



## **Health Scrutiny Committee**

Date: Tuesday, 3 December 2019

Time: 2.00 pm

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

**There will be a private meeting for Members only at 1.30pm in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension**

### **Access to the Council Antechamber**

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

### **Filming and broadcast of the meeting**

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## **Membership of the Health Scrutiny Committee**

**Councillors** - Farrell (Chair), Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

## Agenda

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**1. Urgent Business**

To consider any items which the Chair has agreed to have submitted as urgent.

**2. Appeals**

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

**3. Interests**

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

**4. Minutes**

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

5 - 10

**5. Discussion item: Health improvement interventions for LGBT communities in Manchester**

The Committee have invited representatives from the LGBT (lesbian, gay, bisexual and transgender) Foundation to discuss specific health improvement interventions for LGBT communities in Manchester, including the Greater Manchester Trans Health Service and Pride in Ageing.

**6. Single Hospital Service Progress Report**

Report of the Executive Director, Planning and Operations, Manchester Health and Care Commissioning and The Group Executive Director of Workforce and Corporate Business, Manchester University NHS FT

11 - 16

This report provides an update on the latest position for the Single Hospital Service (SHS) programme since the creation of Manchester University NHS Foundation Trust (MFT) on 1st October 2017, and specifically references progress with the proposed acquisition of North Manchester General Hospital. It also provides an update on work that has taken place in the development of a proposition for the regeneration of the North Manchester site.

**7. Overview Report**

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Report of the Governance and Scrutiny Support Unit

This report includes a summary of key decisions that are within the Committee's remit as well as an update on actions resulting from the Committee's recommendations. The report also includes the Committee's work programme, which the Committee is asked to amend or agree as appropriate.

The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.

## Information about the Committee

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Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

Agenda, reports and minutes of all Council Committees can be found on the Council's website [www.manchester.gov.uk](http://www.manchester.gov.uk)

Smoking is not allowed in Council buildings.

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## Further Information

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For help, advice and information about this meeting please contact the Committee Officer:

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This agenda was issued on **Monday, 25 November 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

## **Health Scrutiny Committee**

### **Minutes of the meeting held on 5 November 2019**

#### **Present:**

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

#### **Apologies:** O'Neil

#### **Also present:**

Councillor Craig, Executive Member for Adults, Health and Wellbeing  
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)  
Michelle Irvine, Director of Quality & Performance, MHCC  
Neil Walbran, Chief Officer, Healthwatch Manchester  
Vicky Szulist, Chair, Healthwatch Manchester  
Tony Ullman, Deputy Director, Primary Care Integration, MHCC  
Dr Manisha Kumar, Medical Director, MHCC  
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation  
Marie Rowland, Associate Director Performance, Manchester University NHS Trust  
Dr Sarah Follon  
Dr Craig Ferguson

### **HSC/19/39                      Minutes**

#### **Decision**

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

### **HSC/19/40                      Primary Care Access in Manchester**

The Committee considered the report of the Deputy Director, Primary Care Integration, Manchester Health and Care Commissioning (MHCC) that provided Members with an update on access to Primary Medical Care in Manchester; both in core and also extended hours.

The Deputy Director, Primary Care Integration, MHCC referred to the main points of the report which were: -

- Access to General Practice during core hours;
- Information on the 9 Primary Care Standards;
- Extended hours population coverage and Primary Care Networks;
- Patient and public perspectives of Primary Care access;
- An update on the enhanced 7 day access service;
- National review of Access;
- Developing a model for integrated urgent and enhanced access;

- Digital access and Manchester's Strategy for Primary Care Information Management and Technology; and
- Inclusion Health – Safe Surgeries designed to ensure that Manchester's Primary Care system is properly inclusive to all groups and communities.

Members discussed the difficulties they had experienced in securing GP appointments, commenting that the requirement to call at a specified time, often to find that there were no appointments left and was asked to call back the next day was not acceptable. Members commented that there was no triage of patients applied and there was a first come / first served system and further questioned the findings of the patient survey that reported that 69% of patients found it fairly to very easy to get through to someone at their GP surgery on the phone, slightly above the national average of 68%.

Dr Kumar described that Primary Care was experiencing significant pressures due to an ageing population with complex health needs. She said that whilst it was recognised that some patients still required face to face consultations, the options of providing online consultations and telephone consultations, where appropriate were being considered. She described that consideration would be given to understand what patients required from this offer, adding that it needed to be appropriate for patients. She stated that this would also reduce the demand at GP surgeries for appointments and help alleviate the experiences described by Members when telephoning surgeries.

Dr Kumar responded to a question from a Member by explaining that GPs were required to review patients' medications, even if they had been prescribed by a Consultant as responsibility was with the GP. She stated that it was correct and appropriate to undertake periodic health checks, such as blood pressure monitoring to ensure patients remained safe and healthy.

A Member commented that the closure of Walk In Centres had a detrimental impact on residents ability to access GP appointments, with the result that patients presented at Emergency Departments that resulted in additional pressures on these services. The Member further commented that more needed to be done to publicise the availability of the extended hours and enhanced offer provided through the Primary Care Networks. He said that leaflets and posters needed to be prominently displayed in GP surgery waiting areas, in addition to reception staff informing their patients.

The Deputy Director, Primary Care Integration, MHCC stated that there were three Walk In Centres in Manchester and the intention was to incorporate this model to complement and support other offers.

In response to a question regarding the number of Did Not Attends at extended hour appointments Dr Kumar reported that they were currently at 10%, and this reflected the number of Did Not Attends at GP practices. She said that the system had been improved so that patients could now cancel appointments using a text message service. Members recommended that consideration should be given to sending appointment reminder messages also.

Members welcomed the Inclusion Health programme, a range of initiatives and programmes to ensure that Manchester's Primary Care system is properly inclusive to all groups and communities.

The Deputy Director, Primary Care Integration, MHCC informed the Committee that the introduction of Primary Care Standards provided a better offer to patients and addressed the issue of variation that had previously been evident in GP Primary Care. He stated that mystery shopping exercises would be undertaken to assess how these standards were implemented. In response to a specific question regarding the number of single or two doctor Practices in Manchester, he said these were extremely low and he would circulate this information following the meeting. He further informed the Committee that Surgeries could close for training and development purposes only when reasonable alternatives and satisfactory arrangements had been agreed for their patients.

### **Decision**

To note the report.

### **HSC/19/41                      Healthwatch: Primary Care Access in Manchester**

The Committee considered the report submitted by Healthwatch Manchester that assessed the impact of their report 'Week Spot?' a Review of Access to the 7 Day GP Service published in 2017.

The Chief Officer, Healthwatch Manchester referred to the main points of the report which were: -

- Describing the objectives and rationale of the report;
- The methodology employed to undertake the review;
- Describing the key findings, including comparative data; and
- Conclusions.

The Chief Officer, Healthwatch Manchester commented that he recognised that improvements had been made in regard to access to Primary Care however more could be done to promote and publicise the extended appointment offer to patients. In response to comments from Members regarding the subjectivity of the findings provided within the report, in particular in regard to levels of politeness, the Chief Office, Healthwatch Manchester informed the Committee that there was a third person listening into the call who could offer an opinion also.

A Member commented that more needed to be done to publicise the availability of the extended hours and enhanced offer. He said that leaflets and posters needed to be prominently displayed in all GP surgery waiting areas, in addition to reception staff informing their patients and online information.

In response to a comment from a Member regarding potential barriers to patients accessing online appointments and other online support, the Chair, Healthwatch Manchester commented that their studies had indicated that this did not present as

much of a barrier as had been suggested.

In response to comments made regarding postcode barriers to registration in central Manchester experienced by homeless people and temporary residents, the Director of Corporate Affairs, MHCC informed the Chair that he would provide a briefing note to Members.

The Executive Member for Adults, Health and Wellbeing acknowledged a comment from the Chair, Healthwatch Manchester regarding the confusion created regarding the different wording used to describe the extended offer. She stated that a preferred description would be 'evening and weekend access' to avoid any confusion or ambiguity.

## **Decisions**

1. The Committee welcome the report produced by Healthwatch Manchester and fully endorse their recommendations.
2. The Committee recommend that the Deputy Director, Primary Care Integration, MHCC ensures that leaflets and posters promoting evening and weekend appointments are prominently displayed in all GP surgery waiting areas, in addition to reception staff informing their patients and online information.

## **HSC/19/42                  Winter Pressures**

The Committee considered the report of the Director of Performance and Quality Improvement, MHCC and Trafford Clinical Commissioning Group and the Director of Adult Social Services which provided an overview of urgent care winter planning for 2019/20. It contained information on the joint system-wide planning taking place across the Manchester urgent care system, the surge and escalation approach taken in order to manage periods of pressure and the resulting impact on key performance targets.

The Director of Quality & Performance, MHCC referred to the main points of the report which were: -

- The approach to winter resilience planning;
- Describing a range of key interventions and processes that outline the Manchester approach to winter planning;
- An update on the Integrated Discharge Team; and
- Information on the Manchester Community Response.

Members welcomed the report and recognised that it was a system wide response to the challenge of winter pressures. A Member commented that he recognised that the system experienced pressures year round.

The Chair sought an assurance that similar winter planning preparations were underway at the North Manchester General Hospital site. The Director of Quality & Performance, MHCC reassured the Committee that detailed plans had been



developed by the Pennine Acute Hospital Trust. Members requested that further information on the Winter Planning activity for the North Manchester General Hospital site be provided to the Committee following the meeting.

In response to a question from a Member regarding the additional capacity at MRI the Director of Quality & Performance, MHCC advised that 12 beds had been secured for winter pressures and 8 beds for major trauma. In response to whether this would be enough to meet the demand, Members were advised that there was always an issue of capacity and safe staffing levels also had to be taken into consideration.

The Director of Adult Social Services responded to a question regarding resilience of the care home market by stating that commissioners were working closely with providers to ensure there was enough capacity to meet demand on a long term basis. She further commented that homeless people were being discharged from hospital into high quality accommodation in community settings.

The Chief Operating Officer, Manchester Local Care Organisation further commented that the integrated discharge service, that brought medical and social care staff together in a team that had been developed in north Manchester would be rolled out across the city. Members requested that they be kept regularly updated on the Delayed Transfer of Care figures across Manchester. The Director of Quality & Performance, MHCC confirmed that these figures were collated and could be provided to the Committee. She commented that the main reasons for Delayed Transfer of Care were; awaiting assessment by Social Worker, awaiting a place in a care home and patient/family preference as to where to be discharged to.

A Member commented that following the implementation of the Single Hospital Service there had been a decrease in engagement with local ward Councillors in the Wythenshawe area. The Associate Director Performance, Manchester University NHS Trust acknowledged these comments and stated that these would be fed back. She further commented that the delivery of the Single Hospital Service had allowed for the better deployment of staff across sites to best respond to demand. She commented that this had also been welcomed by staff as they were able to obtain a range of experiences and skills by working across the sites footprint. She further commented that the Wythenshawe site had seen increased presentations from Stockport residents as it was perceived by them to be a better environment to be treated.

The Executive Member for Adults, Health and Wellbeing stated that the report demonstrated a coordinated system wide response to the challenge of winter pressures. She commented that community and social services were recognised as important contributors to this model and they remained committed to delivering the best services for the residents of Manchester. She stated that despite this Social Care funding remained inadequate. She stated that there had been no increase in Social Care funding in real terms since 2010 when taking into account inflation, the increase in population and an ageing population.

## **Decisions**

1. To note the report.
2. Members requested that the Director of Performance and Quality Improvement, MHCC provide a regular update on the Delayed Transfer of Care figures across Manchester.
3. Members requested that information on the Winter Planning activity for North Manchester General Hospital be circulated to Members.

### **HSC/19/43                      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.

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 3 December 2019

**Subject:** Single Hospital Service Progress Report

**Report of:** Edward Dyson, Executive Director, Planning and Operations, Manchester Health and Care Commissioning and Peter Blythin, Group Executive Director of Workforce and Corporate Business, Manchester University NHS FT

### Summary

This report provides an update on the latest position for the Single Hospital Service (SHS) programme since the creation of Manchester University NHS Foundation Trust (MFT) on 1st October 2017, and specifically references progress with the proposed acquisition of North Manchester General Hospital. It also provides an update on work that has taken place in the development of a proposition for the regeneration of the North Manchester site.

### Recommendations

To note the information provided in the report.

### Wards Affected: All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	MFT is the largest employer in the City. North Manchester General Hospital is the largest employer in its local area. Both have significant supply chain which brings opportunity. MFT already has links to local schools and business which can bring added value to local communities.
A highly skilled city: world class and home grown talent sustaining the city's economic success	MFT and NMGH both have roles in education of health professionals as well as significant research portfolios.

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The Manchester Single Hospital Service and the wider strategy regarding North Manchester will improve the health of the population and create greater benefits in the surrounding communities.
A liveable and low carbon city: a destination of choice to live, visit, work	High quality healthcare provision can support Manchester being an attractive place to live. Modernisation of estate and digital can have a significant impact upon the carbon footprint of the City.
A connected city: world class infrastructure and connectivity to drive growth	The strong research and educational status have a global reputation for the City. Research has great potential for further economic growth.

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### Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to four years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Manchester Locality Plan 2015 – ‘A Healthier Manchester’
- Manchester Locality Plan (refresh) 2018 ‘Our Healthier Manchester’
- Sir Jonathan Michael Single Hospital Service Reviews
- Taking Charge – Greater Manchester Health and Social Care Partnership
- Single Hospital Service progress report October 2018 – Manchester Health Scrutiny Committee
- MFT One Year Post-Merger Report
- The Future of the North Manchester General Hospital Site: A healthcare-led approach to civic regeneration
- Manchester Health and Wellbeing Board report – 30th October 2019

## **1.0 Introduction**

- 1.1 The purpose of this paper is to provide an update on the Single Hospital Service (SHS) Programme with particular reference to the proposed acquisition of North Manchester General Hospital (NMGH) and the associated development of the NMGH site.

## **2.0 Background**

- 2.1 The proposal to establish a Single Hospital Service for Manchester, Trafford and surrounding areas was built on the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael, and is a long-standing objective in the Manchester Locality Plan. The Single Hospital Service Programme has been operational since August 2016.
- 2.2 The Programme is being delivered through two linked projects. Project One, the creation of MFT through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM), was completed on 1st October 2017.
- 2.3 'Project Two' is the proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust (PAHT) to MFT.

## **3.0 Merger integration**

- 3.1 Good progress continues with the Integration Programme outlined in the previous report to the committee, with the Integration Steering Group (ISG) continuing to oversee the delivery of all integration work streams.
- 3.2 A recent review of all corporate integration projects managed through the Wave Programme Management system highlighted the number of projects that have reached "business as usual" activity (i.e. full integration) two years post-merger. A review of clinical integration projects is currently underway.
- 3.3 As per the Integration Management Office (IMO) approach to managing merger benefits, a post two-year review of all benefits has commenced to ensure that emergent benefits are being captured and those benefits due for realisation, are being reported to the appropriate forums.
- 3.4 MHCC continues to monitor the delivery of merger benefits through a series of workshop sessions, in collaboration with the GMH&SC Partnership.

## **4.0 North Manchester General Hospital**

- 4.1 North Manchester has some of the most challenging health and socio-economic statistics in the country, including the highest level of health-related deprivation. For this reason, it has become a strong focal point of the Manchester Locality Plan. One part of this plan is to provide a Single Hospital

Service for the City of Manchester, ensuring that all patients can access the same high standard of care, whichever hospital they use.

- 4.2 North Manchester General Hospital (NMGH) sits within Pennine Acute NHS Hospitals Trust (PAHT), and is currently managed by Salford Royal NHS Foundation Trust (SRFT) under the terms of a management agreement issued by NHS Improvement (now NHS England / Improvement – NHS E / I).
- 4.3 NHS E / I has previously determined that the preferred long term solution is for NMGH to become part of the MFT group of hospitals, and for SRFT to acquire the Bury, Oldham and Rochdale services.
- 4.4 A Strategic Case which set out the benefits of NMGH being operated by MFT was submitted to NHS I on 29th March 2019. SRFT also submitted its Strategic Case at the same time regarding the proposed acquisition of the remaining PAHT sites.
- 4.5 The review of documents by NHS I was anticipated to last approximately six weeks, however due to the high level of complexity associated with both of the proposed transactions a significant delay has been incurred. That stated, NHS E / I are continuing to examine the cases in the context of the funding required to enable the transactions to take place.
- 4.6 Due to the delay in realising a formal transaction to transfer NMGH to MFT, NHS E / I are currently considering options for an interim solution to allow MFT to provide management and leadership to NMGH prior to a formal transfer. The outcome of this process is expected in the near future.
- 4.7 The inclusion of NMGH within MFT has the potential to deliver significant benefits for patients, alongside wider strategic opportunities for North Manchester.

## **5.0 Current progress**

- 5.1 MFT and SRFT are engaged in a joint disaggregation review process whereby senior managers and clinicians from MFT, SRFT and PAHT are discussing the requirements, and potential complexities, of disaggregating Pennine services. This process has been protracted but is nearing completion.
- 5.2 In addition, engagement with NMGH staff is continuing to be positive. MFT and MHCC are attending bi-monthly NMGH Staff Engagement Sessions which are well attended and are viewed positively by staff.
- 5.3 Notwithstanding the focus on the statutory transactions, partners in Manchester, led by MHCC, have developed an ambitious proposition for NMGH and the wider North Manchester locality. In summary, this aims to use the redevelopment of the NMGH site to facilitate stronger integrated care, increasing delivery of community based services, promoting healthy lifestyle choices and critically, taking the opportunity to influence the root causes of ill

health (including employment, education and social cohesion) and to regenerate the local area.

- 5.4 The redevelopment will include the co-location of new acute hospital facilities with, mental health, intermediate care, community services and primary care. In addition, there will be connections out to wider services and facilities through a five hubs model.
- 5.5 For the North Manchester population this will ultimately mean longer life expectancy, improved quality of life, increased economic productivity, and better health outcomes through more effective, and higher quality, support and care.
- 5.6 Working in partnership across the NHS and the City Council brings the opportunity for a health led infrastructure project to act as a catalyst for a Council led regeneration project. The broad range of input to its development has enabled a strong and innovative offer.

## **6.0 Commitment from Government – capital funding announcement**

- 6.1 On 29th September 2019, Prime Minister Boris Johnson, and Secretary of State for Health and Social Care, Matt Hancock, visited the NMGH site. Sir Richard Lees and Sir Mike Deegan joined the visit along with senior leaders from SRFT and PAHT. The Prime Minister gave an undertaking to fund the rebuild of NMGH.
- 6.2 NMGH was also announced as one of 21 sites to be given seed funding as part of the Health Infrastructure Plan that has recently been published by the Department of Health and Social Care. At present £100m of seed funding is available for Trust's with sites on this list to access to develop their plans.

## **7.0 Next steps**

- 7.1 The process and timescales for capital investment remains under discussion with NHS E / I regional and national teams. As part of this MFT, GMMH, MHCC, Manchester LCO and other partners are developing detailed proposals to ensure that the current planning momentum is maintained whilst capital funding allocations are confirmed.
- 7.2 Plans for the regeneration of hospital site and the surrounding area will continue to be finessed as part of the formal planning processes required to deliver a scheme such as the redevelopment of the NMGH site.

## **8.0 Recommendations**

- 8.1 The Health Scrutiny Committee is asked to note the information provided in the report.

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**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 3 December 2019

**Subject:** Overview Report

**Report of:** Governance and Scrutiny Support Unit

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**Summary**

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

**Recommendation**

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

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**Wards Affected: All**

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**Contact Officers:**

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**Background document (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

## 1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Response	Contact Officer
5 November 2019	HSC/19/41 Healthwatch: Primary Care Access in Manchester	The Committee recommend that the Deputy Director, Primary Care Integration, MHCC ensures that leaflets and posters promoting evening and weekend appointments are prominently displayed in all GP surgery waiting areas, in addition to reception staff informing their patients and online information.	A response to this recommendation has been requested and will be reported back to the Committee via the Overview report.	Tony Ullman Deputy Director, Primary Care Integration, MHCC
5 November 2019	HSC/19/42 Winter Pressures	Members requested that information on the Winter Planning activity for North Manchester General Hospital be circulated to Members.	A response to this recommendation has been requested.	Stephanie Gibson Pennine Acute Trust / North Manchester Care Organisation

## 2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **22 November 2019**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked \*

<b>Decision title</b>	<b>What is the decision?</b>	<b>Decision maker</b>	<b>Planned date of decision</b>	<b>Documents to be considered</b>	<b>Contact officer details</b>
Contract for the Provision of Homecare Services - Phase 2 (2019/07/26E)	The appointment of Providers to deliver Homecare Services.	Executive Director of Adult Social Services	Not before 1st Nov 2019	Report and Recommendation	Mike Worsley mike.worsley@manchester.gov.uk
Carers Strategy (2019/08/22A)	Allocation of Our Manchester Funding to support the Our Manchester Carers Strategy over a period of two years.	Executive	16 October 2019	Report to the Executive	Zoe Robertson z.robertson@manchester.gov.uk

**Subject**                      **Care Quality Commission (CQC) Reports**  
**Contact Officers**        Lee Walker, Scrutiny Support Unit  
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Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

<b>Provider</b>	<b>Address</b>	<b>Link to CQC report</b>	<b>Published</b>	<b>Types of Services</b>	<b>Rating</b>
Excel Care (UK) Ltd	Excel Care (UK) Ltd 201-203 Moston Lane East Manchester M40 3HY	<a href="https://www.cqc.org.uk/location/1-417735182">https://www.cqc.org.uk/location/1-417735182</a>	31 October 2019	Homecare Agencies	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
A S K Health Care Ltd	A S K Health Care Khan Centre 48 Alms Hill Road Manchester M8 0QE	<a href="http://www.cqc.org.uk/location/1-5901910546">http://www.cqc.org.uk/location/1-5901910546</a>	31 October 2019	Homecare Agencies	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Caring Hands Solutions Ltd	Caring Hands Solutions Ltd 7 Silverdale Road Chorlton Manchester M21 0SH	<a href="http://www.cqc.org.uk/location/1-2178665383">http://www.cqc.org.uk/location/1-2178665383</a>	2 November 2019	Homecare Agencies	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Optimax Clinic Ltd	Optimax Laser Eye Clinics - Manchester 1 Albert Square Manchester M2 3FU	<a href="http://www.cqc.org.uk/location/1-131383558">http://www.cqc.org.uk/location/1-131383558</a>	1 November 2019	Clinic	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
ASC Healthcare Ltd	Maryfield Court Nettleford Road Whalley Range Manchester M16 8NJ	<a href="http://www.cqc.org.uk/location/1-4700231652">http://www.cqc.org.uk/location/1-4700231652</a>	29 November 2019	Hospital – Mental Health Capacity	<b>Overall: Inadequate</b> Safe: Inadequate Effective: Requires Improvement Caring: Requires Improvement Responsive: Good Well-led: Inadequate
Dr Ashraf Bakhat	Peel Hall Medical Practice Forum Health Simonsway Wythenshawe Manchester M22 5RX	<a href="http://www.cqc.org.uk/location/1-526710208">http://www.cqc.org.uk/location/1-526710208</a>	6 November 2019	Dr / GP Practice	<b>Overall: Inadequate</b> Safe: Inadequate Effective: Inadequate Caring: Good Responsive: Inadequate Well-led: Inadequate
The National Autistic Society	Mainwaring Terrace 1,2,3,5 Mainwaring Terrace Northern Moor Manchester M23 0EW	<a href="http://www.cqc.org.uk/location/1-134620821">http://www.cqc.org.uk/location/1-134620821</a>	15 November 2019	Residential Homes	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Enterprise Care Group Ltd	Enterprise Homecare Lowry House, Opal Court, Moseley Road, Manchester, M14 6ZT	<a href="https://www.cqc.org.uk/location/1-449225936">https://www.cqc.org.uk/location/1-449225936</a>	15 November 2019	Homecare Agency	<b>Overall: Good</b> Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Alness Lodge Ltd	Alness Lodge Limited 50 Alness Road Manchester M16 8HW	<a href="https://www.cqc.org.uk/location/1-224818147">https://www.cqc.org.uk/location/1-224818147</a>	14 November 2019	Residential Homes	<b>Overall: Inadequate</b> Safe: Inadequate Effective: Requires Improvement Caring: Requires Improvement Responsive: Inadequate Well-led: Inadequate
Alexandra Lodge Care Centre Ltd	Alexandra Lodge Care Centre 355-357 Wilbraham Road Chorlton Manchester M16 8NP	<a href="http://www.cqc.org.uk/location/1-5718173476">http://www.cqc.org.uk/location/1-5718173476</a>	16 November 2019	Nursing Home	<b>Overall: Requires Improvement</b> Safe: Requires Improvement Effective: Requires Improvement Caring: Requires Improvement Responsive: Requires Improvement Well-led: Requires Improvement

**Health Scrutiny Committee  
Work Programme – December 2019**

<b>Tuesday 3 December 2019, 2pm (Report deadline Friday 22 November 2019)</b>				
<b>Item</b>	<b>Purpose</b>	<b>Lead Executive Member</b>	<b>Strategic Director/ Lead Officer</b>	<b>Comments</b>
Discussion item: Health improvement interventions for LGBT communities in Manchester	The Committee have invited representatives from the LGBT (lesbian, gay, bisexual and transgender) Foundation to discuss specific health improvement interventions for LGBT communities in Manchester, including the Greater Manchester Trans Health Service and Pride in Ageing.	Cllr Craig	-	
Single Hospital Service (SHS) Progress Report	To receive a report that provides the Committee with an update on the Single Hospital Service. The report will also provide an update on the North Manchester Strategy.	Cllr Craig	Peter Blythin Director, Single Hospital Service & Ed Dyson Executive Director, Strategy, MHCC	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.			

<b>Tuesday 7 January 2020, 2pm (Report deadline Friday 20 December 2019) ** PLEASE NOTE DEADLINE DUE TO CHRISTMAS HOLIDAYS</b>				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget 2020/21 – Officer proposals	The Committee will receive a report outlining the main changes to delivery and funding arrangements.  Savings included as officer options to be debated.	Cllr Craig	Bernadette Enright David Regan	There will be no detailed business plans for Directorates included in this report
Overview Report				

<b>Tuesday 4 February 2020, 2pm (Report deadline Friday 24 January 2020)</b>				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget 2020/21 – final proposals	The Committee will consider refreshed budget proposals following consideration of original proposals at its January 2020 meeting.	Cllr Craig	Bernadette Enright David Regan	
Delivering the Our Manchester Strategy	This report provides 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 the portfolio of the Executive Member for Adult Services.	Cllr Craig	-	
Overview Report				



Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Autism Developments across Children and Adults	To receive an update report on Autism Developments across Children and Adults. This item was considered by the Health Scrutiny Committee at their January 2015 meeting.	Cllr Craig	Bernadette Enright	Learning Disabled citizens, family and carers to be invited.
Update on the work of the Health and Social Care staff in the Neighbourhood Teams	To receive an update report describing the work of the Health and Social Care staff in the Neighbourhood Teams.	Cllr Craig	Bernadette Enright	
Manchester Health and Care Commissioning Strategy	To receive a report on the Commissioning Strategy for Health and Care in Manchester.  The Committee had considered this item at their July 2017 meeting.	Cllr Craig	Bernadette Enright	See minutes of July 2017. Ref: HSC/17/31
Public Health and health outcomes	To receive a report that describes the role of Public Health and the wider deterrents of health outcomes.	Cllr Craig	David Regan	
Manchester Macmillan Local Authority Partnership	To receive a report on the Manchester Macmillan Local Authority Partnership.  The scope of this report is to be agreed.	Cllr Craig	David Regan	See Health and Wellbeing Update report September 2017. Ref: HSC/17/40
Mental Health Grants Scheme – Evaluation	To receive a report on the evaluation of the Mental Health Grants Scheme. This grants programme is administered by MACC, Manchester's local voluntary and community sector support	Cllr Craig	Nick Gomm	To be considered at the March 2019 meeting. See minutes of

	organisation, and has resulted in 13 (out of a total of 35) community and third sector organisations receiving investment to deliver projects which link with the Improving Access to Psychological Therapies (IAPT) services in the city.			October 2017. Ref: HSC/17/47
Single Hospital Service progress report	To receive a bi-monthly update report on the delivery of the Single Hospital Service.	Cllr Craig	Peter Blythin, Director, Single Hospital Service Programme	See minutes of 17 July 2018. Ref: HSC/18/32
Workforce Strategy	To receive a report on the Workforce Strategy.	Cllr Craig	Bernadette Enright	
Assistive Technology and Adult Social Care	To receive a report on how assistive technology will be used to support people receiving adult social in their home. The Committee will hear from individuals who have benefited from using assistive technology to learn of their experience.	Cllr Craig	Bernadette Enright	
NHS Dental and prescription charges	To receive a report on NHS Dental and prescription charges.	Cllr Craig	NHS England	
Air Quality and Health	To receive a report on the work being done to address air quality and the effect this has on health.	Cllr Craig	David Regan	
Reablement services	To receive a report that describes the activities to improve Hospital discharge rates; the activities to prevent hospital admissions and reablement services	Cllr Craig	Bernadette Enright	
Prevention and Wellbeing Services - Social	To receive a report on social prescribing that includes information on the rationale and theory for this approach, information on the uptake and how this approach is	Cllr Craig	Nick Gomm	

Prescribing	monitored.			
Inclusive Health Care	To receive a report that describes the activities and initiatives to engage with and deliver health care to traditionally hard to reach groups.	Cllr Craig	Nick Gomm	
Estates and the delivery of Primary Care	To receive a report on the estates in which Primary Care is delivered.	Cllr Craig	Nick Gomm	
Manchester Mental Health Transformation Programme	To receive a progress report on the delivery of Manchester Mental Health Services.	Cllr Craig	Nick Gomm	
Falls Prevention	To receive a report on the Falls Collaborative work.	Cllr Craig	Nick Gomm Sue Ward Manisha Kumar	
Supporting People Housing Strategy	To receive a report on the Supporting People Housing Strategy (including extra care, dementia friendly and learning disabilities.)	Cllr Craig Cllr Richards	Kevin Lowry	
Adverse Childhood Experience (ACE)	To receive a report on the Adverse Childhood Experience (ACE) pilot delivered in Harpurhey.	Cllr Craig	David Regan	Invitations to Cllr Bridges and Cllr Stone.

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