

Health Scrutiny Committee

Minutes of the meeting held on 13 October 2021

Present:

Councillor Green – in the Chair
Councillors Appleby, Cooley, Curley, Leech, Monaghan, Newman, Reeves, Riasat and Richards

Apologies: Councillor Hussain

Also present:

Councillor Midgley, Executive Member for Health and Care
Professor Sir Michael Marmot, University College London
Dr Manisha Kumar, Executive Clinical Director Manchester Health and Care Commissioning (MHCC)
Chris Gaffey, Head of Corporate Governance, MHCC
Dr Sohail Munshi, Chief Medical Officer, MLCO
Lizzie Hughes, Integrated Neighbourhood Team Manager, MLCO
Sarah Lambrechts, Connecting Service Manager, Breakthrough UK
Atiha Chaudry, Associate Lead for Manchester BME Network
Hanif Bobat, Development Manager, Ethnic Health Forum
Francesca Archer Todd, Divisional Director, Big Life Group- Be Well
Beylai Tanpanza, Employment Coach, One Manchester
Valérie Touchet, Citizen of Manchester
Sharmila Kar, Director of Workforce, OD and Inclusion
Dr Cordelle Ofori, Consultant in Public Health medicine
Neil Walbran, Chief Officer, Healthwatch Manchester
Morgan Tarr, Information and Communication Officer, Healthwatch Manchester
Anna Tate, Policy and Influence Development Worker, MACC
Hendrix Lancaster, Coffee4Craig

HSC/21/38 Minutes

A Member stated that, whilst the minutes of the meeting of 8 September 2021 were accurate, the section that related to the item HSC/21/35 'Provision and access to NHS Dentistry' did not fully capture the strength of feeling and frustration expressed by the Committee during the discussion.

Decision

To approve the minutes of the meeting held on 8 September 2021 as a correct record, noting the above comment.

HSC/21/39 Professor Sir Michael Marmot

The Committee heard from Professor Sir Michael Marmot, University College London and author of 'Fair Society Healthy Lives' (The Marmot Review) published in February 2010 and 'Health Equity in England: The Marmot Review 10 Years On', published February 2020. Professor Marmot had been invited to discuss with

Members the key issues relating to health inequalities and what he believed were the measures to be taken to address these in Manchester.

Professor Marmot spoke of the positive measures taken following the publication of his review, stating that cities such as Coventry and Gateshead had declared themselves as Marmot Cities and sought to implement the Marmot recommendations to address health inequalities. He stated that he had welcomed the decision taken by Greater Manchester to also become a Marmot City region.

The Professor described that the onset of COVID-19 had drastically revealed and amplified the existence of health inequalities, and he further highlighted the stark figures in relation to life expectancy in Manchester and across the North West. He stated that the understanding of inequalities and deprivation, across a range of metrics was essential to tackle and address adverse health outcomes for residents of the city.

The Committee noted that recently published data on life expectancy at birth over time in Manchester compared with England showed that life expectancy had fallen (i.e. got worse) for both males and females in Manchester in the 3-year period 2018-20 compared with the previous period of 2017-19. However, data for the 3-year period 2018-20 combined did not fully reflect the impact of the pandemic on life expectancy. Local calculations showed that life expectancy at birth for Manchester residents had fallen by 3.1 years for men and 1.9 years for women in 2020 compared with 2019. In absolute terms, 568 more men and 295 more women died in 2020 compared with 2019.

In response to questions from Members, the Professor advised that it was undeniable that the Government's policy of austerity and continued reductions in public sector budgets had an adverse effect on health outcomes and exacerbated inequalities, adding that austerity had not ended and the Government needed to address the regressive funding cuts that had been imposed. He stated that if the Government was committed to Building Back Fairer for regions such as the North West, they needed to provide adequate funding settlements to support activities across a person's life course. He further commented that it was important that Government investment should be prioritised in social infrastructure, not physical infrastructure projects.

In response to a specific question regarding the decision to abolish Public Health England to be replaced by the UK Health Security Agency and Office for Health Improvement and Disparities, Professor Marmot stated that whilst he always remained optimistic the use of the term Disparities was not adequate and a more appropriate title would have been Office for Health Improvement and Inequalities.

In reply to a question regarding his opinion of the Health and Social Care Bill, published 6 July 2021 that set out key legislative proposals to reform the delivery and organisation of health services in England, Professor Marmot commented that the lessons from the roll out of the COVID-19 vaccination programme indicated that local knowledge and expertise were best placed to plan and deliver services, rather than increased centralised control. He further called for adequate funding to deliver social care and supported the continued design and delivery of integrated care models.

In reply to a specific question regarding the impact of the Pupil Premium, a fund to improve education outcomes for disadvantaged pupils in schools in England, he stated that due to the real term cuts of education budgets of 8% per pupil he doubted that the Pupil Premium compensated for the overall budget cuts. He did state that he recognised the improvements made in Manchester in relation to education outcomes for those children in poverty.

In reply to a discussion regarding the *Inequalities in health: report of a research working group* (also known as the 'Black report') that was published in August 1980 that had reported the findings of a working group on inequalities in health, chaired by Sir Douglas Black, that had been commissioned in 1977 by the Labour government to investigate the variation in health outcomes across social classes and consider the causes and policy implications. Professor Marmot stated that, unlike that report, that had been ignored by the subsequent administration he remained optimistic and urged that if the Government was serious in their stated commitment to Level Up the country, he had provided them with a blue print to deliver on.

In response to a question regarding where the Scrutiny Committee should direct their focus and attention to, again he advised that regular scrutiny across the relevant scrutiny committees should be given to monitoring and reporting progress against the Marmot Beacon Indicators. He reiterated the importance of addressing inequalities as a central consideration in all decision making taken by Local Authorities.

The Chair commented that the Economy Scrutiny Committee would be considering a report entitled 'Build Back Fairer – COVID-19 Marmot Review: Housing, Unemployment and Transport' at their meeting of 14 October 2021 and she would discuss this issue further with all the scrutiny Chairs to ensure appropriate attention was given to this within their relevant Work Programmes.

Professor Marmot encouraged Manchester and the wider Greater Manchester city region to drive and deliver on the Marmot Beacon Indicators and he commented that he would use Greater Manchester as an example and model of good practice, both nationally and internationally.

The Executive Member for Health and Care addressed the Committee and said that addressing health inequities was a priority for the city and would continue to be central to all considerations and decision making. She further called upon the Government to deliver a fair funding settlement for the city to enable the continued delivery of this important work.

The Chair, on behalf of the Committee, concluded this item of business by thanking Professor Marmot for attending the meeting and contributing to the discussion.

Decision

The Committee;

1. Endorse the implementation of the recommendations from the review: 'Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives';

2. Recommend that update reports that describe the activities and progress against the agreed Marmot Beacon Indicators are submitted for consideration at regular intervals; and

3. Recommend that all Scrutiny Committees regularly consider the Marmot Beacon Indicators, once agreed, that are relevant to the remit of the respective Committee.

HSC/21/40 Building Back Fairer in Manchester

The Committee considered the report of the Director of Public Health that gave an overview of some of the current population health inequalities in Manchester and provided examples of how partners across our population health and wellbeing system worked collaboratively to address them. The examples included a particular focus on social prescribing as requested by the Committee. The report also covered the work of COVID-19 Health Equity Manchester (CHEM) and the important lessons learned for ongoing work to promote health equity in the City. Finally, it summarised the next steps for Population Health Recovery within the context of the pandemic, and how Manchester would be responding to “Building Back Fairer in Greater Manchester” - the post-pandemic recommendations made for Greater Manchester as a Marmot City region.

Key points and themes in the report included:

- An overview of the Manchester’s Population Health Plan (2018-2027), the city’s overarching plan for reducing health inequalities and improving health outcomes for Manchester residents;
- What health inequalities looked like for Manchester’s population;
- Population Health Recovery Framework;
- Health equity and the impact of the COVID-19 Pandemic;
- Delivering the Population Health Plan – Examples of collaborative working;
- Whole system approach to population health and wellbeing;
- Taking action on preventable early deaths;
- COVID-19 Health Equity Manchester and its objectives and activities;
- Manchester Health and Care Commissioning (MHCC) – addressing health inequalities in health and care; and
- Next steps, including the Marmot Task Group and refresh of Manchester’s Population Health Plan and delivery of Manchester’s Population Health Recovery framework and associated flagship programmes.

The Committee heard from Valérie Touchet, citizen of Manchester, who spoke of her experience of engaging with her Employment Coach at One Manchester. She spoke of her circumstances that led to her engagement with this service and the positive outcomes that she had experienced. The Committee expressed their appreciation to Ms Touchet for attending and speaking to the Committee. Members expressed the importance of continuing to appropriately engage with people to keep enquiring if they were okay and to be there when assistance was required.

The Chief Medical Officer, MLCO, stated that all partners across the MLCO embraced the Our Manchester approach and were committed to delivering better

outcomes for residents, noting that the question that was asked by practitioners was 'what matters to you?' rather than 'what is the matter with you?' which was indicative of the approach taken.

The Committee then heard from Hendrix Lancaster, Coffee4Craig who described a case study that he had circulated to Members of the Committee in advance of the meeting. In response to this example the Executive Director of Adult Social Services stated that she remained committed to reviewing the services provided for homeless people, adding that a Health and Homelessness Group had been established that included key partners and stakeholders. She said that a report to the Committee on this work could be provided at an appropriate time. In reply to the issue raised in the case study regarding the lack of identification, the Director of Public Health stated this issue would be looked at. The Executive Clinical Director MHCC stated that ID was not required to access Primary Care and she suggested that the issue of unconscious bias was evident in the case study and she would take that away from the meeting for further discussion. Members commented on the importance of tackling unconscious bias so that people were not denied the appropriate care and access to services.

The Chair commented that examples of relatively small scale interventions, such as the installation of age friendly benches at key locations, should be rolled out across the city and more work needed to be done with business to implement schemes, such as the slow tills in supermarkets. The Director of Public Health commented that positive relationships had been strengthened with businesses during the response to the pandemic and the intention was to build upon these relationships to deliver equivalent schemes and initiatives. He further commented that Age Friendly Manchester were a partner of the MLCO.

In response to a question regarding the impact on residents, particularly older residents who were having to wait longer for routine surgery that resulted in people having to endure painful conditions, the Consultant in Public Health Medicine described that the 'While You Wait' programme had been commissioned to support those residents in this situation.

The Committee then heard from Atiha Chaudry, Associate Lead for Manchester BME Network, who described the positive and important work of the South Asian Sounding Board. She described that their work had been invaluable during the pandemic to engage with and inform residents around the issue of COVID-19 and the vaccination. She described that this engagement and sharing of information was vital to build confidence amongst residents, challenge misconceptions using trusted community champions in an appropriate manner to address health inequalities. She stated this model could be replicated to target engagement activities with other communities and groups across the city.

The Consultant in Public Health Medicine discussed the vaccination programme in relation to both the local African community and the Caribbean community, noting that it was important to recognise the two distinct groups and their unique experience and history in Manchester. She described the important role of the relevant Sounding Boards and engagement of community leaders which were vital to understanding their experience and relationship with health services in Manchester. She further

stated that the design and delivery of the COVID chats had proven to be very positive.

The Director of Workforce, OD and Inclusion stated that it was important to address the structural inequalities in systems and services to promote and deliver inclusive services. She described that this approach and understanding was central to the work of COVID-19 Health Equity Manchester (CHEM). CHEM had been set up in July 2020 in response to the disproportionate impact that was increasingly evident in some of Manchester's communities. The group aims were to achieve its objectives through collaborative whole system working, influence and advocacy as well as direct actions through its programme of work.

In response to a specific question relating to smoking cessation and pregnancy, the Director of Public Health stated that he would seek to obtain the data requested regarding rates of smoking post child birth.

In concluding this item of business, the Chair thanked all representatives in attendance for contributing the Committees deliberations. She said that the Committee welcomed their continued work and commitment to addressing the health inequalities across the city.

Decision

The Committee;

1. Note the report and express their appreciation to all those engaged in the delivery of this important area of work; and
2. Recommend that the Director of Public Health consult with members of the Committee when establishing the Marmot Beacon Indicators that are within the remit of the Committee.

HSC/21/41 COVID-19 Update

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director, Manchester Health and Care Commissioning, that had been circulated to all Members in advance of the meeting. The presentations provided an update on COVID-19 activity that included the latest available information on data and intelligence.

In response to a question from the Chair regarding COVID-19 rates and school age children, the Director of Public Health stated that the situation was being closely monitored. He informed the Members that the Public Health Team continued to support and advise Education colleagues and support Head Teachers. He further commented that it was anticipated that the October school holiday would act as a natural circuit break, however he reassured the Committee that this situation would continue to be closely monitored, with the appropriate advice and support offered to local schools.

Decision

To note the presentation that had been circulated to all Members in advance of the meeting.

HSC/21/42 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.

The Chair informed the Committee that the 'Suicide Prevention Local Plan' and the 'The Our Manchester Carers Strategy' would be considered at the December meeting. The Chair further advised that an item relating to Climate Change and Health would be considered at a future meeting, with the date to be determined following discussions with relevant officers to agree the scope of the report.

Decision

The Committee notes the report and agrees the work programme, subject to the above comments.