

## Health Scrutiny Committee

### Minutes of the meeting held on Wednesday, 10 January 2024

#### Present:

Councillor Green – in the Chair

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

#### 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

Councillor White, Executive Member for Housing and Development

Tom Hinchcliffe, Deputy Place Based Lead for Health and Social Care Integration, NHS Greater Manchester Integrated Care

Sam Bradbury, Deputy Director of Integrated Commissioning, Manchester Local Care Organisation

Julie Taylor, Locality Director of Strategy/Provider Collaboration (Manchester) NHS Greater Manchester

Dr Sohail Munshi, Chief Medical Officer, Manchester Local Care Organisation

Coral Higgins, Cancer Reform Manager, NHS Greater Manchester

Graham Mellors, Strategic Lead for Population Health Management, Manchester Local Care Organisation

#### HSC/24/1 Minutes

1. To approve the minutes of the meeting held on 6 December 2023.
2. To receive the minutes of the Greater Manchester Mental Health NHS Foundation Trust: Improvement Plan Task and Finish Group meeting held on 19 December 2023.

#### HSC/24/2 Support For People With Complex Needs And The Role Of Social Workers & Tackling Alcohol Harm in Manchester

The Committee considered the two-part report of the Executive Director of Adult Social Services and the Director of Public Health. The first report provided a full description of the services provided by the Manchester social work teams, who supported adults with complex needs; the second report focused on efforts to tackle alcohol harm in Manchester and Greater Manchester.

Key points and themes in the report included:

- Information relating to the Substance Misuse Teams, including a description of their key areas of work;
- Information relating to the work of the Entrenched Rough Sleepers Social Work Team;
- Discussion of the approach to the continuous development of services, noting the commitment to research and evidence-based practice;
- Discussion of the meaning of alcohol harm;

- Consideration of alcohol harm and inequalities, noting that increased levels of deprivation were associated with increased levels of alcohol related harm;
- Data relating to the levels of alcohol harm in Manchester;
- Current activities to tackle alcohol harm in Manchester; and
- Next steps both at a Manchester and Greater Manchester level.

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

- Noting the proliferation of 24/7 alcohol delivery services and the detrimental impact this had on health outcomes;
- Noting increased levels of alcohol consumption during the pandemic;
- A Member described her personal family experience of alcohol harm;
- In a similar way that the tobacco industry was challenged, Manchester needed to tackle the alcohol industry to reduce alcohol-related harm;
- What was the process for a family member or carer to access support as a carer;
- Recognising the need to not demonise or curtail people for enjoying alcohol responsibly;
- A Member commented that in his ward every application for any new off-licence was vigorously opposed;
- Public Health should be formally recognised as a licensing objective;
- Welcoming the reported Family Centred rehabilitation initiative and requesting that a report on this be submitted to the relevant scrutiny committee at an appropriate time;
- Noting the impact of foetal alcohol spectrum disorder (FASD) and noting the motion on this specific issue at the meeting of Council held 29 November 2023, and requesting that a report on this be submitted to the relevant scrutiny committee at an appropriate time;
- Noting the challenge presented by grant funding of services; and
- Requesting an update on the impact of the "Communities in Charge of Alcohol" pilot that had been launched in Miles Platting and Newton Heath in 2017.

The Director of Public Health welcomed the comments from the Committee and stated that the views expressed in regard to the alcohol industry and the 24/7 availability of alcohol were shared by the Association of Directors of Public Health.

The Registrar in Public Health described the multi-agency approach to consider all licensing applications submitted and where appropriate submit objections for consideration by Licensing Panels. She made reference to conditions and modifications to licences as a result of this approach.

The Director of Public Health stated that a round table discussion would be convened in February 2024 with practitioners and experts participating to develop actions to progress the work on FASD, noting the motion that had been passed by Council.

The Executive Director of Adult Social Services informed the Committee that anyone could refer themselves for an assessment under the Care Act. She acknowledged that consideration needed to be given to promote this more widely.

The Service Manager (Complex Needs), Adult Social Care commented that the Family Centred rehabilitation model had been developed by the staff working within

the Alcohol Team. She said that this model utilised a number of therapies, including Trauma Informed Therapy, to best meet the needs of the individual. She commented that the intention was to build upon this model and work with Children's Services, adding that an update on this work could be provided to the relevant scrutiny committee at the appropriate time.

The Director of Public Health said that NHS England funding for Alcohol Care Teams was due to end in March 2024 and discussions were currently underway to look at transitional funding arrangements so the services could be sustained in 2024/25. He added that Wythenshawe Hospital had mainstreamed this service and options to adopt a similar approach would be explored at the other two hospital sites, noting that this changed its funding status and arrangements.

The Director of Public Health said that the formal evaluation of the Communities in Charge of Alcohol pilot had not been undertaken due to the pandemic, however the lessons learnt from this pilot would be used, along with the underlying principles to roll this programme out more widely.

The Executive Member for Healthy Manchester and Adult Social Care stated that despite the failure of government to tackle the issue of alcohol harm it remained a priority for Manchester. He paid tribute to the staff working in the Substance Misuse Team. He further commented that FASD was considered by the Children and Young People Scrutiny Committee.

## **Decision**

The Committee recommends that the Executive Member for Healthy Manchester and Adult Social Care and the Chair of the Health Scrutiny Committee engage with the Mayor of Greater Manchester with the view to establishing a Manchester Manifesto to tackle the alcohol industry on the issue of alcohol-related harm.

## **HSC/24/3 Cancer Screening Update**

The Committee considered the report of the Director of Public Health and the Chief Medical Officer, Manchester Local Care Organisation that provided the latest position in relation to cancer screening programmes for the population of Manchester.

Key points and themes in the report included:

- The latest available screening uptake figures for Manchester in relation to the national cancer screening programmes, noting that there were currently three screening programmes for the prevention or early detection of cancer, namely Breast, Bowel and Cervical screening;
- The role of the Manchester Population Health Management Board within the Manchester Local Care Organisation;
- Information on the actions that were being taken across Manchester to address low uptake and coverage, with a greater focus on health inequalities; and
- Describing the Greater Manchester targeted lung health check programme, and the plan for Manchester.

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

- Stating that the key message was that screening saved lives;
- What was the process for following up on bowel cancer testing kits that were not returned;
- What was the current advice in relation to prostate cancer;
- More information was requested in relation to the Equality Impact Assessments undertaken in relation to cancer screening;
- What were the ages of people accessing screening services;
- Welcoming the mobile mammogram unit at North Manchester General Hospital; and
- Noting the reported issues and limitations to gynae services at Manchester University NHS Foundation Trust (MFT) as a result of staff shortages, recruitment processes and training for new staff.

The Chief Medical Officer, Manchester Local Care Organisation addressed the discussions in relation to the data presented in the report and stated that it was important to differentiate between the rates of screening rather than incidents of cancer diagnosis. He made reference to the Health Development Coordinators and the Manchester Population Health Management Board (PHM). He said that PHM plans were built on their work in communities, building positive relationships with local communities and local partners in the VCSE and, importantly, primary care. He commented that all this work was data led and evidence based. In terms of the age of cohorts and screening he commented that this was in accordance with national clinical guidance.

The Chief Medical Officer, Manchester Local Care Organisation discussed the need to consider health literacy adding that this could be a barrier to people accessing screening services, making reference to his own experience when receiving a testing kit. He commented that consideration needed to be given to the language used to ensure it was appropriate. He commented on the issue of trust amongst some communities and health services and the need to work to tackle these barriers to screening and health services more generally, noting that it was recognised that a 'one size fits all' approach was not appropriate.

The Chief Medical Officer, Manchester Local Care Organisation said that the national advice in relation to prostate cancer was to contact your GP if you experienced any change when passing urine and/or noticed blood in your urine. The Cancer Reform Manager (Manchester), NHS Greater Manchester made reference to the 2023 'This Van Can' prostate cancer awareness roadshow. The roadshow had visited sites across Greater Manchester between May and October 2023 as part of an NHS pilot. It was targeted at black men aged over 45 who were at greater risk of getting prostate cancer.

The Chief Medical Officer, Manchester Local Care Organisation advised that the issues reported at MFT in relation to gynae services were being addressed, noting that the issue of staff recruitment and retention was a national issue. He added that the impact of the pandemic on NHS backlogs of work remained an issue. The Cancer Reform Manager (Manchester), NHS Greater Manchester informed the Committee

that MFT had established a cervical screening facility for their staff in an attempt to increase the take up rates of screening.

The Cancer Reform Manager (Manchester), NHS Greater Manchester said that if a bowel testing kit was not returned, a second kit was issued. If this was not returned the patient was classed as a non-responder. She said that an individual could request a kit at any time if they had missed the initial invitation. With regard to the question asked in relation to the Equality Impact Assessments she advised that these were undertaken by commissioners and that Health Equality Audits were also undertaken.

The Executive Member for Healthy Manchester and Adult Social Care welcomed the report and paid tribute to the collaborative approach of the cancer alliance. He further recognised the important work of the Population Health Management Board, chaired by the Chief Medical Officer, Manchester Local Care Organisation, noting this was responsive to address the needs of residents. He further made reference to the good practice demonstrated by the exercise undertaken by the Miles Platting, Newton Heath and Moston Primary Care Network, who between June and early December 2023 had called more than 400 eligible patients who had not returned their screening kits to discuss the importance of screening and identify any barriers, noting that as a result, 220 screening kits were reissued.

## **Decisions**

The Committee recommend;

1. That the Director of Public Health, in consultation with relevant partners review the letters issued with bowel screening kits to ensure the language and terminology used is appropriate.

That the Director of Public Health, in consultation with relevant partners, give consideration to the use of videos as a visual medium to promote the importance of cancer screening.

## **HSC/24/4 Enabling Independence Accommodation Strategy Update**

The Committee considered the report of the Executive Director of Adult Social Services & Strategic Director (Growth and Development) that provided an update on the delivery of the Enabling Independence Accommodation Strategy for Manchester (2022-2032) which was considered and supported by the Committee on 12 October 2022, prior to its approval at Executive in November 2022.

Key points and themes in the report included:

- Noting that the key aim of the strategy was to improve housing with care and support options to meet people's needs and better enable their independence;
- Describing that it was a partnership strategy, developed between Adults, Children's, Homelessness, Strategic Housing, Property Development, and the Manchester Housing Providers Partnership;

- Reporting progress to date, noting the progress made in the first year of this 10-year strategy;
- Describing the four key objectives of the strategy;
- Reporting the key stages of delivery of the strategy;
- Discussion of the assessment of current provision;
- Discussion of future demand and how this need would be addressed;
- Consideration of the building upon our care and support at home services;
- Case studies; and
- Next steps.

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

- Welcoming the report and recognising the importance of supporting people to remain living safely in their communities, close to their families and support network;
- Recognising that this important work was integral and important for individuals and communities;
- Welcoming the scale of work delivered by the Manchester Equipment and Adaptations Partnership and Community Alarm and Technology Enabled Care service;
- Recognising the importance of adaptations to support people to remain living safely in their own homes;
- The need to promote widely the positive and important initiatives described within the report;
- Welcoming the inclusion of the case studies;
- Did the work and ambitions described meet the needs of the population;
- Noting the Disabled Facilities Grant (DFG) funding was not sufficient to keep up with increased demand and construction cost and calling for adequate funding from government; and
- Commenting that investment in these initiatives saved money in the longer term as individuals were not accessing costly acute or care settings.

The Commissioning Manager Strategic Housing stated that the service was continually exploring all opportunities to deliver future schemes. She commented that the Housing Needs Assessment would inform future commissioning considerations, noting that future schemes would consider the housing needs of young disabled people.

The Executive Director of Adult Social Services acknowledged the discussion relating to the DFG, adding that it was not sufficient to meet the demand. She described that despite the challenges the service remained committed to being innovative and suggested that Members undertake a visit to the Smart Suite, a new facility that had opened in Manchester that allowed people to see and try out the equipment and adaptations that could keep them independent at home. The Members welcomed this invitation.

The Assistant Director Adult Social Services (Commissioning) welcomed the recognition of the work of the Manchester Equipment and Adaptations Partnership and Community Alarm and Technology Enabled Care service, adding that it was

important to record and report these activities as it supported independent living and helped support the case for an increase in the DFG. She further paid tribute to the partnership work and positive relationship established with housing providers to deliver these interventions to support residents.

The Executive Member for Housing and Development paid tribute to the partnership approach to deliver the strategy. He commented that the relationship between housing and health outcomes was understood and the ongoing stated commitment to partnership working would help deliver the best outcomes for Manchester residents.

The Executive Member for Healthy Manchester and Adult Social Care stated that he welcomed the many positive comments from the Committee adding that the report clearly articulated the ambitions for the city. He stated that the strategy recognised the nature and importance of place. He said that despite the government's failure to adequately fund and acknowledge the importance of this work, Manchester had taken the lead nationally on this issue.

The Chair in concluding this item of business paid tribute to the work described and requested that an update report be provided to the Committee at an appropriate time.

## **Decision**

To note the report and that a visit to the Smart Suite be arranged for Members.

### **HSC/24/5 Manchester Local Care Organisation Community Health Transformation Programme - Variation to Podiatry Services**

The Committee considered the report of the Deputy Director of Integrated Commissioning, Community Health that provided the recommendations made by Manchester Local Care Organisation Executive to reduce variation in community health podiatry services as part of the Community Health Transformation Programme.

The Committee was asked to note the Manchester Local Care Organisation recommendation to remove the variation in the community health service podiatry offer; and to endorse the view that this action did not constitute a substantial variation.

Key points and themes in the report included:

- Describing the context and rationale to standardise provision for podiatry services across Manchester;
- To amend the service offer to ensure consistent access criteria; and
- To align budgets to the size and need of people in the neighbourhoods.

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

- A Member described his personal experience of accessing this service and stated that the service he had received had been very positive; and
- What was the criteria used for patients to access the service.

Officers in attendance stated that a risk matrix was used to assess the criteria for accessing the podiatry service, adding that if a person did not meet the criteria they would be signposted to alternative offers. She added that the majority of appointments were delivered in local health centres. Officers also commented that it was the intention to deliver training to staff working in residential and care homes so they could assist individuals with nail cutting.

### **Decision**

To note the report.

### **HSC/24/6 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.