

Health Scrutiny Committee

Minutes of the meeting held on 3 March 2020

Present:

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

Apologies:

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
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation
Vicky Isaac, Manager, Manchester Community Response
Dr Jane Eddleston, Medical Director, Manchester University NHS Foundation Trust
Sophie Hargreaves, Director of Strategy, Manchester University NHS Foundation Trust

HSC/20/14

Urgent Business – Coronavirus Update

The Chair introduced an item of urgent business by inviting the Director of Population Health to provide an update on Coronavirus.

The Director of Population Health informed the Committee that it was an emerging situation and at this time he could report the Government had issued an action plan that morning, following the emergency Cobra committee meeting, held Monday 2 March 2020. He described that the current approach to the virus was containment and delay, noting that the UK was in the containment stage of management with people being advised to regularly wash their hands and to catch it, bin it, kill it (sneeze/cough into tissue then put in bin) with a national public health campaign to be rolled out. He described that if the status was escalated to delay, measures such as self-isolation, social distancing and working from home would be introduced to protect vulnerable groups.

The Director of Population Health advised that if the UK was required to go into the mitigation stage the proposal was for legislation to be introduced that would allow for additional measures to be implemented to mitigate the risk of infection, such as closing schools and cancelling large scale events. He stated that currently the World Health Organisation was not classifying Coronavirus as a pandemic, however it was an imminent Public Health emergency, commenting that 14000 people had been tested nationally with 40 positive results identified, with one case being recently diagnosed in Greater Manchester (GM).

The Director of Population Health informed the Members that the Manchester Locality Planning Group were meeting regularly to monitor the emerging situation

and reviewing key actions and this activity would continue to be reported to the local Health and Wellbeing Board and at a GM level. He stated that information and updates would also be cascaded to Members. He described that the local response would include mobilising staff to implement community testing services. He further described that policies and practices were in place at the airport site to monitor arrivals from identified countries.

The Executive Member for Adults, Health and Wellbeing stated that it was important at this time to listen to the advice of health experts and communicate information in a responsible and honest manner to avoid misinformation. She further stated that if Members had specific questions or concerns they should contact her directly.

Members thanked the Executive Member for Adults, Health and Wellbeing and the Director of Population Health for providing the update. Members further paid tribute to all of the staff working in the delivery of health services.

Decision

To note the update.

HSC/20/15 Minutes

Decision

To approve the minutes of the meeting held on 4 February 2020 as a correct record.

HSC/20/16 Update on the mobilisation of Manchester Community Response

The Committee considered a report of the Director of Adult Social Care, Manchester City Council and the Chief Operating Officer, Manchester Local Care Organisation (MLCO) that provided an update on the work of health and social care staff in the Manchester Community Response (MCR) services.

Officers referred to the main points and themes within the report which included: -

- Providing an introduction and background to the MCR;
- Describing the overarching aims of the MCR;
- Providing a description of the teams that comprised the MCR;
- Describing what the MCR aimed to deliver;
- The MCR and MLCO operating model;
- Data on the number of avoided admissions to hospital as a result of the MCR; and
- Case studies.

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

- Welcoming the introduction of integrated teams and the positive outcomes this had delivered for residents of Manchester,

- Did teams experience challenges in regard to recruiting to post and stability of teams to deliver continuity of care;
- The importance of recognising and responding to the wider determinants of health;
- What were the challenges to patient discharge from hospital;
- How many patients that were discharged from hospital readmitted;
- Did the pressures experienced by Accident and Emergency Departments at hospitals influence the decision to discharge patients;
- Were the financial savings achieved by avoiding unnecessary patient admissions to hospital calculated and reported; and
- Was the Crisis Response service restricted to the number of hours they would engage with a patient.

In response to the above comments and questions officers informed the Committee that the wider determinants of health were understood and the establishment of multidisciplinary teams allowed for services to work together and make appropriate referrals to best meet the health needs of residents and avoid escalation and unnecessary hospital admission, as it was recognised that people had better outcomes if they could be supported to remain in their homes. The Chief Operating Officer, Manchester Local Care Organisation stated that the financial savings were calculated and reported.

In response to the question raised regarding barriers to discharging patients from hospital, the Director of Adult Social Care stated that they continued to work with acute settings to ensure that people were discharged, once medically optimised, to their home or other place of residence rather than remaining in hospital. The Chief Operating Officer, Manchester Local Care Organisation further stated that the pressures experienced at Accident and Emergency Departments did not influence the decision to discharge patients and free beds. He stated that alternative bed managements practices would be implemented, such as cancelling elective surgery. He further commented that people still attended Accident and Emergency Departments when other sources of assistance, such as General Practice or Pharmacy's would be more appropriate and this resulted in additional pressures across Accident and Emergency Departments. In response to the specific question regarding the rates of re-admittance following discharge he advised that the analysis of this would be circulated following the meeting.

In response the question asked regarding the number of hours a person would receive the Crisis Response service, the Manager, Manchester Community Response stated that they would support the person as long as was required. She further commented that whilst teams had experienced challenges in regard to recruitment to posts, this was a national issue. She described that teams worked together and shared care plans to ensure a continuity of care was maintained.

Decision

To note the report.

The Committee considered a report of the Director of Population Health that summarised the key messages from the 'The Marmot Review – 10 Years On' that was published on 25 February 2020'. It further provided an initial assessment of how plans, programmes and activities in Manchester relate to the key recommendations contained in the review report.

The Director of Population Health referred to the main points and themes within the report which included: -

- Providing an introduction and background to the six priority objectives identified by Sir Michael Marmot in his report published February 2010 entitled 'Fair Society Healthy Lives';
- Detailing the key messages from the review that were presented to a national conference on 25 February 2020;
- Describing the work of the Manchester Public Health Team to respond to the recommendations.

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

- The report presented the political choices that had been taken over the previous years;
- Noting that the Black Report, published in 1980 had reported similar conclusions regarding the link between social and economic factors and health outcomes;
- The report represented a failure by Government to adequately fund the National Health Service and Adult Social Care (ASC), noting that current indications suggested that future ASC budgets would be reduced;
- Noting the impact of austerity on people's mental health;
- Expressing concern that the data that reported that among women in the most deprived 10 percent of areas, life expectancy fell between 2010-12 and 2016-18;
- Noting the response in Manchester to protect the most vulnerable residents; and
- All Scrutiny Committees needed to understand and consider the wider determinants of health.

The Executive Member for Adults, Health and Wellbeing stated that the reports demonstrated the direct link between austerity and health outcomes and life expectancy. She stated the report clearly identified and recognised the wider determinants of health and commented that health was a social justice issue and she called for adequate funding from the Government. She stated that despite the continued budget cuts, Manchester had responded by adopting policies, such as the Family Poverty Strategy, to protect the most vulnerable residents. She further commented that mental health was not an isolated issue, and needed to be understood in a wider social and economic context, and mental health had the same parity of esteem with physical health in Manchester. She described that a whole system approach was required and the Council needed to consider health when making all decisions and adopting policies, including planning, licensing and housing. The Chair recommended that he would speak on this issue at Council when he was invited by the Mayor to move the minutes.

In response to the population health data released in December 2019 the Director of

Population Health stated that he hoped to see continued improvements in the data. He stated that local data would also assist with identifying any groups or communities that required further or additional health interventions. The Executive Member for Adults, Health and Wellbeing suggested that Committee may wish to schedule a report on inclusive health when Members met to consider the work programme in the new municipal year. Members noted that the recommendations indicated that a national response was required, however expressed reservations that those would not happen. The Director of Population Health commented that these would require national policy changes.

The Director of Population Health informed the Committee that the Chief Executive of Manchester City Council, Joanne Roney, was a member of the National Advisory Group for the review and had played a leading role in bringing the Marmot Review Team to work with partners in Greater Manchester (GM), adding that Greater Manchester had been a designated Marmot City Region. He described that work would continue to influence wider GM policies and this in turn would inform the ask of government from the city region.

A Member recommended that the Committee should receive an annual update on the work to address the findings of the review. The Director of Population Health stated that this could be addressed through the annual population health update report.

Decisions

The Committee;

1. Note the report; and
2. Recommend that the Chair, when invited by the Mayor to move the minutes at the next meeting of Council, address Council and emphasise the importance of considering health when making all decisions and adopting policies.

HSC/20/18 Manchester Foundation Trust Clinical Service Strategy Programme Update

The Committee considered a report of the Group Medical Director and Director of Strategy that described that Manchester University Foundation Trust was created in 2017 following the merger of Central Manchester Foundation Trust and University Hospital South Manchester Foundation Trust and Clinical teams and services across the hospital sites had now been integrated. The report further provided an update on this work and to outline some of the proposals the merged clinical teams had identified to improve services further.

The report authors referred to the main points and themes within the report which included: -

- Information on the Single Hospital Service;
- An update on what had been achieved following the merger;

- Examples of improvements realised post merger;
- An overview of the Clinical Service Strategy Programme;
- Information on the engagement undertaken during the development of the strategy;
- Information on patient engagement and equality impact assessment; and
- Next steps.

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

- What was the relationship between Healthier Together and the Single Hospital Service (SHS);
- What were the management arrangements at North Manchester General Hospital (NMGH) to prepare for the absorption into the Manchester SHS;
- Were patient records accessible across the different sites; and
- An update was requested on the seven day service at the hospital sites.

Dr Eddleston stated that the Healthier Together decision had been taken into consideration when designing the SHS and that the SHS model was informed by sound clinical rationale.

In response to questions regarding NMGH, Dr Eddleston stated that an effective senior management team had been established at the site, pending the transfer of NMGH into the SHS. The Chair commented that he had experienced improvements with the leadership team at the site, noting that they had driven improvements at the hospital and demonstrated local accountability. Dr Eddleston welcomed these comments and added that this had also proven positive for the staff working at NMGH by providing leadership to deliver improved services for the benefit of local residents.

In response to the question asked regarding patient records, Dr Eddleston stated that across the SHS patients had a unique patient identifier so that records could be accessed across all sites. She stated that the intention was to introduce a system by September 2022 that allowed patients to access their own records and provide patients with certain functionalities, such as booking and amending appointments.

Dr Eddleston confirmed that clinical services were delivered seven days a week.

Decision

To note the report and recommend that an update report is submitted for consideration at an appropriate time.

HSC/20/19

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.