

**Minutes of: JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
FOR PENNINE CARE NHS FOUNDATION TRUST**

Date of Meeting: 21 September 2017

Present: Councillor (in the Chair)
Councillors P Adams, J Grimshaw and R Walker

**Also in
attendance:**

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence:Councillor , Cartey, Murphy and Councillor

9 DECLARATIONS OF INTEREST

There were no declarations of interest

10 PUBLIC QUESTIONS

There were no questions from members of the public

11 MINUTES

It was agreed:

The minutes of the meeting held on the 28th March 2017 be approved as a correct record.

The Joint Health Overview and Scrutiny Committee resolved to consider the update from the GM Health and Social Care Partnership and the Trust update as one agenda item.

**12 VERBAL PRESENTATION FROM JON ROUSE, CHIEF OFFICER GREATER
MANCHESTER HEALTH & SOCIAL CARE PARTNERSHIP**

Jon Rouse Chief Officer, GM Health and Social Care Partnership provided members with a verbal update in respect of the support being given at GM level to assist the Trust. An accompanying report had been circulated to Members in advance of the meeting the report describes the process by which a number of partner organisations including; GMHSCP, NHS Improvement (NHS I), Commissioners across the Pennine footprint and PCFT are working in collaboration to overcome the key issues related to PCFT. These issues fundamentally relate to the quality shortcomings based on the CQC report and their reported financial deficit.

The following key work streams have been initiated under a newly formed PCFT Recovery Board; Finance, Quality, Digital, Estates and Mental Health. The five work streams leads will feedback to the Recovery Board on a monthly basis

In respect of Finance, work is underway to review the financial deficit in detail and explore potential options to mitigate the gap as well as agreeing a financial plan whereby PCFT will have the required investment.

With regards to the quality work stream, an improvement plan, including a CQC action plan will be developed which will address safer staffing on the wards, variation of service delivery in the Trust and organisational culture.

With regards to estates, the GM Chief Officer reported that there are too many hospital buildings across GM, there is opportunity for rationalisation of some of the existing building estate and going forward it may not be feasible to provide every service in each Borough.

Responding to the points raised by the GM Chief Officer, representatives from the Trust reported that the adult inpatient wards are 'overheating', there is no female Psychiatric Intensive Care Unit and the CQC highlighted problems of compliance with single sex accommodation. For the first time the Trust will report a deficit plan as a result of continued underfunding and a low reference cost. The Trust Board could not support the closure of inpatient beds as the ward occupancy levels were already at, if not above 100%.

The Director of Finance reported that the involvement and support from GM and in particular the Chief Officer, has helped to highlight the problems facing the Trust. The intervention and support from GM has provided clarity and transparency in respect of the financial situation at the Trust.

The Director of Finance reported that the primary focus for the Trust is to create a financially sustainable business model going forward; the provision of some community services will be reviewed as they cannot be sustained at current levels, further clarity is required from commissioners in respect of resource available and the volume of service required. The Director of Finance reported that there is not sufficient money in the system to continue to deliver all the services currently provided.

The Medical Director reported that problems with informatics is a key issue for the Trust, the development of the right IT infrastructure is fundamental to tackling some of the problems faced by the Trust.

Those present were invited to ask questions and the following issues were raised:

Responding to a Member's question the Chief Officer reported that a significant amount of money has been invested in A&E liaison services, reliable core services are available 24 hours, across four hub services within Greater Manchester.

With regards to IT within the Trust, the Chief Officer reported that some areas within Greater Manchester are more developed in respect of informatics than others. The Trust has developed the Paris system to enable mobile working, GM is providing oversight and support to the Trust and additional funding will be made available.

The Chief Officer reported that it may be necessary to consolidate services within Pennine Care and the Trust may choose to divest from providing some services. The Trust must decide what services they will provide, the new Chief Executive

has been tasked with designing a new business model to take effect from April 2019.

The Finance Director reported that the decision to bid for community service contracts was undertaken by the former Chief Executive, his vision was to create a model of service provision centred on whole person care and parity of esteem. The Trust has however struggled to gain traction with this agenda.

The Medical Director reported that there is overspend with regards to in-patient staffing, the Trust will review the workforce mix on the wards to ascertain whether the Trust has the right staff mix. At a recent recruitment event in Manchester the Trust were able to recruit 40 additional staff. The Medical Director reported that staffing continues to be a major problem for the Trust and it is estimated that 50% of the workforce will retire in the next five years.

The Chief Officer reported that the whole of the health economy in the North east sector (as well as the Tameside area) is under financial stress and pressure.

With regards to CCGs re-tendering community services, the Finance Director reported that this is out of the Trust's control, continually re-tendering services is not a sustainable business model, a series of procurement exercises have resulted in the Trust struggling with fixed costs and resulting financial problems.

The Director of Finance reported that Pennine Acute, Tameside and Stockport Foundation Trust have all received distress funding from the Department of Health, this funding however incurs additional costs as it is the Trust is charged interest rate of 6% on this money. The GM devolution arrangements will hopefully help to strengthen the bargaining power of the health economy in GM.

It was agreed:

1. That Jon Rouse and representatives from Pennine Care be thanked for their attendance.
2. That Steve Downs, Steve Dobson and Jon Rouse be invited to a future meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care (JHOSC).

That a representative from one of the Clinical Commissioning Groups within the Pennine Care Foundation Trust footprint be invited to a future meeting of the JHOSC.

13 URGENT BUSINESS

There was no urgent business considered.

**COUNCILLOR
Chair**

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)