

## **Health Scrutiny Committee**

### **Minutes of the meeting held on Wednesday, 12 January 2022**

**Present:** Councillor Richards – in the Chair

**Councillors:** Appleby, Curley, Hussain, Leech, Monaghan, Newman and Riasat

**Apologies:** Councillor Cooley, Green and Reeves

**Also present:**

Councillor Midgley, Deputy Leader

Stephen Gardner, Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust

Andrew Maloney, Director of Human Resources and Deputy Chief Executive, Greater Manchester Mental Health Trust

Michelle Humphreys, Director of Strategic Projects, Manchester University NHS Foundation Trust

Jackie McVan, Greater Manchester Head of Services for Change, Grow, Live

Caitriona Gallagher, Be Smoke Free, Team Manager for Change, Grow, Live

#### **HSC/22/55 Appointment of Chair**

Councillor Richards was nominated to Chair the meeting. This was seconded and approved by the Committee.

#### **Decision**

To appoint Councillor Richards as Chair for the meeting.

#### **HSC/22/56 [10.00-10.05] Minutes**

#### **Decision**

To approve the minutes of the meeting held on 8 December 2021 as a correct record.

#### **HSC/22/57 [10.05-10.30] 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 had been circulated to all Members in advance of the meeting. The presentations provided an update on COVID-19 activity that included the latest available information on data and intelligence.

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

- The Committee again reiterated their recognition and appreciation for all involved with the vaccination programme;

- What was the correlation between COVID-19 related hospital admissions and the patients' vaccination status;
- The need to challenge and counter the misinformation relating to the vaccination and pregnancy that was being circulated on social media, particularly amongst young people;
- Commenting that due to the high infection rates and transmissibility of OMICRON it was important for all to observe mask wearing, adding that this was a societal, in addition to a personal responsibility to protect everyone;
- Patients and their families' lived experience of COVID-19 should be used to articulate the importance of receiving the vaccination and the serious consequences of not doing so;
- It was the responsibility for everyone to come forward and receive their vaccination and noting the vaccination rates in Manchester it was important to keep articulating this and encouraging people to come forward; and
- Noting the recent changes announced in relation to the requirement not to obtain a PCR test following a positive LFT result, was there a possibility that this would skewer the reported infection rates as people either did not always formally record their results or were reluctant to report a positive test.

The Director of Public Health provided the Committee with the figures of those patients currently admitted to hospital with COVID-19 related illness and their vaccination status, noting that in critical care this was five times higher. He stated that this clearly demonstrated the need and importance of receiving the vaccination and booster. He stated that there was no call for mandatory vaccination in the UK and the approach was for citizens to take the vaccination on a voluntary basis, with the caveat in relation to specific professions and settings. He further commented that people who may have been hesitant may decide to take up the offer of the vaccination when they were required to provide vaccination passports to undertake travel or participate and access events.

In response to a request for more granular data on the cohorts admitted to hospital as a result of COVID-19, the Director of Public Health advised there was a challenge to providing this data in real time to report to the Committee.

The Director of Public Health informed the Committee that there was a pilot being delivered at the Etihad stadium where those people who had received their vaccination overseas could attend to have their vaccination validated, their COVID-19 passport records updated, and a booster administered where appropriate.

The Director of Public Health stated that they remained committed to work with communities and networks, including schools to address concerns people had and challenge prevailing myths to maximise the take up of the vaccination. In response to a comment regarding the infection rates across different wards and the demographic profiles he stated that this was closely monitored and analysed to understand specific trends and where appropriate deploy targeted interventions.

The Director of Public Health accepted the comment made regarding the reporting of LFT results and advised that the Communications Team were delivering a campaign to encourage people to regularly test and report the results. He added that he understood that PCR testing would resume at some point and had only been

suspended temporarily as a result of the demand experienced by the service. He said that he would keep the Committee informed of these developments.

The Director of Public Health commented that he acknowledged the comment regarding using lived experience and case studies in campaigns to promote the vaccination programme and made reference to the Communications and engagement focus slide within the pack that had been provided to Members. The Chair commented that it would be useful to have a more detailed update on the Communications strategy, both at a local and national level in a future update.

The Deputy Leader paid tribute to all staff and partners working to address COVID-19 for their continued dedication and hard work. She particularly paid tribute to the teams working in Adult Social Care who were working to safely discharge patients from hospital settings into alternative, appropriate and safe care pathways. She commented that this was testimony to the positive partnership approach to working to deliver improved health outcomes for Manchester residents.

## **Decision**

The Committee recommend that a future update includes a detailed discussion on the vaccination and COVID-19 communications strategy, with specific discussion in relation to the measures taken to counter misconceptions and myths surrounding the vaccination, noting that the Committee request that appropriate officers are in attendance.

## **HSC/22/58 [10.30-11.15] Alcohol, Drugs, and Tobacco Addiction Treatment Services in Manchester**

The Committee considered the report of the Director of Public Health that provided the Committee with an overview of the Drug and Alcohol Treatment and Support and Tobacco Addiction Treatment Services commissioned by the Manchester Population Health/Public Health Team.

To accompany the report a video was played that articulated the voice of the service user.

Key points and themes in the report included:

- The Manchester Drug and Alcohol Treatment and Support Service and Tobacco Addiction Treatment Service is provided by Change, Grow, Live (CGL);
- Providing a strategic context both at a local and national level;
- Key statistics;
- A description of the service offer for each service;
- An outline of the performance and an overview of the successes and challenges;
- The impact of COVID-19; and
- Next steps.

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

- Recognising the valuable and important role that the services provided;

- Had there been a reduction in the numbers of clients seen due to the impact of COVID-19 and the move to online consultations;
- The need to recognise and address the correlation between socio-economic deprivation and smoking and drug consumption;
- Was there any evidence to suggest that the increased cost of tobacco had any impact on the numbers of smokers;
- Was there any evidence to indicate if the historic reduction and closure of services had any impact on the numbers of people seen or being supported by the drug and alcohol service;
- Noting the prevalence in specific areas of needles being disposed of irresponsibly and what was being done to address this; and
- Was there any evidence currently available to identify the number of COVID-19 related deaths amongst drug users.

In presenting the report, the Strategic Commissioning Manager advised the Committee that there was a correction at sections 4.2.1 and 5.5.1 of the paper. She reported that the service is specified to supply Varenicline, commonly known by its trade name Champix, which was an important stop smoking medication, often used alongside Nicotine Replacement Therapy, but because of a national issue, this currently cannot be sourced or provided at the moment. She reported that there was no end date for this situation currently and it was likely that it would impact on quit rates.

In response to the question on the issue of historic reduction and closure of services and the impact on the numbers of people seen or being supported by the drug and alcohol service, the Strategic Commissioning Manager advised that any data available would be circulated for information following the meeting.

The Greater Manchester Head of Services for Change, Grow, Live discussed the impact that COVID-19 had placed on the delivery of services, in particular the planned launch of the Be Smoke Free programme that coincided with the beginning of the pandemic. She said staff had responded quickly and effectively to deliver these sessions online and commented that the numbers of people seen had not reduced as a result, adding that some people who might otherwise not have attended an in-person appointment had accessed services online. She commented that where appropriate medication had been delivered to people's doors.

The Be Smoke Free, Team Manager for Change, Grow, Live supported the comments previously given as to the challenge presented by COVID-19. She said that the intention was to continue to deliver a hybrid model of service delivery and to raise the profile of the service amongst communities going forward.

The Greater Manchester Head of Services for Change, Grow, Live discussed the successful response to bring homeless people indoors at the start of the pandemic. She described the wrap around support that had been provided to both homeless people, including providing vaping devices for smokers, and support for the staff working in those sites. She stated this had been very successful and had provided an opportunity to engage with and assist homeless people around often complex issues to achieve long term positive outcomes.

In response to the question asked relating to the number of COVID-19 related deaths amongst drug users, the Director of Public Health stated this data was not currently available. He further responded to an earlier comment regarding the figures provided within the report relating to alcohol dependency by advising that these were compiled using Public Health England National Data.

The Greater Manchester Head of Services for Change, Grow, Live responded to the issue of the disposal of needles and needle exchanges by commenting that there was no need for people to use dirty needles and there were provisions across a range of locations to dispose of needles safely. She described that there were outreach workers, that included ex-users with lived experience, who would attend specific sites at the appropriate times to engage with users and offer advice and signpost to help and support. She further described the locations around the city as to where advice and information could be obtained, in addition to their social media presence. Noting the positive comments from the Members she extended an invitation to any Member wishing to visit the teams and accompany them when they were out and engaging with users to further understand the work of the service and witness the impact this had.

The Programme Lead stated that the prevalence of smoking in Manchester was high, noting that it was recognised that the incidents of smoking was related to deprivation. She stated that a Tobacco Control Programme had been developed at a Greater Manchester level, based on the World Health Organisation framework. She said this had an emphasis on prevention and de-normalisation of tobacco in addition to treatment services. In reply to the question relating to the pricing of tobacco as an incentive to quit smoking she stated that whilst the cost of tobacco was high it was important to acknowledge that there was a significant presence of organised crime that flooded communities across the city with illicit tobacco. She described that e-cigarettes and similar devices were not licensed medication and as such were regulated by Trading Standards legislation. In response to a question relating to the smoking of shisha she said that the Licensing Out Of Hours Team had been proactive in monitoring and visiting those establishments where this activity was undertaken across the city to ensure they were compliant with the relevant legislation.

## **Decision**

The Committee note the report and thanked all of the invited representatives for attending the meeting and contributing to the Members' discussion.

## **HSC/22/59 [11.15-11.50] Health Infrastructure Developments**

The Committee considered the joint report of the Executive Director of Strategy, Manchester Health and Care Commissioning Group, Executive Director of Workforce and Corporate Business, Manchester University NHS Foundation Trust, Deputy Chief Executive, Greater Manchester Mental Health NHS Foundation Trust, Director of Strategic Projects, Manchester University NHS Foundation Trust and Director of Inclusive Economy, Manchester City Council that provided an update on health infrastructure developments in North Manchester, including New Park House, the

North Manchester General Hospital (NMGH) site redevelopment and the associated North Manchester Strategy; and at Wythenshawe Hospital.

The report was accompanied by a presentation that further articulated the key points within the report.

Key points and themes in the report included:

- Providing an introduction and background;
- An update on the developments in North Manchester, noting the North Manchester Strategy, the shared ambition of the key partner organisations in Manchester to deliver much-needed investment in North Manchester, and to use this as a stimulus to drive economic regeneration and improved health and wellbeing for the local population;
- An update on the New Park House Development; and
- An update on the developments at Wythenshawe Hospital, noting that the Strategic Regeneration Framework (SRF) for MFT's Wythenshawe site was endorsed by the Executive on 17 March 2020.

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

- Noting that the plans for North Manchester presented an exciting and positive development for the site that was in much need of modernisation and recognising the significant wider benefits to the local area in terms of employment and skills;
- Noting that it was important to ensure that public transport links to hospital sites were improved;
- Seeking an assurance that services would not be relocated from North Manchester General Hospital, stressing the importance of retaining the status of the provision as a General Hospital;
- Welcoming the proposals to develop Park House and enquiring what support would be offered to patients transferring from the old provision into the new one;
- Expressing concern that the proposals for Wythenshawe Hospital to release the potential of the site to attract significant complementary economic activity such as research and innovation was dependant on a change to national policy;
- Recommending that a substantive report specifically on the plans for Wythenshawe Hospital be submitted for consideration at an appropriate time; and
- Had COVID-19 impacted on the budget to deliver the ambitions described for North Manchester and would the delivery of the scheme described result in any debt for the Trust.

The Director of Human Resources and Deputy Chief Executive, Greater Manchester Mental Health Trust described that patients accessing Park House typically stayed for 30 days on average, so there were no long-term patients. However, patients who would transfer into the new unit would be supported by staff to help familiarise and orientate them into the new and improved environment. He further informed the Members that service users had been consulted with and closely involved with the design of the new facility.

The Director of Strategic Projects, Manchester University NHS Foundation Trust stated that the plan would be to develop a multi storey car park at the Wythenshawe

site and noted the comment regarding the need for improved public transport links. She said that the move to regulate the bus network in Manchester was an opportunity to address this and would further support the environmental ambitions of the city. She reassured the Members that this was a live and ongoing discussion.

In response to a comment made regarding the digital offer, the Director of Strategic Projects, Manchester University NHS Foundation Trust stated that digital was embedded in all aspects of the site, stating that there were many examples of how this had improved the patient experience and improved the efficiency of service delivery. She stated that they were mindful of digital exclusion and were working to address this where appropriate.

The Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust noted the comments regarding the opportunity to utilise the plans as a catalyst to deliver employment and skills to the local community in north Manchester by adding that it would also deliver commercial opportunities in the localities and physical improvements and connectivity in those areas. He described that this scheme would be delivered in partnership with the Council and partners to maximise the full potential of the project and maximise the benefits and opportunities to local residents. He described that the programme would be delivered via national funding so there would be no debt incurred by the Trust. He further added that the financial implications resulting from inflation and the sourcing of materials and resources would be addressed through the ongoing discussions with central government.

The Programme Director, Single Hospital Service, Manchester University NHS Foundation Trust reassured the Committee that in terms of service delivery there would be no visible change in North Manchester, and the intention was to retain the existing specialist services at the site, noting that there were still issues to be resolved as part of the transition to the Single Hospital Service discussions and agreements. He stated that any proposals to change or alter the provision of a service would be subject to formal consultation and discussion with the Health Scrutiny Committee.

The Deputy Leader stated that the plans described represented a unique opportunity to improve the outcomes for many Manchester residents. She stated that this programme would further support the stated commitment for Manchester to be a Marmot City Region and tackle health and socio-economic inequalities experienced in the city. She stated that local residents and local Members would be consulted with as these projects developed.

## **Decision**

The Committee recommend;

1. That a substantive report that describes the plans for Wythenshawe Hospital, including funding agreements be added to the Committee's Work Programme for consideration at an appropriate time.

2. That the Chair of Health Scrutiny discuss with other Committee Chairs the division of scrutiny of the Key Performance Indicators (KPIs) for North Manchester Hospital to ensure they were monitored by the appropriate committee. Noting that the data to be monitored and any benchmarking / baseline that are set were scrutinised before being finalised by the appropriate committees.

### **HSC/22/60 [11.50-12.00] Overview Report**

The 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**

The Committee notes the report and agrees the work programme.