

## **Health Scrutiny Committee**

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

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

**Councillors:** Nasrin Ali, Clay, Curley, Doswell, Hitchen, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

**Apologies:** None received

**Also present:**

Councillor Craig, Executive Member for Adults, Health and Wellbeing  
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)  
Dr Manisha Kumar, Executive Clinical Director MHCC  
Naomi Ledwith, Director of Commissioning, NHS Trafford CCG  
Veronica Devlin, Chief Transformation Officer, MFT  
Sara Fletcher, Head of Reform for Delivery, MHCC  
Dr Peter Fink, GP & Clinical Lead for Urgent Care, MHCC  
Kaye Hadfield, Urgent Care Reform Manager, MHCC  
Cathy O'Driscoll, Associate Director of Commissioning, NHS Trafford CCG  
Siân Goodwin, Urgent Care Reform Co-ordinator  
Fiona Meadowcroft, Deputy Director of Strategy MHCC  
Deborah Partington, Executive Director of Operations, GMMH  
Adam Young, Associate Director of Operations, GMMH  
Dr Sarah Follon, Ancoats Urban Village Medical Practice

#### **HSC/20/46 Urgent Business**

The Chair introduced an item of urgent business by inviting Councillor Wills, LGBT Men's Lead to address the Committee on the subject of World Aids Day.

Councillor Wills stated that the George House Trust had organised a World AIDS Day online vigil to remember people lost to HIV, show solidarity with people living with HIV around the world and commit to challenging HIV stigma and discrimination.

Councillor Wills encouraged all Members to attend the vigil at 7pm on Tuesday 1st December and stated he would recirculate the information and link. He further encouraged Members to donate to Passionate about Sexual Health (PaSH) Partnership, a collaboration between BHA for Equality, George House Trust and the LGBT Foundation. The PaSH Partnership worked to deliver a comprehensive programme of interventions to meet the changing needs of people newly diagnosed with HIV, living longer term with HIV or at greatest risk of acquiring HIV. Members were reminded that Manchester was a Fast Track City that was working to ending new cases of HIV within a generation.

The Executive Member for Adults, Health and Wellbeing paid tribute to all clinicians and the Voluntary Community and Social Enterprise (VCSE) sector for their work in this important area and stated that she fully supported the virtual vigil.

### **Decision**

To note the update and support the virtual vigil.

### **HSC/20/47 Minutes**

### **Decision**

To approve the minutes of the meeting held on 3 November 2020 as a correct record.

### **HSC/20/48 COVID-19 Update**

The Committee considered a report of the Director of Public Health that described that in October the Committee had received the latest version of the Manchester 12 Point COVID-19 Action Plan. This report and accompanying presentation provided a brief update on some aspects of the Plan, including Targeted Testing at Scale and the Manchester Mass Vaccination Programme,

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

- Welcoming the reported improvements in infection rates, however the need to be mindful that infection rates were still high and COVID-19 remained a threat;
- The public needed to continue to observe Public Health advice and guidance to reduce the risk of infection;
- How many critical care hospital beds were occupied by COVID-19 patients;
- Were there concerns regarding the potential impact on infection rates in the New Year following the relaxation of restrictions over the Christmas period;
- What work was being done with the student population to avoid a spike in cases when students return to Manchester in January;
- Welcoming the introduction of mass testing and what was the anticipated timescales; and
- Noting that communities often crossed borders within Greater Manchester as assurance was sought that all residents would be offered a vaccine.

The Director of Public Health reiterated the message that all residents needed to consider their personal risk when considering their options during the Christmas period. He said it reminded essential that everyone continued to observe the Public Health messages to mitigate the risk of further infections.

In response to the specific question regarding students, the Director of Public Health stated that the local Public Health team continued to work closely with the local Universities and they continued to make representations to Government to ensure students were tested prior to their return to Manchester to prevent another outbreak, similar to that what was experienced in October. He said that this was important as the focus and priority in the new year should be to focus resources on the roll out of the vaccination. He said that despite this the testing sites at the Universities would be

retained and Universities would continue to be supported to digest national guidance and formulate plans and strategies that could be clearly communicated.

The Director of Public Health stated that at the time of reporting the number of critical care hospital beds occupied by COVID-19 patients was 46 and that he would circulate further data on this following the meeting.

Regarding vaccination, the Director of Public Health stated that priority groups would be vaccinated by Easter 2021, with the remaining adult population vaccinated by summer 2021. He described that all of the Greater Manchester authorities would work together to progress this programme in line with national guidance to ensure a consistent delivery.

The Executive Member for Adults, Health and Wellbeing stated that the decline in the infection rate was as a result of the determination and sacrifice of the residents of Manchester. She expressed that caution was required over Christmas to avoid a further spike in cases in the New Year and that communications and messaging regarding household mixing over Christmas needed to be explicit and unambiguous.

The Executive Member for Adults, Health and Wellbeing paid tribute to the Public Health Team and the Universities for responding to the outbreaks within the student population in the absence of national guidance.

## **Decision**

The Committee notes the report.

### **HSC/20/49 Urgent Emergency Care by Appointment**

The Committee considered a report of the Director of Commissioning NHS Trafford Clinical Commissioning Group that updated Members on the urgent care changes happening in Manchester in line with Greater Manchester (GM) and national strategy.

The main points and themes within the report included: -

- In response to Covid-19, there was a refresh of the GM Urgent Emergency Care (UEC) priorities, which included a 'UEC by Appointment' model to reduce the risk of crowding within Emergency Departments (ED) with the principal aim of reducing the number of self-presenter attends by 25%;
- Providing a description of the various elements of the programme that comprised of:
  - NHS 111 First
  - Streaming at the Front Door
  - Clinical Assessment Service
  - Virtual Clinical Hub
  - Urgent bookable appointments
- Describing progress to date; and
- Next steps.

Dr Manisha Kumar, Executive Clinical Director MHCC provided the Committee with an oral update on the Walk In Centre located in the city centre. She described that this facility was co-located in Boots and due to the available space and the numbers of people attending changes were required to ensure it remained COVID safe. She described that a Talk Before You Walk model would be introduced to manage patient flow at the site and minimise the risk of COVID infection. She described that a facility would still be provided for the most vulnerable patients to present and wait for treatment. The Chair thanked Dr Kumar for the update and commented that the Committee would consider scheduling an update on this issue for a future meeting.

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

- The Committee had always advocated for the provision of Walk In Centres across the city and had vigorously opposed the closure of these, noting that the consequence of this would be an increase in presentations at Emergency Departments;
- Would Emergency Departments still have to comply with national waiting time targets;
- The model was predicated on an effective NHS111 service and what had been done to support and adequately resource this service;
- What consideration had been given to ensure the service was inclusive and accessible to all, including those for whom English was not their first language;
- Noting the difficulties some patients experienced accessing Primary Care it was understandable that many patients resorted to attending Emergency Departments in the knowledge that they knew they would receive treatment;
- Whilst recognising the need to introduce measures to ensure patient safety during COVID-19 was it anticipated that this model would continue post COVID;
- Noting the importance of assessments being undertaken by clinicians to ensure the most appropriate patient care pathway was identified;
- To ensure the safe and appropriate transfer of care it was important that patient records were accessible across the various health services;
- What was the initial feedback on the Clinical Assessment Service that went live on the 4 November 2020; and
- How was this change being communicated to the general public.

The Director of Commissioning, NHS Trafford CCG responded to questions and comments by advising the Members that initial analysis of the Clinical Assessment Service had been positive with no issues or complaints identified. In response to access she described that Equality Impact Assessment workshops would continue to convene to consider access and develop and refine targeted communication campaigns.

The Urgent Care Reform Co-ordinator stated that a 'soft' national advertising campaign had been launched and the local message was designed to complement the national campaign. She explained that engagement with various community groups had been planned and would be reviewed to ensure this method was appropriate and effective.

The Chief Transformation Officer, MFT advised that Emergency Departments would still have to comply with national waiting time targets and the new system was

designed to relieve pressure on Emergency Departments; allow for more effective management and staffing; manage patient flow and ensure that patients received the most appropriate care by the service best equipped to deal with their health needs in the most appropriate setting. She advised that all patient assessments would be undertaken by a clinician to manage risk and safety. She explained that if a patient was referred to Primary Care an appointment would be made for the patient. She further described that such referrals would be monitored and reported and any 'Did Not Attends' would be followed up.

The Executive Clinical Director MHCC stated that during COVID-19 Primary Care had continued to deliver services to patients and how this had been achieved in the context of the pandemic had been recently reported to the Committee.

The Chief Transformation Officer, MFT stated that national discussions around improving Emergency Departments had been ongoing for many years and was an element of the NHS Long Term Plan, however COVID-19 and the need to ensure patient safety at this time had prioritised the issue. She described that there were many valid clinical reasons for introducing the changes and stated that some aspects of the changes would remain post COVID. She stated that at an appropriate time a review of the model would be undertaken to understand lessons learned and this would include the views of patients. The Chair commented that the Committee would request a further update on this subject at an appropriate time.

The Director of Commissioning, NHS Trafford CCG acknowledged the comment regarding the need to improve integrated IT systems and record sharing across services and she advised the Committee that this work was ongoing.

In response to specific concerns raised by Members the Committee was advised that no patient would be turned away from an Emergency Departments if they required urgent care, including those patients who self-presented. In response to comments made the Committee were informed that the new model was designed to improve patient care and was not driven by cutting costs or staff.

Members were further informed that additional staff had been recruited and trained to deliver the NHS 111 service. The Chair stated that an update report on the NHS 111 service would be scheduled for consideration at a future meeting.

The Executive Member for Adults, Health and Wellbeing described her recent personal experience of accessing emergency care during the pandemic and stated that it had been very positive. She further supported the call for an update report on the implementation of the new model and suggested that this would be most appropriate post COVID.

The Executive Member for Adults, Health and Wellbeing further recognised the importance of Primary Care and the role that they would play in the delivery of the COVID-19 vaccination programme that was planned.

The Executive Member for Adults, Health and Wellbeing concluded by paying tribute to all health professionals and staff delivering services on behalf of the residents of Manchester.

## Decisions

The Committee;

1. Note the report;
2. Recommend that a report on the delivery of services at the city centre Walk In Centre be submitted for consideration at an appropriate time; and
3. Recommend that a report on the delivery of the NHS 111 Service be submitted for consideration at an appropriate time.

## HSC/20/50 Mental Health Service and COVID-19

The Committee considered a report of the Greater Manchester Mental Health NHS Foundation Trust (GMMH) that described the organisational response to the COVID-19 pandemic and the steps taken to sustain services throughout the initial lockdown period and then develop a sustainable model of provision. Steps taken to forward plan the changing demand and impact on services as a consequence of the pandemic were also presented with a surge predicted to coincide with the autumn and winter months.

The main points and themes within the report included: -

- Providing an introduction and an overview of national guidance;
- Describing the GMMH COVID-19 Governance Arrangements;
- Information on the Recovery Planning Group;
- Information on the work of the Physical Healthcare and Infection Prevention and Control workstream;
- A summary of the work of the Service Users and Carers workstream;
- A summary of the work of the Workforce workstream;
- Information on Demand and Capacity Planning;
- Information on Community Activity;
- Information on Crisis Response;
- The response to Student Mental Health;
- Winter Planning;
- Infection Prevention and Control;
- Vaccination; and
- Lateral Flow Testing.

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

- What work had been undertaken with local universities to support the local student population;
- How was this specific work with students communicated;
- Welcoming the extended 24/7 crisis helpline and did this link in with other services such as Child and Adolescent Mental Health Services (CAMHS);

- Noting the IAPT (Improving Access to Psychological Therapies) service reported as providing increasingly efficient access and as a result the service had reduced secondary waits throughout Manchester by over a 1000 clients, what percentage of clients did this represent;
- What work was being done to improve the transition from Children's Services to Adult Services;
- Noting the anticipated long-term impact of COVID-19 on mental health what comparisons could be made with other periods of economic downturn;
- Has there been an increase of people with mental health issues presenting at Accident and Emergency Departments; and
- Noting the increase in digital access to services, could people still access face to face services and support.

The Executive Director of Operations, GMMH informed the Members that the service for students had been established pre COVID-19 and had been established using the GM Transformation fund. She described that teams were established at each University and the number of referrals to this service had increased and staff had been deployed to support this service. The Deputy Director of Strategy MHCC further added that COVID-19 had highlighted the need to improve access to this service and Commissioners across Greater Manchester were looking at this using the lessons learned.

The Associate Director of Operations, GMMH stated that the 24/7 crisis helpline was open to all age groups and not restricted to mental health. He advised that the helpline could sign post to other services and offer advice on other issues such as substance misuse, NHS 111 and CAMHS.

The Associate Director of Operations, GMMH stated that he would circulate the details of the percentage of clients the reduction in secondary waits for IAPT services represented. He further confirmed that clients could still access face to face services, subject to COVID safe requirements and this was in addition to the provision of virtual services.

In response to the specific question regarding CAMHS and the transition to Adult Services the Executive Director of Operations, GMMH advised that work was ongoing to develop standards and protocols and commented that during COVID-19 teams across services had responded positively and collaboratively to ensure continuation of care and support.

In response to the numbers of patients with mental health issues presentation at Emergency Departments the Associate Director of Operations, GMMH informed the Committee that in the initial stages of the pandemic the incidents of this dramatically reduced, however the number was beginning to increase again. He added that the Trust was working closely with Acute Services to address this.

The Executive Director of Operations, GMMH informed the Committee that the long term impact of COVID-19 continued to be modelled and analysed, noting that this was comparable to periods of economic recessions and the impact on mental health would be felt for at least two years to come. She stated that Greater Manchester was

engaging with NHS England to ensure appropriate funding was secured to continue to deliver mental health services.

The Executive Member for Adults, Health and Wellbeing called upon the government to adequately fund mental health and wellbeing services in Manchester. She further paid tribute to all staff delivering mental health services.

### **Decision**

The Committee note the report and welcome the steps taken by GMMH to support the strategic objectives of the City Council to address local need throughout the pandemic

### **HSC/20/51 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 agree the work programme.