

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Tuesday, 5 February 2019**

#### **Present:**

Councillor Farrell – in the Chair  
Councillors Clay, Curley, Lynch, Mary Monaghan, Paul, Riasat, Wills and Wilson

#### **Also present:**

Councillor Craig, Executive Member for Adults, Health and Wellbeing  
Councillor Midgley, Assistant Executive Member for Adults, Health and Wellbeing  
Councillor Ollerhead, Executive Member for Finance and Human Resources  
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning  
Peter Blythin, Director Single Hospital Service  
Professor Matthew Makin, Clinical Director at North Manchester General Hospital  
Michael McCourt, Chief Executive, Manchester Local Care Organisation  
Dr Sohail Munshi, Medical Director, Manchester Local Care Organisation  
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation  
Steve Wilson, Executive Lead for Finance and Investment, Greater Manchester Health and Social Care Partnership  
Ed Dyson, Executive Director of Planning and Operations, Manchester Health and Care Commissioning

**Apologies:** Councillor Holt, O'Neil and Reeves

#### **HSC/19/6     Minutes**

##### **Decision**

To approve the minutes of the meeting held on 8 January 2019 as a correct record.

#### **HSC/19/7     Single Hospital Service Progress Report**

The Committee considered a report of the Director, Single Hospital Service that provided an update on the City of Manchester Single Hospital Service Programme. It set out the work that had taken place since the creation of Manchester University NHS Foundation Trust (MFT) on 1 October 2017 and described the approach used within MFT to track the anticipated benefits of the merger. It also outlined the part MFT was playing in the work being led by Greater Manchester Health and Social Care Partnership to transfer North Manchester General Hospital (NMGH) into MFT.

The Director, Single Hospital Service referred to the main points of the report which were: -

- Providing a background and rationale for the SHS;
- Describing the work of the Integration Steering Group (ISG), chaired by the Director for the Single Hospital Service, that continued to oversee delivery of all integration work streams, providing resource and support to help work stream leads deliver their objectives;
- An update on the Integration Programme, noting the published Year One Post-Merger Report;
- A description of the benefits realised for both staff and patients in relation to a range of services; and
- An update on the proposed acquisition of North Manchester General Hospital.

The Committee were also shown two videos that demonstrated the improvements that had been achieved to date and how staff had been engaged throughout this process.

A Member sought clarification on the role of the Council of Governors and enquired if they would vote on the final decision to incorporate NMGH into the City of Manchester Single Hospital Service Programme. The Director Single Hospital Service reported that the Council of Governors had been established to review the probity and governance of the transition process and ensure that due diligence had been observed, however they would not have a vote on the final decision to transfer NMGH into MFT.

Members expressed their frustration at the length of time taken to incorporate NMGH into the City of Manchester Single Hospital Service Programme and asked what could be done to speed this process up. Members enquired if the recent senior management change at Salford Royal had any impact on this process. The Executive Lead for Finance and Investment, Greater Manchester Health and Social Care Partnership acknowledged the frustrations expressed by the Committee. He commented that the process was complex and was dictated by national guidance and process, however the commitment was given at a Greater Manchester level to move NMGH into the SHS, stating that the strategic case would be completed by March 2019 and this would be followed by a national agreement to proceed to implementation phase. He said that all partners, both local and national, including NHS Improvement recognised the case to move NMGH into the SHS and were positively involved with delivering this programme. He further commented that risks associated with this programme were closely monitored and reviewed to support this transaction.

Members sought an assurance on how any financial deficit Pennine Acute Hospital Trust had would be apportioned to NMGH. The Executive Lead for Finance and Investment, Greater Manchester Health and Social Care Partnership explained that this was being carefully considered. He further responded to a question regarding the suggestion that services would be disrupted or withdrawn at the NMGH site prior to the move to the SHS by giving an assurance to the Committee that the expectation was to maintain the current service at the site and any change would have to be considered by the Transaction Board.

The Executive Member for Adults, Health and Wellbeing sought an assurance that had previously been given to the Committee that Members would be informed of any

proposed changes to service prior to them being implemented would continue to be honoured. The Director Single Hospital Service said that he remained committed to this request.

A Member commented that rumours frequently circulated amongst residents in North Manchester regarding the removal of services at NMGH and recommended that the senior leadership team at NMGH provided the Executive Member for Adults, Health and Wellbeing and the Chair of the Health Scrutiny Committee with regular updates regarding the progress on the move of NMGH into the City of Manchester Single Hospital Service Programme.

The Director Single Hospital Service acknowledged the comment regarding rumours and stated that they sought to address this by holding monthly team meetings to address any concerns and answer any questions staff had. He said that these sessions were very well attended and had proved useful. He further commented that the staff were the Trusts strongest asset and the delivery of the SHS provided an opportunity to look at the terms and conditions of staff and pay grades to harmonise this across the estate. He said this was being undertaken with the full involvement from staff side.

In response to a question from a Member regarding the number of patients currently attending NMGH who would be diverted to other sites with Pennine Acute Trust the Clinical Director at North Manchester General Hospital said that this had been modelled and figures would be circulated following the meeting. He said that this activity needed to be considered in the context of other wider programmes, such as Healthier Together, noting that in addition to providing a service for local residents NMGH delivered specialised services, such as the Infectious Diseases Department. The Committee noted that the identity of each hospital would be retained as this was understood by the local population. He further commented that the recent change at Salford Royal would not have any impact to this programme of work.

In response to a question regarding patient and public engagement the Director of Corporate Affairs, Manchester Health and Care Commissioning said that a number of events had been delivered in North Manchester and the programme of delivering Health Checks in the area provided an opportunity for staff to engage with residents and make them aware of the proposals and obtain their views. In addition, regular meetings were held with Healthwatch and strong relationships had been established with local faith groups.

In response to a concern expressed by a Member regarding patient choice the Executive Director of Planning and Operations, Manchester Health and Care Commissioning said that the delivery of the SHS would not impact on the provision of patient pathways and patient choice would be maintained.

The Executive Member for Adults, Health and Wellbeing said that she welcomed the discussion at the meeting and stressed the importance of bringing NMGH into the City of Manchester Single Hospital Service Programme as quickly and as safely as possible. She further welcomed the stated commitment given that any proposed changes to the services delivered at NMGH would be reported to the Committee.

## **Decision**

The Committee;

1. Express their disappointment at the length of time taken to incorporate North Manchester General Hospital into the City of Manchester Single Hospital Service Programme;
2. Welcomes the commitment given that the Committee would be informed of and consulted with on any proposed changes to services at North Manchester General Hospital prior to them being implemented; and
3. Requests that a progress report be submitted for consideration at an appropriate time.

## **HSC/19/8     Manchester Local Care Organisation**

The Committee considered a report of the Chief Executive, Manchester Local Care Organisation (MLCO) that provided Members with an update on the progress made across core business areas of MLCO.

The Chief Executive, MLCO referred to the main points of the report which were: -

- Describing the MLCO Delivery Priorities in 2018/19 that had been defined by the business plan which was approved by Partners at the MLCO Partnership Board in March 2018;
- High Impact Primary Care, the key new care model that had been designed as a response to the small percentage of the Manchester population that were very vulnerable and had such complex health and social care needs that they find it difficult to navigate and access the standard services offered across General Practice, community nursing and social care;
- An update on Integrated Neighbourhood Working;
- Manchester Community Response (MCR), a seven-day service that provided community based intermediate care, reablement and rehabilitation services to patients, often older people, after leaving hospital or when they are at risk of being sent to hospital;
- An update on the Adult Social Care Improvement Programme;
- Engagement activities with staff, partners and patients;
- Describing the MRI priority discharges and escalation work to support local people by working to prevent the need for admission to hospital wherever possible, and getting people home from hospital in a timely and safe manner when they do need hospital care; and
- MLCO Business Plan and Phase 2.

Members welcomed the report and the progress delivered to date, noting that some Members of the Committee had recently met the Neighbourhood Leads in their area. A Member commented that he was disappointed that the report did not mention any work or activities with Public Health. The Chief Executive, MLCO noted the comment, however reassured the Committee that addressing the social injustice of health

inequalities and delivering preventative work was fundamental to the work and success of the MLCO.

A Member enquired what was being done to support the cohort of patients who had historically found it difficult to engage with services, such as drug and mental health services due to entrenched problems, or on occasion services had failed to support patients with complex needs appropriately due to services working in silos. The Chief Executive, MLCO commented that the MLCO brought teams of health professionals together, with the correct skills set to better coordinate and deliver care in a multi-disciplinary and collaborative manner.

The Director of Adult Social Care stated that the Complex Reablement Team had been established to engage with and offer the appropriate support and treatment for those patients with complex needs from staff with the appropriate skills set, as it was recognised that services had not previously addressed those patients needs in a coordinated way.

The Chief Operating Officer, MLCO advised that the leadership role within the Neighbourhood Teams would be responsible for coordinating services and care across those teams and the system would be flexible to respond to need so that the correct interventions could be delivered to support people appropriately. He further informed the Committee that a Mental Health Lead would be appointed to each Neighbourhood Team which was welcomed by the Members.

A Member noted that people often fell into difficulties with their housing provider as a consequence of their health and that had an impact on both them and their families. The Chief Executive, MLCO commented that the wider determinants of health were understood and that included housing. The Director of Adult Social Care advised that a dedicated post within the MLCO would be established to focus on the issue of housing.

In response to a question regarding the reported increase in Deprivation of Liberty Safeguards referrals the Director of Adult Social Care said that this reflected a national trend following a recent High Court Judgement ruling. She said that teams are currently being recruited to respond to this increase in demand.

## **Decision**

To note the report.

## **HSC/19/9      Updated Financial Strategy and Directorate Business Plans 2019-20**

Further to item HSC/18/50 the Committee considered the report of the Chief Executive and the City Treasurer that provided 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 Business Plan reports by this Committee.

The Committee was invited to consider and make recommendations to the Executive on the budget proposals which are within the remit of this Committee and to comment

on the Directorate Business Plans which had been designed to ensure the Council invests in the services that are valued by its residents, achieving both high quality services and outcomes for residents as well as a balanced budget.

The Committee considered the Manchester Health and Care Commissioning - Adult Social Care Business Plan and Pooled Budget contribution 2019/20.

The Executive Member for Adults, Health and Wellbeing commented that continued austerity and unfair local government funding settlements had a significant detrimental effect on the lives of Manchester residents and the provision of a range of services. She said that the Council's financial planning and investment in the Airport Group had supported the delivery of services and further commented that an assumption and reliance on Council Tax to fund Adult Social Care was fundamentally flawed and was not sustainable long term.

The Executive Member for Adults, Health and Wellbeing said that the Council remained committed to protecting vulnerable residents from the worst of these financial cuts and remained committed to improving services. She commented that the increase in the number of people who were homeless and rough sleeping could be linked to the imposition of welfare reform and the introduction of Universal Credit.

The Executive Member for Finance and Human Resources said that the funding allocation model was flawed and needed to change to ensure residents of the city received a fair settlement, noting that it did not take into account density or deprivation levels. He said that the budget that had been presented was designed to protect the most vulnerable in the city.

Members of the Committee commented that the decade of austerity that had been imposed on Manchester had been very unfair and had impacted on the lives of many Manchester residents. The Committee thanked the Executive Members and the officers for investing what money was available into protecting and improving those services that helped the most vulnerable in the city. Members further commented that government needed to invest appropriate funding into preventative activities and Public Health, in addition to delivering a fair financial settlement for Manchester.

Members discussed the need to consider the terms and conditions of those staff who deliver homecare, noting that staff were not paid for travel time. The Executive Member for Adults, Health and Wellbeing said that Manchester City Council had pledged its support to the Ethical Care Charter and would use its influence through the commissioning and procurement process to drive improvements to the terms and conditions of those staff working in the care sector.

## **Decision**

To note the reports and recommend that the comments of the Committee are submitted to the 13 February 2019 meeting of Executive for consideration.

## **HSC/19/10 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.