

Health Scrutiny Committee

Minutes of the meeting held on Wednesday, 4 September 2024

Present:

Councillor Green (Chair) – in the Chair

Councillors Cooley, Curley, Hilal, Karney, Marsh, Muse, Reeves and Sarwar

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

Katy Calvin-Thomas, Chief Executive, Manchester Local Care Organisation

Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation

Dr Sohail Munshi, Chief Medical Officer, Manchester Local Care Organisation

Professor Matt Makin, Medical Director, North Manchester General Hospital

Fleur Blakeman, Improvement Director, Greater Manchester Mental Health NHS Foundation Trust

Sian Wimbury, Area Director, North West Ambulance Service

Daniel Smith, Head of Operations, North West Ambulance Service

Gordon Reid, Assistant Director of Primary Care, Primary Care Commissioning, NHS Greater Manchester Integrated Care

Apologies: Councillor Johnson

HSC/24/30 Minutes

Decision

To approve the minutes of the Health Scrutiny Committee meeting held on 26 June 2024 and 17 July 2024 as a correct record.

HSC/24/31 Right Care, Right Person Implementation

The Committee considered the report of the Executive Director Adult Social Services that provided an update on progress Manchester City Council officers had made in preparation for the implementation of Greater Manchester Police (GMP) Right Care Right Person (RCRP) approach from 30 September 2024.

Key points and themes in the report included:

- Providing an introduction and background;
- Describing that RCRP was a national programme for all police forces to retain their focus on crime and prevention to keep our communities safe;
- Council Officers were engaging with colleagues across our partnerships at a strategic and operational level and had worked to identify and improve care pathways to ensure people received the most appropriate support by the right organisation at the earliest opportunity; and

- Reporting that there was a concern that there may be an increase in demand for Council Services and other system partners due to the implementation which would be monitored and prepared for.

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

- Welcoming the report, noting that it was clearly written and well presented;
- Noting the information provided about the model adopted in other cities;
- Strongly welcoming the approach described, adding that this would provide clear guidance and understanding to both different services and residents as to where responsibility for care resided, in what was often a very complex landscape to navigate;
- How would the changes be communicated; and
- What were the anticipated challenges or barriers to the successful implementation.

The Assistant Director of Adult Social Services informed the Committee that the primary concern was an increase in demand on Council services and other partner organisations. She said that planning was ongoing with data being shared from GMP to help inform this planning. She said that work was ongoing across the health partnership in terms of providing guidance; escalation process and Out of Hours arrangements to ensure residents received the most appropriate support and care pathway.

The Executive Director of Adult Social Services said that a full communication strategy had been arranged to support the implementation of the new arrangements and this would be shared with Members.

The Executive Member for Healthy Manchester and Adult Social Care said that in addition to the above, a briefing for all Members would be arranged. He commented that he would remain very vigilant of the new arrangements, especially during the roll out period and he reassured the Committee that dialogue was ongoing with both GMP and partners to support this activity.

The Chair in concluding this item of business noted that GMP had committed to Trauma Informed training for their staff and the proposals supported this wider approach. She recommended that an update report be provided to the Committee at an appropriate time and that GMP and other key partners should attend that meeting.

Decision

To note the report.

HSC/24/32 Disabled Facilities Grant

The Committee considered the report of the Executive Director of Adult Social Services that described how the delivery of home adaptations to Manchester residents, to help them live independently and safely in their own homes, needed to change due to a combination of challenges.

Key points and themes in the report included:

- Providing an introduction and background;
- Describing the rationale behind the proposal for the reintroduction of means testing for adults seeking adaptations through the Disabled Facilities Grant (DFG) and to revert to a DFG limit, capping funding for individual cases at £30,000, in line with Government guidance;
- Noting that a new delivery model had been agreed by the Major Contracts Board in October 2023 to bring all major adaptations work previously undertaken by lead Registered Providers (RPs) back in-house;
- This model would be fully in place in September 2024 and provided a stable foundation for the operation of the adaptations service across Manchester;
- Describing that increased demand in Manchester of recent years, meant that the DFG budget for 2024/25 was committed already;
- There was insufficient allocated budget to meet the non-discretionary elements of activity, so it was critical that we adapted our overall approach;
- To attempt to ensure that the limited DFG budget could be used to benefit those most in need, certain changes were proposed to deliver more equitable provision;
- The changes would bring Manchester City Council back into line with comparator authorities across England and align activity to the national guidance; and
- A full breakdown of the populations served by the service had been undertaken and an Equality Impact Assessment undertaken.

The Committee was invited to comment on the report before its submission to the Executive on 11 September 2024.

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

- Welcoming the clarity of the report, noting that the rationale for the proposals had been clearly articulated;
- Recognising that the proposed approach represented an intelligent use of a limited resource;
- Recognising that the adaptations service provided an important service and had a significant impact on residents;
- Noting that adaptations could greatly assist individuals in maintaining their ability to access the labour market; and
- Welcoming and supporting the decision to bring the adaptations service back in-house.

The Assistant Director of Adult Social Services informed the Committee that the Equality Impact Assessment would be used to monitor and review the impact of the decision following implementation. She commented that applications were monitored and reviewed from application to completion stage and that where appropriate an individual could be reassessed if their needs changed during this period. She noted that it was acknowledged that the time to deliver adaptations could be lengthy, however this continued to be monitored and having the service brought back in-house should assist with this in the longer term.

Noting the comment regarding the importance of work, the Executive Director of Adult Social Services stated that consideration of this would form part of an individual's assessment. She further added that assessment officers also worked with individuals to maximise their income and ensure that they were in receipt of all the benefits they were eligible for.

The Executive Member for Healthy Manchester and Adult Social Care expressed his gratitude to all officers for their work in bringing forward these proposals to manage a specific and dedicated pot of funding. He said that the proposals were equitable and drew the Member's attention to the section of the report that described the small number of cases where the cost was over £30,000, and that a caveat had been included to the recommendation that allowed for some discretion when considering exceptional circumstances. He further gave an assurance that he would continue to lobby for additional funding from the Government.

Decision

The Committee endorsed the recommendation that the Executive,

- (1) Approve the reintroduction of means testing for adults seeking adaptations through the Disabled Facilities Grant (DFG).
- (2) Revert to a DFG limit capping funding for individual cases at £30,000, in line with Government guidance, with discretionary payments beyond this to be considered by the Executive Director of Adult Social Services, only in exceptional circumstances, and in consultation with the Director of Children's Services where appropriate.

HSC/24/33 Update from the Manchester Population Health Management Board and Long-Term Conditions Programme

The Committee considered the report of the Chief Executive, Manchester Local Care Organisation (MLCO) that provided an update on work underway in Manchester to improve health outcomes and address health inequalities in the prevalence and management of these long-term health conditions through the work of the Population Health Management Board and the Long-Term Conditions programme overseen by the Manchester Provider Collaborative.

Key points and themes in the report included:

- Providing an introduction and background;
- Noting that Long-Term Conditions (LTCs) were defined as diseases which cannot be cured but could be managed successfully with medication and other treatments;
- Describing that the standard national NHS offer of care for people with LTCs was through the Quality and Outcomes Framework (QOF) for General Practice;
- LTCs were covered in one of the 8 key themes in the city's 5 year action plan, Making Manchester Fairer (MMF); and
- Describing the different Long Term Conditions work programmes.

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

- Discussing the importance of prevention work, particularly at an early age to help mitigate the development of LTCs,
- Stating that the new Secretary of State for Health and Social Care had identified health prevention work as a priority;
- Councillors, as elected local representatives should be actively involved with any neighbourhood approach to reduce health inequalities as they are an invaluable source of local knowledge;
- Noting the statistics presented by Asthma and Lung UK currently estimated that 1.7 million people were living with COPD, and that around 600,000 people were living undiagnosed;
- Recognising that air quality was an important issue;
- Discussing the impact austerity and the cost of living crisis had on people's ability to choose healthier options and lifestyle choices and the impact this had on their health outcomes;
- The issue of obesity was important to address; and
- What was the approach to engage with those hard to reach residents and communities, noting the importance of early diagnosis and detection.

The Chief Medical Officer, Manchester Local Care Organisation responded to the comments from the Committee and said that whilst key messaging around Public Health were very important this did not form part of the report presented. He further acknowledged the discussion that had emerged regarding lifestyle choices and health outcomes and stressed the importance of understanding that in the context of the wider determinants of health.

The Chief Executive, Manchester Local Care Organisation acknowledged and welcomed the comment made regarding utilising local Councillors knowledge. She said this would be taken away as an action from this meeting. The Executive Member for Healthy Manchester and Adult Social Care said that Integrated Team Leads should be routinely attending Neighbourhood Team meetings with Councillors. He added that he provided political representation at the Population Health Management Board and the Provider Collaborative Board and challenge was given. He said that consideration would be given to how best communicate this activity and outcomes to Members.

The Chief Executive, Manchester Local Care Organisation provided an example of where using trusted voices and local community health champions had increased bowel cancer screening rates amongst a specific population group. The Chief Medical Officer, Manchester Local Care Organisation said that they worked with the voluntary sector and community groups to establish trust with residents and health professionals. He also made reference to the use of new technology to support this engagement activity.

In response to a specific question asked by a Member who enquired if the situation in Manchester was improving or declining, the Chief Medical Officer, Manchester Local Care Organisation responded by saying that health inequalities in Manchester were

reducing, however the health outcomes of the population as a whole remained stark, again commenting on the impact of austerity.

Decision

To note the report.

HSC/24/34 Planning For Winter 2024/25

The Committee considered the report of the Deputy Place Based Lead and the Executive Director Adult Social Services that provided an overview of the key elements of the approach to winter planning 2024/25 alongside organisational updates relating to what would be delivered by partner organisations.

Key points and themes in the report included:

- Providing an introduction and background;
- Describing that the Manchester System Winter Planning Group had been established to support the development of organisational winter plans;
- Noting that the Manchester and Trafford Urgent Care Summit on 24 September 2024 would provide further scrutiny and support for Winter planning;
- As with previous winter planning, the system resilience team would ensure robust governance through the system winter plan;
- An update on the Winter Communications Plan;
- Urgent and Emergency Care (UEC) System Plan;
- UEC Discharge and Capacity Funds;
- Information on the Operational Pressures Escalation Levels (OPEL) Framework; and
- Organisational winter deliverables, by the following organisations:
 - The Greater Manchester System Coordination Centre
 - North West Ambulance Service (NWAS)
 - Manchester Foundation Trust (MFT)
 - Manchester and Trafford Local Care Organisation (MLCO)
 - Greater Manchester Mental Health NHS Foundation Trust (GMMH)
 - Manchester Primary Care
 - Manchester Public Health

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

- Recognising that the Committee had received regular reports on this important activity over previous years;
- Acknowledging that winter planning was an ongoing process and recognised the important positive contribution all partners made to this;
- Welcoming the reported increase in the Discharge and Capacity Funds;
- Further information was sought on the take up rates of the flu vaccination; and
- Did congestion on the roads impede NWAS.

In response to the specific question relating to the flu vaccination the Deputy Place Based Lead stated that a representative from Public Health had been scheduled to

attend the meeting but unfortunately were unable to attend on this occasion. He said that the requested information would be circulated following the meeting. The Executive Member for Healthy Manchester and Adult Social Care added that the approach to promoting the flu vaccination would build upon previous years campaigns.

The Head of Operations, NWAS said that whilst congestion was a challenge to the service, this was not unique to Manchester. He said that to mitigate this regular updates to the highways network and other sources of intelligence were used to assist ambulance crews. He said this was evidenced as the response times in Manchester were very good. The Medical Director, North Manchester General Hospital acknowledged this contribution and added that the hospital worked closely with NWAS to prevent delays in patient handover times. He said that this activity was monitored very closely as it was recognised that this had an impact on patient safety. He made reference to the very good record of this at North Manchester General Hospital and the intention was to see this model of good practice replicated across all hospital sites in Manchester.

In concluding this item of business, the Chair invited each organisation representative to inform the Committee of something they were especially proud of over the previous week. Having heard the different positive examples articulated the Committee stated they were incredibly proud of all their dedication and work delivered for the benefit of Manchester citizens.

Decision

To note the report.

HSC/24/35 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.