

HEALTH SCRUTINY COMMITTEE

24 JANUARY 2019

PRESENT

Councillor R. Chilton (in the Chair).

Councillors S. Taylor (Vice-Chair), J. E. Brophy, Mrs. A. Bruer-Morris, A. Duffield, Mrs. L. Evans, Mrs. D.L. Haddad, S. Longden and J. Slater.

In attendance

Martyn Pritchard	Accountable Officer, Trafford CCG
Sara Radcliffe	Corporate Director of Commissioning
Stephen Gardner	Deputy Director of the Single Hospital Service, MFT
Rebecca Demaine	Associate Director of Commissioning
Heather Fairfield	Chair of HealthWatch Trafford
Diane Eaton	Corporate Director of Adult Service
Judith Lloyd	Executive Member for Health and Wellbeing
Peter Forrester	Head of Governance
Karen O'Connor	Community Nurse, Macmillan
John Walker	Associate Director of Operations, GMMH
Alex Cotton	Senior Commissioning Manager, Trafford CCG
Leigh Lord	Head of Medicines Optimisation
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillors S.K. Anstee, J. Bennett, D. Acton and D. Western

35. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received from the public.

36. MINUTES

RESOLVED: That the minutes of the meeting held 12 December 2018 be agreed as an accurate record and signed by the Chair.

37. DECLARATIONS OF INTEREST

The following declarations of personal interests were reported to the meeting:

- Councillor Brophy in relation to her employment within the NHS.
- Councillor Bruer-Morris in relation to her employment within the NHS.
- Councillor Longden in relation to his employment as Joint Director of Chauden Limited
- Councillor Taylor in relation to her employment by the NHS.

38. MEDICINES OPTIMISATION AND PRESCRIBING

The Head of Medicines Optimisation from Trafford CCG gave a brief overview of the report that had been circulated with the agenda. The Committee were informed of the CCG's programme of medicine optimisation across the borough. This was a prolonged piece of work that involved the reviewing of individual patient's medications or repeat prescriptions, in line with guidance from the Greater Manchester Medicines Management Group, by the Medicines Optimisation Team. This work had recently been expanded to include pharmacists in Care Homes with positive results.

The Committee were then told of the engagement activities that the CCG had undertaken with residents and NHS guidance regarding the expansion of the programme. This meant that drugs that were more cost effective when bought over the Counter, the prescription of gluten free products, and other products relating to a number of 'self-limiting' conditions would no longer be prescribed by Trafford GPs.

Following the overview the Committee were given the opportunity to ask questions. Councillor Brophy asked whether there would be any long term effects on people who suffer coeliac disease. The Head of Medicines Optimisation responded that they would continue to monitor those who were impacted by these decisions to ensure that they were not suffering as a result.

Councillor Bruer-Morris asked whether the CCG had considered advertising the difference in cost of prescription against over the counter medicines. The Head of Medicines Optimisation replied that this was something they planned to do.

After the Committee's questions the Chair asked them whether they supported the prescribing changes within the community. Councillor Slater raised issue with the removal of gluten free food prescriptions for low income families and those who received universal credit. The Committee discussed these points and all agreed that the Committee supported the prescribing changes except in the circumstances mentioned by Councillor Slater. The Chair asked that this be re-evaluated by Trafford CCG and an update be provided at the next Committee meeting in March.

RESOLVED:

- 1) That the report be noted by the Committee.
- 2) That the Committee support all changes listed within the report with the exception of the prescription of gluten free products for low income households and people on universal credit.
- 3) That an update be brought to the Committee meeting in March.

39. TRAFFORD MENTAL HEALTH TRANSFORMATION UPDATE

The Associate Director of Commissioning for Trafford CCG gave a brief overview of the report the Committee had received and went through the main goals laid out in the paper. The inequality in life expectancy between those suffered from mental

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health issues and those who did not was a high priority for both Trafford CCG and the Council's Public health team.

The Associate Director of Operations for Greater Manchester Mental Health NHS Foundation Trust (GMMH) informed the Committee of the new primary care delivery model. This model consisted of four teams which were spread out across the borough with one placed in each one of the four neighbourhoods. It was hoped that by being located in areas and placed with GPs the teams would be able to connect with residents in areas where community engagement had always been low. Each team had a varied skill set which was the result of partnership working between GMMH, MFT, CCG and the Voluntary sector. The new model was to be rolled out in stages to enable learning throughout the process to ensure that it was sustainable.

The Committee were informed about the role of the Care Navigator team within the model. Care Navigators were a team of professionals who went out into the Community in order to engage with people rather than waiting for them to come to services. When the team identified an individual who required support they would then link them to support through social prescribing and voluntary groups.

Councillor Haddad stated that there appeared to be a gap between the aspiration and the detail within the report. The GMMH officer responded that the Model was vague as the service would be built up and the details filled in as it was rolled out. The Committee were told that GMMH were already operating a similar model successfully in other areas of Greater Manchester and the team would now adapt it to Trafford. The Associate Director of Commissioning added that a more detailed operational model could be provided.

Councillor Haddad noticed that the report did not mention schools despite them being such an important partner in tackling mental health problems among children and young people. The Associate Director of Commissioning responded that this gap had been noted at a recent mental health partnership meeting and that the CCG were already looking at how to develop that relationship. The Executive Member for Wellbeing spoke about the work that the Health and wellbeing Board were doing in relation to Mental Health across a person's whole life course. The Council were working with the CCG on the transformation of mental health services and would support them in linking with schools where possible.

Councillor Taylor requested that case studies about the effectiveness of care navigators and the use of this model to understand how it benefits patients. The Associate Director of Commissioning agreed that the next update to the Committee would include case studies.

Councillor Brophy stated that there appeared to be a gap as the service did not appear to support people with learning disabilities who were more likely to develop mental health issues. The Councillor then asked whether the model had any provision for the education of GPs as they often did not refer patients with mental health issues to services available to help with those issues. The Associate Director of Operations responded that they were currently going out to inform GPs about the model and their role in referring patients.

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Councillor Duffield Declared an interest as she worked in North Manchester as part of the Be Well service.

Councillor Duffield asked about the work that they had been doing in North Manchester and what they had learnt. Councillor Duffield then asked whether there were figures for how many people they would be engaging with in Trafford. Councillor Duffield also asked how they planned to engage with GPs in the area. The Associate Director of Operations answered that the learning that had been gained from the work in North Manchester had directly influenced and informed the design of the service in Trafford. The numbers of people that they would be working with were unknown and GMMH were focused on ensuring that they provided a quality service to whoever they engaged with. The Associate Director of Commissioning told the Committee that the model had been developed with input from GPs from the start and throughout its creation.

The Chair of HealthWatch Trafford asked whether funding for the service had been guaranteed going forward. The Associate Director of Operations said that he did not have the figures to hand but that they could be provided after the meeting. The Associate Director of Commissioning added that the service had guaranteed funding for the first year from the 1st April 2019. This funding came from the transformation funding that Trafford had been awarded which would not be recurring. In addition to the funding data the Committee would be provided with detail as to staffing structure and recruitment strategy.

Councillor Evans raised concerns of delivering a service when the number of patients was not known and wondered if there were any solid figures that the service had been developed upon. The Councillor also asked whether there was a social media aspect of the service for engaging hard to reach young people. The Associate Director of Commissioning responded that whilst there were not any solid numbers the transformation had been based upon models and estimates. Those details were not available at the meeting but the Associate Director of Commissioning offered to circulate the information after the meeting.

The Chair summed up that the Committee would endorse Model of mental health services as recommended by the report. The Chair commented that the new direction that the service was going was a positive start but there was a lot of work which needed to be done to flesh out the model so that it met its aspirations.

RESOLVED:

- 1) That the report be noted.
- 2) That the Committee endorse the Integrated Primary Care Model for Mental Health Services.
- 3) That a more detailed operational model of the service be provided to the Committee.
- 4) That any further updates delivered to the Committee are to include case studies showing the efficacy of the model.
- 5) That the Committee is to receive information regarding the funding, staffing, and recruitment of the service.
- 6) That the models and estimates used in the development of the model be shared with the Committee.

40. END OF LIFE CARE

The Senior Commissioning Manager from Integrated Commissioning Unit told the Committee that although the current position seemed as though the figures were static there had actually been a reduction in the number of people who had died in hospital since 2015. The Committee were informed that Trafford was the highest performing area in Greater Manchester for the percentage of people who had three hospital admissions or more in the last three months of life who died at home.

The CCG had performed a self-assessment of End of Life (EOL) care looking at the whole health and social care system and evaluating it against the ambitions for palliative care. The self-assessment had been completed in partnership with key stakeholders from care homes, primary care services, and hospitals. This exercise had identified a number of barriers within the system and an action plan had been drawn up to address them. Advanced care planning, end of life prescribing, and training of primary care staff were all identified as key elements to improve palliative care.

Since the self-assessment was done there had been a number of improvements made. This included all those involved in end of life care using Emiss, the development of advanced care plans, and improved forms and questions used by GPs. The next stage was to develop a one person profile which would capture who a person was and their wishes for the end of their life. This work was being done with two Trafford Care Homes which had been identified as providing high quality care.

In order for palliative and end of life care to be improved work needed to be done to tackle the stigma around talking about death. This was needed so that the discussions could begin sooner enabling planning to be completed in a timely manner. There had already been a number of community engagement events across Trafford and more were planned going forward. The Senior Commissioning Manager informed the Committee of the education and training programmes would help to address some of the issues around a lack of knowledge within care homes.

Chair asked about none recurrent funding mentioned on page five of the report and whether that could be recurrent. The Senior Commissioning Manager responded that the funding was £12000 for a role which was to train champions within care homes. These Champions would then be able to train other staff within the care homes and so the funding did not need to be recurrent.

Councillor Bruer-Morris asked what the impact had been of getting all those who worked in palliative and end of life care to use Emiss. The Senior Commissioning Manager described how Emiss supported the palliative care information systems and ensured that the information was available for GPs and professionals. The Committee were told that this development had been an improvement and had enabled a more person centred approach.

Councillor Bruer-Morris asked a follow up question about the levels of staff turnover.

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The Corporate Director of Adults Services informed the Committee that whilst there was a lot of movement of staff across Trafford most of the people that left simply switched employer rather than leaving the borough. The Council were working with Trafford CCG on a training offer which would track staff across Trafford this would enable a better understanding of the true staff turnover in the area. The system would also mean that when someone moved from one provider to another they would not need to have repeat training.

Councillor Haddad noted that this work aimed to replicate the success of St Anne's in a care home setting and she asked whether this was possible. The Community Nurse responded that there were a number of homes already delivering this level of end of life care. She recognised that in order to get homes to this level requires some investment in resources and training and the team were focusing upon supporting those homes that were yet to get this in place.

Councillor Haddad asked whether the Care homes were able to provide the equipment needed for this care. The Community Nurse replied that as long as homes had a syringe driver and trained staff they were able to deliver the care that they were talking about.

The Chair of HealthWatch Trafford asked how many people had died within Care Homes compared to how many died within hospital. The Senior Commissioning Manager did not have the figures at the meeting said that they would be provided afterwards.

Councillor Duffield asked about personal health budgets and whether they were being used within Trafford. The Senior Commissioning Manager informed the committee that there had been a lot of work done around personal health budgets and working closely with partners across Greater Manchester. The offer in relation to palliative care was still in its infancy and being developed in partnership with St Anne's Hospice.

Councillor Duffield then asked about Trafford's housing strategy and whether there was adequate development to support people to be able to stay in their own homes rather than going into care homes or hospital. The Associate Director of Commissioning informed the committee that the ICU had been asked to be involved in the older persons housing task and finish group and would update the committee on the work of that group at a later stage rather than give an uninformed opinion.

RESOLVED:

- 1) That the report be noted.
- 2) That the numbers of people dying in care homes and hospital be provided to the Committee.

41. ALTRINCHAM HUB

The Accountable Officer for Trafford CCG introduced the short report and added a couple of comments. The CCG were looking to develop the building in three ways. The first way was to use the building for health and social care, second was wider public sector use, and finally looking at other options, what these might be was still to be determined. Details of those that have signed up could not be shared at the meeting but regular updates would be provided to the Committee.

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The Chair stated that the report did not give any details that were not already available. The Chair realised that there was commercial sensitivity around the agreements of use of the building but asked that this be made clear within the report so that someone reading the report knows that work is ongoing and cannot be shared. The Chair also raised issue with the length of the report given the small amount of information that was in it and he advised the Accountable Officer that future reports should be more concise and to the point.

Councillor Duffield stated that she was aware that NHS England had commissioned a report to investigate what had happened with regards to this project. The Councillor added that this project was of great interest to Trafford residents due to the large sum of public money that had gone into the building. The Councillor expected that a report would be brought to the committee and she hoped that when it was that it would be made public so that residents would be able to understand what had happened.

The Accountable Officer assured the Committee that he would take the comments about the report supplied on board. He added that as the report had been commissioned by NHS England it would not be up to Trafford CCG to make it public or not but the Committee's comments would be passed this onto NHS England.

Councillor Duffield added that whilst the limitations were understood she wanted to make it clear that as a representative of the people of Trafford it was expected that the details as to what had led to these circumstances would be made public.

Councillors Taylor, Bruer-Morris, and Haddad also raised their concerns about the Altrincham Hub and supported Councillor Duffield's comments that there needed to be public scrutiny of this project and lessons learned from the mistakes that had been made.

RESOLVED:

- 1) That the report be noted.
- 2) That the Committee requests that the report Commissioned by NHS England be brought to the Committee when available.

42. SINGLE HOSPITAL SERVICE

The Deputy Programme Director, Single Hospital Service for Manchester NHS Foundation Trust (MFT) gave a brief overview of the programme of work covering where it started and the thoughts behind it. The main focus of the project had been upon Manchester but it was also recognised that the service provided the majority of care for Trafford Residents as well. The report to the Committee had been provided with a larger report which gave details as to all that had been done within the first year of the service.

The Deputy Programme Director then went through the highlights of the one year report and the Committee were told that whilst some projected. The Committee were informed that it was anticipated that the service would deliver more benefits in years two and three. The Deputy Programme Director then spoke about the acquisition of North Manchester Hospital and that it was expected to be happen

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towards the end of March 2020. There were a number of issues with the hospital and MFT were working to ensure that its addition did not destabilise the trust.

The Chair thanked the Deputy Programme Director for the report and added that the Committee had always been concerned about the addition of North Manchester to the trust. The Chair noted that the report covered just three services in detail and asked for an update on all services. The Deputy Programme Director responded that the single hospital service team were putting together an overall review which would be shared that with the committee once it was completed.

The Corporate Director of Commissioning added how the visibility of MFT had greatly improved with Mandy Bailey being the key contact for all services within the area. MFT were also the approved provider for Trafford's community services and so the working relationship between the organisations would be even more beneficial going forward.

Councillor Bruer-Morris asked whether the removal of the nursing bursary had impacted upon the level of recruitment. The Deputy Programme Director Spoke about the staffing issues which MFT had but he stated that their issues were not as great as many other organisations had. The reason that MFT performed better than others in this regard was due to the reputation and scale of the organisation which enabled them to address a number of issues.

Councillor Duffield asked what precautions MFT were taking in order to deal with the potential issues that Brexit could cause regarding supplies of medicines and funding.

The Deputy Programme Director responded that MFT were following the national guidance regarding Brexit. The largest issue was around staff not feeling welcome within the country. The Committee were told that MFT would be looking to recruit more staff from India later in the year.

RESOLVED:

- 1) That the report be noted
- 2) That the Deputy Programme Director be thanked for attending the meeting.
- 3) That the additional information on services to be sent to the Committee as soon as possible.

43. TRAFFORD DEMENTIA STRATEGY

The Interim Director of Public Health was not in attendance as the report was an update on the progress of the creation of the strategy. The Chair stated that the aging well strategy was to be added to the Committee's work programme for early in the next municipal year. The Chair then asked the Committee for any questions. The Chair of HealthWatch Trafford stated that there was a pressing need within Trafford for something to be put in place for people with challenging behaviour as it was very difficult for them to find a place in the area.

The Corporate Director of Commissioning responded that the ICU would provide more information for the Committee on the ageing well strategy. She also stated

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that the comments about the pressing need for provision for people with challenging behaviour would also be fed back to the team.

RESOLVED:

- 1) That the report be noted.
- 2) That the ageing well strategy be added to the Committee's Work programme.

44. HEALTH WATCH TRAFFORD

The Chair thanked HealthWatch for the work that they have done and excellent the reports delivered to the Committee. The Chair stated that while the clinical work at ascot house was excellent there was an issue around patient engagement and experience. This was something that the committee would look at as part of their work going forward.

Councillor Bruer-Morris noted that there was a woman who had to have a male carer wash her and the comments made about Trafford Council not being great at signposting residents to services available. The Corporate Director for Adults Services thanked HealthWatch for the report and for highlighting these issues. The Committee were assured that the report would be taken back to the team at Ascot house so that they could address the issues raised.

RESOLVED:

- 1) That the reports be noted.
- 2) That the issues highlighted by HealthWatch Trafford be taken back to the team based at Ascot House.
- 3) That patient engagement and experience at Ascot House be added to the Committee's work programme.

45. GREATER MANCHESTER HEALTH SCRUTINY COMMITTEE

The Vice Chair gave a brief update on the work that had been covered at the most recent meeting of the Greater Manchester Joint Health Scrutiny Committee (GMJHSC). Warren Heppolette had updated the GMJHSC on the work that was being done with the Voluntary sector across GM. The work was focused upon readdressing the balance between statutory and community services as organisations were often delivering services in ways that were not the best for people. GM were looking at how the voluntary sector could help deliver services in better ways due to their small size, local knowledge, and varied approaches. GM had a wealth of volunteers and voluntary organisation available in the area which were undervalued and had not been fully utilised. The Vice Chair stated that she would like the Committee to look at voluntary sector engagement in Trafford.

The Corporate Director of Commissioning informed the Committee that she had met with the Trafford Voluntary collective. The Collective was a new collaboration between voluntary groups across Trafford which enabled organisations like Trafford CCG to engage with all of the voluntary providers in the area. It was hoped that through the collective the sector would have a larger voice and a more strategic role within the borough. The ICU were looking to work with Warren

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Heppolette in order to develop these relationships further going forward. The Executive Member for Health and Wellbeing added that Trafford were developing social prescribing in Trafford and the Voluntary sector were a key element in delivering those services across the borough.

The second main item on the GMJHSC agenda looked at the three key strategies that were ongoing across GM. The three strategies were the primary care workforce strategy, the creation of local care organisations, and the commissioning strategy. The focus of all of these strategies was that they encouraged an increase in place based services and social enterprises. Greater Manchester had been broken down into 68 areas each of about 40 – 50 thousand people and looking at developing services and community in each of those areas. GM were also looking at simultaneously developing a digital offer for people across the region. The Vice Chair commented that she felt that the work being done at the GM level linked in well with the Work being done in Trafford. The Vice Chair then asked officers to send a link to the Committee Papers to the rest of the Committee for information.

RESOLVED:

- 1) That the update be noted.
- 2) That voluntary sector work be added to the Committee's work programme.
- 3) That a link to the Greater Manchester Joint Health Scrutiny Committee meetings be sent to Committee Members.

The meeting commenced at 6.30 pm and finished at 8.43 pm