Item 03

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 10 JANUARY 2018 AT GMCA, CHURCHGATE HOUSE

Present:

Bolton Council	Councillor Shafaqat Shaikh
Bury MBC	Councillor Sarah Kerrison Councillor Annette McKay
Oldham Council	Councillor Colin McLaren
Stockport MBC	Councillor Laura Booth
Tameside MBC	Councillor Gillian Peet
Trafford MBC	Councillor Patricia Young
Wigan Council	Councillor John O'Brien (Chair)

Also in attendance:

Derbyshire County Council	Councillor Linda Grooby Jackie Wardle
GMCA, Governance Officer	Lindsay Dunn
GMCA, Scrutiny Officer	Susan Ford
GM H&SC Partnership	Stephen Dobson Warren Heppolette Janet Wilkinson
Wigan, Wrightington & Leigh NHS Trust	Andrew Foster

HSC/01/18 WELCOME AND APOLOGIES

It was noted that Councillor Sara Rowbotham (Rochdale BC) had been appointed as Rochdale's Cabinet Member for Health and Wellbeing and will no longer represent Rochdale on the GM Joint Health Scrutiny Committee. On behalf of the Committee, the Chair thanked Sara for her role and contribution to Health Scrutiny and wished her success in her new appointment. Furthermore, he requested that a letter be sent to Councillor Rowbotham by the Governance and Scrutiny Team, GMCA to that effect. It was noted that Rochdale Council are in the process of

reviewing their appointments to various Committees and would identify a Member for GM Joint Health Scrutiny imminently.

Apologies were received from Councillor Margaret Morris (Salford) and Steven Pleasant.

HSC/02/18 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to any item on the agenda.

HSC/03/18 MINUTES OF THE MEETING HELD 8 NOVEMBER 2017

The minutes of the meeting held 8 November 2017 were presented for consideration. It was noted that Councillor Linda Grooby (Derbyshire CC) and were also in attendance at the meeting.

RESOLVED/-

To amend the attendance to reflect the above and approve the minutes of the meeting held 8 November 2017.

HSC/04/18 HEALTH AND CARE WORKFORCE

Andrew Foster, Chief Executive, Wrightington, Wigan and Leigh NHS Foundation Trust provided Members with an overview of the workforce challenges facing health and social care.

He explained that the main reasons behind the 'workforce crisis' were due to the impact of austerity and the result of staff planning decisions made almost seven years ago. The Committee were informed that the impact of changing these decisions would take time to take effect.

As Chair of the GM Strategic Workforce Board, Andrew explained that staffing and recruitment decisions amongst NHS Trusts varied across GM and Members could raise specific concerns at their local health scrutiny committee.

Janet Wilkinson, Director of Workforce, Greater Manchester Health and Social Care Partnership (GMHSCP), introduced a presentation which provided the Committee with an update on health and care workforce in GM. Examples of the key national workforce shortages in health and social care were highlighted and it was noted that although GP vacancy rates had not been included, there was a shortage nationally and there had been an increase in vacancies.

It was noted that GM had similar workforce issues to the UK as a whole but had a clear view on where those challenges existed. However, a heat map which would highlight where the greatest problems existed across GM will be produced for consideration by the Committee.

Members were informed that forecasting suggested that the health and social care sector in GM needed approximately 17,000 people a year which was largely driven by replacement of staff rather than expansion of the sector. Manchester and Salford were predicted to need the highest numbers of workers over the next two decades, while requirement in Trafford and Rochdale would be smaller. The Committee were drawn attention to specific current and predicted future workforce shortages highlighted in the health and social care labour market intelligence report.

The key workforce risks and measures to address them were detailed in the presentation. It was noted that once data had been gathered by NHS Trusts, further analysis would be required to monitor the possible workforce implications of Brexit. However, Trusts had already reported that there were less applications from EU countries. It was reported that a primary care workforce lead would be recruited in early 2018 to assess if there are similar challenges for the primary care workforce.

Data obtained as a result of the urgent emergency care (UEC) workforce deep dive analysis exercise carried out in July 2017 across GM providers was presented. It highlighted that there was almost a 24% vacancy rate across middle grades and almost 18% of agency staff utilised, this was considered a significant issue at this grade. It was noted that this was the first time this data had been collected across GM and the key priorities to address UEC workforce challenges were detailed for the Committee. Members were informed that there were plans to include local urgent and emergency care performance data alongside this to correlate performance and against workforce analysis.

Andrew Foster provided an overview of the international recruitment programme Learn, Earn and Return, which would contribute to provide a solution to the middle grade gap. It was noted that the programme commenced fourteen years ago as a small project with an intake of 20 and it was anticipated that 125 trainees, mainly from India, would take place in 2018. The Committee were informed that the relationship benefited both the UK as it helps to fill vacancies quickly and the doctors themselves who would gain access to high quality training and a unique skills set. The doctors who access the scheme include those who have completed basic training but are still learning specialist skills and have yet to qualify as a consultant.

The importance of pastoral care both within the workplace and socially for the international trainees was described as being imperative to ensure low attrition rates. It was noted that GM is leading nationally with the recruitment programme which had received backing from Health Education England along with international support.

Members welcomed the update provided and asked if data would be available on how many non-British nurses were employed per NHS Trust across GM. Janet Wilkinson confirmed that the data for this would be collected for the Committee.

The Chair asked what positive action would be taking place to retain locally trained medical graduates. Andrew Foster highlighted the Greater Manchester Mayoral Manifesto's commitment to support graduates from a Greater Manchester university on a clinical course, by helping with student loan repayments for every year that they commit to working in Greater Manchester's NHS.

The Committee discussed the ongoing organisational challenge for the NHS of balancing the need for more staff (because of increased demand) within the context of financial austerity.

Members asked if the overseas recruitment could be expanded to include other countries in addition to India. Officers informed the Committee that whilst Indian nationals were the largest single group of overseas employees, nationals from other countries were also a valued part of the NHS workforce.

The Committee discussed the impact of the nursing bursary reforms and the inevitable reduction of mature applicants to the profession. It was confirmed that older applicants had decreased and a meeting later in the month had been arranged between the directors of nursing to discuss the issues which were having an impact which included childcare, housing and travel costs. It was also noted that male nurses were underrepresented in the NHS and a detailed action plan that would focus on the recruitment of male and mature nurses in GM would be developed.

A member of the Committee asked if those women affected by the change in the state pensions age had been identified in GM and were being considered as a potential area of focus for recruitment. Andrew Foster summarised the return to work scheme and it was confirmed that a focused piece of work was underway to recruit from different groups which were representative of all communities including black and minority ethnic (BME). The role of volunteers alongside the health and social care workforce was also described as being invaluable.

With regard to the pastoral care of overseas trainee doctors, a Member asked if there would be adequate resources available to provide the same level of mentoring and support given the increased intake. It was confirmed that other NHS Trusts across GM would be supporting the programme in order to offer assistance and provide continuity.

A Member raised issues with regard to the increasing cost and numbers of agency workers, the impact this had on staff morale and what was being done to attract them into permanent roles. Andrew Foster highlighted that resourcing the NHS nationally and locally with staff working overtime and from agencies in the short term was common place to meet routine demand. He confirmed that there were no on costs associated with agency workers, however standard agency costs were capped nationally at 55%. Furthermore, this was less of an issue in nursing, however agency doctors on the middle grade can cost double or triple the amount of staff who are permanently employed by an organisation.

A member raised the issue of the shift rota system which sometimes did not allow employees with families to adequately plan childcare arrangements. Janet Wilkinson, advised that good employers would ensure that an adequately in advanced rota system was planned well in advance to enable employees to put in place childcare arrangements.

Members asked how rigorously information was captured from those leaving the NHS. It was confirmed that this area required further development and highlighted the need to undertake leadership management investment in GM.
The impact of off-payroll working through an intermediary rule, known as IR35 was raised and it was advised that the effect for doctors and those employed in Information Management Technology were greater than for nursing.

The Committee highlighted that solutions to the address NHS workforce issues needed to be considered on a medium to long term basis. The requirement to work alongside Housing Associations and Local Authorities to alleviate housing problems was also raised. The Chair requested to receive further information on the workforce gaps at locality level along with an update on the impact of Brexit and incentives to attract underrepresented groups into for nursing.

RESOLVED/-

1. To note the content of the presentation;
2. To provide further information on the implications on staffing in the health and social care sector for Greater Manchester as Brexit negotiations develop and;
3. To agree that comparable data by locality be analysed and presented, including a heat map, to the Committee in March 2018;
4. To agree that data for primary care, once available, be incorporated and reported back to the Committee in due course;
5. To provide further analysis of the key recruitment gaps locally;
6. To provide details of the development framework to attract individuals and underrepresented groups into nursing.

HSC/05/18 DIGITAL PATIENT STRATEGY

Stephen Dobson, Chief Digital Officer, GM Health and Social Care Partnership provided the Committee with an overview of the GM Digital Patient Strategy. The broad outline of the types of cross organisational data sharing for direct care and for disclosing directly with patients was detailed in the presentation. Alongside this, examples of the benefits for information data sharing across organisational and regional boundaries were highlighted to the Committee.

Members were advised that the vision of a GM unified architecture was to create a single common platform for health, social care and local public services to securely share data to deliver seamless and integrated services for the benefit of citizens. GM digital collaborative had been working with GM Connect to develop a GM universal architecture for its Interoperability Hub that would include the ability to scale to the wider public sector.

The Committee were provided with detail of the GM Interoperability Hub which included the architecture required to share patient data along with a technical view of data services and current capabilities in GM.

It was reported that the Office for Life Sciences through its Life Science Industrial Strategy had introduced the concept of Innovation Hubs and that it was expected that there would be 3-5 innovation hubs across England which provided GM with the opportunity to apply for funding. An overview of the relationship between the Interoperability and Innovation Hubs was described. It was reported that Innovation Hubs would source much of their data from Interoperability Hubs and they would be important for research and partnership with academia and industry.

The Committee welcomed the update provided and discussed the funding requirements for the overall implementation of the strategy. Stephen Dobson reported that GM had received £10m of Digital Transformation Funding with an expectation of further announcements.

Whilst it was generally accepted that changes in IT systems would be challenging and costly, a Member pointed out that lessons needed to be learned from past failures of implementing the NHS patient record system. Members requested information on funding required and the timescales for implementation. It was noted that further information on funding would be obtained in July and an update on this and the progress made could be provided to the Committee in September.

RESOLVED/-

1. To note the update provided;
2. To note the feedback and comments from the Committee;
3. To agree to receive an update on funding and progress of the Digital Strategy in September 2018.

HSC/06/18 GM JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017-18

Consideration was given to the GM Joint Health Scrutiny draft work programme for 2017-18. In addition to the items noted in the document, Warren Heppolette, Executive Lead Strategy and System Development, GMHSCP suggested the Committee may be interested in receiving updates on the implementation of the following transformational changes;

- The establishment of Local Care Organisations (LCO's);
- The creation of the new commissioning system including the integration of the single commissioning function;
- The future role of hospitals in GM with an update on the collaboration of acute trusts.

It was also suggested that the Committee received a copy of the six month update report on the GM Health and Social Care Partnership Business Plan to be presented to the Board in January.

Members were in agreement and suggested that an overview on the physical estate for co-located teams would be useful to share across localities. Warren recommended that an update on the GM Estates Strategy would provide the Committee with scope to review on a GM footprint and agreed to co-ordinate the report for consideration.

RESOLVED/-

1. That the work programme be updated to include a future update on the establishment of LCO's, the creation of the new commissioning system and the future of hospitals in GM;
2. To circulate a copy of the GM Health and Social Care Business Plan 2017/18 six month update to the Committee;
3. To receive an update report on the GM Estates Strategy at the March meeting.

HSC/07/18 DATES OF FUTURE MEETINGS

The GM Joint Health Scrutiny Committee will next meet on Wednesday 14 March 2018.