

Item 03

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 16 JANUARY 2019 AT CHURCHGATE HOUSE

Present:

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| Bolton | Councillor Stephen Pickup |
| Bury | Councillor Stella Smith |
| Manchester | Councillor Eve Holt |
| Oldham | Councillor Colin McLaren |
| Rochdale | Councillor Ray Dutton |
| Stockport | Councillor Keith Holloway |
| Tameside | Councillor Gill Peet |
| Trafford | Councillor Sophie Taylor |
| Wigan | Councillor John O'Brien (Chair) |

Also in attendance:

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| Derbyshire County Council | Councillor Linda Grooby |
| GMCA | Julie Connor |
| GMCA | Lindsay Dunn |
| GMCVO | Alex Whinnom |
| GMHSC Partnership | Warren Heppolette |
| GMHSC Partnership – Primary Care Lead | Tracey Vell |
| Mind in GM | Stewart Lucas |
| VSNW | Warren Escdale |

JHSC/01/19 APOLOGIES

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

JHSC/02/19 DECLARATIONS OF INTEREST

Councillor Keith Holloway declared a personal interest in any relevant item on the agenda in respect of the fact that his daughter works for Oldham CCG.

JHSC/03/19 MINUTES OF THE MEETING HELD 14 NOVEMBER 2018

The minutes of the meeting held 14 November 2018 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held 14 November 2018.

JHSC/04/19 WORKING WITH THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR (VCSE)

Warren Heppolette, Executive Lead, Strategy and System Development, GMHSC Partnership presented a report that provided an outline of work carried out to date in the context of the VCSE Memorandum of Understanding (MoU), which set out some of the main achievements and highlights so far and priorities for the next year.

In May 2017 the GM Health and Social Care Partnership formally signed a comprehensive Memorandum of Understanding (MOU) with the Greater Manchester VCSE Sector, which recognises the crucial role of this sector in health and social care devolution.

The MOU created a framework for collaboration between GM VCSE and statutory organisations involved with health, social care and wellbeing, over shared ambitions to keep people well; offer help quickly; improve services; and ultimately reduce long-standing health inequalities.

Alex Whinnom, Chief Executive, GMCVO, Warren Escdale, Chief Executive, Voluntary Sector North West and Stewart Lucas, Strategic Lead, Mind provided an overview of the delivery of the MOU. It was reported that the adopted approach is through a 'VCSE Engagement Project' funded through the Transformation Fund. The GM VCSE Devolution Reference Group provides a governance function, with GMCVO acting as the lead and accountable body. The Reference Group comprises an alliance of VCSE 'infrastructure' organisations, equalities organisations and providers who are collaborating with each other and GMCVO to provide city-region leadership.

An overview of the reference groups vision, priorities and activities undertaken so far was presented to Members. Highlights of the successful co-produced work undertaken with regard to mental health and carers was outlined to the Committee.

In support of the work carried out, the Committee recognised the contribution of the VCSE in the co-production and development work across health and social care. It was highlighted however that many voluntary groups in districts are operating with funding of less than £10k per annum. It was suggested that GM budgets should support the voluntary sector with resources and training to further develop funding bids.

It was reported that issues with funding had been recognised and a more sustainable approach to support voluntary organisations had been developed. In Salford a strategic commissioning approach has been established and a budget of £4m has been committed to Salford CVS. It was acknowledged that this is not evident in all localities within GM and further assistance is required to support organisations and groups to obtain funding.

Members requested what links the GM VCSE Devolution Reference Group had established to existing structures already operating in districts. It was advised that localities within GM had begun to benefit from the value of sharing best practice and learning.

The committee considered how the value of providing resources and funding to the VCSE sector is measured and the potential perceived impact of achieving improved health outcomes.

It was recognised that a proactive approach would be required to capture and assess the evidence of the cost benefit effects of the VCSE as a provider of health and care services to obtain a long term shift in resource allocation to the VCSE sector.

Members welcomed the shift in balance from statutory organisations to the VCSE as providers and it was noted that many volunteers undertake these roles. It was considered to be imperative that these individuals feel valued and their contributions to the population health are recognised.

It was reported that primary care is the starting point of the health journey and the role of empowered community navigators providing information on neighbourhood pathways was discussed.

It was suggested that a number of groups have developed as a result of government cuts and in response to demand for services. Members questioned how groups are identified and gaps in provision are recognised and expanded upon.

It was advised that existing knowledge has been collated over the years by GMCVO and further analysis was required to connect networks in neighbourhoods that would benefit from intensive resources and development.

Members discussed the availability of communication to publicise services within communities, for example access to mental health provision and social prescribing. It was reported that a directory of voluntary services across GM had not been published but mailing lists were available. It was suggested that much better intelligence was required in order to share in communities to support individuals and groups.

RESOLVED/-

That Members noted the contents of the report and supported the way forward.

JHSC/05/19 PRIMARY CARE REFORM PROGRAMME UPDATE

A report was presented by Dr Tracey Vell, Associate Leader for Primary and Community Care, GMHSC Partnership that provided Members with an update on the process of delivery of primary care reform in Greater Manchester.

It was reported that public satisfaction with general practice remains high but recently patients have increasingly reported more difficulty in accessing services and are becoming less satisfied with their ability to get GP appointments. GPs report that they are under growing pressure as a result of an increase in the volume and intensity of their work. At the same time, fewer GPs are choosing to undertake full- time clinical work in general practice, while large numbers are retiring and leaving the profession.

It was suggested that this adds up to a profession under enormous pressure and facing a recruitment and retention crisis. Members received an overview of the GM approach to the delivery of the GP Forward View and primary care transformation programme.

It was advised that GM strategy is not to extend access at every practice which as this will add to the frailty of the individual practice and its workforce, but to plan and organise enhanced access at the neighbourhood level through clusters of practices working together, supported by a designated hub.

All the 10 Greater Manchester areas are delivering 7 day additional access, providing 100% population coverage. This equates to c1500 additional hours being provided every week. These are pre-bookable appointments with a GP, Practice Nurse or Health Care Assistant, dependent on the patients' needs. Additional access is being delivered from 50 hubs across Greater Manchester.

Each primary care hub will form part of wider neighbourhood hubs, with a broader range of services, serving populations of 30k – 50k in each of the 10 localities. The hubs, offer which could also provide urgent care, will offer a full range of general medical services with access to routine diagnostics and full access to clinical records.

It was reported that to ensure that primary care can deliver on the ambitious reform programme, a GP Excellence Programme has been established. The programme continues to support general practice through the delivery of a wide range of support that will help practices become more sustainable and resilient securing continuing high quality care for patients.

It was acknowledged that GM faces significant workforce challenges and the optimisation of wider primary care provision and direct access to the most appropriate professional whilst maximising professionals to their full extent has been introduced. It was advised that clinical pharmacists are becoming an integral part of the general practice team. It was advised that application to the International GP Recruitment programme will aim to bring fifty seven international GPs into GM. Furthermore, there are currently 400 staff trained in active sign posting and 280 trained to code and action incoming correspondence to help GPs manage the demands of their time.

Recent years have seen a rapid development of a number of online consultation systems for patients to connect with general practice. As well as improving the service for patients, evidence to date indicates that online consultation systems can free up time for GPs to spend more time leading complex care for those who need it.

With regards to Neighbourhood developments, the Committee were informed that across the ten localities, neighbourhoods are progressing well with examples of integrated working beginning to emerge. There are now sixty eight neighbourhoods across GM.

Members thanked Dr Tracey Vell for the comprehensive update on the delivery of primary care reform programme and next steps. A member highlighted that Allied Health Professions (AHPs) are the third largest workforce in the NHS. AHPs are able to help manage patients' care throughout their life course with a focus on prevention and improvement of health and wellbeing and it was suggested that AHPs should be

utilised in primary care. It was confirmed that AHPs are connected to Local Care Organisations and the focus will be for this role to expand within the integrated neighbourhood model.

The Committee discussed the connectivity of digital developments and the integration of IT systems to enable a more fluid service. It was advised that greater connectivity and access is being developed but the care record can only be used if the patient provides consent to their GP as they hold the legal responsibility for the onward passage of patients notes.

Members acknowledged the ongoing period of transformation and asked how the message would be communicated to the public to make them aware of the changes. It was recognised that primary care is evolving and it was advised that a campaign with stakeholders would be required in order to effectively navigate communities.

In support of the update on primary care reform the Chair requested the Greater Manchester Health and Social Care partnership provide funding in order to publicise the changes to all communities. It was reported that enhanced digital access to enable information to be made available for the benefit of patients and to save time was necessary.

As members considered the up and coming changes under the Theme 3 programme of work, the prerequisite for the necessary community care for patients in localities was highlighted.

Support for the international recruitment programme was received with the reassurance that those employed prior to Brexit are able to remain in the UK and any additional individuals recruited are able to obtain Home Office clearance to work in GM.

RESOLVED/-

That Members note the contents of the report and support the way forward.

JHSC/06/19 JOINT GM HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

A report was presented that set out the Committee's work programme noting it had been developed following consideration and discussion by Members at the meeting in September.

Members were asked to contact the Governance and Scrutiny Officer with any suggested items for inclusion in the work programme.

RESOLVED/-

1. That the report be noted;
2. That any further suggestions to the work programme be submitted to the Governance and Scrutiny Officer.

JHSC/07/19 DATES OF FUTURE MEETINGS

All meetings will take place in the Boardroom at GMCA Offices, Churchgate House. Further briefing session dates will be advised separately.

Wednesday 13 March 2019 10:00 am – 12 noon

Workshop Session – Improving Specialist Care – Theme 3
GM Fire and Rescue Training Centre, Cassidy Close, Manchester, M4 5HU

Thursday 14 March 2019 1.00 – 3.00pm