

Health Scrutiny Committee

Minutes of the meeting held on 9 February 2022

Present:

Councillor Green – in the Chair

Councillors Appleby, Curley, Hussain, Leech, Monaghan, Newman, Reeves, Riasat and Richards

Also present:

Councillor Midgley, Deputy Leader

Councillor Rawlins, Executive Member for Environment

Sir Richard Leese, Chair Designate of the Integrated Care Board for Greater Manchester

Dr Manisha Kumar, Executive Clinical Director, Manchester Health and Care Commissioning (MHCC)

Dr Raja Murugesan, Manchester Health and Care Commissioning

Ed Dyson, Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC

HSC/22/07 Minutes

Decision

To approve the minutes of the meeting held on 12 January 2022 as a correct record.

HSC/22/08 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.

Key points and themes in the presentation included:

- The latest headline figures for the 7 days ending 2 February 2022;
- An update on the vaccination programme with particular reference to the vaccine coverage, vaccine equity, the 12–17 year old programme and the Overseas Pilot;
- Information on the Communications and Engagement Plans; and
- Pregnancy and COVID-19 and the related targeted engagement work.

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

- Welcoming the report and acknowledging the information that had been provided surrounding pregnancy following the discussion at the previous meeting;
- What was the approach to ensuring those vulnerable residents who required a fourth vaccination were being contacted;
- What advice was being given to enable care homes to safely manage any outbreaks of COVID-19;

- Noting that the vaccination rates in Manchester were low compared to the national data;
- The need to promote and emphasise the message of the wider social responsibility of receiving the vaccination;
- The need to publicise people's experience of suffering with COVID who had not taken up the offer of a vaccination;
- Were Further Education settings included in the communications strategy, adding that work needed to be done to challenge the myths surrounding pregnancy and the vaccination amongst young people;
- Thanking the officers within the Neighbourhood Teams for their continued good work and support they continued to provide to local communities; and
- The need to use trusted voices on social media to disrupt myths surrounding COVID-19 and the vaccination.

The Director of Public Health advised that if an outbreak of COVID occurred in a care home setting each home would be supported to manage the outbreak appropriately, using all of the national guidance.

The Executive Clinical Director, Manchester Health and Care Commissioning acknowledged the comments raised regarding the promotion of the vaccination both in terms of social responsibility and using lived experiences as a lever to encourage people to come forward. She added that any promotional and educational campaign would require sensitivity when using an individual's personal experience to articulate the impact of COVID-19 on both families and individuals.

The Executive Clinical Director further advised that there was an audit underway of GP records to identify those vulnerable patients who would be eligible for a fourth jab, adding that if Members had concerns about an individual, they should encourage them to contact their GP surgery. She further commented that this exercise also assisted with ensuring that all Learning Disabled citizens were supported to obtain their vaccination in an appropriate setting for them.

The Director of Public Health advised that following this exercise of auditing GP records a bench marking exercise could be undertaken to more accurately report on how Manchester compared to other comparative areas on the rates of vaccinations. The Executive Clinical Director added that the work being delivered as part of the Overseas Pilot would also contribute to the accurate recording of the levels of vaccinations within the city.

The Head of Strategic Communications stated that Colleges were included as part of the wider communications strategy, however he would enquire if the specific issue raised by a Member surrounding pregnancy was included. He commented that it was important that the person delivering the message was a trusted voice. He stated that the Council's Communications Tool Kit was shared with trusted community groups and Sounding Boards.

The Head of Neighbourhoods stated that officers continued to engage with residents at local neighbourhood events, including specific COVID vaccination events to understand the reasons and barriers as to why they had not come forward sooner, and this learning and intelligence was collected and reflected upon.

Decision

To note the presentation and to pay tribute to all staff, including those across the Neighbourhood Teams and partners working to address COVID-19.

HSC/22/09 Health and Social Care - Adult Social Care and Population Health Budget 2022/23

Further to minute (HSC/21/45) the Committee considered the report of the Executive Director Adult Social Services and Director of Public Health which provided a further update on the saving proposals being proposed as part of the 2022/23 budget process.

Key points and themes in the report included:

- Following the Spending Review announcements and provisional local government finance settlement 2022/23 the Council was forecasting a balanced budget for 2022/23, a gap of £37m in 2023/24 and £58m by 2024/25;
- The finance settlement was towards the positive end of forecasts and no actions beyond those outlined in November were required to balance next year's budget;
- The settlement was for one year only and considerable uncertainty remained from 2023/24;
- A longer-term strategy to close the budget gap was being prepared with an estimated requirement to find budget cuts and savings in the region of £60m over the next three years;
- £30m of risk-based reserves had been identified as available to manage risk and timing differences;
- A description of the Adult Social Care Priorities;
- An overview of the Manchester City Council Adult Social Care Budget and Manchester Local Care Organisation aligned budget; and
- The capital budget and pipeline priorities.

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

- The need to explicitly articulate the demand on the Adult Social Care budget and the services that the Council is statutory responsible to deliver, in the context of continued austerity and budget cuts;
- The need for a fair, long term financial settlement for the city;
- The budget should be used to address the recognised health inequalities within the city;
- The Government was in denial of challenges faced by the NHS;
- Paying tribute to the Deputy Leader and officers and NHS partners for their continued commitment to protecting the most vulnerable residents within the city; and
- Was there any possibility of further additional one off funding sources.

In response to comments the Director of Finance (MLCO) stated that there were no further additional one off sources of funding, adding that the integrated approach to

the budget ensured that there was an appropriate use of the budget and resources available.

The Deputy Leader commented that whilst the overall settlement announcement was towards the positive end of expectations, this did not constitute being a good settlement and the Council had lost over £400m from its budget since 2010. If the Council had received the average level of cuts in funding, this year it would have at least £85m in its budget. The Council was also still dealing with the legacy of the COVID pandemic and the promise from government that it would compensate local authorities with whatever they needed. She added that it was not possible to undo a decade of cuts with a settlement in one year that was not as severe as anticipated and looking beyond next financial year there was significant worries which meant that the Council needed to continue its call for fair and sustainable funding.

The Deputy Leader commented that whilst the settlement was better than anticipated, the Council still faced a very challenging three year budget position. In 2022/23 the Council would be using the last of its commercial income reserve to help balance the budget and there was a remaining budget gap of approximately £37m in 2023/24 and £58m in 2024/25. As the settlement announcement was for only one year, the Council was facing increasing uncertainty with proposals around fairer funding reforms and the implications of these.

The Deputy Leader commented that the ASC budget accounted for 35% of the Council's overall budget as it was required to provide statutory services and the settlement provided no additional funding for increased demand in ASC. She stated that a fair, sustainable plan was needed in order to plan effectively so as to provide essential services for Manchester residents.

The Chair welcomed the inclusion of addressing climate action within the Population Health Team's priorities for 2022-23. She further commented that the Committee would schedule an item on the Work Programme to consider the Equalities Impact Assessment of the Better Outcomes, Better Lives programme.

Decision

The Committee note the report and endorse a recommendation that the Executive approve these budget proposals.

HSC/22/10 An Introduction to the Impact of Climate Change on Health and Healthcare in Manchester

The Committee considered the report of the Director of Public Health that provided an introduction to climate change in Manchester and the city's ambitions and activities to date. The report provided an overview of the impact that climate change was having, and was predicted to have in the future, on the health of Manchester's residents and the potential impacts on healthcare services and facilities in Manchester.

Key points and themes in the report included:

- Providing an introduction and background, noting that in July 2019, Manchester City Council declared a Climate Emergency which recognised the need for the Council, and the city as a whole, to do more to reduce carbon dioxide (CO₂) emissions and mitigate the negative impacts of climate change;
- Noting that the Our Manchester Strategy set out the commitment that *‘Manchester will play its full part in limiting the impacts of climate change’* and the subsequent Manchester Climate Change Framework 2020-25 and its four headline objectives;
- Providing an overview of the reports published recently that had emphasised the link between climate change and its impact on health;
- Recognising the need to consider vulnerability as well as hazard and exposure to climate change if we were able to gain a full appreciation of the risk;
- Discussing the implications of extreme weather events and the activities in Manchester to mitigate against these;
- Noting that air pollution presented a significant public health problem and describing the activities in Manchester to mitigate against this, including an update on the introduction of the Clean Air Zone;
- Providing a discussion on the relationship between food and climate and providing an overview of the work of the Manchester Food Board;
- The relationship between mental health and climate change; and
- Health Care System and Services and the steps taken to reduce emissions.

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

- Welcoming the establishment of the Health and Wellbeing Climate Change Advisory Group, and noting the partners involved in this group;
- Recognising the impact that poor air quality had on health outcomes, particularly for young people and elderly residents;
- The need to acknowledge the harmful effects of particulate matter when considering air quality;
- The need for air quality data to be easily accessible; and
- That a report on the climate change action plans of the local NHS Trusts be considered at an appropriate time, noting that this should include the consideration given to improving the existing estate.

Dr Raja Murugesan, Manchester Health and Care Commissioning advised that he was a member of the Manchester Climate Change Agency and Partnership. He advised that the priority for the NHS currently was post COVID recovery, and this included a green and sustainable recovery with climate change as a consideration of all decision making. He further commented that the harmful effects of particulates and poor air quality was recognised and understood.

The Head of Environment, Planning and Infrastructure advised that the issue of poor air quality was being addressed at a Greater Manchester level, in addition to the Council’s active travel plans and wider connectivity plans for the city, with particular reference to the planned improved public transport links to the Manchester Airport site. He further commented that air quality monitoring data was available on the Greater Manchester Clean Air website.

The Director of Public Health stated that the Manchester Public Health Annual Report 2018 was dedicated to the issue of air quality and would be recirculated to Members following the meeting and that air quality data continued to be monitored and reported. He suggested that a specific report on air quality could be provided to a future meeting for consideration.

The Executive Member for Environment advised that all Members had been involved in the production of their ward Climate Action Plans, noting that the relationship between climate change and health outcomes was understood. She further advised that the Council's Climate Change Action Plan and the Manchester Climate Change Framework 2020-25 would be refreshed, and health considerations and specific actions would be incorporated. She further advised of local campaigns with schools to promote clean air and other environmental initiatives that had been supported by Neighbourhood Teams, adding that it was the intention to roll out the School Streets initiative across the city. She further advised the Committee that a report on the work of the Manchester Food Board had been considered by the Environment and Climate Change Scrutiny Committee at their meeting of 13 January 2022.

The Chair noted that this was the first time a substantive report on health and climate change had been considered by the Committee. She stated that consideration would be given to scheduling further detailed themed reports on this important issue, noting the various specific issues that had been discussed at the meeting, such as the opportunity to consider the climate change action plans for each of the NHS Trusts in Manchester.

The Chair further stated that the relationship between health and climate change was an important issue and supported the inclusion of the specific work stream within the Marmot Build Back Fairer in Greater Manchester: Health Equality and Dignified Lives to address this.

The Deputy Leader stated that the importance and immediacy of addressing climate change was understood. She stated that she supported the Chair's comments regarding future, deep dive reports on specific issues relating to climate change and health, adding that she would discuss this further with the Chair.

Decision

The Committee recommend that the Chair, in consultation with the Deputy Leader and Executive Member for Environment, agree the topic and scope of future quarterly reports on the issue of health and climate change, such as of interest such as air quality and food. These reports are to be included on the Work Programme and scheduled for consideration at an appropriate time.

[Councillor Appleby declared a personal and non-prejudicial interest in this item as she is an employee of the Manchester College]

HSC/22/11 The Greater Manchester Integrated Care Board

The Committee considered the report of the Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC that provided an update on the establishment of a

Greater Manchester Integrated Care System / Integrated Care Board (ICB) and Manchester Locality Board.

Key points and themes in the report included:

- Subject to legislation passing through parliament, Integrated Care Systems (ICS) would be established in England from 1 July 2022;
- The report described the four aims of the ICS and the national core building blocks of an ICS;
- Greater Manchester would witness a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS and Integrated Care Board (ICB);
- Integrated Care Board would take on the functions of Clinical Commissioning Groups (CCGs) which would be disestablished on the 30th June 2022;
- Manchester City Council and NHS leaders had both contributed to the developing GM ICS and ICB arrangements and worked to develop locality arrangements for the City of Manchester;
- Describing the arrangements and function of the Manchester Partnership Board, noting that it would comprise of political, clinical and managerial leadership;
- Sir Richard Leese had been appointed Chair designate of the Greater Manchester ICB along with two non-executive directors; and
- An update on the refreshed Manchester Locality Plan which would ensure that local priorities continued to be delivered during the transition to the new arrangements in 2022/23.

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

- Recognising the sound foundations that had been established within Manchester to continue to support the continued integration of health and social care to deliver the best health outcomes for Manchester residents;
- Did the Chair Designate of the Integrated Care Board recognise the concerns expressed that the model would present an opportunity for privatisation of the NHS;
- Who would be responsible for the commissioning of dental services, noting the importance of commissioning preventative dental services;
- Would the new model be more transparent and accountable in its decision making process;
- The need to address the issue of staff recruitment and retention, recognising that this was a local and national issue;
- The need to improve the physical infrastructure of the health service estate, noting that this also related to the climate change report that was on the meeting's agenda;
- The Board needed to reflect the diversity of the city; and
- The need to recognise the significant impact the previous two years had had on staff working in the NHS to respond to the pandemic and any reorganisation needed to be managed sensitively with support offered to all staff impacted by change.

The Chair Designate of the Integrated Care Board stated that the proposed Manchester Locality Plan model and governance arrangements were a positive development to deliver improved health and care. He stated that this built upon the established and trusted relationships across partners in the city. He advised that he recognised the comments raised regarding the privatisation of services, however commented that he did not share these concerns. He further addressed the question regarding transparency and accountability by advising that the establishment of the Locality Boards as part of the GM Operating Model and governance arrangements would be accountable to both the Council and the ICB. He further commented that there would be increased public engagement as the model became established and encouraged local Councillors to be the voice of their residents also.

The Chair Designate of the Integrated Care Board stated that the wider determinants of health were fully recognised and the Marmot Beacon Indicators would be used as a measure to report progress and outcomes, adding that he remained committed to addressing health inequalities in Manchester and the wider city region.

The Chair Designate of the Integrated Care Board acknowledged the comments regarding the estate infrastructure, adding that he had undertaken a number of visits to various sites and witnessed the challenges. He commented that the NHS had been significantly underfunded for a number of years and required appropriate funding from central government. He further recognised the comments regarding the issue of recruitment and retention of staff and the challenge this presented, adding that work was ongoing to best manage and work with existing resources.

The Chair Designate of the Integrated Care Board stated that the removal of competition between local NHS Trusts was a positive improvement, adding that there was now a duty for them to collaborate.

The Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC acknowledged the comments made regarding staff wellbeing during the organisational changes. He commented that this was fully appreciated and recognised.

The Executive Director of Strategy & Deputy Chief Accountable Officer, MHCC referred to the discussion regarding the provision of dental services and noted that the Committee had considered this item at their meeting of 8 September 2021 (see minute ref HSC/21/35). He advised that currently NHS England commissioned dental services, however the legislation did allow for the commissioning of certain functions to be delegated to the ICS.

The Deputy Leader thanked the officers for the report and recognised the significant amount of work that had been undertaken to progress this work. She reiterated the point that Manchester had already established strong partnership working across the city to integrate health and care services. She commented that all partners continued to demonstrate their stated commitment to addressing health inequalities and that the Marmot Beacon Indicators would be used to measure outcomes and progress.

Decision

To note the report and recommend that an update report be included on the Work Programme and scheduled for consideration at an appropriate time.

HSC/22/12 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.