MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 8 NOVEMBER 2017 AT GMCA, CHURGATE HOUSE

Present:

Bolton Council                Councillor Shafqat Shaikh
Bury MBC                      Councillor Sarah Kerrison
Oldham Council                Councillor Colin McLaren
Rochdale BC                   Councillor Sara Rowbotham
Salford CC                    Councillor Margaret Morris
Stockport MBC                 Councillor Laura Booth
Tameside MBC                  Councillor Yvonne Cartey
Trafford MBC                  Councillor Patricia Young
Wigan Council                 Councillor John O’Brien
                               (Chair)

Also in attendance:

GMCA, Governance Officer      Lindsay Dunn
GMCA, Scrutiny Officer        Susan Ford
GM H&SC Partnership           Warren Heppolette
GM H&SC Partnership           Zoe O’Neill
GM H&SC Partnership           Angela Osei
GM H&SC Partnership           Dr Tracey Vell
GM H&SC Partnership           Janet Wilkinson
Wigan, Wrightington & Leigh NHS Trust       Alison Balson

HSC/34/17 APOLOGIES

Apologies were received from Councillor Gill Peet (Tameside) and Steven Pleasant.

HSC/35/17 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to any item on the agenda.
HSC/36/17 MINUTES OF THE MEETING HELD 13 SEPTEMBER 2017

The minutes of the meeting held 13 September 2017 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held 13 September 2017.

HSC/37/17 HEALTH AND CARE WORKFORCE

Janet Wilkinson, Director of Workforce, Greater Manchester Health and Social Care Partnership (GMHSCP), introduced a presentation which provided an overview of the priorities of the GM Workforce Strategy and the governance structure which would support the strategy.

Members were informed that the GM workforce programme and emerging priorities, were established to enable the fastest and most comprehensive improvements in the capacity and capability of the whole GM workforce, including those that are unpaid, to support the achievement of the transformation ambitions as defined in the GM strategic plan and the locality plans. The four strategic priorities endorsed in the workforce strategy and an overview of the GM Workforce Collaborative were highlighted to the Committee.

It was noted that the GM Mayor had identified workforce as a key priority and there had been close alignment between the GM Workforce Strategy and the Mayor’s manifesto. The strategy also supported the GM Leadership and Development Programme to further progress competencies and capabilities of staff to lead services.

In relation to the Workforce Strategy, GM has developed a system wide approach to nursing recruitment with some encouraging first results. Collaborative work in this area has seen an 11% increase in student intake against a national reduction of 6%. The Partnership is expecting to build on this collaborative model and extend to benefit Social Care, General Practice and mental health where there are significant staff shortages.

The Workforce Collaborative will also launch its GM Workforce Awards in March 2018 to recognise and reward achievement and best practice.

Members asked what was being done to promote healthcare assistants from level two to three in order to progress towards becoming nurse practitioners. Alison Balson, Director of Workforce, Wrightington, Wigan and Leigh Trust explained how the Cavendish Care qualification provided additional training and opportunities for healthcare assistants to progress into a career in nursing. The nursing apprenticeship programme was also discussed and members highlighted that
some healthcare assistants entering onto the apprenticeship programme may suffer from reductions in pay and it was suggested therefore, that there should be different entry points.

A member enquired as to what was being done to attract younger people into the profession, in particular into Adult Social Care. It was explained that a range of careers and opportunities are promoted and advertised by the Greater Manchester NHS Careers and Engagement Hub. The aim of the Hub was to ensure Greater Manchester residents can benefit from a coordinated and effective system of careers advice, information and opportunities in health and social care.

It was stated that the Hub will present a unique opportunity for local people, schools, colleges, education and training providers and employment support organisations to find out more about the educational and employment opportunities offered within the NHS. It will provide information about NHS careers, signpost enquires and coordinate staff involvement and presence at local careers and engagement events.

With regard to international recruitment, a Member expressed concern with what was being done to ensure that the recruitment of these individuals was ethical. It was confirmed that there was not a large scale overseas recruitment drive, it is however part of a campaign and the international recruitment programme follows the ethical principles of earn, learn and return.

In respect of the recent reorganisation of Pennine Acute NHS Trust and integration of staff, members questioned if they would be managed across GM or on an organisational basis. It was explained these staff would continue to be managed by the individual organisations.

Members highlighted that social care is largely delivered by the private sector and queried how these providers would be encouraged to deliver the priorities and standards of the GM Workforce Collaborative. It was explained that a network of private providers, particularly the care home sector are engaged with the collaborative along with volunteers and carers.

The Committee were provided with an overview of staffing implications following the outcome of the EU Referendum. Analysis had been provided by Health Education England (HEE) who had reported that there had been no significant changes since Brexit. However, the Royal College of Nursing (RCN) recently reported on the impact of the vote to leave the EU on safe staffing levels in the NHS. This was based on a specific geographical region and it was believed that the same level of impact will not be felt in GM. It was reported that Wigan, Wrightington and Leigh Trust had held a focus group with nurses from overseas who had highlighted that they felt supported and had shown no indication to suggest that they would consider leaving their roles and the UK.

It was reported that 26% of medical and dental staff and 8.6% of nursing and midwifery staff working within the NHS in GM are non UK personnel. For medical and dental staff, 11% of the 1986 non UK personnel have been recruited
internationally with the vast majority of the others being recruited from other NHS organisations. 80% of those recruited internationally were from non EU countries and 60% were employed on temporary, likely to be training contracts. For nursing & midwifery staff, 24% of the 1765 non UK personnel have been recruited internationally with the others being recruited from a variety of sources including other NHS organisations, the private sector and social care. 45% of those recruited internationally were from EU countries and 97% were employed on permanent contracts. It was reported that work is underway to understand the position to a similar level of detail within the Social Care workforce.

Members requested further information on the implications on staffing in the health and social care sector for Greater Manchester as Brexit negotiations developed. It was agreed that comparable data by health trust would be monitored and reported back to the Committee and it was suggested that primary care should also be incorporated into the analysis.

The Committee were provided with detail on the use of locum doctors across GM. It was reported that across GM NHS Providers the 2016/17 expenditure on Agency medical staff was £61 million with 882,000 hours of cover provided. This represented 2.1% of the combined pay bill of the GM Trusts which was £2.8 billion and the range of agency spends as a percentage of total pay bill was between 0.35% and 4.83%. It was highlighted that approximately 50% of this expenditure is on covering junior doctor posts. Further work is ongoing by the Trust HR and Finance teams to support reductions in this expenditure through validating data, working collaboratively across Trusts to support best employment practices and ensure absences are kept to a minimum by working with HEE to maximise fill rates for junior doctor rotas. Initial discussions were also underway to explore opportunities to collaborate across the North West and with NHS Improvement (NHSI) to increase access to an internal medical bank and reduce agency expenditure.

Members asked what was being done to address the shortfall in capacity to meet demand and requested further analysis of where the gaps existed and proposals to address the insufficient numbers available to appoint to permanent positions. The impact on patient safety by the increase in the use of locum doctors was of concern to Members. It was agreed that a further update would be provided to the Committee which would provide further analysis of the key gaps, the contingencies that exist and the potential implications of continued use of locum doctors.

**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 health trust be analysed and reported back to the Committee;
4. To agree that data for Primary Care be incorporated and reported back to the Committee;
5. To provide further analysis of the key recruitment gaps and;
6. To provide details of contingency plans to address the recruitment gaps;
7. To note the comments from Members with regard to the implications of continued use of locum doctors on patient safety;
8. To provide a further update to the Committee following further analysis of key gaps and measures to address the shortfall following the principles of ethical recruitment.

HSC/38/17 PRIMARY CARE TRANSFORMATION - GM MODEL FOR URGENT PRIMARY CARE

Dr Tracey Vell, Associate Lead for Primary and Community Care, GMHSC Partnership provided the Committee with an overview of the GM model of 24/7 Urgent Primary Care.

An outline of the ambition, progress to date and the proposed future model for an integrated 24/7 urgent primary care offer was detailed in the presentation.

A model which articulated what a reformed, integrated 24/7 urgent primary care offer could look like with key components that would enable patients to receive the right care, in the right place in a timely manner while reducing the burden on highly pressurised A&E departments was described to the Committee.

It was reported that the new model of urgent and out of hours primary care would contribute to a reduction in hospital utilisation by reducing avoidable A&E attendances and subsequent admissions.

The Committee were provided with an update and overview of the Urgent Treatment Centres which would be primary care led, open 12 hours a day of which there will be one in each locality. Access to diagnostics would be available in each centre and there would be access to the full clinical patient record.

Members welcomed the update provided and discussed transferable data with regard to patient records and diagnostic testing. The Committee highlighted that investment would be required in telephony in GP surgeries and the training of reception staff in triage in order to provide patients with the relevant treatment and advice. The infrastructure of the Urgent Treatment Centres was discussed along with the integration of community nursing with social services to address life outcomes. Consideration was requested to provide appropriate communication to those communities where English is not the first language and the elderly.

RESOLVED/-

1. To note the update provided;
2. To note the feedback and comments from the Committee.
Warren Heppolette, Executive Lead, Strategy and System Development introduced a report that provided the Committee with a draft of the refreshed Greater Manchester Strategy (GMS) Implementation Plan.

Scrutiny members were requested to review the actions contained in the Implementation Plan to be delivered in the next six months. It was noted that while the actions under each of the ten GMS priorities are linked to health outcomes, priority 9 is specifically related to health, with the actions being taken from the Health and Social Care Partnership’s business plan, approved by the Partnership Board.

Members expressed an interest in a co-ordinated approach to address the health inequalities that currently exist across the conurbation. It was suggested that the GM Population Health Plan 2017-2021, should be circulated to the Committee which would provide demographic data on health inequalities and long term conditions.

Members discussed the links between health and housing and it was suggested that options to ensure housing is adaptable for ‘ageing better’ should be a feature of the Greater Manchester Spatial Framework.

**RESOLVED/-**

1. To note the content of the GMS Implementation Plan;
2. To agree that future performance reports and performance dashboards be brought to the GM Joint Health Scrutiny Committee once completed;
3. To circulate the GM Population Health Plan 2017-2021 to the Committee for consideration.

**HSC/40/17 DATES OF FUTURE MEETINGS**

The GM Joint Health Scrutiny Committee will next meet on Wednesday 10 January 2018.