

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Tuesday, 1 September 2020**

**Present:** Councillor Farrell (Chair) – in the Chair

**Councillors:** Clay, Curley, Holt, Newman, O'Neil, Riasat and Wills

**Apologies:** Councillor Nasrin Ali and Mary Monaghan

**Also present:**

Councillor Craig, Executive Member for Adults, Health and Wellbeing

Lindsey Bowes, Senior Primary Care Manager (Dental) Greater Manchester Health & Social Care Partnership

Emma Hall-Scullin, Consultant in Dental Public Health

Don McGrath, General Dental Practitioner in Manchester, and Chair of the Local Dental Committee

Jon Slattery, General Dental Practitioner in Manchester

Adam Young, Associate Director of Operations GMMH

Mark Edwards, Chief Operating Officer MLCO

Dr Manisha Kumar, Executive Clinical Director MHCC

Dr Veronica Devlin, Chief Transformation Officer MFT

#### **HSC/20/32 Minutes**

##### **Decision**

To approve the minutes of the meeting held on 21 July 2020 as a correct record.

#### **HSC/20/33 Manchester's 10 Point COVID-19 Action Plan**

The Committee considered a report of the Director of Public Health that presented the 10 Point Action Plan that built on the Prevention and Response Plan that had been considered by the Committee at their meeting of 21 July 2020 (See HSC/20/28). The report set out the key actions that had been progressed over the month of August, noting that many of the actions in the 10 Point Plan would continue throughout September and the plan would be updated regularly.

The Consultant in Public Health delivered a presentation that included the latest available comparative data and intelligence.

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

- What work was being done to address the concerns of residents living in areas that also housed large numbers of students who would be returning to the city;
- Noting that guidance issued by Government to schools had been issued late;
- Thanking all of the staff working in Public Health on behalf of the residents of the city;

- Was it anticipated that the reported increase in positive COVID-19 cases would translate to an increase in hospital admissions;
- Noting that the messages issued regarding local lockdown changes issued by Government was confusing for residents;
- Appropriate funding should be allocated by central government to support and increase local testing and tracing services;
- Was it appropriate to establish a test centre at the Abraham Moss site noting it's close proximity to both the school and the leisure centre;
- Questioning the validity of the statement that residents would be no more than twenty minutes walking distance from a testing site;
- How many of the national track and trace cases were referred to the local service, and how many of those resulted in contact being made with individuals;
- What guidance was provided to chilled or frozen food businesses;
- What advice had been provided to schools regarding staggering start and finish times;
- Noting the recent press reports regarding the transmission of COVID-19 cases connected to a flight destined for Wales, what work was being undertaken with the aviation industry to mitigate the risk of further infection; and
- What work was being done with care homes to ensure contact with family members was maintained with residents in such settings.

The Consultant in Public Health advised the Committee that work was underway with the local Universities and the Student Partnership to prepare for the imminent return of students. She further acknowledged that this was a concern for some residents with students moving into communities from other areas of the country. She advised that communications regarding the work undertaken with the student population would be shared with residents and this would also be provided to local Members.

In regard to the number of positive cases identified in Manchester, the Consultant in Public Health stated that the increase in cases could be linked to the relaxation of lockdown restrictions and this trend was reflected nationally. She stated that the increase of positive cases were related to community and household transmissions, rather than transmissions in settings such as care homes as had previously been witnessed. She said that the effect of COVID-19 on younger people did not appear to be as severe and hence these cases did not translate into hospital admissions, however the risk remained that this could then be spread to older / more vulnerable people that could then result in an increase in hospital admissions. She stated that this landscape continued to be closely monitored, both locally, nationally and internationally, especially as the winter and flu season approached.

With reference to the testing centre located at the Abraham Moss site, the Consultant in Public Health informed the Committee that the decisions as to where to locate these sites was undertaken in consultation with Public Health Teams, the Department for Health and Social Care and the Council and all facilities had been appropriately risk assessed. In response to the specific question regarding the number of cases referred to the local tracing service from the national service, she stated that approximately 50% of cases were referred from the national service, and of these, 99.5% had resulted in a successful contact. She further stated that whilst the local service were able to utilise their local knowledge and contacts, the ability to undertake additional test and tracing would require adequate resourcing.

In regard to national guidance, the Consultant in Public Health stated that this was updated regularly on the Public Health England website and advised that she would enquire as to any specific guidance for frozen food businesses. With reference to staggered start and finishing times for schools she advised that all schools would plan to mitigate the risk of infection and had been supported to devise plans that were most appropriate to their setting.

The Consultant in Public Health advised that Public Health England were working nationally with the aviation industry to ensure the correct advice and information was provided to both staff and passengers, and that appropriate contact details were obtained to assist with track and tracing in the event of an outbreak.

The Deputy Director, Adult Social Services addressed the issue of care homes by stating that whilst the importance of maintaining family contact was acknowledged the challenges that COVID-19 had on the ability of sites in maintaining this was recognised. He described that regular contact was made with individual settings and providers to ensure they were adequately supported at this time. He advised that care homes had facilitated visits in a number of imaginative ways, such as using video calls, supporting visits at a safe distance where appropriate and facilitating socially distant visits in parks. He advised that good practice would continue to be shared between sites to help support this activity. In regard to the specific issue raised by a Member he advised that this would be looked into following the meeting, adding that staff absence could impact on a settings ability to safely manage and facilitate a visit.

The Executive Member for Adults, Health and Wellbeing advised the Committee that she was pleased to advise that there had been no significant issues reported over the bank holiday weekend. She paid tribute to the residents of the city for adhering to the lockdown restrictions and thanked all of the staff working in the Public Health team for effectively communicating key messages.

The Executive Member for Adults, Health and Wellbeing advised that the 10 Point COVID-19 Action Plan helped Manchester manage and respond locally, noting the importance of local decision making. She further stated that the Government needed to commit to fully resourcing all local Council's in recognition of the financial demands and pressures COVID-19 had placed on already pressured budgets.

## **Decision**

To note the report.

[Cllr Wills declared a personal and non prejudicial interest as he is employed by the Manchester Metropolitan University.]

## **HSC/20/34 Recovery of NHS services**

The Committee considered a report of Manchester Health and Care Commissioning, Manchester Foundation Trust, Manchester Local Care Organisation, Greater Manchester Mental Health NHSFT and Greater Manchester Health and Social Care

Partnership that provided an update on the reinstatement of NHS services following changes in service provision as a result of the impact of Covid-19.

The main points and themes within the report included: -

- Acute Services (including Cancer);
- Community health services;
- Mental Health services;
- Dental services; and
- Primary Care (GP practices).

In attendance at the meeting were representatives from each respective service.

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

- Expressing the Committee's gratitude and appreciation to all staff working in the NHS;
- Noting that recovery of services was within the context of a continued response to COVID-19;
- Would there be an increased pressure placed on Primary Care to manage a medical condition, or if a patient's condition begins to deteriorate when surgery was delayed due to COVID-19;
- Noting the challenge and limitations of telephone / video consultations, especially when assessing patients with mental health issues;
- Noting that in Manchester cancer treatment had continued to be delivered, however nationally this had not been the case;
- What did 'partially stopped' service mean;
- Noting that the imminent winter pressures would place additional pressures on services;
- Noting the impact that COVID-19 would have on people's mental health and the increased demand for mental health services, adequate funding should be allocated by central government to deliver such services;
- Recognising the important role of the voluntary, community and social enterprise sector (VCSE) in supporting people with mental health issues;
- When would the 'No 93' Health and Wellbeing Centre in North Manchester be reopening;
- Where were the 92 Urgent Dental Care sites to meet the needs of any patients of practices currently restricted in their delivery located.
- Would the ability to treat a reduced number of patients in NHS dental practices and the NHS contract arrangements result in practices only treating private patients; and
- A person centred approach was required when delivering care and services.

Dr Veronica Devlin, Chief Transformation Officer MFT advised the Committee that patients who's surgery had been deferred due to COVID-19 would continue to be provided with advice and information as to how to manage any condition with advice on what to do if the condition deteriorated. She advised that patient waiting lists were regularly reviewed to prioritise patients based on clinical need.

Dr Devlin further stated that whilst the delivery of cancer treatment services had continued in Manchester throughout COVID-19, the anticipated challenge related to the testing for cancer and the impact this would have on the service as patients had not been attending for testing due to fears surrounding COVID-19. She advised that to address this consideration and planning had been given to increasing access to testing and delivering safe diagnosis pathways.

Mark Edwards, Chief Operating Officer MLCO reported that services would continue to be re-established and to support this process and to ensure that services could restart safely MLCO had established a Recovery and Programme Board that oversaw the processes. He acknowledged that the ability of the MLCO to deliver services and patient care impacted on the demand on secondary care services, so it was important that services resumed as quickly and as safely as possible. He further advised that where services had been partially withdrawn, those had been clinical decisions taken in consultation with patients with appropriate advice provided.

Adam Young, Associate Director of Operations GMMH informed the Committee that the Trust continued to monitor and map requests for services, and currently this was in line with planning, however this continued to be reviewed daily. In terms of resources to deliver mental health services he advised that Greater Manchester would be submitting a funding bid. With reference to the 'No 93' Health and Wellbeing Centre in North Manchester he stated that work continued to reopen this site as soon as was safely possible and added that staff had continued to work with patients and maintain contact whilst the site had been closed.

Emma Hall-Scullin, Consultant in Dental Public Health informed the Committee that the details of the 92 Urgent Dental Care sites would be circulated to Members following the meeting.

Jon Slattery, General Dental Practitioner in Manchester responded to the question regarding a practices ability to treat a reduced number of NHS patients and the NHS contract arrangements result in practices only treating private patients by stating that he did not recognise this as a concern. The Chair commented that the topic of NHS Dentistry provision across the city would be revisited by the Committee at an appropriate time.

With regard to the video and telephone consultations, all of the professionals present all reported that these had been received positively by both patients and practitioners, whilst recognising that for certain assessments 'face to face' meetings were preferable.

## **Decision**

To note the report.

### **HSC/20/35 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.