

Health Scrutiny Committee

Minutes of the meeting held on 6 October 2020

This Scrutiny meeting was conducted via Zoom, in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Present:

Councillor Farrell – in the Chair
Councillors N. Ali, Clay, Curley, Holt, Mary Monaghan Newman and Wills

Apologies: Councillor Riasat

Also present:

Councillor Craig, Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning (MHCC)
Dr Manisha Kumar, Executive Clinical Director MHCC
Heather Bury, Deputy Head of Medicines Optimisation, MHCC
Jenny Osborne, Strategic Lead, Population Health Programmes, MHCC

HSC/20/36 Minutes

Decision

To approve the minutes of the meeting held on 1 September 2020 as a correct record.

HSC/20/37 COVID-19

The Committee considered a report of the Director of Public Health that described that at their September meeting the Committee received the Manchester COVID-19 10 Point Plan setting out the key actions that were to be progressed over September. The Plan was to be updated regularly and the latest version that would cover the Autumn/Winter period was attached and given the very distinct work required for schools, universities and care homes it was now a 12 Point Plan.

The Director of Public Health and the Director, Adult Social Services delivered a presentation entitled 'Manchester's COVID-19 12 Point Action Plan – Autumn 2020' that reported activity against the actions. The presentation further included the latest available relevant data and intelligence.

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

- Noting the report of increased transmissions within households and enquired if there was any understanding of specific occupations that impacted on these rates of infections;
- Noting national press reporting of people being directed to testing centres located a significant distance from their home address, had there been improvements in the provision of testing facilities locally;
- Noting that occupation data was often not recorded from the national testing data and this needed to be improved;
- A Member commented that the rise in infections amongst the student population, both locally and nationally should have been anticipated and stated that the decision to encourage students to attend University rather than deliver courses online was an economic decision rather than a health decision;
- Noting that the Christmas and New Year period would present a challenge if and when students return to their homes and then return to their place of study;
- Noting the significant contribution the Universities made to the city and that it is impractical to deliver certain courses online;
- Noting that it was important to recognise that Universities employed a wide variety of staff in many different roles and were not comprised solely of teaching staff and students;
- Manchester remained a welcoming and inclusive city and called upon the government to adequately resource the city so that all residents remained safe;
- Recognising the benefits of local knowledge, experience and established relationships across local health partners, the delivery of COVID-19 vaccine, when available should be administered and managed locally;
- Was the 10pm curfew across the hospitality sector effective in managing transmission rates of COVID-19;
- Noting the often confusing messages relating to national and local lockdown requirements, would the introduction of a three tier system simplify the message;
- What was the current position on aerosol transmission of the virus and what was the current advice on the use of face masks; and
- Were people expected to make appointments to attend Accident and Emergency Departments.

The Director of Public Health responded to the Members discussion and questions by stating that the virus had never left communities in Manchester and the rates and incidence of community infections continued to be closely monitored to understand and respond effectively to outbreaks. With regard to testing he stated that he was confident that residents had appropriate access to testing facilities.

In regard to national data on testing the Director of Public Health said that it was the case that some data fields, such as occupation were not completed, and representations had been made to seek to improve this recording. He stated that of those cases referred to the local tracing service, 90% of these were successfully contacted and these contacts allowed for data that had been omitted nationally to be recorded. He commented that this data allowed for the better monitoring and understanding of cases so that resources could be allocated appropriately. He stated that the preference would be to undertake more local test and tracing, however to deliver this successfully would require additional resources to be allocated by government.

The Director of Public Health commented that he was of the opinion that the introduction of a three tier lockdown system would simplify the message, adding that a decision on this was expected to be announced by the Secretary of State later that week.

With regard to the Universities, the Director of Public Health said that Public Health and the Universities had met with the Cabinet Task Force to plan for the return of the student population to the city. He further paid tribute to Public Health England for their invaluable additional support that they have provide locally to the Universities. He recognised the comments regarding the movement of students during the Christmas and New Year period and the planning and preparation for this was underway with Universities and health partners. He commented that the Universities remained committed to the health and wellbeing of all staff and students. He again reiterated his call for additional national resources to be allocated to support local test and trace services.

The Executive Member for Adults, Health and Wellbeing stated that Universities were operating on a financial model that had been imposed upon them due to government funding changes. She stated that it was a failure of government to provide a national position and leadership to Universities and their delivery of education during the pandemic. She commented that in the absence of national guidance, Universities locally, with the support of all local health partners had responded well to the issues they had found themselves presented with.

In response to the issue of administering the delivery of a COVID-19 vaccine once this was available, the Director of Public Health agreed with the Committee that this would be best co-ordinated and delivered locally, again with appropriate recourses allocated by government.

The Director of Public Health then addressed the question regarding the introduction of the 10pm curfew across the hospitality sector and the effectiveness of managing incidents of transmissions. He commented that as autumn and winter approached people attending bars and restaurants would prefer to be inside and this could be accommodated as long as the premises were safe and managed in a COVID secure manner. He stated that the evidence regarding the impact of the 10pm curfew was still being evaluated and he would be liaising with colleges in Bolton to understand the impact of changes to their restrictions were having on rates of infection.

Dr Manisha Kumar commented that the proposals for Accident and Emergency Departments were to be finalised, however they were to ensure that admissions to hospitals were managed in a COVID safe manner. She added that issues of language and safeguarding would be taken into consideration and an update on these developments would be provided to the Committee at an appropriate time. She further stated that whilst the learning and understanding of COVID-19 continued, the evidence was that masks did help with the reduction of transmissions.

Decisions

The Committee

1. Note the report and support the call on government to allocate adequate resources to deliver a local test and trace service to help tackle COVID-19; and
2. In recognition of the knowledge and expertise of local health partners, support the call for the local control and management of the delivery of a COVID-19 vaccine when available.

[Cllr Wills declared a personal and non prejudicial interest as he is employed by the Manchester Metropolitan University.]

HSC/20/38 Seasonal Flu Immunisation Programme 2020/21

The Committee considered a report of the Director of Public Health and the Medical Director, Manchester Health & Care Commissioning that described Manchester's Flu Programme for 2020/21 and outlined some of the key areas and challenges.

The main points and themes within the report included: -

- Providing the context and agreed system-wide approach as start of a three-year plan to drive up flu vaccination rates within the city;
- Describing the scope of the Manchester Flu Programme 2020/21; and
- Programme Approach.

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

- Welcoming the additional cohorts in scope for flu vaccination this year and were key workers included;
- Was the supply of the flu vaccine sufficient to meet the demand;
- Were there different strains of the vaccine that were appropriate for different cohorts;
- Would unaccompanied asylum seeking children be eligible to receive the flu vaccination;
- Noting the important roles of Councillors, especially those acting as school governors in promoting flu vaccination;
- Recognising the importance of reaching out to hard to reach communities to promote flu vaccination, including the use of social media to dispel myths and counter incorrect messaging regarding vaccination;
- Were GP practices proactively contacting their patients to offer the flu vaccine; and
- Could the service administer a COVID vaccine when one was available.

The Strategic Lead, Population Health Programmes, MHCC addressed the Committee and said that the take up of the flu vaccination had increased by 30% compared to the same period last year, noting that in the context of the COVID-19 pandemic this was very important, both in terms of the health of the general population and mitigating pressures on health services. She described that vaccination data was obtained weekly to assist in the delivery of the vaccination. She described that to continue to progress this programme a system wide approach had been adopted at a neighbourhood level, working with communities to ensure every

contact with residents counted. She stated that this approach was complimented and supported with a communications and engagement campaign.

In response to the specific question regarding unaccompanied asylum seeking children, the Strategic Lead, Population Health Programmes stated that they would offer the vaccination via the primary school aged children and Year 7 children in secondary school cohort or via their GP practice.

The Strategic Lead, Population Health Programmes informed the Committee that the list of cohorts had been prescribed nationally and not determined locally, however local arrangements had been agreed to support staff to receive the vaccination.

With regard to national stocks of flu vaccination, the Deputy Head of Medicines Optimisation, MHCC described that the process for ordering stocks of vaccinations has been completed prior to the pandemic. She said the supply of vaccinations was a national issue and representations were being made to ensure Manchester had the required numbers. She further advised that there were four different strains of flu vaccination available, specific to different cohorts.

With regard to communications and engagement, the Deputy Head of Strategic Communications acknowledged the comment regarding listening to the messages that were being circulated on social media and the need to counter misleading or dangerous advice appropriately.

Dr Manisha Kumar reassured the Committee that GP practices were actively contacting patients with the offer of flu vaccination, including the use of text messaging that had proven to be very successful. She stated that the take up of the vaccination is monitored and reviewed weekly to inform any targeted work. She described that practices were working flexibly to deliver vaccinations to their patients.

With regard to the administration of a COVID vaccine once available, the Strategic Lead, Population Health Programmes stated that the planning and modelling for this had commenced, however was still at an early stage.

Decision

To note the report.

HSC/20/39 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.

Decision

To note the report and agree the work programme.