

# **Health Scrutiny Committee**

## **Minutes of the meeting held on 5 March 2019**

### **Present:**

Councillor Farrell – in the Chair

Councillors Battle, Clay, Curley, Holt, Lynch, Mary Monaghan, O’Neil, Paul, Riasat, Reeves and Wills

Councillor Craig, Executive Member for Adults, Health and Wellbeing  
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care  
Commissioning

Dr Chris Ward, Consultant Physician Genitourinary Medicine, The Northern  
Integrated Contraception, Sexual Health & HIV Service

Matthew Swanborough, Director of Corporate Resilience, MFT

Marie Rowland, Associate Director of Performance, MFT

Paul Thomas, Urgent Care System Resilience Manager, MHCC

Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation

Dr Rosemary Morton, Emergency Medical Consultant, MFT

**Apologies:** Councillors Paul and Wilson

### **HSC/19/11                      Minutes**

#### **Decision**

To approve the minutes of the meeting held on 5 February 2019 as a correct record.

### **HSC/19/12                      Pre-Exposure Prophylaxis (PrEP) National Trial Expansion**

The Committee considered the report of the Director of Population Health and Wellbeing that provided information on the implications for Manchester following the announcement by NHS England in January 2019 of the plans to expand the Pre-Exposure Prophylaxis (PrEP) Impact Trial to 26,000 participants by 2020. This represented a doubling of the current number of people on the trial nationally.

Dr Chris Ward, Consultant Physician Genitourinary Medicine, The Northern Integrated Contraception, Sexual Health & HIV Service referred to the main points of the report which were: -

- Providing a description of PrEP as a way for people who did not have HIV, but who were at substantial risk of HIV infection to reduce their risk of acquiring HIV;
- Information on the eligibility criteria for the PrEP Impact Trial;
- Information on the treatment pathway for trial participants;
- Data on the current trials across Greater Manchester clinics, noting that this was overseen by the PrEP Programme Oversight Board that was jointly chaired by Public Health England (PHE) and NHS England;

- At their meeting of 15 January 2019 the PrEP Oversight Board had supported in principle the recommendation to double the number of trial places so that it could address emerging questions from the trial and more robustly inform the design and rollout of a full national programme;
- Noting that the Board had asked that a rapid engagement exercise with local authority commissioners and research sites be undertaken to assess their capacity to accept additional places; and
- Information on the Manchester response to this announcement to expand the trial and a description of the next steps, including the consideration to be given to improving access and pre booking appointments.

Members of the Committee noted that whilst they fully supported the extension of the trial, even with a doubling of the size the demand and waiting lists remained significantly high. A Member further commented that in reality the number of people who would benefit from PrEP would be higher still. The Committee were unanimous in calling for the national roll out of PrEP, appropriately funded by the NHS.

Dr Ward responded to comments from the Committee by stating that it was recognised that many people were registered on more than one waiting list to be accepted onto the trial. He said that to address this, work was ongoing to establish one waiting list across Greater Manchester that could be centrally administrated to remove any duplication. He said that whilst people remained on the waiting list they were encouraged to purchase PrEP online, noting that regrettably there were cases where people had contracted HIV whilst on the waiting list. He said that for those people who could not afford to purchase PrEP at approximately £19 per week, applications could be submitted to the Terrence Higgins Trust hardship fund, and if successful the individual would be provided with a code that they could use to purchase PrEP online. Dr Ward further stated that consultants would support those smaller clinics to deliver any extended programme.

In response to a question from a Member regarding follow up appointments, Dr Ward informed the Committee that nobody was compelled to attend appointments, however national guidance recommended 3 monthly follow up appointments. He said part of the study was also to understand people's patterns of behaviour when taking PrEP, noting that people's attitude and understanding of risk changed depending on their relationship status.

Members noted that the number of trial places for people not in the category of 'Men who have sex with men' (MSM) were not recruited to in the majority of trial locations. Dr Ward commented that these places could not be reallocated to MSM patients, however work was ongoing with a range of partners to reach out to other groups identified as being of a high risk of contracting HIV, commenting that if a person came forward that met the criteria they could be allocated a place on the trial immediately as there were currently no waiting lists for this cohort. He further advised that MSM in central Manchester were aware of PrEP, however this was not always the case in other areas of Greater Manchester and work was ongoing to train health professionals on the subject of PrEP so they could raise awareness of this with patients identified as being at risk.

The Director of Population Health and Wellbeing stated that Sexual Health services were underfunded nationally and the contingency fund of £25k identified to support the additional trial clinics would invariably have an impact on the delivery of other services. He said that lobbying was ongoing to secure additional funding from NHS England. Members commented that the funding arrangements were grossly unfair, unsustainable and ultimately put peoples' lives at risk and made reference to the motion adopted by Council at their meeting of 30 January 2019.

The Executive Member for Adult Health and Wellbeing commented that lobbying of central government for adequate funding was also ongoing at a Greater Manchester level, commenting that the decision not to fund this service could be seen as an ideological decision by the government.

## **Decision**

The Committee notes the report.

## **HSC/19/13                      Winter Pressures**

The Committee considered the report of the Director of Performance and Quality Improvement and the Integrated Commissioning and Chair of the Manchester / Trafford Urgent and Emergency Care Board that provided an overview of urgent care winter pressures for 2018/19.

Matthew Swanborough, Director of Corporate Resilience, MFT referred to the main points of the report which were: -

- Information on the joint system-wide planning taken across the Manchester urgent care system;
- The surge and escalation approach taken in order to manage periods of pressure; and
- The resulting impact on the 4 hour performance target in Accident and Emergency Departments (A&E).

Members noted that the report did not contain any comparative data which made it very difficult to assess any improvements in performance. Paul Thomas, Urgent Care System Resilience Manager, MHCC stated that in line with national reporting the performance against targets was reducing. He further informed the Committee that a full analysis of the 10 key interventions that had been agreed across the health and social care system for winter would be undertaken.

Dr Rosemary Morton, Emergency Medical Consultant, MFT stated that there had been a 7% increase in the number of attendees at A&E, stating that those patients attending A&E had higher medical needs. She described that patients would be assessed and treatment provided was based on the patients clinical need, which made the 4 hour performance target to a certain extent meaningless.

Dr Morton explained that the majority of problems experienced in hospitals could be attributed to patient flow throughout the whole hospital. She said that work was

ongoing to address this, stating that a discharge lounge had been established to facilitate patient discharge in the mornings to free up bed space. She commented that improved patient flow improved the overall efficiency of a hospital.

Dr Morton addressed a question from a Member regarding the number of patients attending A&E for non emergency issues. She said that whilst this was always subjective, initial analysis of the available data indicated that many people attended A&E as they were unable to secure an appointment with their GP. She said more needed to be done to make people aware of other sources of non emergency health advice and care, such as pharmacies.

Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation (LCO) stated that the continued development and delivery of the LCO would significantly support the pressures experienced by A&E Departments, especially for frail and elderly patients who presented. He said that the emerging model of care, delivered in neighbourhoods would identify care needs and deliver support and care for people to help them remain in their own home and community, supported by a range of appropriate, multi-disciplinary health and social care teams.

Marie Rowland, Associate Director of Performance stated that improvements had been made in regard to the treatment of patients presenting at A&E with mental health issues. She said that feedback from patients, families and carers had been very positive. She said that the delivery of an improved patient care pathway demonstrated the commitment to responding to mental health in the same way as physical health.

Matthew Swanborough, Director of Corporate Resilience, MFT responded to a question regarding the number of readmissions following discharge by stating that this was actively monitored and the rates of readmissions across the MFT site were low. He further replied to a question by confirming that the winter period was defined as December to April.

The Executive Member for Adult Health and Wellbeing stated that the continued commitment to delivering a seven day GP service would help divert people away from attending A&E unnecessarily, noting that the pressures experienced at hospitals were not confined to a four month period but were experienced all year. She also stated that work was ongoing to address the issue of recruiting and retaining staff by promoting the profession and the place as an attractive career option. She described that work was being delivered at a GM level to address this national issue and made reference to the 'Be a Greater Manchester Nurse' campaign.

## **Decisions**

1. The Committee notes the report.
2. Requests that an update report is submitted in a years time and that the report contains comparative performance data against previous years.

The Committee considered the report of the Director of Adult Services that highlighted the current Care Quality Commission (CQC) and Manchester Health and Care Commissioning (MHCC) quality compliance status of the nursing and residential care homes across Manchester and explained the efforts being made to support and improve the standard of care and quality for the residents in receipt of those services, noting that the Our Manchester ambition was for all care homes to achieve good or outstanding CQC ratings within the next 2 years.

The Director of Adult Services referred to the main points of the report which were: -

- Providing information on the current CQC rating of the nursing and residential care homes across Manchester and explaining the efforts being made to support and improve the standard of care and quality for the residents in receipt of those services;
- Describing the work undertaken by the performance and quality improvement (PQI) team with the inadequate care homes of Manchester since April 2017, had seen the reduction of the 7 providers we started with, to the current 1 that is in the City and was inspected in December 2018;
- Providing information on the PQI framework for adult social care (ASC). Describing that the framework brought health and social care colleagues closer together, and focused efforts in areas that needed it the most, such as care homes that were rated as “inadequate” or “requires improvement” with the CQC;
- All homes that had a “require improvement” rating from the CQC had been visited during 2018/19 in a prioritised order and were subject to a high level of scrutiny by the care home improvement group;
- The ASC PQI team were currently working with the two main tools within the framework to assess and monitor quality across the sector with care homes being the first cohort of providers;
- Information on the current CQC ratings for care homes in Manchester as of February 2019, noting that self-assessment used by the care homes rated as good and outstanding had also proven effective as services maintained their outcome following recent inspection;
- Describing the work undertaken at a Greater Manchester level to develop good practice;
- Describing the new models of care with future commissioning of care homes offering a more holistic approach to care placement and monitoring, in line with Our Manchester values; and
- Future improvement initiative.

Members welcomed the improvements reported to date and supported the stated ambition for all care homes to achieve good or outstanding CQC ratings within the next 2 years, noting that this demonstrated an Our Manchester approach to delivering improvements. A Member commented that consideration also needed to be given as to where Care Homes / Residential Homes were located as this was very important to people in receipt of care and their families.

A Member commented that it was very important to recognise that Care Home systems could be very difficult for families of those receiving care to navigate and it was important to remember at all times that it was people, who were potentially vulnerable who were in receipt of care in such places. The Director of Adult Services acknowledged and agreed with this comment.

The Director of Adult Services further referenced that the MLCO, MHCC and Manchester Metropolitan University had co-produced teaching care home packages which had prioritised the top 5-10 nursing and residential care settings that admitted the most number of patients into the Manchester Royal Infirmary, North Manchester General Hospital and Wythenshawe. The educational packages would be delivered by experts in subject areas such as catheter care, wound care, mobilisation, nutrition and hydration, dementia care and so forth.

The Performance and Quality Improvement Manager, Adult Social Care responded to questions from the Committee regarding sharing good practice and experience across care homes to help improve and maintain standards. He said that a 'buddy scheme' had been established to support homes identified as requiring improvement following inspection. A Member commented that those homes that had moved from a requires improvement rating to a good or outstanding CQC rating should be used as a 'Buddy' as these homes had successfully undertaken an improvement journey.

In response to a question from a Member, the Performance and Quality Improvement Manager, Adult Social Care informed the Committee that they actively worked with the CQC post inspection to address any issues identified and on occasion had successfully challenged ratings. He stated that the predominate issue identified for improvement by the CQC related to the category of 'Well Led' and work was ongoing across providers to address this.

The Executive Member for Adult Health and Wellbeing stated that a report on the ongoing Bed Based Review, that focused on the entire continuum of provision that was not either delivered within a person's home (e.g. homecare / domiciliary care) or within an acute setting and for which the person required a bed would be submitted to the Committee for consideration at an appropriate time.

## **Decision**

The Committee notes the report.

## **HSC/19/15                      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 approve the work programme.