



Health Scrutiny Committee

Date: Tuesday, 5 March 2019

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 9.30am in Committee Room 6 (Room 2006), 2nd Floor of Town Hall Extension

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

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Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Battle, Clay, Curley, Holt, Lynch, Mary Monaghan, O'Neil, Paul, Reeves, Riasat, Smitheman, Wills and Wilson

Agenda

1. Urgent Business

To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes

To approve as a correct record the minutes of the meeting held on 5 February 2019.

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5. Pre-Exposure Prophylaxis (PrEP) National Trial Expansion

Report of the Director of Population Health and Wellbeing

13 - 20

In January of this year NHS England announced plans to expand the Pre-Exposure Prophylaxis (PrEP) Impact Trial to 26,000 participants by 2020. This represents a doubling of the current number of people on the trial nationally. This report summarises the implications of the national trial expansion for Manchester.

6. Winter Pressures - To follow

7. Care Homes - To follow

6. Overview Report

Report of the Governance and Scrutiny Support Unit

21 - 34

The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

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Agenda, reports and minutes of all Council Committees can be found on the Council's website www.manchester.gov.uk

Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
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Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This agenda was issued on **Monday, 25 February 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

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Health Scrutiny Committee

Minutes of the meeting held on 5 February 2019

Present:

Councillor Farrell – in the Chair
Councillors Clay, Curley, Lynch, Mary Monaghan, Paul, Riasat, Wills and Wilson

Councillor Craig, Executive Member for Adults, Health and Wellbeing
Councillor Midgley, Assistant Executive Member for Adults, Health and Wellbeing
Councillor Ollerhead, Executive Member for Finance and Human Resources
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning
Peter Blythin, Director Single Hospital Service
Professor Matthew Makin, Clinical Director at North Manchester General Hospital
Michael McCourt, Chief Executive, Manchester Local Care Organisation
Dr Sohail Munshi, Medical Director, Manchester Local Care Organisation
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation
Steve Wilson, Executive Lead for Finance and Investment, Greater Manchester Health and Social Care Partnership
Ed Dyson, Executive Director of Planning and Operations, Manchester Health and Care Commissioning

Apologies: Councillor Holt, O'Neil and Reeves

HSC/19/06 Minutes

Decision

To approve the minutes of the meeting held on 8 January 2019 as a correct record.

HSC/19/07 Single Hospital Service Progress Report

The Committee considered a report of the Director, Single Hospital Service that provided an update on the City of Manchester Single Hospital Service Programme. It set out the work that had taken place since the creation of Manchester University NHS Foundation Trust (MFT) on 1 October 2017 and described the approach used within MFT to track the anticipated benefits of the merger. It also outlined the part MFT was playing in the work being led by Greater Manchester Health and Social Care Partnership to transfer North Manchester General Hospital (NMGH) into MFT.

The Director, Single Hospital Service referred to the main points of the report which were: -

- Providing a background and rationale for the SHS;
- Describing the work of the Integration Steering Group (ISG), chaired by the Director for the Single Hospital Service, that continued to oversee delivery of all

- integration work streams, providing resource and support to help work stream leads deliver their objectives;
- An update on the Integration Programme, noting the published Year One Post-Merger Report;
 - A description of the benefits realised for both staff and patients in relation to a range of services; and
 - An update on the proposed acquisition of North Manchester General Hospital.

The Committee were also shown two videos that demonstrated the improvements that had been achieved to date and how staff had been engaged throughout this process.

A Member sought clarification on the role of the Council of Governors and enquired if they would vote on the final decision to incorporate NMGH into the City of Manchester Single Hospital Service Programme. The Director Single Hospital Service reported that the Council of Governors had been established to review the probity and governance of the transition process and ensure that due diligence had been observed, however they would not have a vote on the final decision to transfer NMGH into MFT.

Members expressed their frustration at the length of time taken to incorporate NMGH into the City of Manchester Single Hospital Service Programme and asked what could be done to speed this process up. Members enquired if the recent senior management change at Salford Royal had any impact on this process. The Executive Lead for Finance and Investment, Greater Manchester Health and Social Care Partnership acknowledged the frustrations expressed by the Committee. He commented that the process was complex and was dictated by national guidance and process, however the commitment was given at a Greater Manchester level to move NMGH into the SHS, stating that the strategic case would be completed by March 2019 and this would be followed by a national agreement to proceed to implementation phase. He said that all partners, both local and national, including NHS Improvement recognised the case to move NMGH into the SHS and were positively involved with delivering this programme. He further commented that risks associated with this programme were closely monitored and reviewed to support this transaction.

Members sought an assurance on how any financial deficit Pennine Acute Hospital Trust had would be apportioned to NMGH. The Executive Lead for Finance and Investment, Greater Manchester Health and Social Care Partnership explained that this was being carefully considered. He further responded to a question regarding the suggestion that services would be disrupted or withdrawn at the NMGH site prior to the move to the SHS by giving an assurance to the Committee that the expectation was to maintain the current service at the site and any change would have to be considered by the Transaction Board.

The Executive Member for Adults, Health and Wellbeing sought an assurance that had previously been given to the Committee that Members would be informed of any proposed changes to service prior to them being implemented would continue to be honoured. The Director Single Hospital Service said that he remained committed to this request.

A Member commented that rumours frequently circulated amongst residents in North Manchester regarding the removal of services at NMGH and recommended that the senior leadership team at NMGH provided the Executive Member for Adults, Health and Wellbeing and the Chair of the Health Scrutiny Committee with regular updates regarding the progress on the move of NMGH into the City of Manchester Single Hospital Service Programme.

The Director Single Hospital Service acknowledged the comment regarding rumours and stated that they sought to address this by holding monthly team meetings to address any concerns and answer any questions staff had. He said that these sessions were very well attended and had proved useful. He further commented that the staff were the Trusts strongest asset and the delivery of the SHS provided an opportunity to look at the terms and conditions of staff and pay grades to harmonise this across the estate. He said this was being undertaken with the full involvement from staff side.

In response to a question from a Member regarding the number of patients currently attending NMGH who would be diverted to other sites with Pennine Acute Trust the Clinical Director at North Manchester General Hospital said that this had been modelled and figures would be circulated following the meeting. He said that this activity needed to be considered in the context of other wider programmes, such as Healthier Together, noting that in addition to providing a service for local residents NMGH delivered specialised services, such as the Infectious Diseases Department. The Committee noted that the identity of each hospital would be retained as this was understood by the local population. He further commented that the recent change at Salford Royal would not have any impact to this programme of work.

In response to a question regarding patient and public engagement the Director of Corporate Affairs, Manchester Health and Care Commissioning said that a number of events had been delivered in North Manchester and the programme of delivering Health Checks in the area provided an opportunity for staff to engage with residents and make them aware of the proposals and obtain their views. In addition, regular meetings were held with Healthwatch and strong relationships had been established with local faith groups.

In response to a concern expressed by a Member regarding patient choice the Executive Director of Planning and Operations, Manchester Health and Care Commissioning said that the delivery of the SHS would not impact on the provision of patient pathways and patient choice would be maintained.

The Executive Member for Adults, Health and Wellbeing said that she welcomed the discussion at the meeting and stressed the importance of bringing NMGH into the City of Manchester Single Hospital Service Programme as quickly and as safely as possible. She further welcomed the stated commitment given that any proposed changes to the services delivered at NMGH would be reported to the Committee.

Decision

The Committee;

1. Express their disappointment at the length of time taken to incorporate North Manchester General Hospital into the City of Manchester Single Hospital Service Programme;
2. Welcomes the commitment given that the Committee would be informed of and consulted with on any proposed changes to services at North Manchester General Hospital prior to them being implemented; and
3. Requests that a progress report be submitted for consideration at an appropriate time.

HSC/19/08 Manchester Local Care Organisation

The Committee considered a report of the Chief Executive, Manchester Local Care Organisation (MLCO) that provided Members with an update on the progress made across core business areas of MLCO.

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

- Describing the MLCO Delivery Priorities in 2018/19 that had been defined by the business plan which was approved by Partners at the MLCO Partnership Board in March 2018;
- High Impact Primary Care, the key new care model that had been designed as a response to the small percentage of the Manchester population that were very vulnerable and had such complex health and social care needs that they find it difficult to navigate and access the standard services offered across General Practice, community nursing and social care;
- An update on Integrated Neighbourhood Working;
- Manchester Community Response (MCR), a seven-day service that provided community based intermediate care, reablement and rehabilitation services to patients, often older people, after leaving hospital or when they are at risk of being sent to hospital;
- An update on the Adult Social Care Improvement Programme;
- Engagement activities with staff, partners and patients;
- Describing the MRI priority discharges and escalation work to support local people by working to prevent the need for admission to hospital wherever possible, and getting people home from hospital in a timely and safe manner when they do need hospital care; and
- MLCO Business Plan and Phase 2.

Members welcomed the report and the progress delivered to date, noting that some Members of the Committee had recently met the Neighbourhood Leads in their area. A Member commented that he was disappointed that the report did not mention any work or activities with Public Health. The Chief Executive, MLCO noted the comment, however reassured the Committee that addressing the social injustice of health inequalities and delivering preventative work was fundamental to the work and success of the MLCO.

A Member enquired what was being done to support the cohort of patients who had historically found it difficult to engage with services, such as drug and mental health services due to entrenched problems, or on occasion services had failed to support patients with complex needs appropriately due to services working in silos. The Chief Executive, MLCO commented that the MLCO brought teams of health professionals together, with the correct skills set to better coordinate and deliver care in a multi-disciplinary and collaborative manner.

The Director of Adult Social Care stated that the Complex Reablement Team had been established to engage with and offer the appropriate support and treatment for those patients with complex needs from staff with the appropriate skills set, as it was recognised that services had not previously addressed those patients needs in a coordinated way.

The Chief Operating Officer, MLCO advised that the leadership role within the Neighbourhood Teams would be responsible for coordinating services and care across those teams and the system would be flexible to respond to need so that the correct interventions could be delivered to support people appropriately. He further informed the Committee that a Mental Health Lead would be appointed to each Neighbourhood Team which was welcomed by the Members.

A Member noted that people often fell into difficulties with their housing provider as a consequence of their health and that had an impact on both them and their families. The Chief Executive, MLCO commented that the wider determinants of health were understood and that included housing. The Director of Adult Social Care advised that a dedicated post within the MLCO would be established to focus on the issue of housing.

In response to a question regarding the reported increase in Deprivation of Liberty Safeguards referrals the Director of Adult Social Care said that this reflected a national trend following a recent High Court Judgement ruling. She said that teams are currently being recruited to respond to this increase in demand.

Decision

To note the report.

HSC/19/09 Updated Financial Strategy and Directorate Business Plans 2019-20

Further to item HSC/18/50 the Committee considered the report of the Chief Executive and the City Treasurer that provided an update on the Council's financial position and set out next steps in the budget process, including scrutiny of the draft budget proposals and Directorate Business Plan reports by this Committee.

The Committee was invited to consider and make recommendations to the Executive on the budget proposals which are within the remit of this Committee and to comment on the Directorate Business Plans which had been designed to ensure the

Council invests in the services that are valued by its residents, achieving both high quality services and outcomes for residents as well as a balanced budget.

The Committee considered the Manchester Health and Care Commissioning - Adult Social Care Business Plan and Pooled Budget contribution 2019/20.

The Executive Member for Adults, Health and Wellbeing commented that continued austerity and unfair local government funding settlements had a significant detrimental effect on the lives of Manchester residents and the provision of a range services. She said that the Council's financial planning and investment in the Airport Group had supported the delivery of services and further commented that an assumption and reliance on Council Tax to fund Adult Social Care was fundamentally flawed and was not sustainable long term.

The Executive Member for Adults, Health and Wellbeing said that the Council remained committed to protecting vulnerable residents from the worst of these financial cuts and remained committed to improving services. She commented that the increase in the number of people who were homeless and rough sleeping could be linked to the imposition of welfare reform and the introduction of Universal Credit.

The Executive Member for Finance and Human Resources said that the funding allocation model was flawed and needed to change to ensure residents of the city received a fair settlement, noting that it did not take into account density or deprivation levels. He said that the budget that had been presented was designed to protect the most vulnerable in the city.

Members of the Committee commented that the decade of austerity that had been imposed on Manchester had been very unfair and had impacted on the lives of many Manchester residents. The Committee thanked the Executive Members and the officers for investing what money was available into protecting and improving those services that helped the most vulnerable in the city. Members further commented that government needed to invest appropriate funding into preventative activities and Public Health, in addition to delivering a fair financial settlement for Manchester.

Members discussed the need to consider the terms and conditions of those staff who deliver homecare, noting that staff were not paid for travel time. The Executive Member for Adults, Health and Wellbeing said that Manchester City Council had pledged its support to the Ethical Care Charter and would use its influence through the commissioning and procurement process to drive improvements to the terms and conditions of those staff working in the care sector.

Decision

To note the reports and recommend that the comments of the Committee are submitted to the 13 February 2019 meeting of Executive for consideration.

HSC/19/10 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.

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**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 March 2019

Subject: Pre-Exposure Prophylaxis (PrEP) National Trial Expansion

Report of: Director of Population Health and Wellbeing

Summary

In January of this year NHS England announced plans to expand the Pre-Exposure Prophylaxis (PrEP) Impact Trial to 26,000 participants by 2020. This represents a doubling of the current number of people on the trial nationally. This report summarises the implications of the national trial expansion for Manchester.

Recommendations

The Committee is asked to note the report.

Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable):

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	A healthy workforce will contribute to the economic growth of the city and preventing people from being infected with HIV will have significant long term benefits
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Increasing the access to the trial by Manchester residents will improve health outcomes for individuals and also result in savings for the NHS, through reduced treatment costs associated with HIV
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Report to Manchester Health Scrutiny Committee on Sexual and Reproductive Health Services in Manchester – 19 June 2018

1.0 Introduction

- 1.1 Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV, but who are at substantial risk of HIV infection to reduce their risk of acquiring HIV. This involves taking the PrEP drug as instructed, prior to any exposures that might put the individual at high risk of getting HIV. The single tablet PrEP drug contains two medicines (tenofovir and emtricitabine).
- 1.2 The PrEP Impact Trial aims to answer key questions about the use of PrEP by groups at a higher need in England. The first phase of the trial was announced by NHS England and Public Health England in December 2016 with plans to enrol 13,000 participants at high risk of acquiring HIV over a three year period starting in October 2017.
- 1.3 The eligibility criteria for the trial were based on the criteria published by NHS England as part of the consultation and developed in discussion with clinicians who participated in the Public Health England (PHE) PrEP Task and Finish Group and community representatives who participated in the Community Advisory Board convened by PHE. The criteria are:
 - a) Men who have sex with men (MSM) or trans women who currently test HIV negative, who also tested HIV negative earlier in the previous 12 months, and who report unprotected sex in the previous three months and consider they are likely to have unprotected sex (excluding oral sex) in the next three months.
 - b) The HIV negative partner of someone diagnosed with HIV, who is not known to be virally suppressed and with whom unprotected sex is anticipated.
 - c) HIV negative people who are clinically assessed and considered to be at similar high risk of HIV acquisition as those with a partner with HIV who is not known to be virally suppressed. In other words, someone who does not fall into the criteria set out in a or b but whose situation is assessed to be at a similar level of risk.
- 1.4 The trial to date has been conducted in sexual health clinics in England. All specialised genitourinary medicine (GUM) clinics in England (i.e. level 3 sexual health clinics) were invited to participate in the trial and Manchester based clinics were part of the first wave of participants. Each trial site was allocated a ring-fenced number of participants.
- 1.5 The treatment pathway for trial participants is as follows:
 - i) Clinic attendees who are part of groups at high HIV risk are expected to be individually risk assessed when they attend clinics. Those who are eligible for, and accept the offer of PrEP are prescribed PrEP for three months, either on a daily dosing or event based regimen, depending on their risk profile. Daily dosing is when PrEP is taken on a daily basis. Event based dosing is when PrEP is taken before having sex.

- ii) All clinical care provided to participants is in line with clinical guidance for PrEP or established clinical practice for the off-label use of the medicines. Participants are offered PrEP as part of an active risk reduction intervention, including health education and safer sex promotion, to reduce and modify high risk behaviour. This may include the provision of free condoms, behaviour change interventions, other biomedical interventions such as post-exposure prophylaxis where relevant, the diagnosis and treatment of sexually transmitted infections (STIs), and regular HIV testing.

2.0 Phase One of the PrEP Impact Trial in Manchester

Recruitment and waiting lists

- 2.1 The following table summarises current trial details across Greater Manchester clinics:

GM Clinics		MSM		Other groups		Current waiting list
		Places available	Recruited to date	Places available	Recruited to date	
1.	Northern Clinics					
	Hathersage (Mcr)	266	266	14	6	392
	Withington (Mcr)	78	67	3	1	57
	Tameside	25	25	2	0	15
	Trafford	30	30	1	0	20
	Stockport	22	21	2	0	22
2.	North Manchester (*)	19	19	10	0	TBC
3.	Oldham, Bury and Rochdale	Recruitment has just commenced				TBC
4.	Bolton/Salford	33	33	14	6	TBC

**The GUM Clinic at North Manchester General Hospital is part of the Northern Sexual and Reproductive Health Service, but for the purposes of the trial is designated as a separate site.*

- 2.2 There is evidence of people registering at different sites across Greater Manchester when waiting lists are full with patients putting their names on multiple waiting lists. This is understandable and is one of the reasons why there has been pressure to expand the number of trial places nationally.
- 2.3 Clinicians who support the trial must undertake specific research training in order to be able to recruit trial participants. In some clinics not all clinical staff have had the research training, therefore trial recruitment is dependent on just a few staff and this can create bottlenecks. Furthermore, smaller clinical sites rely on one member of staff (usually a consultant) to do all the recruitment, management of waiting lists, follow up and troubleshooting. This can have knock on effects on other areas of clinical workload and not surprisingly makes trial recruitment even more problematic.
- 2.4 The trial also aims to quantify MSM and other people at risk who have become positive whilst waiting for PrEP. Each clinical site has a different method of

capturing their waiting lists. The trial sites under Northern are currently trying to amalgamate all waiting lists centrally to arrive at a robust figure, however, due to confidentiality issues this cannot be done for all clinics in Greater Manchester because they are under different providers.

Monitoring and compliance

- 2.5 Almost all trial participants need 4 visits a year (i.e. every 3 months) unless taking event based PrEP (see 1.5), in which case they can be seen slightly less. As all trial participants are defined as high risk of acquiring HIV, according to national guidelines, they should be attending clinics every 3 months anyway. However, due to access issues, the Northern are reporting that on average participants are attending 1-2 times a year. There has been good compliance with the trial by the majority of participants but access issues are impacting on compliance and there have been some issues with drug supply. This is partly due to process and clinical sign off issues relating to the roles of the research nurses and clinicians. The Northern plan to address this.
- 2.6 As the follow up of trial participants is incorporated into standard care processes, many on the trial have felt frustrated that they are unable to “reserve” future appointments. Patients are seen by all members of the sexual health team, both doctors and nurses, and PrEP Patient Group Directives (PGDs) are in place in the Northern service to help with this. PGDs allow for greater clinical flexibility in decision making and prescribing by nursing staff.

Impact on other services provided by the Northern

- 2.7 There have been knock on effects on other HIV and sexual health services provided by the Northern and as reported above the trial processes have impacted upon clinical and administrative time. The clinic at Hathersage benefits from on site laboratory and sample testing facilities but on smaller sites like Trafford there can be processing issues and delays.

3.0 Proposals to expand the trial

- 3.1 The trial is overseen by the PrEP Programme Oversight Board that is jointly chaired by Public Health England (PHE) and NHS England. The Programme Oversight Board has met since January 2017 and has representation from the Association of Directors of Public Health, Local Government Association and the English HIV and Sexual Health Commissioners Group (EHSCHG). The Deputy Chief Executive of the LGBT Foundation, Rob Cookson, is a lay member of the Board.
- 3.2 At the PrEP Oversight Board meeting on 15 January 2019, the main item for discussion was a recommendation from the research team to double the number of trial places so that it can address emerging questions from the trial and more robustly inform the design and rollout of a full national programme.
- 3.3 The Board supported this recommendation in principle, noting NHS England’s commitment to fully fund the drug costs associated with any increased uptake

and to make a research payment for each participant, in line with current arrangements.

- 3.4 However, before final approval is given, the Board asked that a rapid engagement exercise with local authority commissioners and research sites be undertaken to assess their capacity to accept additional places. This work is now underway and will run in parallel with obtaining research ethics approval for the change, which is a prerequisite before any additional places can be confirmed and released.

Manchester response

- 3.5 Following the national announcement the Director of Population Health and Wellbeing, on behalf of Manchester Health and Care Commissioning as the designated commissioner, has been working closely with clinical colleagues at the Northern.
- 3.6 The discussions have highlighted the additional pressures that the expansion of the trial will place on local clinics and whilst drug costs and research costs will be funded by NHS England, the indirect costs (e.g. more patients attending requiring other sexual health services) are not.
- 3.7 The Local Government Association (LGA) and Association of Director of Public Health (ADPH) are currently assessing the potential impacts of the trial expansion and Manchester has responded to the ADPH survey. This will enable a case to be made to NHS England for a fully funded approach that does not place additional “unfunded burdens” on clinics or local authority commissioners.
- 3.8 However to ensure that a contingency fund is in place for any local trial expansion, the Director of Population Health has agreed with the Executive Member for Adult Health and Wellbeing, that resources previously set aside for innovation in sexual health will be redirected towards additional recruitment capacity. It is estimated that approximately 40-50 additional clinics will be needed in 2019/20 for an effective and safe recruitment process and an initial sum of £25,000 has been identified. This clearly demonstrates Manchester’s commitment to the trial expansion, whilst we continue to lobby through the ADPH and LGA for a fair allocation of resources from NHS England.
- 3.9 This commitment has enabled the Northern to apply for an increase in trial places before the initial 31 January 2019 deadline. There has been no formal response yet from NHS England or the sponsoring body (Chelsea and Westminster NHS Foundation Trust) on whether this request for extra places has been accepted. NHS England have expressed a desire to double the number of places nationally from 13,000 to 26,000 so this could simply mean a “doubling of slots” available for each site. They may however, just want to prioritise places for clinics with the greatest demand.

4.0 Council Motion and next steps

4.1 On 30 January 2019 the Council agreed the following motion.

This Council:

- 1) *Demands that this Government reverses it's cuts to Public Health Services, including sexual health services, and allocates funds fairly according to need*
- 2) *Calls on the Secretary of State for Health and NHS England to take action to prevent new HIV infections by ending the trial, guaranteeing future treatment for those on the trial and fully funding and rolling out PrEP on the NHS in England;*
- 3) *Calls on Manchester MPs, the GM Mayor and the GM Health and Social Care Partnership to push for a fully funded rollout of PrEP on the NHS.*

If the NHS in England does eventually follow the approach of the NHS in Scotland by making PrEP readily available, MHCC, the City Council and local providers will need to manage the transition from trial participation to mainstream provision effectively.

4.2 Whilst lobbying continues it is important to plan now for the next steps of the trial expansion and address some of the community concerns about access issues for participants. The Director of Population Health and Wellbeing has therefore convened a meeting with Northern clinicians and the LGBTF on the 22nd March and a range of options for improving access and pre booking appointment slots will be considered.

4.3 It is hoped that by the time the meeting takes place, the National PrEP Programme Oversight Board will have made their final announcement about the trial expansion and that clinics will have received formal notification of the number of additional places they will be allocated. This will then allow the recruitment planning process to commence for implementation in 2019/20.

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**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 5 March 2019
Subject: Overview Report
Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Scrutiny Support Officer
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Background document (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Response	Contact Officer
4 September 2018	HSC/18/36 Manchester Public Health Annual Report 2018	The Chair discuss with the Chair of the Neighbourhoods and Environment Scrutiny Committee and the Executive Member for Executive Member for the Environment, Planning and Transport how best to report to the Committee that activities that are undertaken as part of her portfolio to improve air quality.	The Chair will update the Committee with how this is to be progressed.	Lee Walker Scrutiny Support Officer

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **22 March 2019**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
Adult Social Care – Provider National Living Wage 2017/18 Fee Increase for Care Homes, Extra Care, Learning Disabilities and Mental Health services Ref: 2017/07/18E	Proposed increases are <ul style="list-style-type: none"> • 5% Care Homes • 3% Extra Care, LD and MH The increases proposed above when added to the previously agreed Homecare increases would be within the £4.26m allocated through the budget process.	City Treasurer	October 2018 or later	National Living Wage Briefing Note.	Michael Salmon 0161 234 4557 m.salmon@manchester.gov.uk
Framework Agreement / Contract for the Provision of Homecare Services Ref: 2018/07/02B	The appointment of Providers to deliver Homecare Services	Executive Director Strategic Commissioning and Director of Adult Social Services	December 2018	Report and Recommendation	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080

Contract for the Provision of Advice Services 2018/08/16A	The appointment of a Provider to deliver Advice Services	Executive Director Strategic Commissioning and Director of Adult Social Services	December 2018	Report and Recommendation	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080
Contract for the Provision of Housing Related Support for Young People, Homelessness and Drug and Alcohol Services 2018/08/16B	The appointment of Provider to deliver	Executive Director Strategic Commissioning and Director of Adult Social Services	December 2018	Report & Recommendation	Mike Worsley Procurement Manager mike.worsley@manchester.gov.uk 0161 234 3080
Adult Social Care Commissioned Service Fees Uplift. 2019/02/12A	To approve uplifts to fees for adult social care providers for financial year 2019/20.	Executive Director (Strategic Commissioning) & Director of Adult Social Services and the City Treasurer	March 2019	Report and recommendation	Name: Rachel Rosewell Position: Head of Finance Tel no: 0161 234 1070 Email address: r.rosewell@manchester.gov.uk

Subject Care Quality Commission (CQC) Reports
Contact Officers Lee Walker, Scrutiny Support Unit
 Tel: 0161 234 3376
 Email: l.walker@manchester.gov.uk

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

Provider	Address	Link to CQC report	Date	Types of Services	Rating
Anchor Hanover Group	Israel Sieff Court 7a Bennett Road, Crumpsall Manchester M8 5DU	https://www.cqc.org.uk/location/1-126240649	31 January 2019	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Accomplish Group Ltd	Byron Lodge 1 Coldstream Avenue Manchester M9 6PG	https://www.cqc.org.uk/location/1-2123456557	2 February 2019	Residential Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Dove's Nest Ltd	Doves Nest Nursing Home 15-19 Windsor Road Clayton Bridge Manchester M40 1QQ	https://www.cqc.org.uk/location/1-123434989	2 February 2019	Nursing Home / Residential Home	Overall: Requires Improvement Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement

Zinnia Health Care	Yew Tree Manor Nursing and Residential Care Home Yew Tree Lane Northern Moor Manchester M23 0EA	https://www.cqc.org.uk/location/1-283360594	30 January 2019	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Combine CoOp Ltd	The Hospital Group-Abbey Pines 192 Altrincham Road Manchester M22 4RZ	https://www.cqc.org.uk/location/1-3554335915	1 February 2019	Doctors / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Advanced Hair Technology	Farjo Medical Centre - Quay Street 70 Quay Street Manchester M3 3EJ	https://www.cqc.org.uk/location/1-645958490	29 January 2019	Clinic	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Tregenna Group Practice	Tregenna Group Practice Portway Woodhouse Park Wythenshawe Manchester M22 0EP	https://www.cqc.org.uk/location/1-567859473	6 February 2019	Doctors / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

Zinnia Healthcare	Yew Tree Manor Nursing and Residential Care Home Yew Tree Lane Northern Moor Manchester M23 0EA	https://www.cqc.org.uk/location/1-283360594	13 February 2019	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Requires Improvement
Change Grow Live	CGL Manchester 43A Carnarvon Street Manchester M3 1EZ	https://www.cqc.org.uk/location/1-4566062966	15 February 2019	Community Services – Substance misuse	Overall: Good Safe: Requires Improvement Effective: Good Caring: Good Responsive: Good Well-led: Good
Wellington Healthcare Ltd	Lighthouse 44 Farrant Road Manchester M12 4PF	https://www.cqc.org.uk/location/1-2042041405/contact	13 February 2019	Rehabilitation	Overall: Inadequate Safe: Inadequate Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Inadequate

Mr Jonathan Slattery	Brownley Green Dental Practice Brownley Green Health Centre Benchill Court Road Wythenshawe Manchester M22 4GA	https://www.cqc.org.uk/location/1-188022668	14 February 2019	Dentist	No Action Required
Pulse Healthcare Ltd	Pulse - Manchester Adults 57, Spring Gardens Manchester M2 2BY	https://www.cqc.org.uk/location/1-278811087	21 February 2019	Community Services	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Community Integrated Care	The Peele 15a Walney Road Benchill Wythenshawe Manchester M22 9TP	https://www.cqc.org.uk/location/1-1212453059/contact	20 February 2019	Nursing Home	Overall: Requires Improvement Safe: Requires Improvement Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Inadequate

Potensial Ltd	Cornish Close 1 Cornish Close, Off Staithes Road Manchester M22 0GJ	https://www.cqc.org.uk/location/1-4467735060	20 February 2019	Homecare Agencies, residential home, Supported Living	Overall: Requires Improvement Safe: Good Effective: Requires Improvement Caring: Good Responsive: Requires Improvement Well-led: Requires Improvement
Fallowfield Medical Centre	Fallowfield Medical Centre 75 Ladybarn Lane Fallowfield Manchester M14 6YL	https://www.cqc.org.uk/location/1-5354769614	20 February 2019	Doctor / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Northern Health GPPO Ltd	Charlestown Medical Practice Charlestown Road Manchester M9 7ED	https://www.cqc.org.uk/location/1-4377468365	19 February 2019	Doctor / GP	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

**Health Scrutiny Committee
Work Programme – March 2019**

Tuesday 5 March 2019, 10am (Report deadline Thursday 21 February 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Winter Pressures	The Committee will receive a report that describes the pressures experienced by acute services across the city during the winter period and what is done to manage this.	Cllr Craig	Nick Gomm	Representatives from Accident and Emergency and the Local Care Organisation to be in attendance
Care Homes	To receive a report that provides information on the provision of care homes in the city. The report will further describe the actions taken to respond to any findings of Inadequate or Requires Improvement following an inspection by the Care Quality Commission (CQC).	Cllr Craig	Bernadette Enright Craig Harris	
Prep (Pre-exposure prophylaxis) Update	To receive an update report on the roll out of Prep across Manchester. Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected.	Cllr Craig	Dave Regan	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission (CQC) within Manchester since the Health Scrutiny Committee last met.	-	Lee Walker	

Tuesday 21 May 2019, 2pm (Report deadline Thursday 9 May 2019)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Supporting People Housing Strategy	To receive a report on the Supporting People Housing Strategy (including extra care, dementia friendly and learning disabilities.)	Cllr Craig Cllr Richards	Jon Sawyer	Executive Item
The Our Manchester Carers Strategy	To receive a report on The Our Manchester Carers Strategy.	Cllr Craig	Bernadette Enright	See minutes of 17 July 2018. Ref: HSC/18/31
Stroke Care	To receive a report on Stroke Care.	Cllr Craig	Nick Gomm	
Quality Accounts 2018 / 2019	The Committee will receive for information the responses to the draft Quality Accounts for Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust.	Cllr Craig	Scrutiny Support Unit in consultation with the Chair	
Annual Work Programming Session	The meeting will close for the annual work programming session where members determine the work programme for the forthcoming year. To follow a presentation from the Director/Lead Officers on upcoming issues and challenges within the Committee's remit.		Bernadette Enright Dave Regan Nick Gomm	This part of the meeting will be closed to the public.

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Autism Developments across Children and Adults	To receive an update report on Autism Developments across Children and Adults. This item was considered by the Health Scrutiny Committee at their January 2015 meeting.	Cllr Craig	Bernadette Enright	
Update on the work of the Health and Social Care staff in the Neighbourhood Teams	To receive an update report describing the work of the Health and Social Care staff in the Neighbourhood Teams.	Cllr Craig	Bernadette Enright	
Manchester Health and Care Commissioning Strategy	To receive a report on the Commissioning Strategy for Health and Care in Manchester. The Committee had considered this item at their July 2017 meeting.	Cllr Craig	Bernadette Enright	See minutes of July 2017. Ref: HSC/17/31
Public Health and health outcomes	To receive a report that describes the role of Public Health and the wider deterrents of health outcomes.	Cllr Craig	David Regan	
Manchester Macmillan Local Authority Partnership	To receive a report on the Manchester Macmillan Local Authority Partnership. The scope of this report is to be agreed.	Cllr Craig	David Regan	See Health and Wellbeing Update report September 2017. Ref: HSC/17/40
Mental Health Grants Scheme – Evaluation	To receive a report on the evaluation of the Mental Health Grants Scheme. This grants programme is administered by MACC, Manchester’s local voluntary and community sector support	Cllr Craig	Nick Gomm Craig Harris	To be considered at the March 2019 meeting. See minutes of

	organisation, and has resulted in 13 (out of a total of 35) community and third sector organisations receiving investment to deliver projects which link with the Improving Access to Psychological Therapies (IAPT) services in the city.			October 2017. Ref: HSC/17/47
Single Hospital Service progress report	To receive a bi-monthly update report on the delivery of the Single Hospital Service.	Cllr Craig	Peter Blythin, Director, Single Hospital Service Programme	See minutes of 17 July 2018. Ref: HSC/18/32
Assistive Technology and Adult Social Care	To receive a report on how assistive technology will be used to support people receiving adult social in their home.	Cllr Craig	Bernadette Enright	
Recommendations of the Public Health Task and Finish Group	To receive a report on how the recommendations of the Public Health Task and Finish Group are being implemented.	Cllr Craig	David Regan	See minutes of December 2018
Workforce Strategy	To receive a report on the Workforce Strategy.	Cllr Craig	Bernadette Enright	

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