

Health Scrutiny Committee

Minutes of the meeting held on Wednesday, 7 February 2024

Present:

Councillor Green (Chair) – in the Chair
Councillors Curley, Hilal, Karney and Wilson

Apologies: Councillor Bayunu, Cooley, Muse, Reeves and Riasat

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care

Councillor Akbar, Executive Member for Finance and Resources

Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care

Tom Hinchcliffe, Deputy Place Based Lead for Health and Social Care Integration, NHS Greater Manchester Integrated Care

Morgan Tarr, Local Public Affairs Officer, North West, Marie Curie

Jackie Bell, Associate Director, Marie Curie

Elaine Parkin, Quality Improvement Programme Manager, Palliative & End of Life Care, NHS GM

Mark Edwards, Chief Operating Officer, MLCO

Dr Sarah Follon, Associate Medical Director, NHS GM (Manchester Locality Team)

Ian Moses, Senior Service Improvement Lead - Urgent and Emergency Care, Greater Manchester Health and Social Care Partnership

Lorraine Cliff, Director of Performance, Manchester University NHS Foundation Trust

Sian Wimbury, Deputy Chief Operating Officer, Greater Manchester Mental Health NHS Foundation Trust

Julia Bridgewater, Group Chief Operating Officer, Manchester University NHS Foundation Trust

Professor Matt Makin, Medical Director, North Manchester General Hospital

HSC/24/7 Minutes

Decisions

1. To approve the minutes of the meeting held on 10 January 2024.
2. To receive the minutes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held on 23 January 2024.

HSC/24/8 Budget 2024/25

The Committee considered the report of the Deputy Chief Executive and City Treasurer that set out the latest forecast revenue budget position, and the next steps. Following the Provisional Finance Settlement announced 18 December 2023 the

Council was forecasting an estimated budget shortfall of £38m in 2024/25, £79m in 2025/26, and £90m by 2026/27. After the application of approved and planned savings, and the use of c.£17m smoothing reserves in each of the three years, the budget was balanced for 2024/25 and the remaining gap reduced to £29m in 2025/26 and £41m by 2026/27. This position assumed that savings of £21.4m were delivered next year.

This report provided a high-level overview of the updated budget position. Each scrutiny committee was invited to consider the current proposed changes which were within its remit and to make recommendations to the Executive before it agreed the final budget proposals on 14 February 2024.

The Executive Member for Finance and Resources stated that the Government's approach to the Local Government Settlement had been chaotic and only announced just before Christmas. He said the final announcement when announced had resulted in a cut of 84% in the Services Grant and this equated to a £6.1m cut for Manchester. He stated that this had resulted in an outcry from Local Authorities and MPs from all political parties. He stated that this situation needed to be understood in the context of fourteen years of austerity and Government funding cuts and unfunded pressures such as inflation and population growth.

The Executive Member for Finance and Resources added that the Government then swiftly announced an additional £500m for Social Care, however Local Authorities were still facing a £4bn budget gap nationally, resulting in a number of Local Authorities serving a Section 144 notice and it was anticipated that more would follow.

The Executive Member for Finance and Resources commented that, despite this, Manchester had set a balanced budget and this had been achieved through diligent planning and management that had witnessed the strategic investment in preventative initiatives; using financial reserves prudently and investment in activities that were important for Manchester residents, such as libraries; leisure centres; parks and green spaces and the Climate Change Action Plan.

The Executive Member for Finance and Resources stated that although Manchester had been able to deliver a balanced budget this year, the Council's financial position was expected to become even more challenging. The projected budget gap, even after using reserves for 25/26, was £29m in 2025/26 and rising to £41m by 2026/27, adding that since 2010 the Council has had to make £443m of savings.

The Executive Member for Finance and Resources concluded by stating that the Government had continually failed to listen to Local Authorities.

The Executive Member for Healthy Manchester and Adult Social Care made reference to the complexity of the budget arrangements, adding that a significant amount of funding were grants and one off funding arrangements which was totally impractical when attempting to plan and deliver important services. He stated that despite the budget cuts that had been imposed on the city, Manchester had continued to invest and plan services to support some of the most vulnerable residents, making particular reference to the Better Outcomes Better Lives

transformation programme that was routinely reported to the Committee. He stated that he had continued to lobby the Government for adequate funding and reiterated the importance of understanding the budget in terms of people and he called for a more sustainable and fair funding settlement for Manchester.

The Executive Member for Healthy Manchester and Adult Social Care concluded by paying tribute to the Deputy Chief Executive and City Treasurer, her deputy and the Head of Finance for their diligence when setting the budget. He also paid tribute to the finance team from the Local Care Organisation for their continued support.

Public Health Budget 2024/27

The Committee considered the report of the Director of Public Health that described the proposals for the Public Health budget for 2024/25 to 2026/27.

Key points and themes in the report included:

- An overview of Public Health services and key priorities;
- A detailed overview of the budget, noting that the gross 2023/24 budget detailed in the table below was £54.126m and the net budget of £43.266m. Income of £10.860m included use of reserves £3.753m, government grants £4.489m and other contributions from NHS partners, from other local authorities and Better Care Fund totalling £2.618m;
- The latest 2023/24 global monitoring report to the Executive outlined a £0.8m underspend. Savings of £0.730m had been achieved in full. There were underspends across the staffing budgets due to vacant posts and the maximisation of external funding, and underspends on other indirect staffing costs.
- There was a minor additional vacancy savings allocation of £0.015m for 2024/25;
- Planned non recurrent use of reserves in 2023/24 of £0.330m was replaced in 2024/25 with the planned use of headroom in the budget set aside for contract uplifts as detailed in the report to Health Scrutiny February 2023;
- Consideration of Growth and Pressures in 2024-2027, noting that no additional growth and pressures were approved for 2024-26;
- An update on Making Manchester Fairer (MMF); and
- Future opportunities, risks and policy considerations, noting that there was currently no further information on the Grant schemes income beyond 2024/25.

The Director of Public informed the Committee that the public health settlement had been received since the report had been submitted. He said that an additional £750k had been allocated, however whilst this was welcomed the budget remained under significant pressure.

Adults Social Care Budget 2024-27

The Committee considered the report of the Executive Director of Adult Social Services that described the final proposals for the Adults Social Care (ASC) budget for 2024/25 to 2026/27.

Key points and themes in the report included:

- An overview of ASC services and key priorities and positioning within the Manchester Local Care Organisation;
- A detailed overview of the budget, noting that the gross 2023/24 budget was £285.023m and the net budget of £219.666m;
- Income of £65.357m included client fees £30.416m, Better Care Fund Grant £17.791m, contributions from NHS partners of £10.267m and other income of £6.883m which included grants and use of reserves. This included the integration reserve, which was drawn down in accordance with the plan agreed for the year with NHS Greater Manchester – Manchester locality;
- Growth and pressures in 2024-27;
- Confirmation of the Savings Plan 2024-26;
- An update to budget growth assumptions for the service as set out in the Council's Medium Term Financial Plan (MTFP);
- Commissioning and procurement priorities;
- Workforce implications; and
- Future risks and opportunities including significant budget considerations in 2025/26.

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

- Paying tribute to the Executive and Senior Management Team for delivering a balanced budget;
- Stating that the Committee retained its full confidence in the Executive and the Senior Management Team;
- Thanking all staff working in the Public Health and Social Care teams, recognising the important work they delivered on behalf of Manchester residents;
- Recognising and welcoming that residents were central to all decisions taken;
- Calling on the Government to fund NHS Dentists to meet demand;
- Noting the importance of the many preventive interventions that public health delivered and the savings that this achieved in the longer term; and
- Noting the injustice of austerity and the disproportionate impact this had on the most deprived areas.

Decision

The Committee recommend that an extract of the budget discussion from the webcast of this meeting, along with vox pops of interviews with members of the public be sent to the Prime Minister and Chancellor of the Exchequer to support the call for fairer and sustainable funding for Manchester.

HSC/24/9 Progress Update On Winter 2023/24

The Committee considered the report of the Deputy Place Based Lead and the Executive Director Adult Social Services that described the current progress in implementation of winter plans, and summary of pressures within the urgent care system.

Key points and themes in the report included:

- Delivery of operational resilience across the NHS this winter, noting the four key areas of focus to help local systems prepare for winter;
- An update on the Urgent and Emergency Care Recovery Funds;
- Discussion of industrial action;
- Urgent Care Pressures and Urgent Care Performance;
- Information on the Greater Manchester System Control Centre (GM SCC);
- Organisational winter deliverables, by organisation, noting that the plans considered lessons learned from last winter, aligning with the system's urgent care recovery goals and with the core principle of working together as partners to keep people well at home; and
- Summary.

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

- Recognising and welcoming the partnership approach described;
- Welcoming that North Manchester General Hospital had recorded the best ambulance turnaround times in the country during November;
- Noting the important role that Community Pharmacies played to support residents especially with regard to flu vaccinations;
- Noting the reported low Covid-19 vaccination rates; and
- Requesting further information on Hospital at Home.

The Deputy Place Based Lead for Health and Social Care Integration, NHS Greater Manchester Integrated Care highlighted the whole system approach that was evidenced by the range of partners who were referenced throughout the report and present at the meeting. He stated that planning for this activity was ongoing and all opportunities for reflection and learning were utilised and shared.

The Director of Public Health referred to the discussion relating to flu and Covid vaccination rates by commenting that Covid vaccination rates had fallen, stating that this could be attributed to complacency and vaccination fatigue amongst the general population. He made reference to Manchester having strong vaccination coverage within its care home population. He stated that the key Public Health messaging around the importance of vaccinations was important, especially in regard to the issue of measles and referred to the national media coverage this had received following increased cases in the West Midlands.

The Group Chief Operating Officer, Manchester University NHS Foundation Trust reiterated and acknowledged the importance of system wide partnership working, adding that patient safety was everyone's responsibility. She further made reference to the importance of vaccinations, noting that flu admissions at the hospital had doubled in the last week. She said that all levers of influence and channels of communication should be utilised to articulate this important message.

The Chief Operating Officer, MLCO described that the Hospital at Home included virtual wards or other technology-enabled care at home, provided the care and treatment a person would expect in a hospital in the place they called home.

The service brought together nurses, doctors and other health professionals to deliver the hospital care a person needed. It combined the latest health technology with the specialist knowledge of doctors and nurses working in the Greater Manchester health and care system. The Medical Director, North Manchester General Hospital commented that this facility was strengthened and supported by shared electronic patient records and that all patients were clinically assessed to ensure this model of care was the most appropriate and this approach provided the patient with increased choice in their care.

Decision

To note the report.

HSC/24/10 Palliative and End of Life Care in Manchester

The Committee considered the report of the Manchester Deputy Place Lead and Marie Curie Lead that provided critical research from the *Better End of Life programme*, conducted in collaboration between Marie Curie, King's College London Cicely Saunders Institute, Hull York Medical School, the University of Hull and the University of Cambridge, in relation to experiences of palliative and end of life care, as well as identifying policies and resources that would help to make a positive difference to the lives of people affected by dying, death and bereavement.

Marie Curie had asked all localities to respond to an audit questionnaire and the findings from this were discussed in the body of this report and would inform locality developments.

In order to give a rounded perspective of issues and challenges across Manchester as well as the GM Integrated Care Board (ICB), contributions had also been collected from the GM Quality Improvement Programme Manager, Palliative & End of Life Care, who described the developments and ambitions of the GM Palliative and End of Life Care Programme, and the Manchester Locality Team, (Primary Care as well as Quality), where the issues and challenges in relation to transformation were discussed.

Key points and themes in the report included:

- Providing an introduction and background;
- Discussion of Marie Curie's 'Better End of Life' programme; that included consideration of poverty, inequality and inequity; support for Carers; and bereavement support;
- Information regarding the UK Commission on Bereavement;
- Greater Manchester developments with reference to the Greater Manchester Palliative and End of Life Care Programme that had been established in 2013;
- Manchester developments, with reference to the Manchester Palliative and End of Life Care Partnership;
- Summary and next steps.

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

- Thanking the Chair of the Committee for bringing this important report to the Committee and having an opportunity to hear from partners;
- Recognising the importance of this subject area in the context of Manchester becoming an ACE-aware and Trauma Informed City;
- Discussing the cultural attitudes to death and dying and asking if there were examples of good practice that could be learnt from;
- Noting the significant issue of poverty and the impact this had on individuals and their families;
- Recognising the importance of carers and families;
- Noting that across the UK, over 40% of adults who wanted formal bereavement support didn't receive any and asking that any future update report include a breakdown of this figure by protected characteristic if available;
- Did the Council as an employer provide any bereavement support for staff:
- A network of Champions should be established to promote and support this work, including Council Directorate Champions with a single point of contact for residents to expedite any request for support;
- Information was sought in relation to Compassionate Communities;
- How was the voice and experience on citizens captured to inform this work;
- Supporting the identified priority to improve earlier identification in Primary Care; and
- What were the next steps.

The Local Public Affairs Officer, North West, Marie Curie made reference to the levels of unmet need, stating that this equated to 830 people in Manchester who were not receiving palliative care. He further discussed the issue of the number and proportion of working age people and pensioners dying in poverty, commenting that this was a significant issue for Manchester and would only be compounded by the continued cost of living crisis. He commented that the Council played an important role in addressing this by offering financial support to residents and delivering efficient social care. He stated that the Council had an important role in holding the ICB to account in their planning and delivery of palliative care. He concluded by informing the Committee that the Health and Care Act 2022 had placed a statutory responsibility on the local ICB to provide palliative care. He commented that he would support the introduction of bereavement support being provided for Council staff and that this should also be offered in schools.

The Chair, NHS Greater Manchester Integrated Care commented that the ICB was taking their responsibility in relation to palliative care very seriously. He advised that a report had been submitted to the Board's September 2023 meeting on this topic, commenting that an all age approach to end of life care would be taken. He said that a mapping exercise of provision across Greater Manchester would be undertaken with the intention being to address disparity and variation. He further commented that it was recognised that most people died in hospital however their preference would be to die at home with their families and loved ones and that an objective would be to better support this. The Chief Operating Officer, MLCO added that this was being discussed with the Manchester University NHS Foundation Trust.

The Chair, NHS Greater Manchester Integrated Care acknowledged the important work of the VCSE and charities; however, he commented that many of these organisations were under incredible financial strain.

The Associate Medical Director, NHS GM (Manchester Locality Team) informed the Committee that for care home residents a personalised care plan was established and this included conversations to understand the wishes of the individual in regard to their preferred place of death with a focus on quality and dignity of end of life care.

The Quality Improvement Programme Manager, Palliative & End of Life Care, NHS GM thanked Marie Curie for their support and work on this important topic. She stated that she was proud that an all age approach to end of life care would be taken and that there was genuine support and enthusiasm to progress this work. She commented that a whole system approach that included Health, Social Care and VCSE partners was required. In response to the discussion regarding bereavement services she commented that this was a national issue and not unique to Manchester. She added that bereavement services offered to children was predominantly provided by the VCSE and these services were under significant pressures, and it was understood that failure to adequately meet this need could result in a child experiencing further complex mental health issues. With regard to Compassionate Communities, she advised that this was a social movement where local people supported others who were affected by dying, death and bereavement. She said these needed to be developed and grow from communities and recognised that a 'one model fits all' approach was not appropriate and that the voice and experience of citizens should inform this work. The Associate Director, Marie Curie reiterated the importance of the residents' voice and experience to inform this work.

The Quality Improvement Programme Manager, Palliative & End of Life Care, NHS GM supported the call for the establishment of an ICB Champion for this agenda. She further acknowledged that improvements needed to be made in relation to unmet need.

The Executive Member for Healthy Manchester and Adult Social Care reiterated that the issue of end of life care was a very serious issue and welcomed the opportunity to have this important discussion with the Committee. He commented that this work would also link into the Health and Wellbeing Board and the Manchester Partnership Board.

The Deputy Place Based Lead for Health and Social Care Integration, NHS Greater Manchester Integrated Care stated that the existence of an established partnership approach in Manchester provided a foundation on which to progress this work, using all available resources. He commented that an Action Plan would be developed, with appropriate consideration given to how this work linked with the Making Manchester Fairer Work with relevant input from sounding and engagement boards. He suggested that an update report be submitted to the Committee in the new municipal year at an appropriate time.

The Associate Director, Marie Curie stated that research into cultural attitudes to death showed that the Netherlands dealt well with death and end of life care. She stated that information regarding this would be shared with the Committee following

the meeting, adding that this also included how school programmes and education were engaged in this subject. The Chair commented that all opportunities for learning from this model should be adopted where possible.

The Director of Public Health stated that the Council did have a Staff Health and Wellbeing Plan that included mental health. He commented that there was nothing specifically related to bereavement, and following the comments from the Committee he would take that away from the meeting for further consideration.

The Deputy Executive Member for Healthy Manchester and Adult Social Care responded to the comments from the Chair in regard to establishing a Lead Member for Palliative Care by stating that she would be willing to progress this and would follow this up with the Chair following the meeting.

The Chair in concluding this item of business thanked all representatives for attending the meeting and contributing to the discussion. She stated that this had been an important discussion and was the first time the Health Scrutiny Committee had considered this subject area. She stated that an update report would be scheduled for consideration in the new municipal year.

Decision

To note the report.

HSC/24/11 Overview Report

The 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

The Committee notes the report and agrees the work programme.