

Health Scrutiny Committee

Minutes of the meeting held on 19 June 2018

Present:

Councillor Farrell – in the Chair
Councillors Battle, Curley, Holt, Karney, Lynch, Mary Monaghan, Paul, Reeves, Riasat, Smitheman, Wills and Wilson

Councillor Craig, Executive Member for Adults, Health and Wellbeing

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

Michael McCourt, Chief Executive, Manchester Local Care Organisation
Dr Dympna Edwards, Consultant in Dental Public Health
Lindsey LaVantae, Dental Contracts Manager
Jon Slattery, General Dental Practitioner
Jeni Hirst, Director of Service Development, BHA for Equality
Colin Armstead, Service Director, George House Trust
Peter Bampton, Sexual Health Lead, LGBT Foundation
Dr Ash Sukthankar, Clinical Lead, Northern Sexual Health, Contraception and HIV Service
Stuart Dobson, Directorate Manager, Northern Sexual Health, Contraception and HIV Service
Julie Rigby, Service Manager, Brook
Sue Hansford, Nurse Manager, Brook
Melanie Williams, Education Manager, Brook
Charlotte Cook, LGBT Foundation

Apologies: None received

HSC/18/23 Urgent Business

The Committee requested data is provided on how many children in Manchester would benefit from the administration of cannabis oil to manage their health condition. Officers responded that they would investigate and circulate this information to the Committee.

HSC/18/24 Minutes

Decision

To approve as a correct record the minutes of the meetings held on 22 May 2018.

HSC/18/25 Manchester Local Care Organisation

The Committee considered the report of the Chief Executive, Manchester Local Care Organisation that provided Members with an update on the development of the Manchester Local Care Organisation (MLCO).

The Chief Executive, MLCO referred to the main points of the report which were:

- A background on the development of a LCO in Manchester;
- The establishment of the MLCO through the Partnering Agreement;
- Development of a Manchester City Council Service Level Agreement;
- Approval of a 2018/19 MLCO Business and Finance Plan;
- Update on the implementation of New Care Models; and
- Overview of key deliverables of the MLCO for 2018/19.

Some of the key points that arose from the Committee's discussions were:-

- Recognition needed to be given to the importance of housing and the impact this had on people's health and wellbeing;
- The importance of addressing the wider determinants of health, and the need to improve active travel and clean air;
- Adaptations service and the availability of suitable alternative housing for people;
- The importance of Members local knowledge contributing to the development and design of local health plans;
- Consideration needed to be given to how the ambitions and proposal of the LCO are articulated to residents; and
- Was the model of service delivery financially sustainable.

The Chief Executive, Manchester Local Care Organisation informed the Committee that housing was recognised as an important contributing factor to people's health and wellbeing and this, along with other wider determinants of health would be reported in future updates to Committee. The Director of Population Health and Wellbeing said that the importance of air quality and the impact on health was understood. He said that the Committee would receive the Public Health Air Quality Plan at a future meeting.

The Chief Executive, MLCO said the primary ambition was to deliver services in a bespoke, coordinated way that responded to the needs of the local population so that residents could remain and be supported in their own homes and not rely on acute hospital services, unless required. He said that each of the twelve neighbourhood teams would be encouraged to be creative on how money was spent to influence local health improvements with an emphasis on preventive work.

He said this was the first year of a ten year agreement to deliver services in a new way. He described that a single MLCO Executive Team had been established and this team had undertaken visits to meet with staff working in teams, as it was recognised that this was a new approach to delivering services and staff, working in multi-disciplinary teams are vital to the successful delivery of this care model. He said that the local health plans for the twelve neighbourhoods would be produced in April

2019 and these would be informed with input from local Members, utilising their local knowledge. He said that each plan would be different to reflect the unique character of each neighbourhood. He advised that a business plan would also be produced and this would be accompanied by a communications campaign that used plain language.

The Director of Adult Services informed Members that a project board had been established to specifically consider the issue of IT. She said that this would ensure the efficient integration of IT systems used by partners across the organisation. She further commented that staff working in the new organisation were the most valuable asset to the MLCO and a series of engagement events with Trade Unions and staff, across all levels had been undertaken. She said the new organisation presented opportunities for staff to train and professionally develop across both the Health and Social Care sectors. She said that local Members would also be represented on each of the twelve neighbourhood teams.

The Executive Member for Adults, Health and Wellbeing expressed her gratitude and paid tribute to all staff for their commitment to the new service. She informed the Members that there had been a great response from front line staff in the active planning events, and the views and ideas of staff had been listened to and taken into consideration. She said that funding of services remained a national challenge and that a report on Health and Social Care governance and budget arrangements was to be considered by the Resources and Governance Scrutiny Committee at their meeting of 21 June. In response to the comments raised regarding housing she suggested that the Committee received a report on Health and Housing at a future meeting. The Committee agreed this recommendation.

The Chief Executive, MLCO said that the new model of service delivery would deliver improved efficiencies and improve the health outcomes of residents that would attract a future funding arrangements.

The Chief Executive, MLCO said that he welcomed the support expressed by the Committee and recommended that Members undertook a visit to meet the neighbourhood teams when they are established.

Decisions

The Committee:-

1. Notes the significant progress made in the establishment of a LCO for the City of Manchester initially outlined in the LCO Prospectus and realised from April 2018 through the establishment of the MLCO;
2. Notes the signing of the Partnering Agreement by each of the partner organisations of the MLCO; MFT, MCC, MPCP, GMMH and MHCC, enabling the MLCO to establish in April 2018;
3. Notes the continued progress made in implementing and delivering the New Care Models associated with the Greater Manchester Transformation Fund and Adult

Social Care Grant and continued development of Integrated Neighbourhood Team hubs;

4. Notes the creation of a co-designed and all-encompassing approach to the MLCO key deliverables for 2018/19 to ensure that it is best placed to meet the needs of communities and neighbourhoods of Manchester in regards to integrated health and social care; and

5. Recommended that a report on Health and Housing be submitted for consideration at a future meeting of the Committee.

HSC/18/26 Oral health and dental service provision and the work of the Greater Manchester Health and Social Care Partnership

The Committee considered the report of the Consultant in Dental Public Health, Greater Manchester Health and Social Care Partnership and the Head of Primary Care Operations, Greater Manchester Health and Social Care Partnership that provided Members with an update of oral health and dental service provision across the city of Manchester.

The Consultant in Dental Public Health referred to the main points of the report which were:

- An overview and comparison of the dental health of children in Manchester and Greater Manchester;
- The severity and trends of dental disease amongst children;
- Information on the oral health of Adults in Manchester;
- Information on access to General Dental Practices across Greater Manchester;
- The activities undertaken to improve quality, including the objectives and work of the Greater Manchester Dentistry Local Professional Network (LPN);
- Specific information on schemes such as:
 - Fluoride varnish treatment
 - Primary school Buddy Practice scheme
 - Supervised tooth brushing programme
 - Early Years activity
 - Training for health and social care professionals, including care home staff; and
- Patient feedback on dental services, including data from the Friends and Family Test.

Some of the key points that arose from the Committee's discussions were:-

- Figures of child tooth decay was requested at a ward level and that this information should be provided via ward coordination;
- The need to address the prevalence of sugary drinks and unhealthy snacks in schools and hospitals;
- The report did not address the links between poor oral health and its impact on other health conditions;
- Specialist oral health care for specific groups, such as Learning Disabled citizens and older people;

- Access to NHS Practices and how this was managed on the NHS Choices website; and
- Activities undertaken with schools to promote good oral health.

The Consultant in Dental Public Health said that analysis of data by area could be produced and would be shared with Members. She said that the numbers reported of residents accessing dental services was reflected nationally and it was important to note that the figures did not include those accessing private practices and that Manchester had a large student population who often continued to use their home address dentist. She said that the frequency of appointments was determined by guidance produced by the National Institute for Health and Care Excellence (NICE) and that it was recommended that young children were seen by a dentist ideally by the age of six months and certainly by the age of 12 months.

The Director of Population Health and Wellbeing said that one of the five priorities of the Manchester Population Health Plan was improving outcomes in the first 1000 days of a child's life, and this included improving oral health. He said the Healthy Schools Programme included oral health. Both he and the Consultant in Dental Public Health said that the prevalence and availability of sugary drinks was recognised as an issue that impacted on children's oral health. Public Health England are raising this issue at a national level. In response to the comment made regarding the availability of sugary drinks and snacks in a range of settings, such as NHS organisations, leisure providers and schools, the Director of Population Health and Wellbeing said that he would work with the Consultant in Dental Public Health and partners to explore the options for delivering a joint campaign around this issue.

The Consultant in Dental Public Health said that the relationship between oral health and general health was understood and that a lot of research in this area had been undertaken and that she would provide this information. She informed the Committee that they were looking to recommission specialist care services for specific population groups such as Learning Disabled citizens and older residents. She said that she welcomed the system wide approach to health care and the model adopted in Manchester was recognised nationally as good practice.

The General Dental Practitioner informed the Committee that one barrier to access was related to estates, he described that when Health Centres were built they did not accommodate dental practices. He further described that the 2016 Dental Funding Contract had restricted a practices ability to recruit additional dentists. He said that NHS dental charges had increased by 5% over the previous 2 years, however this had not been directed to practices. He said that this, in addition to increased administration had contributed to low morale experienced throughout the dental profession. He commented that he hoped that the devolution of health budgets would address these issues. He concluded by saying that he would also support the fluoridation of water as there was evidence to demonstrate the benefits of this intervention.

The General Dental Practitioner explained that often the NHS Choices website did not always reflect up to date information as to a practices capacity to accept new NHS patients. The Dental Contracts Manager said that they did encourage practices to submit accurate and timely data so that the website information is correct. The

Consultant in Dental Public Health responded to Members comments regarding the perceived variation of provision across the city by saying that she would circulate the figures of NHS Dental provision across the city.

Decisions

The Committee:-

1. Notes the report; and
2. Requests that the figures of NHS Dental provision across the city are circulated to Members.

HSC/18/27 Sexual and reproductive health services in Manchester

The Committee considered the report of the Director of Population Health and Wellbeing that provided an overview of the sexual and reproductive health of our resident population. It also described the sexual and reproductive health services that were commissioned.

Officers referred to the main points of the report which were:

- An overview of the sexual and reproductive health of the local population;
- Data on the rates of:
 - Sexually transmitted infections (STIs)
 - HIV
 - The number of abortions performed in Manchester
 - Conception amongst Under 18s
- An overview of commissioning responsibilities between local authorities, Clinical Commissioning Groups and NHS England;
- An overview of commissioning activities including detailed information on the following commissioned services:
 - Northern Sexual Health, Contraception and HIV Service
 - Brook - a contraception and sexual health service for young people
 - Ruclear chlamydia screening programme
 - Passionate about Sexual Health Programme (PaSH) – offering a range of HIV/STI prevention interventions for residents at highest risk of acquiring HIV and interventions to support residents living with diagnosed HIV; and
- Information on enhanced services delivered in primary care settings and other investments including Manchester Action on Street Health (MASH), the national HIV self-sampling service and Freedoms.

In attendance at the meeting were representatives of most of the commissioned services.

Some of the key points that arose from the Committee's discussions were:-

- Whilst acknowledging the reported improvements Manchester still scored above the national average for STI levels;

- How did Manchester compare to other core cities;
- What services were provided for young people engaging in chem sex;
- What were the funding arrangements for PrEP (pre-exposure prophylaxis for HIV);
- The changing attitude of young people towards HIV/AIDS;
- The influence of social media and apps that enable casual sexual contacts;
- What activities were undertaken to promote this work and awareness through schools; and
- Welcoming the progress made to enable people to speak openly and frankly about this important health issue.

The Public Health Commissioning Manager, Sexual Health said the figures reported for Manchester reflected the experience of other core cities. He commented that the Reach Clinic provided consultant-level clinical interventions for people engaging in chem sex and that support from a specialist drug worker was also available. He said that if young people attending other services were identified as engaging in chem sex they would be referred to the Reach Clinic for the appropriate support. The Sexual Health Lead, LGBT Foundation said investment needed to be made to address social isolation and invest in wellbeing spaces for men who engaged in chem sex, he further said that they worked with local student groups to raise awareness around the risks associated with chem sex.

The Clinical Lead, Northern Sexual Health, Contraception and HIV Service said that the rates of STI's for gonorrhoea and syphilis had increased and suggested that the prevalence of dating and contact apps contributed to this. He said that early detection and treatment was very important to prevent further infection. He said that, in rare cases, patients with these STIs presented with an eye infection in the first instance; training had been delivered to staff at the Eye Hospital so that patients could be referred for appropriate treatment. He said that in response practitioners had also updated their anti-bacterial policies; home testing kits were available and more testing was available across health services.

The Clinical Lead, Northern Sexual Health, Contraception and HIV Service said that Manchester had participated in the trials of PrEP with very positive results for patients living with the condition. The Public Health Commissioning Manager, Sexual Health said that PrEP had been funded by NHS England, however the funding covered the cost of the drug only and did not meet the costs associated with patient attendance and clinician's time. The Sexual Health Lead, LGBT Foundation said that research had demonstrated the effectiveness of PrEP. He said the uptake of this treatment amongst gay and bi men had been high and more work needed to be done with the Transgender community who were identified as a high risk group. The Director of Service Development, BHA for Equality commented that work also needed to be done around this issue with the African community.

The Executive Member for Adults, Health and Wellbeing said that she called upon the Government for a fairer funding settlement for a national roll out of PrEP post trial period. She said that funding should be sufficient to cover all costs associated with patient attendance.

The Service Manager, Brook described that they did deliver awareness and education sessions in schools and colleges, and if required they could offer 1-2-1 sessions. The Education Manager, Brook said that they promoted partnership working with schools to share good practice to raise this agenda amongst young people. She said that often Faith Schools did not participate in this programme of activity. The Service Director, George House Trust said that they delivered the Positive Speakers Programme, which was a programme where people living with HIV talked about their experiences in a variety of settings, including schools and work places. The Public Health Commissioning Manager, Sexual Health said that outreach workers also delivered this programme of activity with young people which included young offenders and Looked After Children in non-school settings as part of the Healthy Schools Programme.

The Committee also received a presentation that provided an overview of the work of Passionate about Sexual Health Programme. Members commented on the positive example of partnership working with the Voluntary and Community Sector to deliver improved health outcomes for Manchester residents.

Decisions

The Committee:-

1. Notes the report; and
2. Welcomes the partnership working with the Voluntary and Community Sector.

HSC/18/28 Delivering the Our Manchester Strategy

The Committee considered the report of the Executive Member for Adults, Health and Well Being, which provided an overview of work undertaken and progress towards the delivery of the Council's priorities, as set out in the Our Manchester strategy, for those areas within her portfolio.

Some of the key points that arose from the Committee's discussions were:-

- What provision was being made for extra care homes for younger adults;
- Recruitment of carers;
- Asylum seekers and refugees and what was being done to support them; and
- Welcoming the commitment given to Learning Disabled citizens and improving mental health services.

The Executive Member for Adults, Health and Well Being said that she welcomed the continued scrutiny provided by Members of the Committee. She said that consideration was being given on the roll out of the Extra Care model of housing, and future funding arrangements for this were being explored. She further informed the Committee that she had recently met with the new Chief Executive of the Manchester Mental Health NHS Foundation Trust and was confident that the improvements in this service area would continue to be delivered. She said that she was also working with Officers to develop a coherent strategy to respond effectively to asylum seekers

and refugees and that she would welcome any input from Members on the development of this.

Decision

To note the report.

HSC/18/29 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.