Health Scrutiny Committee

Minutes of the meeting held on 4 February 2020

Present:
Councillor Farrell – in the Chair
Councillors Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Apologies: Councillor N. Ali

Also present:
Councillor Craig, Executive Member for Adults, Health and Wellbeing
Councillor Ilyas, Assistant Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)
Heather Etheridge, Head of Service Be Well, Big Life Group
Dr Cordelle Mbeledogu, Consultant in Public Health Medicine, MLCO/MHCC
Lydia Fleuty, Population Health Programme Lead, MHCC
Dr Sohail Munshi, Chief Medical Officer, MLCO
Mark Edwards, Chief Operating Officer, MLCO
Annabel Hammond, Integrated Neighbourhood Team (INT) Lead
Chris Martin, INT Lead
Karin Connell, Work and Skills Lead, Manchester Health and Care Commissioning

HSC/20/05 Urgent Business – Novel Coronavirus

The Chair invited the Consultant in Public Health to provide the Committee with a verbal update on the recent Coronavirus outbreak.

She described that the Novel coronavirus (2019-nCov) was a new strain of coronavirus first identified in Wuhan City, China. As a group, coronaviruses were common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. The infection prevention control measures were good hand hygiene and messages that would be used to prevent other respiratory disease, catch it, bin it, kill it messages (sneeze/cough into tissue then put in bin.)

Generally, coronavirus could cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease and that to date two patients in England had tested positive for coronavirus. Members were informed that at the time of reporting the risk level in the UK had increased from low to moderate, adding that the UK did not need to change its front line response but did need to ensure plans were in place for if the situation got worse.

She described that Greater Manchester and Manchester organisations were working well together to ensure that health protection systems were in place to respond to the novel Coronavirus. Work was nationally led by Public Health England (PHE) and,

from a health perspective, officers were working with the local NW PHE team as well as the following health organisations:

- Manchester Health and Care Commissioning;
- North Manchester General Hospital Infectious Diseases Unit;
- Northern Care Alliance;
- Manchester University NHS Foundations Trust;
- North West Ambulance Service; and
- Greater Manchester Health and Social Care Partnership.

PHE was also working with Manchester Airport and enhanced monitoring arrangements had been established from 29 January 2020 for direct flights from China. She said that this was an evolving situation and advice and information was regularly updated and available on the Public Health website.

The Consultant in Public Health stated that the preparedness arrangements in Greater Manchester were good and there were already pathways and plans in place, noting that Manchester was fortunate to have the Regional Infectious Disease Unit situated in North Manchester.

Members were informed that the Greater Manchester Resilience Forum (GMRF) coordinated local multi-agency activities to prepare for a range of incidents and emergencies. These arrangements were complimented by the GM Local Health Resilience Partnership (LHRP), which provided a specific focus on preparedness for public health related incidents.

These arrangements had supported a range of local partners to work together over many years to develop various system-wide health plans and capabilities, such as the GM Multi-Agency Outbreak Plan which detailed arrangements for multi-agency response to a High Consequence Infectious Disease (HCID), such as the 2019 Novel Coronavirus. Manchester also had a Manchester Multi Agency Outbreak Plan that set out the local operational arrangements which complemented the GM Multi-Agency Outbreak Plan.

The Executive Member for Adults, Health and Wellbeing commented that there had been reports of sections of the local community experiencing discrimination and stigma as a result of the outbreak in China. She said that Manchester was an open, international and welcoming city and at such a difficult time solidarity had to be shown to the Chinese community in the city. She encouraged all Councillors, in their capacity as community leaders to tackle stigma and discrimination.

Decision

To note the verbal update.

HSC/20/06 Minutes

The minutes of the meeting of the Health Scrutiny Committee of the 7 January 2020 were submitted for approval. Cllr Curley requested that his attendance be recorded.

Decision

To approve the minutes of the meeting held on 7 January 2020 as a correct record, subject to the above amendment.

HSC/20/07 Updated Financial Strategy and Budget Reports 2020/21

The Committee considered a report of the Chief Executive and the Deputy Chief Executive and City Treasurer, which provided an update on the Council's overall financial position and set out the next steps in the budget process, including scrutiny of the budget proposals and budget report by this Committee.

In conjunction to the above, the Committee also considered the Adult Social Care and Population Health Budget 2020/21 that provided the final budget proposals following the contents of the provisional Local Government Settlement received late December 2019 and feedback from scrutiny committees during January 2020.

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

- Noting that any future cuts to budgets would be extremely difficult;
- The notion that austerity was over was untrue and the government needed to fund local authorities appropriately and fairly;
- Council Tax was being used to fund services to support vulnerable residents in the city and this message needed to be explicit with residents; and
- The Committee thanked the Executive Member for Adults, Health and Wellbeing and officers for their continued commitment and dedication to supporting the most vulnerable residents in Manchester.

The Executive Member for Adults, Health and Wellbeing stated that despite the continued failure of government to adequately and fairly fund adult social care, Manchester remained committed to responding to the issue in an imaginative and proactive manner to protect the most vulnerable residents in the city.

Decisions

The Committee recommend that their comments be submitted for consideration by the Executive at their meeting of 12 February 2020.

HSC/20/08 Delivering the Our Manchester Strategy

The Committee considered the report of the Executive Member for Adults, Health and Well Being, which provided an overview of work undertaken and progress towards the delivery of the Council's priorities, as set out in the Our Manchester strategy, for those areas within her portfolio.

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

- Welcoming a well informed and detailed report;

- Welcoming the information provided on improving mental health services; and
- Thanking the Executive Member for Adults, Health and Well Being for her dedication and hard work on behalf of Manchester residents.

Decision

To note the report.

HSC/20/09 Manchester's Approach to Prevention and Wellbeing Services - an update focused on social prescribing

The Committee considered the report of the Director of Population Health and Consultant in Public Health Medicine that provided an overview of current social prescribing provision in Manchester within the context of the Prevention Programme, and outlined the high level plans for the future development of prevention and wellbeing services in the city, through the 2021 Wellbeing Model.

Officers referred to the main points of the report which were: -

- Providing the national and local strategic context for social prescribing;
- A summary of the model for social prescribing, and information on how this was being delivered in Manchester; and
- Describing the plans for further developing prevention and wellbeing support services.

To complement the report, the Committee received a video presentation from Big Life who delivered social prescribing services in Manchester. The video presentation detailed case studies of two residents who had overcome major barriers to their health and wellbeing with the support of Be Well, a social prescribing service for Central and South Manchester.

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

- Noting that people often had complex needs as a result of social deprivation;
- Welcoming the presentation that contained case studies and was the service available to younger people;
- Were GP's engaged with this programme and making appropriate referrals for their patients;
- Noting that people experienced barriers to employment as a result of criminal convictions received when they were younger and work needed to be done with employers to support them as this had an impact on their health and opportunities and outcomes;
- Consideration needed to be given to supporting volunteers;
- Recognising that the network of volunteers and availability of venues was different across the city;
- What was being done to connect with and support BAEM (Black, Asian and Ethnic Minorities) residents and younger people experiencing mental health issues who may not present to services and as a result not be referred to this service;

- Were Northwards Housing a partner organisation of the Big Life Group;
- Would the smoking cessation offer be available citywide; and
- Were referrals to and the take up of services monitored.

The Head of Service, Be Well informed the Members that they did work with young people, aged 18 years plus and demographic data would be shared with the Committee following the meeting. She also confirmed that they had an effective monitoring and tracking system established that enabled them to monitor an individual's progress and identify any gaps in provision. She advised that this intelligence was shared amongst the team and was available to staff. She further stated that rigorous monitoring helped identify any GP practices that had a low number of referrals to the service. She advised that if this was identified the practice would be approached to discuss any barriers and offer any additional support. She described that the service had built effective and personal relationships with practices. She responded to the comment regarding young people by advising that they promoted their service in a variety of settings identified as places where young people used. She further commented that they were seeking to work with and engage with employers to address the issues experienced by young people accessing employment opportunities.

In response to the question regarding Northwards Housing, the Head of Service, Be Well stated that they had just recently been awarded the contract to deliver this service in the north of the city and Northwards would be engaged in this programme as a partner organisation.

The Consultant in Public Health Medicine acknowledged the comment regarding the network of volunteers in the community and that this was a challenge in some areas, particularly in the north of the city. She stated that the approach to develop this was to build on existing community strengths, utilise local intelligence and develop community leaders so this grew from the local neighbourhood. She advised that this approach was being specifically focused in the north of the city. She said that by using local intelligence this would assist in identifying any gaps in provision and help inform the response. She commented that this would also assist with issues around non engagement with services and hard to reach groups.

The Executive Member for Adults, Health and Well Being advised that a social prescribing development fund would be used to support this activity. She said this fund would be used creatively to deliver long term benefits for local communities, and this was a means to empower people in their local communities and build on their strengths.

The Consultant in Public Health Medicine said that they did work with front line health workers, including GP practices to encourage them to engage in conversations with residents and make appropriate referrals for appropriate support, such as Be Well. She said that whilst improvements had been realised this was still work in progress. She described that to support this the social prescribing services had retained the same name and provided a single hub model for referrals, as previous barriers had resulted from GP practices having to navigate a range of different services, often short lived that had made it difficult for practiced to keep track of. She said that Be

Well may not be the most appropriate service for someone experiencing mental health problems, however other services and support was available.

In response to the question regarding the smoking cessation service, the Committee were informed that a city wide offer will be available from April 2020.

Decision

To note the report.

HSC/20/10 Manchester Healthy Weight Strategy (Draft)

The Committee considered the report of the Director of Population Health and Consultant in Public Health that provided an introduction to the draft Manchester Healthy Weight Strategy 2020-2025, which would take a whole system, partnership approach to tackling obesity in the city.

Officers referred to the main points of the report which were: -

- The strategy had been developed across four key themes; Food & Culture, Physical Activity, Environment & Neighbourhoods and Support & Prevention;
- The strategy had been informed by a wide variety of stakeholders, and supported the Public Health England (PHE) guidance 'Reducing obesity was everybody's business' (PHE 2018); and
- Following comments by the Health Scrutiny Committee and the Manchester Patient and Professionals Advisory Group the final draft of the Strategy would be produced for the Health and Wellbeing Board.

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

- The maps provided within the report referred to previous ward boundaries;
- Mental health and its relationship to healthy weight needed to be more explicit within the report;
- Recognising that physical activity amongst children had reduced and this needed to be addressed and noting the influence technology had and how children played;
- The food industry needed to be challenged to take responsibility, noting that processed food was cheaper than eating healthier;
- Noting that food deserts existed in certain areas that reduced options and access to healthier food choices; and
- Schools and hospitals should be deterred from providing vending machines that contained unhealthy food.

The Executive Member for Adults, Health and Well Being welcomed the comments from the Committee and stated that these would be taken into consideration before the final strategy was produced. She stated that the issue of healthy weight was not just a health issue and a holistic response was required. She stated that consideration needed to be given to the wider determinants of health and all partners needed to use their levers and policies to influence behaviour change. She said that

Manchester, for example should seek to use its powers through licensing and planning policy to influence behaviour change.

In response to the comments from Members, officers stated that the maps in the report would be reviewed to ensure they were correct. The Consultant in Public Health stated that relationships between healthy weight and mental health was understood and was contained within the report, however following the comments this would be reviewed to ensure this was appropriately addressed and presented within the final report.

The Commissioning Manager acknowledged the comments regarding young children being overweight and stated that they were working with Manchester Active to increase participation in physical activity amongst children and younger people. He further described that the Healthy Schools Teams had worked with catering teams within schools to ensure healthy food options were available to children and there were no vending machines in schools.

The Commissioning Manager acknowledged the challenge presented by the food industry and supported the comment from the Executive Member for Adults, Health and Well Being in using all local levers available, in particular planning to influence behaviour change. He described that examples of good practice from other authorities to promote a healthy relationship with food were to be utilised and consideration would be given as to how this city wide strategy could connect into other services delivered in local neighbourhoods.

Decision

To note the report.

HSC/20/11 Update on the work of health and social care staff in the Manchester Integrated Neighbourhood Teams

The Committee considered the report of the Executive Director of Adult Social Care and The Chief Operating Officer, Manchester Local Care Organisation (MLCO) that updated Members on the work of health and social care staff in the Manchester Integrated Neighbourhood Teams (INTs).

Officers referred to the main points of the report which were: -

- Providing a background and context of the MLCO;
- Describing progress to date;
- Providing examples of MLCO Neighbourhood Plans on a page;
- Examples of the MLCO in action and neighbourhood stories to illustrate the benefits achieved; and
- The approach to developing the neighbourhood model in 2020/21 and the emerging priorities for 2020/2021.

To complement the report, the Committee received a video presentation that described the benefits of this model of service delivery and the experiences of different staff working within these teams.

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

- Supporting the integration model and recognising the benefits this could deliver for residents;
- Consideration needed to be given to how the information contained within the plans on a page were presented to ensure they were legible;
- Questions were raised as to the validity of some of the data describes within the plans, with a Member commenting that he did not recognise them; and
- Welcoming the initiatives described to reach out to sections of the community to promote and increase the take up of health checks.

In response to the specific comment raised regarding the figures presented, the Executive Director of Adult Social Care stated that she would respond to the Member following the meeting. She further thanked the Members for their continued support for the Integrated Neighbourhood Teams and suggested that if they had not already done so, they should visit their local teams.

The Chief Medical Officer, MLCO acknowledged the positive comments from the Members regarding using initiatives to increase the take up of health checks. He stated that these projects would be evaluated with the ambition that similar projects be rolled out.

The Chair commented that it was important to recognise that different areas of the city had different infrastructures and different models of community support, both formal and informal. He said that it was important that this was acknowledged and INTs should complement and enhance existing communities rather than a single model being imposed.

The Executive Member for Adults, Health and Well Being acknowledged this comment and stated that the model was not to impose services on people, but rather with people and communities to best improve their health outcomes.

Decision

To note the report.

HSC/20/12 Living Wage accreditation

The Committee considered the report of the Director of Workforce and Organisation Development, Manchester Health and Care Commissioning that provided Members with an overview of the living wage accreditation status of Manchester Health and Wellbeing Board partner organisations.

Accreditation as living wage employers, and promotion of the real living wage to partners and suppliers would contribute to the development of a progressive and

equitable city, where those on the lowest salaries were able to benefit more from economic growth and investment in health and social care services. This formed part of the locality social value approach and also supported the embedding of 'good work' practice to improve health outcomes for the collective health and social care workforce.

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

- Members welcomed the report and supported the introduction of the real living wage; and
- An assurance was sought that Manchester University NHS Foundation Trust would pay third party staff the real living wage.

The Executive Member for Adults, Health and Well Being stated that Manchester University NHS Foundation Trust were committed to paying the real living wage third party staff, and were currently reviewing contracts to ensure this could be achieved. Members requested that an update on this be provided at an appropriate time.

Decision

To note the report.

HSC/20/13 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.

The Chair informed the Members that the report listed for March entitled 'Residential Care Strategy' would be deferred, and a report entitled 'Manchester Foundation Trust Clinical Service Strategy Programme Update' would be included on the March agenda.

Decision

To note the report and approve the work programme, subject to the above amendments.