

Health Scrutiny Committee

Minutes of the meeting held on 16 July 2019

Present:

Councillor Farrell – in the Chair
Councillors Clay, Curley, Holt, Mary Monaghan, Newman, O’Neil, Riasat, Watson and Wills

Also present:

Councillor Craig, Executive Member for Adults, Health and Wellbeing
Councillor Wilson, Chair of the Public Health Task and Finish Group
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning
Dr Denis Colligan, Manchester Health and Care Commissioning
Coral Higgins, Macmillan Cancer Commissioning Manager
Veronica Hyde, British Menopause Society
Paul McGarry, Strategic Lead for Ageing and Head of Greater Manchester Ageing Hub
Katy Calvin –Thomas, Deputy Chief Executive Manchester Local Care Organisation
Julie Taylor, Programme Director, Our Healthier Manchester

HSC/19/23 Minutes

Decision

To approve the minutes of the meeting held on 18 June 2019 as a correct record.

HSC/19/24 Age Friendly approaches across Manchester Health and Care Commissioning (MHCC) and Manchester Local Care Organisation (MLCO)

The Committee considered the joint report that provided information on how MHCC and MLCO were developing age friendly approaches across service development and delivery.

The Strategic Lead for Ageing and Head of GM Ageing Hub referred to the main points of the report which were: -

- Describing the background to the development of MHCC;
- Describing the background to the development of the MLCO to deliver integrated health and care services at neighbourhood, locality and citywide levels;
- The relationships with key stakeholders across the City, with particular attention of the relationship with Age Friendly Manchester;
- Describing the priorities that MLCO had identified that they could work with the Age Friendly team together on;
- Describing the Age Friendly Partnership structures;

- Progress to date across a range of new models and approaches that had been developed that better met the needs of older people or better connected and supported Manchester's age-friendly approaches; and
- Next steps.

The Committee welcomed the report and noted the progress to date, commenting that it demonstrated an Our Manchester approach to this issue. A Member further commented that consideration needed to be given to designing intergenerational spaces, noting the importance of these to tackle barriers between different age groups and promote a positive image of ageing, and that more needed to be done to improve employment opportunities for older people. The Member further commented that environmental issues needed to be considered also, noting that fuel poverty disproportionately impacted on older residents.

The Strategic Lead for Ageing commented that the importance of employment and its relationship with health outcomes was recognised and work was ongoing across GM to address the issue of employment for people over the age of 50. He further acknowledged the comment made regarding the importance of intergenerational spaces and stated that neighbourhoods with a mixture of ages tended to be more successful and the new Northern Gateway scheme presented an opportunity to deliver this type of neighbourhood model.

A Member commented that the health service was inherently ageist and the whole service nationally needed to be looked at to address this. She commented that hospitals were very age unfriendly institutions and they needed to acknowledge and challenge this. She further commented that GPs also needed to consider and review how their services adequately addressed the needs of their older patients.

The Deputy Chief Executive Manchester Local Care Organisation noted the comments from the Member and stated that it was the intention not to admit people to hospital unless absolutely necessary as it was recognised that this did not always deliver the best health outcomes for older people. She said that clinical teams were working together to ensure that patients were directed to the most appropriate services and care pathways so that they received the most appropriate care. In respect of GPs she said that she would discuss the issues raised with the Medical Director to ensure this was fed back and an update would be provided to the Committee at an appropriate time.

In response to a comment made by a Member regarding the importance of efficient public transport to ensure older residents could access health services the Strategic Lead for Ageing stated that this and community transport services would be a priority issue in the coming twelve months.

A Member stated that whilst she welcomed social prescribing as a positive development it was important to recognise that some local areas experienced many pressures and access to services and resources could vary and consideration needed to be given to this, as without these it would fail. The Director of Population Health stated that they were working with local areas to map assets and services and would consult with local Members to identify gaps and ensure that all local groups were involved and that the age friendly work was valued.

A Member recommended that the report that had been submitted to the Committee be forwarded to the Age Friendly Board for information.

Decisions

1. To note the report.
2. To recommend that the report that had been submitted to the Committee be forwarded to the Age Friendly Board for information.

HSC/19/25 Discussion Item: Menopause Awareness

The Committee welcomed Veronica Hyde, member of the British Menopause Society who had been invited to the meeting to discuss menopause awareness.

Ms Hyde described her own journey and experience that had led to her establishing a charity and work with the British Menopause Society to educate people and raise awareness about the menopause. She stated that awareness of this issue was very poor amongst both the general public and health professionals. She described that the average age for the menopause to start was 51, and the life expectancy for women was 83 and that women could experience perimenopause symptoms in their early 40s.

She described that following the menopause women had a 20% reduction in their bone density and that cognitive function was effected that resulted in depression and anxiety. However due to a lack of understanding amongst GPs patients presenting with symptoms were often placed on the wrong care pathways, such as being prescribed antidepressants. She stated that this lack of understanding was replicated across the health service with the result that women's health and wellbeing was adversely effected with implications for their employment and personal relationships.

She requested that Members supported her campaign to raise awareness of the menopause and call for further research into this important area and support the call for GP menopause awareness training, in line with NICE guidance. She also requested support for voluntary groups to deliver Menopause Cafes that were invaluable to offer support, understanding and information to both men and women experiencing the menopause. She also stated that workforce policies should be reviewed to ensure that they did not discriminate women experiencing the menopause and examples of good practice could be provided.

She stated that she would welcome the support of Councillors to promote and facilitate events in support of World Menopause Day on 18 October 2019.

A Member commented that there was a gender bias in both the delivery of health care and health research.

The Director of Corporate Affairs, Manchester Health and Care Commissioning thanked Ms Hyde for her contribution and informed the Committee that he would

discuss the issues raised with the Manchester Health and Care Commissioning Executive Board and he would then liaise with Ms Hyde directly.

A Member recommended that the Chair of the Committee consider options for supporting World Menopause Day. The Chair commented that he would also speak with the relevant Executive Member to raise the issue of menopause awareness to ensure that this was reflected in the Council's workforce policy. A Member commented that she would also raise the issue of menopause awareness and employment at a GM level as part of the work on the GM Good Employment Charter.

Decisions

1. To thank Ms Hyde for attending the meeting and addressing the Committee;
2. To recommend that the Chair of the Committee consider options for supporting World Menopause Day on 18 October; and
3. To recommend that the Chair speak with the relevant Executive Member to raise the issue of menopause awareness to ensure this is reflected in the Council's workforce policy.

HSC/19/26 Manchester Health and Care Commissioning Cancer Improvement Programme

The Committee considered the report of the Manchester Cancer Commissioning Manager, MHCC, Director of Population Health, MHCC and Director of Performance and Quality Improvement, MHCC that described the current overview of cancer services across Manchester, including commissioning arrangements, and outlined the proposed Cancer Improvement Programme for MHCC.

The Macmillan Cancer Commissioning Manager referred to the main points of the report which were: -

- Providing a comprehensive overview of cancer programmes and services in Manchester;
- Data on the rates of cancer, social determinants of health, screening, referral and diagnosis and waiting times;
- Cancer Programmes and Initiatives in Manchester;
- Highlighting those workstreams contributing to the delivery of the NHS Long Term Plan and Operational Planning Guidance requirements;
- Clarifying MHCC role in delivery of each workstream;
- Indicating the resources required to deliver each workstream;
- Highlighting the likely financial implications for each workstream;
- Providing an indication of priority across the cancer commissioning agenda; and
- Recommending the priority areas for 2019/20 and 2020/21.

A Member commented upon the detection rates of cancer in younger patients, especially in relation to bowel cancer and asked what was being done to address this. The Macmillan Cancer Commissioning Manager acknowledged this comment

and stated that work was underway to promote bowel cancer screening and that a new, more efficient test was being rolled out.

A Member commented on the link between deprivation and rates of cancer. The Macmillan Cancer Commissioning Manager acknowledged this comment and made reference to the success of the Lung Health checks that had been delivered in neighbourhoods, noting that these had resulted in a significant uptake and in number of detections and referrals for follow up assessment and treatment.

In response to a question regarding workforce issues the Macmillan Cancer Commissioning Manager stated that this was a national issue and work was underway at a GM level to address this.

A Member expressed concern regarding the reported complex commissioning arrangements that were referred to as a potential risk to the provision of integrated, timely and appropriate services for the Manchester population. The Macmillan Cancer Commissioning Manager described that this was being looked at at a GM level with the ambition to rationalise this across GM.

In response to a Members question regarding the reported increase in the number of all suspected cancer referrals in Manchester, Dr Colligan informed the Committee that this was as a result of revised NICE guidance which had resulted in the lowering of the threshold for referrals, adding that this should be viewed as a positive development.

Dr Colligan further advised the Committee in response to a question from the Chair that information and training that was available to GPs had been improved to help improve their knowledge and awareness of cancer. He further described that a National Cancer Audit was undertaken across all GP practices in Manchester so that all new diagnosis were reported back to the home Practice so that a review and learning could be undertaken. He further described that he had been practicing as a GP in North Manchester for a number of years and he had witnessed a vast improvement in the service provided to cancer patients in the area, especially in relation to the provision of end of life palliative care.

A Member commented that he welcomed the HPV vaccination programme and the extension of this to include boys aged between 12 and 13 years of age, noting the reported benefits this had in preventing a number of cancers. He stated that this needed to be extended to all males aged 13-18 to ensure that there was not a cohort of males that were not protected by the vaccination programme. The Director of Population Health stated that he shared this concern and this would be relayed to NHS England.

Decision

To note the report.

HSC/19/27

Public Health Task and Finish Group - Update

The Committee considered the report of the Director of Population Health, Manchester City Council / Director of Population Health, MHCC that provided an update on the implementation of the final recommendations of the Public Health Task and Finish Group that had been endorsed by the Committee at their meeting of 4 December 2018. (See minute ref. HSC/18/53).

The Executive Member for Adults, Health and Wellbeing stated that she welcomed the work of the Task and Finish Group. She further commented that there had been no change in the Governments position in regard to funding and lobbying for fair and equitable funding would continue.

The Programme Lead, Living Well Team said that the smoking cessation service had been reframed as a Tobacco Addiction Service in recognition of the medical approach to the treatment of smoking and not to consider smoking as a lifestyle choice, commenting that this had traditionally been the approach of cessation services. She said that the commissioning of the service would be in line with NICE guidance and the service provider would be appointed in October to coincide with the national Stoptober campaign. The Director of Public Health commented that a report on the service would be submitted to the Committee for consideration at an appropriate time.

Councillor Wilson, who had Chaired the Public Health Task and Finish Group stated that he welcomed the report and the progress reported to date and expressed disappointment in the lack of funding from Government for public health. He said that he welcomed the progress to address smoking and enquired about the alcohol services and the learning from the Communities in Charge of Alcohol projects in Miles Platting and Newton Heath pilots.

The Director of Public Health informed the Committee that the learning from the Communities in Charge of Alcohol projects had been very positive and would inform the work of the Local Care Organisation, further commenting that the number of hospital alcohol admissions across Manchester had reduced.

The Chair commented that the Committee would continue to receive regular reports on various aspects of Public Health activity throughout the year and updates on the various recommendations of the Group would be included in these report. A member requested that comparative information on the levels of asthma and lung disease across the city be included in a report to be considered at an appropriate time.

Decision

To note the report and recognise the progress to date on the implementation of the recommendations of the Public Health Task and Finish Group.

HSC/19/28

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.