

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Tuesday, 18 June 2019**

#### **Present:**

Councillor Farrell (Chair) – in the Chair  
Councillors Curley, Holt, Mary Monaghan, Newman, Riasat, Watson and Wills

#### **Also present:**

Councillors:

**Apologies:** Councillor

#### **HSC/19/1 Urgent Business**

A Member requested that a briefing note be circulated to the Committee that provided an update on the response to the recent reports in the media that six people had been diagnosed with a serious Listeria infection between April 25 and May 15 that had resulted in the death of two people at Manchester Royal Infirmary.

#### **Decision**

To request that a briefing note from the Director of Population Health and Wellbeing be circulated to Members that provides an update on the response to the recent Listeria outbreak.

#### **HSC/19/2 Minutes**

#### **Decision**

To approve the minutes of the meeting held on 5 March 2019 as a correct record.

#### **HSC/19/3 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 report and commented that it was presented in a coherent manner and demonstrated that the Executive Member had a good command of her portfolio. The Member stated that this gave the Committee great confidence.

A Member noted that she welcomed the introduction of a city wide smoking cessation service that would go live in October of this year and would welcome further information on this service.

A Member commented that it was important that the support offered to people with Autism or other Learning Disabilities was available to those individuals who had been engaged with the judicial system to ensure that the correct levels of support were offered. The Executive Member for Adults, Health and Well Being acknowledged this comment.

The Executive Member for Adults, Health and Well Being stated that the Autism Friendly Strategy had been launched across Greater Manchester and that it had been co designed to examine a wide variety of areas such as access to services; community support; health and care support, employment and transition. She described that the Manchester Autism Board had been developed to look at the specifics of this in a Manchester context and the work of this Board would inform future commissioning. She informed the Committee that a Joint Strategic Needs Assessment was being undertaken and the findings of this would be shared with the Committee at an appropriate time.

A Member commented that when the report on Autism and Learning Disability was scheduled for consideration by the Committee, Learning Disabled citizens, family and carers should be invited to the meeting to partake and inform the discussions. The Committee endorsed this recommendation.

In response to comments regarding Neighbourhood Teams and Neighbourhood working the Executive Member for Adults, Health and Well Being described that challenges had been experienced due to the different, and often changing 'foot print' that each partner had, and the challenge this presented to bringing services together. However, whilst this and other challenges around IT systems, data sharing and recruitment had resulted in a delay to the implementation of Neighbourhood Teams the commitment remained amongst all partners to work together to reduce health service variation and improve outcomes for the residents of Manchester, noting the positive impact that was being realised in North Manchester where this model had been introduced.

Members commented that feedback and lessons learnt from North Manchester experience should be shared across all teams to support them as they developed.

The Executive Member for Adults, Health and Well Being stated that the ambition to connect services across Health and Social Care needed to be a broader, system wide approach and commented that this agenda needed to be included and considered across all directorates when planning services.

In regard to staffing within Neighbourhood Teams and the need for local knowledge the Executive Member for Adults, Health and Well Being said that wherever possible staff had been recruited who had an experience and/or knowledge of the local community and neighbourhood in which they would be working.

The Executive Member for Adults, Health and Well Being further acknowledged a comment regarding the commitment to be a Carbon Free City and the need to ensure this was a key priority, stating that there was a strand of work to address this that included sustainable travel commitments for example.

In response to comments from Members regarding the services that would be provided in respective Neighbourhood Teams, the Executive Member for Adults, Health and Well Being said that the Health Plans for each ward were to be shared with Members in July and this would contain a directory of services and contact details. She further described that work was ongoing to produce infographics to explain services and how they related to each other within the new teams.

The Committee further welcomed the inclusion of Social Value in the Commissioning arrangements that were described within the report.

A Member requested that an update on the Mayor of Greater Manchester commitment given in 2018 to be part of the Fast-Track Cities Network to end all new transmissions of HIV within a generation. The Executive Member for Adults, Health and Well Being stated that the Committee may wish to consider a report on this at an appropriate time and that colleagues from Greater Manchester be invited to the meeting.

## **Decisions**

The Committee

1. Notes the report.
2. Recommends that when the report on Autism and Learning Disability is scheduled for consideration by the Committee, Learning Disabled citizens, family and carers should be invited to the meeting to partake and inform the discussions.
3. That a report be included on the Committee's work programme for consideration at an appropriate time that provides an update on the work to be part of the Fast-Track Cities Network to end all new transmissions of HIV within a generation.

## **HSC/19/4     Adult Social Care Improvement Programme**

The Committee considered the report of the Executive Director Adult Social Services that provided an overview of the Adult Social Care Improvement Programme, including progress to date and upcoming priorities.

The Executive Director Adult Social Services referred to the main points of the report which were: -

- Providing a background and context for the design of the Adult Social Care Improvement Programme, noting that the plan set out the complex, ambitious set of reforms that were needed to integrate services for residents;
- Detailed information on the various workstreams developed in response to the outcomes of diagnostic work;
- Information on the Governance and monitoring arrangements;
- Resourcing and budget arrangements; and
- Progress to date and upcoming priorities.

A Member requested that the information that was provided to the Performance Board that was referred to within the report was also shared with the Health Scrutiny Committee, commenting that this would enable the Committee to adequately scrutinise improvements and performance. The Executive Director Adult Social Services confirmed that this would be shared with the Committee and would include information on the agreed reporting metrics. The Executive Member for Adults, Health and Well Being commented that she would welcome the continued challenge from the Committee regarding this important area of work.

A Member commented that whilst she acknowledged the reported roll out of the LiquidLogic system to support the strengths based approach to citizen's assessment and support planning, this should not replace face to face conversations, stating that these were very important. The Executive Director Adult Social Services acknowledged this comment and stated that examples of how this approach would be used would be provided to the Committee.

The Executive Director Adult Social Services further commented that the feedback from staff on the strengths based conversations / approach had been very positive and well received as a model, and work was currently underway to collate case studies and this would be shared with the Committee. She acknowledged that challenges had arisen around IT systems and data sharing, however this continued to be addressed.

The Executive Director Adult Social Services clarified that the recruitment of the 9 Social Worker Managers was in addition to the 3 that had already been appointed. In response to a Members' comments regarding a specific incident relating to falls in the home she said she would discuss the specific case with the Member outside of the meeting, commenting that reflective learning was important.

In response to reservations expressed by a Member regarding the use of assistive technology, especially for older residents, the Executive Member for Adults, Health and Well Being provided examples of how this could be used to support individuals and assist health professionals manage health conditions and manage risk in a non-intrusive manner. She stated that assistive technology was designed to assist health care and not replace health professionals. The Chair noted that a report on Assistive Technology and Adult Social Care was listed on the Committee's Work Programme.

The Executive Member for Adults, Health and Well Being responded to a comment from a Member by committing to providing information on how this area of work contributed to the Manchester Strategy outcome of a 'liveable and low carbon city'. She also informed the Committee that future funding arrangements for Adult Social Care would form part of the overall Council's budget considerations and decisions, noting that publication of the Government's Social Care Green Paper had been delayed again with no indication as to when this would be released.

A Member commented that she welcomed the upcoming priority listed for the development of more effective integrated hospital discharge services, noting that this was very important to assist people in their recovery and to help them maintain living in their own home. The Executive Director Adult Social Services acknowledged this comment stating that the Manchester Local Care Organisation would work in a

multidisciplinary team model to prevent people from being admitted to hospital in the first instance by coordinating care and services in an effective manner.

## **Decision**

To note the report.

### **HSC/19/5     Stroke Services – Quality and Performance update**

The Committee considered the report of the Director of Performance and Quality Improvement, MHCC and Trafford CCG that provided information on the new centralised model of stroke services that had been implemented across Greater Manchester in 2015. The paper outlined the positive impact this had for the people of Greater Manchester and focused on the city of Manchester provider units at Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital.

The Director of Performance and Quality Improvement referred to the main points of the report which were: -

- Providing a background and context to the stroke services in Manchester;
- Information and data on National Stroke Quality Performance, noting that performance and quality of stroke services were measured nationally by the Sentinel Stroke National Audit Programme; and
- Data on current Stroke Unit Quality and Performance.

The Committee noted and welcomed the reported improvements in the services delivered to patients who experienced a stroke and acknowledged the comment made by the Director of Performance and Quality Improvement who stated that improvements had been achieved, in part by the delivery of the Single Hospital Service. The Chair commented that improvements would further be realised once North Manchester General Hospital, currently part of Pennine Acute Hospitals NHS Trust was transferred into Manchester University NHS Foundation Trust.

The Director of Performance and Quality Improvement informed the Committee that performance at North Manchester General Hospital continued to be monitored and reviewed, and Members welcomed the reported A rating for the Hyper Acute Stroke Unit in North Manchester.

The Director of Performance and Quality Improvement stated that challenges in performance could be attributed to winter pressures. She advised that whilst every attempt was made to protect stroke beds this was not always possible. The Chair described his experience of the difference in care received on a general ward compared to a specialist stroke ward within the same hospital.

A Member commented that to assess the performance and impact of the service it would be useful to have received comparative mortality figures. The Director of Performance and Quality Improvement stated that this would be circulated to the Committee.

In response to Members questions regarding the 48-hour window and appropriate care pathways following an initial stroke episode, the Director of Performance and Quality Improvement stated that this was based on clinical evidence.

## **Decisions**

1. To note the report.
2. To recommend that the Director of Performance and Quality Improvement circulate to Members the comparative mortality figures relating to strokes.

### **HSC/19/6     Quality Accounts 2018 / 2019**

The Committee considered the report of the Governance and Scrutiny Support Unit that provided the responses to the draft Quality Accounts provided by the Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust.

The draft Quality Accounts had been circulated to Members for comment and a response had been drafted by the Chair.

## **Decision**

To note the responses that had been submitted to the respective Trusts.

### **HSC/19/7     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.

In relation to the reported Care Quality Commission inspections, a Member asked if when inspecting GP practices, did they consult the relevant Patient Participation Groups. The Director of Corporate Affairs, Manchester Health and Care Commissioning advised that he would make enquiries with the relevant Primary Care Commissioning Team to enquire which Practices had an established Patient Participation Group and a note would be provided to the Member.

A Member requested that the report scheduled for the July meeting, entitled 'Age Friendly Manchester and Health Services' included information specific to the Local Care Organisation and Manchester Health and Care Commissioning.

## **Decision**

To note the report and approve the work programme subject to the amendments above.