

Health and Well-being Overview and Scrutiny Committee

Minutes of the meeting held on 4 February 2010

Present:

Councillor Cooley – In the Chair

Councillors Boyes, Cowan, Curley, Dobson, (HWB/10/09 – 14) Fisher, Judge, Keller, Lyons, M. Murphy (HWM/10/09 – 14) and O’Callaghan.

Local Involvement Network (LINK): Mr. M Kelly, Ms A Young

Councillor Evans, Executive Member for Adult Services

Nick Gomm, Associate Director of Engagement, NHS Manchester

Barrie Gillespie, Public Health Consultant, NHS Manchester

Chris O’Gorman, Programme Director for Commissioning, NHS Manchester

John Scampion, Finance Director, NHS Manchester

Apologies:

Councillors Isherwood and Barbara O’Neill

Councillor Hassan, Assistant Executive Member for Adult Services

HWB/10/09 Urgent Business

An oral report on the future of Manchester Community Health was submitted by the Executive Member for Adult Services as urgent business.

The Committee agreed to consider the item, although some members were concerned that they would not be able to consider the matter fully with only an oral report. The oral report was accepted, but members asked that they also receive a written report with more detailed information on the context of the proposed changes at a later date.

Decision

To accept the oral report on the future of Manchester Community Health as urgent business.

HWB/10/10 Minutes

Decision

To approve as a correct record the minutes of the meeting held on 21 January 2010.

HWB/10/11 Information and Overview Report

A report of the City Solicitor was submitted providing information about the Committee’s work programme and relevant issues affecting the Committee’s remit. Members were asked to note the responses to the Committee’s previous recommendations and agree the draft Work Programme.

The Committee requested an update on the progress of the future of the Manchester Community Health discussions onto the work programme for the March meeting.

Decision:

1. To agree the Committee's work programme.
2. To agree to add an update report on the future of Manchester Community Health on the work programme for March.

HWB/10/12 LINK Update Oral Report

An oral update report was received from a LINK representative. Members were provided with a copy of the latest copy of the LINK newsletter for information. The LINK representative referred members to the LINK update in January and noted that there was little new information to update because of the short length of time since the previous meeting of the Committee.

A member asked about how Manchester Mental Health Watchdog consulted with mental health service users and whether they were able to reach low level service users through usual means. The LINK representative answered that the watchdog were constantly trying to improve access to the service. Under their current work plan for January – June 2010, The Mental Health Watchdog, in partnership with the Mental Health and Social Care Trust was in the process of arranging consultation events with communities and they were looking to work with other organisations to expand these.

Decision:

To note the report.

HWB/10/13 Manchester Community Health

An oral report of NHS Manchester was addressed to the Committee to update members on the progress of determining the future organisational arrangements Manchester Community Health (MCH).

The Acting Programme Director for Commissioning, NHS Manchester explained that the policy context of the organisational structures of community services provider arms had been around for approximately five years. PCTs were asked to make plans to separate themselves from their community services provider arm with a view to agreeing a new organisational structure based on guidance from the Department of Health (DH). Since then there had been successive policies from DH with slightly different messages, with the emphasis increasingly on the quality, rather than the organisation, of services.

In Manchester, Manchester Community Health is the provider arm of NHS Manchester. Manchester Community Health is organised around three service areas:

- Children's

- Adults
- Specialist services

All Primary Care Trusts (PCTs) had been required by the Operating Framework for the NHS in England, 2010-11 (published by the Department of Health in 2009) to agree proposals with their Strategic Health Authority for the future organisational arrangements for the provider arms of community health services by the end of March 2010. These proposals would have to be implemented by 31 March 2011. The board of NHS Manchester met the previous day to set out their proposed arrangements for consultation and were informed that a new deadline had been set by NHS Northwest. Initial proposals from PCTs have to be made to NHS North West by 9am on 19 February 2010 with final proposals submitted on 12 March 2010.

The Programme Director for Commissioning, NHS Manchester informed the Committee that the options for all provider arms would be set out in DH policy guidance which was due to be published within the next week. NHS Manchester were expected to agree a framework for taking the proposals forward and there was no expectation from the DH that all the details would be in place within the timescale set out by NHS Northwest. The proposal was to be implemented no later than April 2011.

The Programme Director for Commissioning, NHS Manchester informed the Committee that NHS Manchester was extremely unhappy with the revised timetable for reviewing the proposed options. They had intended to make their proposals public well in advance of the March deadline, but had been forced to cut short the process due to the revised timescale. The NHS Board had agreed to establish a panel to gather the views of local partners on the potential options for community health services. NHS Manchester planned to hold a workshop for the panel on 10 February 2010 in order to hear from the potential providers, which would include Deputy Chief Executive (Performance), the LINK and Trade Unions among others. They expected to propose their recommendation to an extraordinary meeting of the board of NHS Manchester on 17 February 2010.

The Chair asked about how and when the Committee would be involved in the discussions about the proposed options for Manchester Community Health. The Programme Director answered that they would have informed the Committee at today's meeting as part of the NHS monthly update report. If the longer timetable had remained in place it would have been brought to the March meeting of the Committee before the NHS board had formally agreed the proposals. They had not intended to involve the Committee for consultation in the panel discussions as the Council was already represented by the Deputy Chief Executive (Performance).

The Committee was unhappy at the late notice they and the Executive Member for Adult Services had been given of this development. They were concerned that the scrutiny process had been bypassed and that involving officers of the Council was insufficient consultation. They acknowledged that the revised timetable had not been set by NHS Manchester but were still concerned that it prevented them from carrying out a full consultation process with the Committee and Executive Member, which to some degree, undermined the partnership between the Council and NHS Manchester. Members felt that the Executive Member for Adult Services, the Director

of Adult Services and the Committee should have been informed at the earliest opportunity.

The Director of Adult Services expressed sympathy for NHS Manchester because they were also being forced to work to the tight deadline, but emphasised that community provision belongs to the community. It was important to give people the opportunity to understand what the changes would mean.

The Programme Director reiterated that NHS Manchester were also unhappy with the timeframe and apologised for not communicating with members, and stated that there had been no intention to disrespect the Committee. They had been communicating with the Chief Executive of Manchester City Council and his team.

Members asked whether the board of NHS Manchester had considered not accepting the timetable. The Programme Director answered that they were unhappy with it, but that they had a responsibility to try and meet it. He was not certain what sanctions would be in place, but was the Department of Health was committed to the timetable and would take an extremely dim view of failure to comply. Members suggested that the Committee should lobby the Department of Health and Members of Parliament to express the dissatisfaction with the arrangement, even if a less tight timetable could not be agreed.

The Committee agreed that the Chair would request to call an extraordinary meeting of the Health and Well-being Overview and Scrutiny Committee to review the proposals in advance of them being put to the board of NHS Manchester on the 17 February.

Decision:

1. To request that an extraordinary meeting of the Health and Well-Being Overview and Scrutiny Meeting be called to review the proposals of NHS Manchester for the future of Manchester Community Health.
2. To request that the proposals be circulated to the committee prior the extraordinary meeting of the Health and Well-being Overview and Scrutiny Committee.

HWB/10/14 Healthy Weight Strategy

A report was submitted by the Consultant in Public Health of NHS Manchester which informed the Committee about the Manchester Healthy Weight Strategy for 2010-13. Members were provided with a full copy of the strategy. The Consultant in Public Health, NHS Manchester explained that the strategy was developed to bring together many different strands, because obesity is related to so many different things. There were not comprehensive statistics on the subject. The most relevant statistics were the national child measurement programme, which put the percentage of obese children in year 6 at 22%, but the measurements had not been carried out over a long enough period to confirm this as a trend.

There was no single cause for obesity and the strategy proposed a number of

different approaches, such as through schools, communities and families to tackle obesity. One obstacle was that once children entered schools their lifestyle was already embedded. The NHS Manchester Consultant emphasised the importance of the working with the Council to ensure early intervention and investment in Sure Start schemes to encourage parents and children to establish healthier lifestyles early in children's lives.

A member noted that the Manchester Evening News had published a story about how patients would not be able to undergo surgery unless they had a body mass index over 50. Members felt that this contradicted the strategy to some extent, by sending the wrong message about how willing the NHS was to tackle obesity. The Consultant in Public Health for NHS Manchester answered that surgery was only one solution for tackling this problem and the strategy concentrated on effective prevention of obesity through healthy weight management, with the intention of surgery being a last resort. People were more likely to respond to psychological treatment that dealt with the causes of obesity.

The Committee wanted to emphasise that obesity was a lifestyle problem that would need to have practical long-term solutions. Members felt there was too much emphasis on weight, rather than health or lifestyle. Concentrating on weight could have problematic implications for mental health, particularly for teenage girls. The emphasis should instead be on practices in the community, educating parents and enabling everyone to lead a healthier lifestyle.

A member commented that obesity was also a class problem because healthier foods were generally more expensive than processed foods, making it difficult for families on low incomes to eat healthy. This was further exacerbated by advertisements that portrayed good parenting through feeding children fast food. A member pointed out that there were already schemes and opportunities in place to address this inequality, such as free access to gyms, but that it was important to let people know about them.

Members acknowledged that obesity was strongly linked to mental health and they questioned how the strategy took account of the psychological impact of obesity and helping individuals tackle the causes. The referred to specific examples of poor mental health which had led to unhealthy lifestyle choices and unhealthy weight management, for example depressed parents were less likely to cook healthy meals for their children, choosing processed food over healthy foods. The Consultant in Public Health, NHS Manchester agreed that both mental and emotional health were important, but addressing the problem needed to be broken into manageable components. Good nutrition and physical activity played an important role in the prevention and treatment of mental health conditions and it was important to include the physical health needs in the treatment of mental health patients.

The School Effectiveness Officer outlined the focus early years and school age children. She said that we were able to target children and families directly through schools through initiatives such as cooking clubs and activities with parents. The Council was also taking account of the "Think Family" approach to identify which children were taking part in these activities because it was the same families getting involved every time. Specific activities could then be targeted at families failing to

take part in schemes. There was also now a national curriculum requirement that children must take part in physical activity for at least five hours a week. The Council and local partners were working towards schools becoming the hub of the community in tackling obesity. The Chair asked whether children were being educated on food and nutrition. The School Effectiveness Officer answered that Personal and Social Education was soon to become compulsory and that nutrition would be part of that.

The Executive Member for Adult Services acknowledged that it was important to educate children from an early age about the importance of healthy lifestyles but this should not be at the expense of older people. This was increasingly important as more and more people were living longer. Healthy eating and exercise would lead to a better quality of life in later years.

The Committee wanted to know how Points4life and the Food Futures Programme linked in with the Strategy. The NHS Consultant said that the strategy does refer to these, and that both they were focussed on prevention. The Assistant Executive Member for Adult Services commented that both of these schemes would reward people for making healthier lifestyle choices.

The Chair asked how and when it would become clear whether the strategy was becoming effective and how it would be monitored. The Public Health Consultant, NHS Manchester answered that the only measure available was the national child measurement programme with a target of reaching the year 2000 levels of obesity in 10 years time. Members were disappointed that there was no way of monitoring the strategy sooner.

Decision

1. To welcome the Healthy Weight Strategy and to support the broad future development plans outlined within the report.
2. To request that future meetings of the Health and Well-being Overview and Scrutiny Committee be provided with fruit.
3. To recommend that the Healthy Weight Strategy extends its focus to promoting healthy lifestyles, rather than just weight with a stronger emphasis supporting measures which enable everyone to lead a healthier lifestyle.
4. To recommend that the Council prioritises healthy lifestyles and incorporates consideration of how policies can contribute to improving health and lifestyle in the context of all Council business.

HWB/10/15 NHS Manchester – Financial Overview

A report of the Director of Finance of NHS Manchester was submitted providing an overview of NHS Manchester current financial position and the challenges over the next few years.

The Director of Finance explained that it had been a difficult year for NHS Manchester. NHS Manchester had predicted that they would exceed their budget by

between £40 and £50 million in 2010-11 and so enacted measures to stay within their original forecasts. This had been challenging but they were now in a position to end the year with a balanced budget. NHS Manchester had saved money in a number of ways; firstly by deferring or stopping discretionary measures, for example they had moved mental health patients who were being provided for outside the city at great expense, to inside the city. They had also provided a significantly larger contingency budget for swine flu than had been required and reined in spending wherever possible.

Regarding the future, it was hard to predict what public sector finances would be post 2011, but there had some parameters in place. It was anticipated that there would be a small increase in funding for 2010-11 but after this funding would be frozen against a backdrop of increasing demand for services, such as an increasing population of older people, more expensive technology, and inflation. The challenge would be to use their resources to meet greater and different demands and to encourage people to use appropriate healthcare. They were aiming to meet expectations of quality and quantity of services against the financial constraints. Specific measures would be addressed in the "Securing Our Shared Future " programme.

A key area identified by the Department of Health for savings over the next 4 years to cut management costs by approximately 30. Members wanted to know where the proposed cuts to management would be, in particular they were concerned that specific departments would be targeted which would weaken them considerably. The Director of Finance said he was unable to comment on individual departments, but that the cuts would be both across the board and targeted. Further details would have to be verified at a later stage as they were agreed.

The Committee were interested in whether there were areas within mental health that could be streamlined further. The Overview and Scrutiny Mental Health Services Subgroup had noted that there were a number of areas in mental health with a high spend and poor outcomes. The Director of Finance agreed that this was an issue and there was work underway to look at how resources could be directed to provide the best service for mental health patients. The Director of Adult Services added that this was linked to good community provision and that financial data for Manchester indicated that there was a lot of work necessary.

The Chair also asked whether the financial constraints would affect the ability to deliver planned and emergency care. The Director of Finance explained that these were separate streams of work, but if there was a surge in demand for emergency care, they could not guarantee it would not impact on planned care.

The Chair concluded that the Committee would use this paper as context for future discussions.

Decision:

To note the report.

HWB/10/16 Substantial Variation Protocol Update

A report of NHS Manchester was submitted to update the Committee on the Substantial Variation Protocol. The Committee had asked for NHS Trusts across Manchester and the Manchester Local Involvement Network to work with them to produce a local protocol on how substantial changes to NHS services in Manchester were managed.

The Assistant Director of Engagement, of NHS Manchester explained that it had been clear that there was not an agreement between the different parties what the on the rules for defining a substantial variation. NHS Manchester and the Manchester LINK had drafted a protocol that set out a process for how each Trust would engage with the LINK and the Committee. Once a proforma had been completed, NHS Manchester and the Manchester LINK would decide whether the variation counts as substantial, and their decision would be reported to the Health and Well-Being Overview and Scrutiny Committee via the monthly NHS Update report. The Committee would then be able to decide whether further consultation was necessary.

Members were supportive of the draft protocol, commenting that it would ensure the Committee was kept informed of important changes in service. The representative from the LINK clarified for members that NHS Trusts were required to consult with the Health and Well-being Overview and Scrutiny Committee and with patients where there was a substantial variation in service. Only the Committee had the power to refer items to the Secretary of State if it was unhappy with the process that NHS Trusts had followed to consult with the Committee and patients. She noted that it was important for the protocol to set out the importance of substantial variations in services to ensure that the Committee was kept informed of the biggest changes to services. If there was no impact on services, NHS Trusts were not required to inform the Committee of changes.

Decision:

To endorse the draft protocol.

HWB/10/17 NHS Manchester Update

The Committee considered the monthly NHS update report. The report highlighted the monthly update on a range of topics relating to the Committees work including:

- The board of NHS Manchester had recommended that a minimum price of alcohol be set at 50p per unit.
- The communications and engagement strategy
- That the contingency measures put in place to deal with swine flu had been significantly reduced.

Decision:

To note the report.