progress report is submitted for consideration at an appropriate time; and
3. Recommends that the Chair considers how topics that cross the remit of more than

one Scrutiny Committee are reported.

HSC/19/3 Primary Medical Care in Manchester

The Committee considered a report of the Clinical Director, Manchester Health and Care Commissioning (MHCC) which provided information on how quality in Primary Medical Care in Manchester was assessed and improved.

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

- Describing the Quality Assurance and Improvement Framework for General Practice;
- The Early Warning System (EWS) that brought together a range of available data sources to identify a practice being in need of support;
- Current Care Quality Commission (CQC) ratings for GP Practices across Manchester;
- Information on the 9 Primary Care Standards based on the Greater Manchester Primary Care Standards, designed to deliver long term improved health outcomes across the City, building on the prevention work and based on Our Manchester; and
- Information on GP access, including the enhanced 7 Day Access service and Digital Access.

Members discussed the issue of non-attenders at GP appointments, both in the core hours offer and the out of hours' service, noting that the number of non-attendees for the out of hours' service was currently 20%. Dr Mehra said that the issue of non-attenders for out of hours appointments was being addressed. He advised that previously patients did not have the facility to cancel an appointment out of hours, say on a weekend if their own practice was closed. He said that to address this a dedicated telephone number, operating 24/7 had been established so patients could cancel an appointment if their own practice was closed. He further informed Members that a text message reminder service had also been implemented that provided an option to cancel the appointment if required. He also advised that the ability of the 111 service to book out of hours' appointments for callers was also being discussed.

Members questioned if the availability of out of hours' appointments was widely known by patients and asked how this offer had been promoted. Dr Mehra advised that training for reception staff had been delivered, advertising campaigns had been delivered and local radio campaigns. He also advised that literature should be available in surgeries, in different languages to inform people of this offer. Mr Ullman advised that they had worked closely with Healthwatch and the Patient and Public Advisory Group to address the promotion of the out of hours' service and that they also use mystery shoppers to monitor the information given to patients.

Members commented that the rationale for the introduction of the extended GP service was to reduce the number of non-emergency attendees presenting at A&E departments. Members asked if analysis of this had been undertaken and requested that this information was included in any future update report. Dr Kumar responded that the service had reduced the number of non-emergency attendees at A&E and assisted with the management of the increased demand on services during the

period of winter pressures. The Chair recommended that a report on Winter Pressures and how this was managed is provided for the March meeting.

In regard to access Dr Kumar commented that surgeries also offered an online booking system that allowed patients to book appointments for themselves, stating that patients would need to register for this service in the first instance. She further noted that more needed to be done to educate patients in relation to selfcare and social prescribing, and to the range of health professionals that work in surgeries and the care that they could provide, stating that a GP appointment was not always necessary.

Mr Ullman informed the Committee that it was recognised that people may wish to access primary care using online methods and the options to support and deliver this were being explored. A Member commented that it was important to recognise that not all patients would choose to use a digital system and expressed caution that this could create inequalities in terms of access. Mr Ullman reassured the Committee that this would only be offered as one of a range of options.

Members discussed the popularity of Walk In Centres with residents and asked what consideration was being given to maintaining the current provision or extending this offer. Mr Ullman responded that there was currently no intention to change any of the current provision, however stated that there was mixed opinion amongst health professionals as to the role of Walk In Centres. He said one limitation that had been identified was that these Centres did not have access to patient records. He said that the ambition was to deliver a better service that provided an integrated and consistent offer for patients.

Members then discussed the issue of Care Quality Commission (CQC) ratings following inspection and enquired as to what the 'not yet rated' entry signified and was there any link between a CQC rating and the deprivation experienced in the local area. Dr Kumar informed the Members that traditionally primary care had historically been underfunded and options for addressing this were being considered. She said that a resilience fund had been agreed to support any practice that was experiencing difficulties and the establishment of Neighbourhoods Teams would help strengthen the local offer and improve local arrangements.

Mr Ullman advised that the establishment of Neighbourhood Teams allowed for the much needed work to modernise the local estate by working in partnership with other providers. The Executive Member for Adults, Health and Well Being said an investment plan looking at the whole estate had commenced and local ward Members would be consulted. She further commented that a significant amount of work had been done around the issue the workforce and resilience and a full report on this activity would be submitted to the Committee at an appropriate time. Dr Kumar described that a lot of work was being done with local school and colleges to develop careers pathways into health and social care careers.

Ms Bradley explained that a practice would be awarded a 'not yet rated' rating during the period of time when a practice was awaiting formal registration with the CQC, and stressed that this was at no detriment to patients.

Decision

The Committee:-

1. Note the report;
2. Recommend that a report on Winter Pressures be submitted to the Committee for consideration at an appropriate time; and
3. Recommend that a report on Workforce activities and neighbourhood teams be submitted to the Committee for consideration at an appropriate time.

HSC/19/4 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 information provided regarding the funding that had been secured for Smoking Services. The Executive Member for Adults, Health and Well Being said that she acknowledged the work of the recent Task and Finish Group and commented that as smoking contributed to many poor health outcomes for Manchester residents it was important to establish a service that would support people to quit tobacco. She informed Members that a more detailed report would be submitted to the Committee for consideration at an appropriate time on this area of activity.

The Executive Member for Adults, Health and Well Being commented that the ambition of the Local Care Organisation was to deliver services, including prevention services, such as smoking cessation programmes in neighbourhood teams. She said the intention was also to bring together other public services, such as the police into the local teams. She advised that a lot of work had been undertaken around the issue of workforce and that a more detailed report would be submitted to the Committee for consideration at an appropriate time.

Members noted the work undertaken to improve Mental Health Services across the city. The Executive Member for Adults, Health and Well Being commented that the journey had been one of improvement and thanked the Committee for their continued challenge in this important area of work. She further informed the Members that work was ongoing at a Greater Manchester level to look at the funding inequalities between children's mental health services and adult services.

The Executive Member for Adults, Health and Well Being stated that she was passionate about challenging the myths that are perpetuated in certain sections of the media regarding asylum seekers in the city. She said she was working to improve services available to support asylum seekers and improve how information was shared with the Local Authority regarding where asylum seekers are housed so that appropriate support could be offered. A Member commented upon the often poor condition of the properties that were offered to asylum seekers by providers, noting

that currently there appeared to be no political will from central government to improve this situation.

Decision

To note the report.

HSC/19/5 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.