

Health Scrutiny Committee

Minutes of the meeting held on 6 November 2018

Present:

Councillor Farrell – in the Chair

Councillors Clay, Curley, Lynch, Mary Monaghan, O’Neil, Wills and Wilson

Councillor Craig, Executive Member for Adults, Health and Wellbeing

Councillor Midgley, Assistant Executive Member for Adults, Health and Wellbeing

Nick Gomm, Director of Corporate Affairs, Manchester Health and Care

Commissioning

Dr Matt Evison, Consultant in Respiratory Medicine Manchester University NHS Foundation Trust

Neil Thwaite, Chief Executive, Greater Manchester Mental Health NHS Trust

Deborah Partington, Director of Operations, Greater Manchester Mental Health NHS Trust

Jane Thorpe, Acting Deputy Director of Commissioning for Mental Health and Children Manchester Health and Care Commissioning

Apologies: Councillors Holt, Paul and Reeves

HSC/18/44 Minutes

Decision

1. To approve the minutes of the meeting held on 9 October 2018 as a correct record.
2. To note the minutes of the Public Health Task and Finish Group meeting held on 18 September 2018.

HSC/18/45 Discussion item with Dr Matt Evison, Manchester University NHS Foundation Trust

The Committee welcomed Dr Matt Evison, Consultant at Manchester University NHS Foundation Trust who had been invited to the meeting to discuss his involvement with the CURE programme, a service to prescribe medication to tackle patients’ addiction to tobacco and offer intensive support to help them stay smoke-free during their stay at hospital and once they go home and the lung cancer screening programme.

A Member introduced Dr Evison, informing the Committee that she had personal experience of the care and treatment provided by Dr Evison and his colleagues at the site following a referral by her own doctor to the RAPID (Rapid Access to Complex and Pulmonary Investigation Days) service.

Dr Evison described that the impact of smoking and tobacco addiction, with its associated health conditions, such as lung cancer were the biggest contributor to premature death, illness and economic inequality across the region.

Dr Evison described lung cancer as a particularly aggressive form of cancer that often presented without any symptoms to the patient, therefore detection and treatment at an early stage was very important to improve the chances of a full recovery. He then went onto describe the three initiatives that had been developed at the Wythenshawe Hospital site.

He described that the CURE programme represented a significant shift in the attitude amongst health professionals to the treatment of smoking. He said that for far too long smoking had been regarded as an individual's behaviour and lifestyle choice. He said that now smoking and tobacco dependency was regarded as physical disease and as such needed to be treated as a chronic physical illness with the use of prescription medication. He said that when a patient was admitted to the hospital, regardless of their condition staff were trained to discuss with the patient their smoking habits and their addiction was graded based upon their consumption. He said that this was then electronically recorded and the treatment would commence immediately with the issuing of nicotine patches. He said that following a patient's admission, staff from the CURE team would visit the patient within 48 hours to discuss the medical treatments available to them to assist with their addiction. He said that following discharge from hospital a patient would receive follow up contact and support from the CURE team and the patient's doctor would continue to administer any medication required.

He said that there was overwhelming robust medical evidence to support this approach to treating patients who were addicted to tobacco. He said that in addition to the health benefits to the individual there were significant financial savings to be made to the wider health economy due to a reduction in the number of hospital admissions each year and the pressures on primary care as a result of smoking related illness. He said hospitals needed to invest in medication and staff to realise these long term savings. He commented that the devolution of the health budget and the transformation fund had contributed to these initiatives and these were being closely monitored nationally.

With regard to the lung health checks pilot he said that these had been delivered in areas of the city where the levels of smoking amongst the population were very high. He said that for those citizens assessed as being at high risk of lung cancer they were offered an immediate CT scan. He said that this had resulted in 1 in 23 scans identifying lung cancer, with 80 of these being at stage 1 which meant they were treatable.

Dr Evison described how the RAPID service had been designed from a patient perspective that had brought specialist teams together in a reorganisation of care, rather than working in silos to facilitate the timely screening, diagnosis and treatment of patients. He said that with teams working collaboratively this removed system delays and improved patient diagnosis and care pathways. He said that the lessons of the RAPID programme would be learnt and reviewed with the ambition to scale up this service so that it could be delivered across the city.

In response to a comment from a Member regarding recent reports of a national shortage of radiologists he acknowledged that this was an issue and commented that the success of future schemes was reliant on qualified radiologists being able to undertake and correctly analyse scans and surgical teams able to accommodate the increased number of procedures required. He said that to successfully roll out the scheme more widely across the city this would also require partnership working between commissioners and primary care so that suitable care pathways were established.

Decisions

1. The Committee note the presentation by Dr Evison; and
2. Recommend that the Executive Member for Adults, Health and Wellbeing and the Director of Population Health and Wellbeing support this programme and the wider roll out of this service across the city.

HSC/18/46 Manchester Mental Health Transformation Programme

The Committee considered the report of the Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning (MHCC) that provided the Members with a progress report on Manchester Mental Health Services, following the acquisition on the 1 January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The report provided an update on progress made since January 2018, or 22 months since the acquisition, of the transformation programme, organisational change and development.

The Chief Executive, Greater Manchester Mental Health NHS Trust referred to the main points of the report which were: -

- A description of the different Transformation Working Groups that had been established to deliver the transformation programme;
- The activities to increase Improving Access to Psychological Therapies (IAPT) and an analysis of the impact and outcomes;
- The activities to improve Acute Care Pathways (ACP) designed to improve access and moving health provision into the community, supporting care closer to home and providing the best treatment in the right place at the right time, accompanied with a summary of progress to date;
- Urgent Care and the development of a Section 136 Suite at the North Manchester General Hospital site;
- Activities to reduce the number of Out of Area Placements;
- An update on a range of community engagement activities;
- How performance was managed and reported;
- A description of the challenges in relation to the workforce and the recruitment of skilled mental health professionals; and
- A description of next steps.

The Executive Member for Adults, Health and Wellbeing commented upon the high quality of the report that had been submitted to the Committee, noting the reported progress and improvements. She commented that the report was an honest report that also discussed the challenges. She said that she welcomed the commitment to delivering a seven day a week service and the reduction in the use of out of area placements, commenting that these were very important to both patients and their families. This view was also expressed by the Committee.

The Assistant Executive Member for Adults, Health and Wellbeing echoed the comments of the Executive Member and stated that she had received positive feedback from her constituents regarding the care and service provided by the Trust. She stated that there needed to be a parity of esteem between mental health and physical health and further commented on the national shortage of mental health workers and sought further clarification on the waiting times for IAPT therapy.

In response to a question from a Member regarding staff and the work force strategy the Chief Executive, Greater Manchester Mental Health NHS Trust said that it was very important to recruit and retain the correct staff. He acknowledged the challenges staff had experienced over the previous ten years and described that the work force strategy focused on promoting Manchester as a great place to work. He commented that the Trust appeared in the list of the top 100 NHS organisations to work at. He said staff were engaged with and their views sought so they were involved in the improvement process and involved in designing solutions. He further commented that a lot of work had been done to address the previous negative perceptions of Manchester as a place to work and a national recruitment campaign would be launched.

The Director of Operations, Greater Manchester Mental Health NHS Trust responded to a question asked by a Member about Care Coordinators by explaining that these were not new roles and were currently in place and that where any vacancies existed these would be recruited to. She further commented that the issue of Out of Area Placements was being looked at a Greater Manchester level. She also stated that the number of bed spaces in the city had increased and across GM by 10%.

The Director of Operations, Greater Manchester Mental Health NHS Trust responded to a question regarding the accreditation status as assessed by the Royal College of Psychiatrists. She stated that the application for accreditation was not done for each site at the same time and stated that the other two sites were working towards this.

A Member commented that he welcomed the establishment of the Section 136 Suite at the North Manchester General Hospital site, stating that this was an improvement in how people with mental health issues were treated and asked how common was it for a city like Manchester not to have had such a facility previously. The Director of Operations, Greater Manchester Mental Health NHS Trust stated that it was uncommon not to have one and stated that it was a very positive development for the care of patients.

The Acting Deputy Director of Commissioning for Mental Health and Children Manchester Health and Care Commissioning commented that the access to IAPTS therapy continued to increase and there were a number of sites across the city where

these were now delivered. She said there were both national and internal targets for receiving therapy. She commented that work was also underway at a GM level to review the levels of access and to also look at the issue of delayed transfer of care that had been raised by Members.

Members discussed the issue of safe guarding in relation to community engagement and sought an assurance that the safeguarding of patients would always be considered. The Director of Operations, Greater Manchester Mental Health NHS Trust said that the 'Be Well' service, a social prescribing service in north Manchester worked closely with local community groups and the voluntary sector and gave the assurance that safeguarding was always considered.

Decision

The Committee note the report.

HSC/18/47 Prepaid Financial Cards - Adult social care (MLCO)

The Committee considered the report of the Executive Strategic Commissioning and Director of Adult Social Services that provided Members with some background information regarding Prepaid cards, an update on the Procurement process and an outline of the Implementation process of Prepaid Financial Cards within adult social care, now delivered through the Manchester Local Care Organisation.

The Strategic Lead referred to the main points of the report which were: -

- A description of the rationale for the introduction of Prepaid Financial Cards in the context of The Care Act;
- A description of how the cards would work and what they could be used for;
- A list of benefits to both the Council and to the citizen;
- An update on the procurement process and the implementation process;
- Information on citizen engagement and communication ;
- How pre-paid financial cards were important enablers for moving to a broader strength-based model of social care, noting that the Personalisation of Adult Social Care Services was vital to ensure that Manchester citizens could exercise choice and control over how their care and support needs could be met.

A Member commented that an individual on occasion may wish to purchase a costly one off item, and gave an example of a season ticket for a favourite football team and enquired if the payment cards would be flexible enough to accommodate this type of purchase. The Strategic Lead acknowledged the comment from the Member and said that this type of purchase was acknowledged and it was important that the citizen had improved choices. She said that this would also help address social isolation and that the scheme was flexible to accommodate that type of request.

In response to a question from a Member who asked if the money that was paid weekly onto the card was not spent would that be clawed back, the Strategic Lead said this would not be done immediately, however if there was a pattern of money not

spent over a period of time this would prompt a conversation with the citizen to review what their level of award was.

The Strategic Lead informed the Members that the prepayment card would be offered to 'new' users of the service and it was envisaged that this would be approximately 500 citizens in the first year, with a view to rolling this offer out once it was embedded. She said that consideration also needed to be given to ensuring that the market place was aware of this system and work was underway to address this. She said that the company who had been procured to deliver the card service had a lot of experience with other Local Authorities and commented that the delays with introducing the scheme had been as a result of GDPR requirements. She further commented that Manchester had worked closely with other Authorities who had successfully introduced prepayment cards to share their knowledge and understand the lessons they had learnt.

A Member commented upon the important issue of safeguarding and sought an assurance that this was being addressed. The Strategic Lead informed the Members that work had been done with safeguarding colleagues to ensure that this was embedded in the approach and the Cards offered a new feature around tackling suspected financial abuse. She said that spending was audited to identify any anomalies and that she would provide the Committee with information on the Risk Register that had been developed that highlighted any associated risk around implementation.

Decisions

1. The Committee note the report; and
2. Request that information on the Risk Register be circulated to the Committee.

HSC/18/48 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.