

Health Scrutiny Committee

Minutes of the meeting held on Wednesday, 6 September 2023

Present:

Councillor Green – in the Chair

Councillors Bayunu, Cooley, Curley, Hilal, Karney, Muse, Reeves and Wilson

Apologies: Councillor Riasat

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Councillor Chambers, Deputy Executive Member for Healthy Manchester and Adult Social Care

Julie Taylor, Locality Director of Strategy/Provider Collaboration (MICP)

Sophie Hargreaves, Director of Strategy, Manchester University NHS Foundation Trust

Tom Hinchcliffe, Deputy Place-based Lead, NHS GM (Manchester)

Professor Matt Makin, Medical Director at North Manchester General Hospital, Manchester University NHS Foundation Trust

Darren Banks, Group Director of Strategy, Manchester University NHS Foundation Trust

Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation

HSC/23/40 Minutes

Decision

To approve the minutes of the meeting held on 19 July 2023.

HSC/23/41 Pennine Acute Disaggregation Update

The Committee considered the report of the Director of Strategy, MFT and Locality Director of Strategy/Provider Collaboration that provided an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the Northern Care Alliance (NCA). The report advised that this was the third phase of change proposals arising from the dissolution of PAHT.

Key points and themes in the report included:

- Providing a background to the acquisition of the Pennine Acute Hospitals Trust;
- An overview of the disaggregation approach and context of complex services;
- A summary of proposals to disaggregate the third phase of complex services namely Dexa (bone density) scanning, Ear, Nose & Throat (ENT), Urology and Trauma & Orthopaedics; and

- A summary of the assessment of the impact of these proposed changes on North Manchester residents in terms of quality, equality, patient choice, travel and access.

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

- Recognising the significant work that had been undertaken to progress this work;
- Recognising and welcoming the patient centred approach;
- Noting the importance of car parking for both patients and staff and in doing so welcoming the development of the multistorey car park facility at the North Manchester General Hospital site;
- Recognising that the work described in the report was part of the wider economic regeneration of north Manchester; and
- Would there be ongoing monitoring of the impacts on patient experience following implementation of the changes described.

The Locality Director of Strategy/Provider Collaboration (MICP) described that there had been significant work undertaken via the public engagement exercise on the issue of patient travel, including consideration of the cost associated with travel and a summary of these findings had been presented in the report. She described that information on travel options would now be routinely included in appointment letters that would be sent to patients. The Director of Strategy, MFT added that the public engagement events had identified that a lot of patients did not know what their options were in relation to public transport. Regarding the multistorey car park to be delivered at North Manchester General Hospital it was noted that this would alleviate issues associated with on-street parking experienced by local residents.

The Director of Strategy, MFT informed the Members that each phase of the disaggregation process that had been reported to the Committee would be monitored. The Chair commented that the Committee would be interested to learn of these findings once collated.

The Executive Member for Healthy Manchester and Adult Social Care said that he welcomed the report. He commented that he was very appreciative of the ongoing dialogue between the Trust and the Council from the early stages of planning of this programme of work.

Decisions

The Committee;

1. Endorse the progress Manchester University NHS Foundation Trust and Northern Care Alliance have made to disaggregate services from the legacy Pennine Acute Hospitals Trust footprint; and
2. Endorse the assessment made by the working group that the changes identified in phase 3 do not constitute a 'substantial variation'.

HSC/23/42 Integrated Care Systems

The Committee considered the report of the Deputy Place Based Lead, Manchester Integrated Care Partnership that provided an update following the UK Government's reforms to health and social care, which established Integrated Care Systems on 1 July 2022, including Greater Manchester Integrated Care System (NHS GM). The report also provided an update on the governance arrangements that had developed over the last year for NHS GM and the Manchester locality.

Key points and themes in the report included:

- Providing an introduction and background;
- Information on the NHS Greater Manchester (NHS GM) Integrated Care System (ICS); and
- An update on the Manchester Locality Plan.

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

- Noting that Manchester had been pioneering in terms of health devolution and the integration of health and social care;
- Recognising the risk to delivering all the ambitions for Manchester whilst delivering the inherited required efficiencies of £606.2m;
- All available levers and opportunities should be used to raise awareness of these required efficiencies, including the lobbying of local MPs and the Shadow Secretary of State for Health and Social Care;
- Noting and welcoming the completion of the Environmental Impact Assessment and the Equality, Diversity and Inclusion sections of the report template;
- Further information was requested on the GM NHS Green Plan in 2023/24;
- What was the approach to ensure people and communities were active partners as described as an aim of the Our Healthier Manchester Locality Plan; and
- Discussing the relationship between housing and health.

The Executive Member for Healthy Manchester and Adult Social Care stated that he had great concerns regarding the ability to deliver the ambitions for Manchester and to improve the health outcomes of Manchester residents whilst delivering the inherited required efficiencies of £606.2m. He stated that with the support of the Committee, and in conjunction with the Chair, he would write to the Secretary of State for Health and Social Care to lobby for adequate funding for Manchester ahead of the Autumn Budget Statement. The Committee fully endorsed this suggestion and noted that the Secretary of State for Health and Social Care should be invited to meet in person with the Executive Member for Healthy Manchester and Adult Social Care when he would be visiting Manchester attending the party conference.

In response to Members' comments regarding planning for managing and understanding the impact of the required efficiencies of £606.2m, the Executive Member for Healthy Manchester and Adult Social Care stated that this issue was considered and monitored at monthly meetings that involved all partners. He reiterated that he remained deeply concerned about this inherited financial situation, however he was committed to doing all he could to protect the most vulnerable

residents in the city and use all available funding to achieve the best health outcomes for Mancunians.

The Executive Member for Healthy Manchester and Adult Social Care commented that appropriate and quality housing was recognised as a factor in residents' health outcomes. He made reference to the many initiatives that had been delivered in Manchester that had been reported to the Committee over previous meetings, including Dementia Friendly Housing schemes and Extra Care Schemes. He further addressed the question asked in relation to active partners by advising that the Director of Equality and Engagement had involved the Patient Advisory Groups in the detailed delivery planning. In addition, all existing community networks and sounding boards were involved in this work, adding that this approach was reflected across Greater Manchester.

In response to the request for further information on the GM NHS Green Plan in 2023/24, the Deputy Place-based Lead, NHS GM (Manchester) advised that information would be provided following the meeting. He further clarified that the Director of Equality and Engagement was Sharmila Kar.

The Chair in concluding this item of business requested that any future update reports on Integrated Care Systems to the Committee include information on how the new arrangements impacted Manchester residents and provide case studies and examples of outcomes.

Decision

The Committee recommend that the Executive Member for Healthy Manchester and Adult Social Care, in conjunction with the Chair, write to the Secretary of State for Health and Social Care to lobby for adequate funding for Manchester ahead of the Autumn Budget Statement.

HSC/23/43 UK COVID19 Inquiry

The Committee considered the report of the Director of Public Health that provided information about the UK Covid 19 Inquiry, how the Council had contributed to the Inquiry so far and described the arrangements in place for responding to future requests.

Key points and themes in the report included:

- Providing an introduction and background in terms of the national context;
- Describing the structure of the Inquiry; and
- Information of the local response to date, including information on the role and membership of the UK Covid-19 Inquiry: MCC Internal working Group Membership.

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

- That an accurate account of the Manchester experience should be written to act as an accurate testimony;

- Paying tribute to all Mancunians who responded heroically during the pandemic, paying particular tribute to the many volunteers across the vaccination sites; and
- Noting that each and every Mancunian had a personal story to tell about their experience of the pandemic.

In response to a specific question regarding the UK Covid-19 Inquiry: MCC Internal working Group membership, the Director of Public Health advised that this was an officer led group, using existing officer networks who would coordinate each respective directorate's response and submission to the inquiry.

The Executive Member for Healthy Manchester and Adult Social Care echoed the views of the Members in paying tribute to the heroic Mancunian response to the pandemic. In addition, he paid tribute to the Director of Public Health and his team and to the Executive Director of Executive Director of Adult Social Services. He said that Manchester, in the absence of national policy, had taken the lead in regard to instigating testing patients for Covid before they were discharged from hospital into other care settings.

In concluding this item of business, the Chair stated that she was incredibly proud of Manchester and our residents for their response during the pandemic.

Decision

To note the report.

HSC/23/44 Planning For Winter 2023/24

The Committee considered the report of the Deputy Place Based Lead, the Executive Director Adult Social Services and the Director of Public Health that provided an overview of the key elements of the approach to winter planning 2023/24 alongside organisational updates relating to what would be delivered by partner organisations.

Key points and themes in the report included:

- Noting that a full system winter plan would be developed through the two urgent care system boards – Manchester and Trafford Operational Delivery Group (ODG) and Urgent Care Board (UCB);
- A first iteration of the system plan would be shared at the September Urgent Care Board, with a further update in October, and then as required throughout winter;
- Information regarding the operational resilience across the NHS;
- Information regarding the Urgent and Emergency Care System Plan;
- Information regarding the Operational Pressures Escalation Levels (OPEL) Framework;
- An update on the planned Winter Communications Plan; and
- Organisational winter deliverables, by organisation.

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

- Noting the pressures the NHS was already experiencing prior to additional winter pressures;
- Noting the pressures and resulting waiting times at Accident and Emergency (A&E) departments;
- Noting the additional impact of Covid over the winter period;
- Advice and information needed to be cascaded to residents regarding the importance of accessing health services when they were ill; and
- Clarification was sought on the reported need for sufficient call handling capacity within the North West Ambulance Service (NWAS) and did this indicate that it was currently under resourced.

The Group Director of Strategy, Manchester University NHS Foundation Trust stated that the report presented to Committee provided a summary of the planning work underway and advised that significant detailed work and analysis informed the planning. He commented that there were a range of initiatives to reduce pressures experienced at A&E departments, including the use of Virtual Wards that could be used to clinically care for and manage patients, and safely step up or step down care as appropriate. He stated that this could improve patient flow at A&E. He added that demand at A&E acted as a useful barometer for how the wider system was functioning. He stated that all available knowledge, intelligence and experience informed the planning for winter pressures.

The Chief Operating Officer, Manchester Local Care Organisation advised that currently, a third of the 320 virtual community beds target to be delivered by the end of March 2024 had been achieved, adding this was in line with current projections. He commented that there was clinical evidence to demonstrate that this approach to care was appropriate for certain cohorts and conditions. He added that this approach also included participation from GPs.

The Director of Public Health responded to the comment raised regarding the need for resident advice and information. He made reference to the Winter Communications Plan that was described in the report, adding that this would be bespoke to Manchester and would include Cost of Living advice and vaccination information. He stated that information would be published in an easy to read format and available in different languages.

The Director of Public Health advised the Committee that following publication of the report the date for care home residents and staff for flu and Covid vaccinations had been brought forward from October to commence the 11 September and the 18 September for all other eligible cohorts. He added that this decision had been taken in response to the new variant of concern that had been identified, variant BA.2.86, also known as Pirola. He advised that all existing trusted networks would be used to articulate and promote vaccination information and advice.

In response to the discussion regarding call handler capacity within NWAS, the Deputy Place-based Lead, NHS GM (Manchester) advised that the reference in the report referred to the need to ensure that capacity within this service was adequate to respond to the winter pressures.

The Executive Member for Healthy Manchester and Adult Social Care commented that there was an established and strong dialogue across all health and social care partners in the city to enable the planning for winter. He advised that the Winter Plan would be reviewed monthly by the Manchester Partnership Board and all Councillors would be kept updated by himself. He noted that the Committee would be considering a report at the February 2024 meeting that reflected on how effective the winter planning had been.

Decision

To note the report.

HSC/23/45 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.

In response to a comment from a Member regarding the Care Quality Commission rating of 'Requires Improvement' for Manchester University NHS Foundation Trust, the Chair stated that she would give consideration as to how the Committee could be informed of the Trust's response to these findings.

Decision

The Committee notes the report and agrees the work programme.