

## **Health Scrutiny Committee**

### **Minutes of the meeting held on 18 July 2017**

#### **Present:**

Councillor Farrell – in the Chair  
Councillors Midgley, Reeves, Smitheman, Stone, Webb, Wills and Wilson

Councillor Craig, Executive Member for Adult Health and Wellbeing

Nick Gomm, Director of Corporate Affairs, Manchester Health and Care  
Commissioning

Dr Manisha Kumar, Clinical Director, Manchester Health and Care Commissioning

Jo Purcell, Interim Director of Commissioning (Primary Care) Manchester Health and  
Care Commissioning

Tony Ullman, Deputy Director Primary Care and Population Health, Manchester  
Health and Care Commissioning

Dr Rob Ralphs, Reader in Criminology, Manchester Metropolitan University

Ed Dyson, Executive Director of Planning and Operations, Manchester Health and  
Care Commissioning

John Wareing, Associate Director of Strategy, Central Manchester Foundation Trust  
Hospital

Dr Farzin Fath-Ordoubadi, Consultant Cardiologist, Central Manchester Foundation  
Trust Hospital

#### **Apologies:**

Councillors Curley, Mary Monaghan and Teubler

### **HSC/17/29**

### **Minutes**

#### **Decision**

To approve as a correct record the minutes of the meeting held on 20 June 2017.

### **HSC/17/30**

### **New Psychoactive Substances: Local Research Report**

The Committee considered the report of the Director of Public Health that provided information about the research project undertaken by Manchester Metropolitan University (MMU) into New Psychoactive Substances (NPS). The overarching aim of the research was to explore the prevalence and nature of NPS use in Manchester and some of the work now underway to respond to the findings. The Director of Public Health and the Strategic Commissioning Manager introduced the report.

The Committee welcomed Dr Rob Ralphs, Reader in Criminology, Manchester Metropolitan University who delivered a presentation that described the research undertaken by the Substance Use and Addictive Behaviours (SUAB) Research Group at MMU. The purpose of the research was to gain a clearer understanding of the prevalence and nature of NPS use amongst a number of sub populations in the

city; identify the harms associated with NPS use; ascertain whether the needs of such sub populations were being met by existing service provision; identify any staff training and knowledge needs and make recommendations to commissioners and providers regarding the future development and delivery of services.

Dr Ralphs said that the research had shown that Spice was as addictive as both heroin and crack cocaine, with users developing a high tolerance to its effects very quickly. He said that unlike heroin there was no medical equivalent for Spice addicts like methadone for heroin users. He said that another issue identified in the research was that users of Spice did not consider themselves as requiring drug services. He said that Spice users considered services were for 'traditional' drug users and offered services such as needle exchanges. He also said that awareness and training for staff who worked with people who took Spice was required and to challenge the misconceptions amongst Spice users about services that were available to help them.

The Director of Public Health acknowledged the challenge to engage Spice users with services, however the new drug treatment provider in Manchester, CGL, had considerable experience nationally of achieving this. He said that similar to the successful response to Heroin in the 1980's the answer would be to respond to the issue by commissioning appropriate services that were responsive to emerging trends.

Dr Ralphs said that outreach work was important and to work in partnership to support and train those staff who regularly came into contact with Spice users. He said this approach would develop good practice and increase the support and awareness for people working with users.

In response to comments by Members, Dr Ralphs said that typically it took five to seven days for an individual to detox from Spice, and the challenge then was to keep them off drugs. He said that to achieve this a multi-agency approach was required, including housing partners to enable people to remain off Spice and not become homeless as there was an increased likelihood that they would revert to using. The Chair recommended that Councillors be invited to any training sessions that were organised.

The Director of Public Health said that work was underway with other Local Authorities to coordinate an effective response to the issue of homelessness and that Bury and Rochdale were to undertake outreach work with Spice users. The Strategic Commissioning Manager said that the results of the testing of Spice that was undertaken at MMU to determine the changing strength of the drug was shared with agencies and partners to share knowledge and help inform an appropriate response.

Dr Ralphs said that the use of Spice in Manchester, whilst visible was not confined to homeless people and rough sleepers. He said that Spice was being used by a wide variety of people. A Member asked what had been the impact on drug use behaviours following the closure of 'Head shops' following changes in national legislation. Dr Ralphs said that it was difficult to estimate as people often used different drugs and typically, when access to one drug was stopped, they would often use another drug.

Members discussed the role of Greater Manchester Police in addressing the supply of Spice. The Director of Public Health said that in Manchester a NPS Task Group, with a particular focus on Spice, had been established under the governance of both the Community Safety Partnership and Health and Wellbeing Board. He said that GMP were members of this Task Group and continued to work to address the issue of the supply of Spice and associated anti-social behaviour in and around the Piccadilly Gardens area of Manchester City Centre.

Members then discussed the prevalence of Spice use amongst the prison population and a Member said that prison was often where people were first exposed to this drug. Dr Ralphs acknowledged this saying that it was estimated that between 60 to 90% of the prison population regularly took Spice. He said that the problem was recognised by the Prison Service and that they had been involved in the research and were working closely with the research team to respond to this issue.

A Member asked if the research and findings undertaken into the other sub population groups that the research had focused on was available. The Director of Public Health advised that it was and it would be circulated to Members of the Committee for information.

The Executive Member for Adult Health and Wellbeing said that she welcomed the important research work that had been undertaken. She said that this work would inform the response to this issue. She further informed the Committee that as part of the new National Drugs Strategy issued this month, national research into the issue of NPS use was ongoing.

## **Decisions**

1. To note the report.
2. To request that all Councillors are invited to training sessions that are organised to raise awareness on Spice and other New Psychoactive Substances.

[Councillor Wills declared a personal interest as an employee of the Manchester Metropolitan University]

## **HSC/17/31                      Manchester Health and Care Commissioning Strategy – Presentation**

The Committee welcomed Ed Dyson, Executive Director of Planning and Operations, Manchester Health and Care Commissioning who delivered a presentation that described the Manchester Health and Care Commissioning Strategy. The presentation provided Members with an overview on the development of the Strategy; the aims of the Strategy and Strategic Commissioning and described the milestones for the delivery of this programme of work.

Members welcomed the presentation however commented that a report, submitted in advance of the meeting, would have been more appropriate as this would have allowed Members the opportunity to scrutinise the information.

In response to a Member's question regarding the context and ambition for the delivery aims for Year 5 that were referred to in the presentation, the Director of Public Health said that these figures are extracted from the Greater Manchester Health Plan, and that information regarding each project would be circulated to the Committee.

A Member said that he welcomed the investment in prevention activity from Public Health to address wider health determinates. Mr Dyson said that this was an important aspect of the work and provided an example of investing in physiotherapy services to help people return to, and remain in work following an accident or injury.

Members then discussed the important role of carers and in particular young carers. The Executive Member for Adult Health and Wellbeing said that the Committee was scheduled to receive a report at the November meeting that described the refreshed Carers Strategy. She said that this report would include information on young carers.

In response to questions from the Members, Mr Dyson said that they were working with pharmaceutical companies to ensure that drugs purchased were the most efficient in terms of both clinical outcome and cost effectiveness. In response to a question regarding the cost and savings to be achieved by using mobile diagnostic services, Mr Dyson said he would provide this information to the Committee.

## **Decision**

To note the presentation.

## **HSC/17/32                      Primary Care Standards**

The Committee welcomed Dr Manisha Kumar, Clinical Director, Manchester Health and Care Commissioning; Jo Purcell, Interim Director of Commissioning (Primary Care) Manchester Health and Care Commissioning and Tony Ullman, Deputy Director Primary Care and Population Health, Manchester Health and Care Commissioning who introduced a report that provided a background and context to the development of the Manchester Primary Care Standards.

Ms Purcell informed the Committee that investment had been secured to improve and deliver a consistent Primary Care offer across the City and they had been working with the GP Federations to improve these services.

In response to a Members question regarding those GP practices that had been rated as Inadequate or Requires Improvement following a Care Quality Commission (CQC) inspection, Ms Purcell said that they worked with each practice to address the issues identified to improve their rating. She said that for those smaller practices that would find it difficult to meet the standards required by the CQC there were plans to manage a patient move to an alternative Practice. She said that work was underway

at a Greater Manchester level with the GP Federations for those Practices rated as Outstanding by the CQC to share good practice and support other GP Practices to improve their rating.

Dr Kumar described that there was a programme of work underway with a range of partners to identify all those people living independently in the community with a Learning Disability. The purpose of this is to understand their health needs, how they could be supported to access health care and support them to engage with their GP practice. She said that they had designed easy read material so Learning Disabled citizens could identify health signs early so they could present at their GP practice in good time. She said this would further improve the take up rates of the national Learning Disability Health Check.

In response to a comment from a Member concerning the support offered to people with mental health issues who presented at GP practices, Dr Kumar said that there was a Greater Manchester funded scheme called 'Focused Care' that funded an advocate worker to be located in a surgery to support vulnerable patients to access support. She said that there was also a scheme currently piloted in North Manchester that provided a practice based care navigator to support and help patients.

The Executive Member for Adult Health and Wellbeing said that improving mental health services was an important aspect of this work. She said that it was recognised that the Voluntary and Community Sector provided important alternative settings to support people in the community that Doctors could refer patients to. She said that working with the Manchester Health and Care Commissioning Strategy provided an opportunity to think creatively and review what worked well for people to help them remain healthy and reduce the number of mental health patients presenting unnecessarily at acute services.

In response to a Members comment regarding access to GPs Mr Ullman said that there was a 7 day service offer across the City. He said that the ambition was to ensure that all residents understand how they could access primary care during core hours. He said that a small minority of GP Practices still close for half a day and they were seeking to reduce this. He said that an increased offer could be achieved by Practices working in partnership to ensure patients could access primary care during core times.

In response to a comment from the Chair regarding core hours, Mr Ullman said that Manchester had piloted an evening and weekend service through a GP referral route, and the ambition was to extend this offer to allow people to book evening and weekend appointments themselves. In addition he said that they were also currently reviewing the provision of Walk in Centres.

## **Decision**

To note the report.

## **HSC/17/33                      Health and Wellbeing Update**

The Committee received a report of the Strategic Director Adult Social Care which provided an overview of developments across Health and Social Care and the local NHS.

The Committee welcomed John Wareing, Associate Director of Strategy, Central Manchester Foundation Trust Hospital and Dr Farzin Fath-Ordoubadi, Consultant Cardiologist, Central Manchester Foundation Trust Hospital who attended the meeting to address the Committee on the reported changes to Adult Congenital Heart Disease (ACHD) Services in the North West.

Mr Wareing said that the ACHD services that had been provided at CMFT had experienced a number of work force issues that brought into doubt the feasibility of the continued delivery of a safe service at the hospital. He further described that NHS England had undertaken a consultation exercise on this proposal following the introduction of new national standards. He said that NHS England had also stated that they were minded to move this service to Liverpool. He said that following the closure of the consultation, a period of reviewing the responses would commence.

Mr Wareing explained that the statement by NHS England that they were minded to remove the Adult Congenital Cardiac Surgery services from Manchester Royal Infirmary, had resulted in concern for patients and their families and uncertainty for staff. He said that CMFT had disagreed with this approach.

Members expressed concern that a number of seriously ill people would now be required to travel to other ACHD sites to receive treatment. In response to a Member who sought clarification on what support patients would receive with travel to other sites, Mr Wareing said that patients would be offered advice on travel options and any reasonable additional travel costs incurred by the patient, their family or carer would be reimbursed.

In response to a question from the Chair, Dr Farzin Fath-Ordoubadi advised that currently, Liverpool did not offer Level 1 care. Level 1 was defined as patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs could be met on an acute ward with additional advice and support from the critical care team. He said that to achieve Level 1 status would take between 3 to 5 years.

The Committee expressed concern that a decision appeared to have been taken by NHS England before the consultation exercise had concluded that and appeared to have left a gap in the provision of service for ACHD patients in the North West.

He said that Level 2 care, defined as those patients as requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care would be retained locally and those patients using these services will not be affected.

The Chair said that he had received correspondence from concerned residents regarding the proposed move and the level of communication regarding these

changes with patients and their families. Mr Wareing said that CMFT had written to 2,500 patients and organised a patient event that would be rolled out across the North West. He said they had also established a patient advice line and were working closely with patient representative groups to ensure communications were appropriate and effective.

The Executive Member for Adult Health and Wellbeing recommended that the Committee received an update report on the progress of these developments at their next meeting. The Chair supported this recommendation and said that NHS England should also be invited to the meeting. The Chair recommend that the Executive Member for Adult Health and Wellbeing should raise the concerns expressed by the Committee in relation to the reported changes ACHD Services in the North West with relevant bodies at any appropriate opportunity.

The Committee thanked Mr Waring and Dr Farzin Fath-Ordoubadi for attending the meeting and answering questions from the Members.

The Committee then discussed the section of the report that described the Manchester Health Profile 2017. The Director of Public Health for Manchester introduced this section of the report. He said that whilst improvements had been achieved in areas such as suicide rates, there remained significant challenges to address health inequalities across the City, especially in cases of heart disease and cancer. He said that by working collaboratively with Health and Care Commissioning preventative work could be designed and delivered to address these inequalities and improve health outcomes for Manchester residents.

The Executive Member for Adult Health and Wellbeing said that she was working with Officers to create a resource so that health information could be provided at a ward and locality level.

Members requested that the Director of Public Health provide information on rates of alcohol related harm, life expectancy rates and an analysis on the reported decrease in road deaths and injuries in a future Health and Wellbeing update report.

## **Decisions**

1. The Committee recommends that the Executive Member for Adult Health and Wellbeing discuss the concerns raised by the Committee in relation to the reported changes to Adult Congenital Heart Disease (ACHD) Services in the North West with relevant bodies at any appropriate opportunity.
2. The Committee recommends that an update report on the changes to Adult Congenital Heart Disease (ACHD) Services in the North West be submitted for consideration at an appropriate time. The Committee further recommends that NHS England be invited to that meeting.
3. To request that future update reports include information on rates of alcohol-related harm, life expectancy rates and an analysis on the reported decrease in road deaths and injuries.

**HSC/17/27                      Overview report**

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

**Decision**

To note the report and approve the work programme.