

Item 07

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 14 MARCH 2018 AT GMCA, CHURCHGATE HOUSE

Present:

Bolton Council	Councillor Shafaqat Shaikh
Bury MBC	Councillor Sarah Kerrison
Oldham Council	Councillor Colin McLaren
Rochdale Council	Councillor Wendy Cocks
Stockport MBC	Councillor Laura Booth
Trafford MBC	Councillor Patricia Young
Wigan Council	Councillor John O'Brien (Chair)

Also in attendance:

Community Health Partnerships	Neil Grice
GMCA, Governance Officer	Lindsay Dunn
GM H&SC Partnership	Warren Heppolette Janet Wilkinson
Wigan, Wrightington & Leigh NHS Trust	Andrew Foster

HSC/08/18 WELCOME AND APOLOGIES

Apologies were received from Susan Ford, Councillor Linda Grooby (Derbyshire County Council), Councillor Margaret Morris (Salford), Councillor Gillian Peet (Tameside) and Steven Pleasant.

HSC/09/18 DECLARATIONS OF INTEREST

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

HSC/10/18 MINUTES OF THE MEETING HELD 10 JANUARY 2018

The minutes of the meeting held 10 January 2018 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held on 10 January 2018.

HSC/11/18 GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP ESTATES STRATEGY

Neil Grice, Area Director, Community Health Partnerships provided a report which updated the Joint Health Scrutiny Committee on the work being undertaken on the Estates Programme within theme 5 of the Greater Manchester Health and Social Care Partnership Strategy 'Taking Charge'.

The Committee were provided with an update of the work that has been undertaken on estates since the formation of the GMHSCP, an outline of the emerging Estates Strategy, action plan and focus on the key workstreams which included;

-) Development of a capital financing strategy and investment pipeline;
-) Place-based masterplanning of acute sites;
-) Improving utilisation;
-) NHS office rationalisation;
-) Locality asset reviews (LAR) programme;
-) Surplus land, disposal and development of housing units;
-) GM Mapping - health and social care data mapping;
-) Develop GM wide mental health estates strategy;
-) Supporting locality strategic estates groups.

The Committee were advised that the objective of the Estates Strategy was to drive maximum value from the public estate by enabling more efficient use in order to deliver local strategic and national policy objectives.

The aims of the programme were to:

-) Provide increased economic and social value through the re-use of surplus land and property for housing and employment opportunities;
-) Rationalise the surplus estate;
-) Use property as a catalyst for service transformation and integration;
-) Efficient management and utilisation of the public estate to reduce total property running costs;
-) Support improved health and social care outcomes.

It was reported that there had been positive work in relation to the development of the capital financing strategy and investment pipeline with Local Authorities

through a revised prioritisation process addressing gaps in the pipeline. The new facility in Gorton, funded by Manchester CC was highlighted as a trail blazing example of that.

The Committee were advised that Healthier Together and major trauma represented a significant part of the GM capital investment pipeline. In 2017/18 GM was successful in bidding for capital funding from NHS Sustainability and Transformation Plans (STPs) capital and would receive up to £93m to deliver the capital requirements.

A GM Masterplanning Framework had been developed to identify opportunities for efficient and effective capital developments, improve utilisation and identify land for disposal and housing development.

It was reported that work has commenced to improve the utilisation of health and social care facilities across GM. The key objective was to optimise the use of modern, long-term, multi-use Health Centres to a target operation better than 80%. Going forward it would be important to carry out utilisation studies at acute sites to support reconfiguration and business development as well as re-visiting community sites to measure improvements in utilisation. Significant progress had been made at targeted sites which included Walkden Gateway in Salford, Ancoats in Manchester and Ashton in Tameside and Glossop. It was advised that significant improvements in utilisation had been demonstrated at these sites.

The Chair asked by what the manner the improvements in utilisation had increased in the areas highlighted. It was reported that a programme of work had commenced to rationalise NHS owned and leased estate across GM. It was advised that there was an aspirational target of 30% reduction that could achieve running cost savings in the region of £5m per annum. The Locality Asset Review (LAR) programme offered an integrated place based approach to understand the community performance and needs, public service delivery and service transformation.

It was advised that LAR's had been completed in Stockport, Bury and Withington and Burnage in Manchester. Funding was in place to roll out LAR's across the remaining localities and would be completed during 2018/19. A GM working group had been established to support the identification of surplus land and disposal opportunities. The focus of the programme was to identify land and buildings that would become surplus and progress opportunities to release land for housing or employment prospects where possible. It was reported that locality strategic estates groups were being supported across the ten localities to develop and drive the implementation of the estates strategy in their area.

The Committee offered their support for the progression of the Estates Strategy and highlighted that the reconfiguration of the estate across GM should include the reference to services and service users. It was suggested that the utilisation of the estate should be inclusive of the voluntary sector who have constraints on facilities. It was confirmed that representatives from the voluntary sector were represented in localities on the strategic estates groups.

Members expressed concern with regard to the disposal of land sold for housing and requested assurance that future developments should include affordable housing. It was advised that the aspiration of the Local Asset Reviews would be a joined up approach to reinforce economic regeneration.

The Committee regarded it imperative that health and social care facilities take into consideration transport and parking. It was advised that it was a key requirement to ensure that the estate was accessible and that public car parking and transport links were given adequate priority.

Members discussed the implementation of the estates strategy in localities and it was advised that the ten Strategic Estates Groups (SEG's) were at various stages of development in the implementation of the strategy. It was advised that Chairs of local SEG's would next meet in April and it was suggested that contact details of members of the GM Joint Health Scrutiny Committee would be provided in order to encourage dialogue between local SEG's and local health scrutiny committees.

RESOLVED/-

1. To note the progress of the estates programme to support and enable delivery of the GM Strategy Taking Charge;
2. To support the ongoing development of the estates programme including the GM Sustainability and Transformation Partnership (STP) Estate Workbook which will lay out the overall estates strategy;
3. To provide the Chairs of the local Strategic Estates Groups with the details of members of the GM Joint Health Scrutiny Committee in order to encourage dialogue between local SEG's and local health scrutiny committees.

HSC/12/18 HEALTH AND CARE WORKFORCE UPDATE

Janet Wilkinson, Director of Workforce, Greater Manchester Health and Social Care Partnership (GMHSCP), provided further information around a number of areas related to the GM Health and Social Care workforce, including implications of Brexit.

Data related to the non UK workforce for nursing and junior doctors for EU and non EU countries was presented to the Committee. The number of full time equivalents and the percentage of non UK by the total workforce was highlighted by trust across GM. This did not include data from Pennine Acute Hospitals or Salford Royal Foundation Trusts and it was confirmed that this data was available, but consent to share the data, required under information governance rules, had not been received prior to the meeting.

It was advised that progress had been made in the development of a heat map which would highlight where the greatest problems existed across GM including trigger points. It was anticipated that this would be available for consideration by the Committee at the next meeting in July.

It was reported that agency spend continued to fall, however, there high levels of vacancies which were difficult to fill remained. Agency costs had continued to decrease significantly, however the use of bank staff was above plan which reflected the need to manage workload in the face of increased demand, high vacancy levels, sickness, absence and staff turnover.

The Committee were informed that a workforce lead for primary care had recently been recruited who would work with primary care organisations to establish a measure of the whole primary care workforce.

At the last meeting, the Committee asked for information with regard to recruitment into nursing. It was advised that a Greater Manchester advertising campaign for nurses was currently being developed and part of this project would be to develop a short film and other multi – media resources to attract staff into a nursing and or a midwifery career in GM. It would also include the development of a social networking package in order to establish a constant social presence through social media channels and networks. It was considered that developing this strategy would raise the profile of the diverse career choices within the GM Nursing & Midwifery workforce, would further encourage diversity and inclusion and reflect the local population. It was anticipated that the project would attract individuals to choose to undertake training, return to the profession or apply for a job across the GM Health and Social care economy. The campaign would commence in July to coincide with the 70 year celebrations of the NHS.

Members of the Committee welcomed the update provided and discussed the issues and potential workforce problems as an impact of Brexit. More generally, members discussed the difficulties of achieving a financial balance alongside increased staff turnover and use of locum and or bank staff. The benefits of a shared staff resource across trusts to help alleviate such problems was considered.

The Chair highlighted that the Committee required assurance that staff from within EU countries would be retained and the impact across the GM health and social care workforce for any potential loss would be minimised. It was confirmed that the GM Health and Social Care Workforce Strategy was established to enable the fastest and most comprehensive improvements in the capacity and capability of the whole GM workforce (paid & unpaid) to support the achievement of the transformation ambitions as defined in the GM strategic plan and the locality plans.

RESOLVED/-

1. To note the content of the update provided;
2. To provide further analysis of the key recruitment gaps locally and provide to the next meeting of the Committee.

HSC/13/18 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 at the next meeting in receiving an update on the implementation of health and social care devolution in order to develop the workplan for 2018/19.

Members were in agreement and suggested that an overview on health and social care devolution from the Chief Officer, Jon Rouse would provide the Committee with scope to review the workplan for 2018/19 alongside any areas identified but not yet covered in 2018/19.

RESOLVED/-

To receive an update on health and social care devolution from the Chief Officer, GM Health and Social Care Partnership at the next meeting in order to develop the work programme for 2018/19.

HSC/14/18 DATES OF FUTURE MEETINGS

The GM Joint Health Scrutiny Committee will next meet on Wednesday 11 July 2018.