

Health Scrutiny Committee

Minutes of the meeting held on Wednesday, 22 February 2023

Present:

Councillor Green – in the Chair

Councillors Nasrin Ali, Appleby, Bayunu, Curley, Karney, Newman, Riasat and Richards

Apologies: Councillors Reeves and Russell

Also present:

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

Tom Hinchcliffe, Deputy Place Based Lead

Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation

Bridget Hughes, Interim Associate Director of Operations, Greater Manchester Mental Health Trust

John Foley, Acting Chief Operating Officer, Greater Manchester Mental Health Trust

Dan Smith, Head of Operations, North West Ambulance Service

Ian Moses, Area Director, North West Ambulance Service

Dr Sarah Follon, Associate Medical Director, NHS GM (Manchester Locality Team)

Sarah McGovern, Director of Transformation, Manchester University NHS Foundation Trust

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

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

Dr Rachael Barber, Medical Director, Royal Manchester Children's Hospital

Alison Lynch, Group Deputy Chief Nurse, Manchester University NHS Foundation Trust

HSC/23/19 Accessing NHS Services

The Committee considered the report of the Manchester Health and Care System Partner Organisations that described that the Health Scrutiny Committee had requested an extraordinary meeting to discuss the issues experienced by Manchester residents in accessing health and care services over the winter period (2022/23).

Key points and themes in the report included:

- Setting out the challenging operating environment this winter, including high demand across all sectors, increased Covid, Flu and strep A infections, industrial action and high staff sickness rates;
- Describing the work undertaken, as part of wider winter planning, to ensure people continued to have access to the services they needed when they needed them; and
- Specific information requested by the Committee in relation to:
 - A&E waiting times

- Ambulance waiting times
- Patient discharge from acute hospital settings
- Waiting times for those patients requiring elective and cancer treatment
- Access to vaccination

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

- The Committee thanked all NHS workers for their continued commitment to supporting Manchester residents;
- Recognising the unprecedented pressure placed on the already fragile health and social care system by the pandemic;
- Describing the local and national situation as a crisis, resulting from years of underfunding from government;
- Recognising the pressures this had placed on all staff working across this sector;
- Highlighting the stark statistic detailed within the report that people in Manchester were disproportionately affected by the pandemic, with mortality rates more than 25% higher than the national average;
- The Committee would be seeking an urgent meeting with Secretary of State for Health and Social Care to discuss the concerns raised by the Members on behalf of the residents of Manchester;
- How could patients access Virtual Wards;
- Would the Surge Resilience Hubs continue to be delivered, noting the positive impact these had on facilitating increased numbers of GP appointments;
- What types of treatment did the Same Day Emergency Care cover;
- Clarification was sought regarding the data in relation to Ambulance hand over times and how this was reported in the paper;
- Noting that delays in Ambulance hand overs resulted in crews being delayed and unable to respond to other patients;
- Further information and an assurance was sought on the validation exercise, of which 10% of those who responded back had opted to be removed from the waiting list;
- A&E Departments needed to have appropriate facilities to support those patients attending who presented experiencing a mental health crisis; and
- Further information was sought on the M-Thrive programme and how schools could access this support.

In introducing the report, the Director of Public Health advised that all partners contributed to the GM SORT meetings that were described in the paper and they currently met three times per week. In response to a Member's question he advised that these meetings would continue in some form under the new Integrated Care Board arrangements.

The Group Director of Strategy, Manchester University NHS Foundation Trust described that, whilst it was recognised that Manchester University NHS Foundation Trust (MFT) were not currently able to deliver the level of service they wished to as a result of the current pressures and the remaining issue of COVID, it was worth noting that the numbers of patients currently admitted to hospital with a diagnosis of COVID was only short of the maximum figures experienced at the height of the pandemic. He advised that the number of elective surgery procedures had reduced, due to the

workforce and resources having to be redeployed during the pandemic. He described that this situation had impacted significantly on patient waiting lists. He described that all GM Hospitals, services and partners had worked together to respond to the pandemic, with a mutual aid approach. He described that this approach would continue during the recovery stage. He stated that all opportunities to increase capacity, including using facilities across the UK were being explored with NHS England. He stated that the priority remained patient safety and all options and decisions were considered in line with national clinical guidance.

In relation to cancer care, the Group Director of Strategy, Manchester University NHS Foundation Trust said that, despite the challenge presented during the pandemic, Manchester had continued to sustain a level of cancer treatment, adding that further significant improvements had been realised in waiting times since November 2022.

In relation to Urgent and Emergency Care, the Group Director of Strategy, Manchester University NHS Foundation Trust stated that Manchester had witnessed a significant increase in patients presenting to these services, many of which required admittance to hospital, adding that this increased demand for bed space significantly impacted on pressures experienced in hospitals. He added that another pressure experienced was due to the number of people, approximately 300 patients, who were currently admitted to hospital in Manchester but were medically fit to be discharged. He advised that the Resilient Discharge Programme would be evaluated with the intention to roll this out more widely if viable. Clarification was also provided in regard to the 'back to basics' pilot that was referred to within the report; commenting that this involved staff being trained and supported to engage with patients at an early stage to plan for a safe and managed discharge from hospital, using a strength-based approach. Members requested further data on these patients following the meeting and it was agreed that this could be provided.

In relation to Children's Services the Group Director of Strategy, Manchester University NHS Foundation Trust stated that the pandemic had resulted in a significant increase in demand for mental health services, noting that there had been an 82% increase in demand for Child and Adolescent Mental Health Services (CAMHS). He added that the importance of these services for both the young person and their families was understood. The Medical Director, Royal Manchester Children's Hospital described that the M-Thrive Hubs had been initiated in response to this increased demand. She described that this resource was designed to assist and support young people and their families in their home and school settings. She advised that young people could be referred to this resource via a number of routes, including youth workers, health professionals and schools.

The Associate Medical Director, NHS GM (Manchester Locality Team) advised that the Surge Resilience Hubs were funded until the end of March 2023. Following this an evaluation of this and other initiatives would be undertaken to inform future planning and service delivery.

In relation to the validation exercise and patient waiting lists, the Director of Transformation, Manchester University NHS Foundation Trust advised the Committee that this exercise had been undertaken by contacting patients by a number of different methods. She advised that the responses from patients were

reviewed by clinical teams, in consultation with the patient to agree a way forward. The Medical Director, North Manchester General Hospital, MFT reassured the Committee that there was no patient coercion and further commented that muscular skeletal issues that had rectified themselves over time accounted for the majority of cases that opted to be removed from the waiting list. He advised that this did not stop patients being rereferred for treatment if required. The Group Director of Strategy, Manchester University NHS Foundation Trust commented that the issue of health inequalities and the harms related to delays in treatment on communities was understood and an exercise to understand patterns and trends in this approach was underway.

In regard to the issue of health inequalities, the Group Director of Strategy, Manchester University NHS Foundation Trust commented that this was acutely understood in Manchester. He made reference to the approach undertaken to Health and Lung Checks that saw services go to communities and neighbourhood settings in a targeted approach. He advised that this approach had been pioneered in Greater Manchester. The Director of Public Health further made reference to the work of COVID Health Equity Manchester (CHEM) that arose from the local response to the pandemic as evidence emerged that Covid 19 had a disproportionate impact on some communities who already experience health inequalities in our city. Black, Asian and minority ethnic people, people born outside the UK, disabled people, and those at high occupational risk and/or in poverty were more likely to contract Coronavirus and had poorer mortality outcomes at varying rates. The Committee also noted the Making Manchester Fairer work that had also been reported to the Committee.

In response to a specific question that sought his ask of the Secretary of State for Health and Social Care, the Group Director of Strategy, Manchester University NHS Foundation Trust advised that this would be the need for a system wide approach to investment and policies.

In regard to Same Day Emergency Care, the Medical Director, North Manchester General Hospital, MFT provided examples of the types of procedures that could be undertaken using this model, advising that this approach reduced the need for hospital admissions and reiterated that patient safety was the priority.

The Chief Operating Officer, Manchester Local Care Organisation (MLCO) advised that patients would only be considered for Virtual Wards if clinically appropriate and safe to do so. He advised that both clinicians and patients would be involved in these decisions. The Medical Director, North Manchester General Hospital, MFT provided examples of the types of illness or conditions that could be remotely monitored using this model of patient care. He stated that this approach was strengthened by the introduction of shared patient records. He added that patients and their families were provided with clinical contacts. The Medical Director, Royal Manchester Children's Hospital described the Virtual Wards that existed to support children, noting that that these predominately related to respiratory care pathways.

In response to the discussion regarding A&E Departments needing to have appropriate facilities to support those patients attending experiencing a mental health crisis, the Executive Director of Adult Social Care stated that she had recently met

with colleagues at the MRI site, along with colleagues from Greater Manchester Mental Health NHS Foundation Trust (GMMH) to consider how this could be improved at this location, using a partnership approach. The Medical Director, North Manchester General Hospital, MFT referred to the improvements made at the North Manchester General Hospital (NMGH) A&E site that had seen the introduction of the Green Room, describing this as an appropriate space for mental health patients. He further described that NMGH had very strong established relationship with GMMH. The Chair noted that Members of the Committee would be visiting NMGH on 2 March 2023 and if it was appropriate Members would be interested in visiting the Green Room facility.

The Acting Chief Operating Officer, Greater Manchester Mental Health Trust stated that Manchester had experienced significant underinvestment in mental health services from government over a number of years. He further added that an additional ask from government would be for a Workforce Strategy, to recruit at all levels as this was critical to delivering mental health services. In response to a specific question from a Member, the Interim Associate Director of Operations, Greater Manchester Mental Health Trust stated that they did utilise translation services and provided printed material in a number of different languages for patients for whom English was not their first language. A Member discussed the need for cultural sensitivity when patients underwent a mental health assessment and asked that specific information on this activity was provided in future update reports from the Trust.

Representatives from the North West Ambulance Service provided clarification in regard to the terminology used within the report and the data sets presented. In response to the discussion regarding concern for staff wellbeing, the Area Director, North West Ambulance Service acknowledged the significant impact the pressures were having on staff wellbeing and morale. He stated that everything was done to support and relieve staff, adding that the results of the staff survey were also reviewed.

The Executive Member for Healthy Manchester and Adult Social Care expressed his gratitude to all representatives for attending and contributing to the discussion. He stated that the detailed report that had been submitted clearly demonstrated the strong established working relationship that existed across all the health and social care partners in Manchester. He advised that despite the continued lack of funding from the government, services in Manchester continued to work collaboratively and imaginatively to support Manchester residents.

The Executive Member for Healthy Manchester and Adult Social Care stated that the welfare of frontline staff was paramount, and he expressed his continued admiration and gratitude for their continued commitment and professionalism.

In concluding its deliberations, the Committee resolved to convene a delegation to visit the offices of the Department of Health & Social Care to seek an urgent meeting with Secretary of State for Health and Social Care. At this meeting the delegation would present the case, using the evidence presented today, for increased investment in the health and social care sector in Manchester to improve the health outcomes of all Manchester residents.

Decision

The Committee agree to convene a delegation to visit the offices of the Department of Health & Social Care to seek an urgent meeting with Secretary of State for Health and Social Care. The delegation will present the case for increased investment in the health and social care sector in Manchester to improve the health outcomes of all Manchester residents.