

Health Scrutiny Committee

Minutes of the meeting held on Tuesday, 9 February 2021

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
Councillor Ilyas, Assistant Executive Member for Adults, Health and Wellbeing
Councillor Igbon. Member for Hulme ward
Councillor Ahmed Ali, Member for Rusholme ward
Councillor Akbar, Member for Rusholme ward
Dr Manisha Kumar, Executive Clinical Director Manchester Health and Care Commissioning (MHCC)
Charles Kwaku-Odoi, Caribbean and African Health Network
Donna Miller, BHA for Equality
Sharmila Kar, Director of Workforce and Organisation Development MHCC and Co-Chair CHEM
Jackie Driver, Strategic Lead: Inclusion, MHCC

HSC/21/7 Minutes

The Chair requested that Councillor Riasat be recorded as being in attendance at the previous meeting.

Decision

To approve the minutes of the meeting held on 12 January 2021 as a correct record, subject to the above amendment.

HSC/21/8 COVID Health Equity Manchester

The Committee considered the report of the Director of Workforce and Organisation Development, Manchester Health and Care Commissioning (MHCC) and the Consultant in Public Health Medicine, Manchester City Council/MHCC that reflected on how the pandemic had affected different communities in the city and the actions being taking to reduce disparities in severe disease and death for those 'at risk' communities.

The main points and themes within the report included: -

- Describing the identified Covid risk factors;
- Analysis of Manchester hospital data;

- Known Covid infection rates in Manchester;
- Geographic and economic considerations;
- The objectives of CHEM;
- The purpose and remit of the CHEM programme; and
- An update on the Manchester bid for the Community Champions Fund, a fund made available to support people shown to be most at risk from COVID-19.

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

- Noting that the report highlighted the health inequalities and outcomes and the disproportionate impact that COVID-19 had on BAME and disabled citizens, residents in vulnerable situations and areas of socio-economic deprivation;
- Noting the failure of the government to acknowledge or respond to the issues described;
- Manchester had recognised the issue and was actively responding to this;
- Providing examples of the fear experienced by BAME residents as a result of COVID-19;
- Noting the valued and important role of the many Voluntary Community and Social Enterprise (VCSE) groups;
- Recognising the importance of Covid Community Champions and all activity to meaningfully engage with the different communities that existed across the city;
- Consideration needed to be given to raising awareness regarding COVID-19 and offering appropriate advice for those residents living in multigenerational households;
- Consideration needed to be given as to how myths surrounding the COVID-19 vaccination were addressed so as not to perpetuate them, especially when using social media;
- Consideration should be given to utilising the lessons learnt from previous Public Health campaigns, such as the smoking cessation campaign to support this activity;
- Were all groups and existing established communities engaged with, such as young people, East European, South Asian and Carers;
- Noting the recent media attention that had been given to the Marcus Rashford campaign, consideration should be given to replicating this approach to promote the vaccination programme;
- The existing relationships that existed between social landlords and their tenants should be utilised to promote the vaccination, noting the importance of using all existing trusted relationships in this activity;
- Noting the importance of building and maintaining trust with local communities; and
- Was vaccination take up data available at a ward level.

The Committee welcomed Charles Kwaku-Odoi, Caribbean and African Health Network who stated that they were working with CHEM and key trusted community contacts to promote this work. He stated that the BAME community had experienced racism and inadequate health experiences over many years that had resulted in a mistrust of services. He stated that by working in partnership, sharing local knowledge and experience they were collectively seeking to address this and improve the experience and health outcomes for BAME citizens. He described that a

number of webinars had been delivered that had been well attended, hosted by GPs from the BAME community to discuss the issue of the vaccination. He informed the Committee that these had provided credible and evidence-based information to those attending and addressed the many misconceptions surrounding the vaccination, adding that the feedback obtained indicated these events had been very successful.

The Committee then welcomed Donna Miller, BHA for Equality who supported the comments from the previous speaker by recognising the importance of being honest and transparent so as to develop trust and confidence in services amongst BAME citizens. She described the importance of credible, competent and trusted figures in the community to deliver this message, noting that this included faith leaders, schools and local GPs. She described that BHA also worked closely with the local CCG to articulate the voice of the BAME community.

The Consultant in Public Health Medicine, Co-Chair of the Covid Health Equity Group acknowledged the comments regarding the need to ensure the messenger is as important as the message and appropriate consideration was given to this when seeking to engage with the many different community groups. She described that it was understood that digital platforms and social media were not always the most appropriate medium to reach groups, noting that other methods, such as direct phone calls, using the appropriate language had been used to reach out to people. She further described that they were working closely with the local Neighbourhood Teams and welcomed any information or support that Members could offer as she acknowledged that Members had relationships and contacts with local groups that could be utilised to support this important work.

The Consultant in Public Health Medicine, Co-Chair of the Covid Health Equity Group thanked the Committee for all of their constructive comments and support for the work that was being undertaken. She stated that all of the issues and suggestions raised to progress this work would be taken away from the meeting and discussed by the group.

The Director of Workforce & Organisation Development, MHCC & Co-Chair of Covid Health Equity Group stated that this would be an ongoing, long term piece of work that included activities and projects to ensure all community groups, including young people, carers, the Chinese and East European community were included and consulted, adding that it was recognised that different groups experienced different health outcomes and had different needs. She stated that an Impact Report would be produced and reported to the Committee at the appropriate time that would evidence and report on this activity.

The Director of Workforce & Organisation Development, MHCC & Co-Chair of Covid Health Equity Group further advised the Committee that vaccination take up data was being collated and analysed that would inform appropriate targeted campaigns. The Executive Member for Adults, Health and Wellbeing stated when available this information would be shared with local Members.

In concluding this item of business, the Chair on behalf of the Committee acknowledged the importance of this work and thanked all of the officers and the VCSE guest for attending. He stated that the scale and challenge of this work was

recognised, and the Committee would welcome a progress report at an appropriate time.

Decisions

The Committee,;

1. Note the disproportionate impact that COVID-19 has on BAME and disabled citizens, residents in vulnerable situations and areas of socio-economic deprivation, and progress to date on tackling these disproportionalities.
2. Endorse the recommendation that respective partner organisations prioritise supporting the objectives of this programme as part of their response to Covid.

HSC/21/9 Adult Social Care and Population Health Budget 2021/22

The Committee considered the report of the Chief Executive Manchester Local Care Organisation and Executive Director of Adult Social Services that detailed the service and financial planning and associated budget strategy work that was taking place for adult social care with partners across the health and care system.

It detailed the identified and proposed opportunities to make savings in 2021/22 aligned to the remit of the Health Scrutiny Committee, to support the City Council to achieve a balanced budget in 2021/22.

The Committee was invited to comment on the report prior to it being considered by Executive.

The main points and themes within the report included: -

- Describing the 2021/22 Budget proposals in the context of the 2021/22 Budget;
- Providing a background and context;
- Information on the Covid-19 pandemic and the Adult Social Care (ASC) Improvement Programme, noting the context and impact on ASC;
- Identified budget pressures and efficiency proposals; and
- An overview of the Better Outcomes Better Lives programme.

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

- Clarification was sought on the overall total reduction in the Public Health budget since 2016;
- Consideration needed to be given to describing what was meant by the term wellbeing services in future reports;
- Stating that the government had repeatedly failed to adequately fund Adult Social Care over a period of many years;
- Noting that the funding cuts imposed upon the city had impacted most on the poorest residents who already experienced the worst health outcomes; and
- That despite these continued cuts Manchester had sought to defend the most vulnerable residents across the city.

Officers informed the Committee that the impact on Manchester's public health funding was a £8.652m reduction by 2019/20 and provided the year on year reduction figures. The Executive Member for Adults, Health and Wellbeing stated that whilst there had been a reduction in the funding from central government there were no proposals to reduce public health services.

The Executive Member for Adults, Health and Wellbeing stated that the government must adhere to the promise made at the beginning of the pandemic that they would reimburse the Council for the additional costs incurred as a result. She further stated that the government had repeatedly failed to adequately fund Public Health and Social Care over a period of many years, however despite this Manchester had responded to protect the most vulnerable residents in the city and would continue to do so.

Decision

The Committee note the report and endorse the budget proposals as described to the Executive.

HSC/21/10 COVID-19 Update

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director Manchester Health and Care Commissioning that provided an update on COVID-19 activity that included the latest available information on data and intelligence; information on Variants of Concern in Manchester and the response to this; an update on the Manchester COVID-19 Vaccination Programme and testing and contact tracing.

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

- The Committee expressed their confidence and appreciation to teams responding to deliver surge testing in central/south Manchester;
- Noting the need to reassure local residents at this time and praising the response of local Neighbourhood Teams in providing advice and support to both local residents and Members;
- What was being done to ensure that people who worked in these areas, but did not live in the area were tested, including those in household bubble arrangements;
- Was the surge testing in central/south Manchester available to local business owners and their employees;
- Were young people and housing providers involved regarding supporting the promotion of the vaccination programme;
- Noting that there had been some concern expressed regarding the advice given to housebound residents and the timing of their vaccination;
- Noting that due to the Primary Care Network arrangements some residents had been offered appointments for a vaccination some distance from their home address;
- Providing a positive example of a GP working with local asylum seekers;

- Stating that those who were destitute or not registered with a GP should not be excluded from receiving a vaccination;
- Information on the vaccination should be available in different languages; and
- What was the approach taken by GPs to ensure that unused vaccinations were not wasted.

The Director of Public Health responded to questions by stating that it was important to reiterate that at this stage there was no evidence that vaccines were less effective against the existing Kent variant and he encouraged all to continue to attend an appointment for their vaccination. He said that various teams, including Youth Services, local Housing Providers and Early Years Teams were actively engaged with work to promote testing and vaccination, adding that this work was complimented by a comprehensive communications strategy.

The Director of Public Health confirmed that the surge testing in central/south Manchester was available to local businesses and employees. He further acknowledged the comment regarding the issue of household bubbles and informed the Committee that an approach to this was to be discussed and agreed.

The Executive Clinical Director MHCC stated that for those residents who had not attended or taken up the offer a vaccination appointment they would be contacted, including a telephone call and the take up rates would continue to be monitored. She commented that the take up rate of the vaccination overall was very good.

In relation to housebound patients and the issue raised by Members, the Executive Clinical Director MHCC advised that the issue had arisen as a result of the physical management of the vaccination and the challenges this had presented to administer it safely. She stated that a process had subsequently been agreed to ensure that the vaccination could be delivered in a clinically safe manner and work was currently underway to vaccinate anyone who might not have received it.

The Executive Clinical Director MHCC acknowledged the comment made regarding Primary Care Network arrangements and appointment offers by stating this was acknowledged and work was underway to address this by offering vaccination appointments in a range of different settings. She stated that it was important to raise awareness of the vaccination and encouraged all to take up an offer as a way to combat COVID-19 and work was underway with a range of VCSE organisations to promote this and engage with citizens. She further stated that all citizens should be encouraged to register with a GP as it was important for all aspects of their health.

In regard to the question regarding unused vaccinations the Executive Clinical Director MHCC advised that the approach was that no vaccination should be wasted once the vial had been opened and practices would be responsible for managing their reserve list.

The Executive Member for Adults, Health and Wellbeing praised the work that was being delivered across the city on behalf of the residents.

Decision

The Committee notes the report and pays tribute to all of the staff and volunteers involved in this important activity.

HSC/21/11 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.