

**MINUTES OF THE VIRUAL LIVE PUBLIC MEETING OF THE GREATER MANCHESTER JOINT HEALTH
SCRUTINY MEETING
HELD ON WEDNESDAY 9 SEPTEMBER 2020, VIA MICROSOFT TEAMS**

PRESENT:

Councillor John O'Brien (in the Chair)	Wigan Council
Councillor Mark Cunningham	Bolton Council
Councillor Stella Smith	Bury Council
Councillor Shoab Akhtar	Oldham Council
Councillor Ray Dutton	Rochdale Council
Councillor Margaret Morris	Salford City Council

OFFICERS IN ATTENDANCE:

Sandy Bering	Strategic Lead Clinical Commissioner – Mental Health & Disabilities, GM Health & Social Care Partnership (GMHSCP)
Dave Boulger	Head of Population Health Transformation, GMHSCP
Lindsay Dunn	Governance & Scrutiny Officer, GMCA
Bernadette Enright	Director of Adult Services, Manchester CC
Joanne Heron	Statutory Scrutiny Officer, GMCA
Warren Heppollette	Executive Lead, Strategy and System Development, GMHSCP
Silas Nichols	Chief Executive Wrightington, Wigan and Leigh NHS FT and Chair GM Gold Command
Fiona Noden	Chief Executive, Bolton NHS FT
Martyn Pritchard	Accountable Officer, Trafford CCG & SRO GM Testing
Katrina Stephens	Director of Public Health, Oldham Council
Dr Tracey Vell	GM Clinical Care Primary Care

JHSC/07/20 WELCOME INTRODUCTION AND APOLOGIES

Joanne Heron, Statutory Scrutiny Officer, GMCA welcomed Members to the first virtual meeting of the Greater Manchester Joint Health Scrutiny Committee. It was advised that the meeting was being livestreamed to members of the public in line with the latest legislation enabling GMCA meetings to take place virtually during the Coronavirus pandemic.

Apologies for absence were received from Councillors Eve Holt (Manchester CC), Keith Holloway (Stockport Council) Councillor Stephen Homer (Tameside Council) and Councillor Sophie Taylor (Trafford Council).

JHSC/08/20 APPOINTMENT OF CHAIR

A nomination for Councillor John O'Brien to be appointed as Chair for the Municipal Year 2020/21 was received and approved.

Resolved/-

That Councillor John O'Brien be appointed as Chair for the Municipal Year 2020/21.

JHSC/09/20 APPOINTMENT OF VICE-CHAIR FOR THE MUNICIPAL YEAR 2020/21

A nomination for Councillor Raymond Dutton to be appointed as Vice-Chair for the Municipal Year 2020/21 was received and approved.

Resolved/-

That Councillor Raymond Dutton be appointed as Vice-Chair for the Municipal Year 2020/21.

JHSC/10/20 MEMBERSHIP 2020/21

The Committee was asked to note its Membership for the 2020/21 Municipal Year:

<u>Member</u>	<u>Substitute Member</u>	<u>Authority</u>
Councillor Mark Cunningham	Councillor Mudasir Dean	Bolton
Councillor Stella Smith	Vacancy	Bury
Councillor Eve Holt	Councillor Julie Reid	Manchester
Councillor Shoab Akhtar	Vacancy	Oldham
Councillor Ray Dutton	Councillor Patricia Sullivan	Rochdale
Councillor Margaret Morris	Councillor Samantha Bellamy	Salford
Councillor Keith Holloway	Councillor Wendy Wild	Stockport
Councillor Stephen Homer	Councillor Teresa Smith	Tameside
Councillor Sophie Taylor	Councillor Anne Duffield	Trafford
Councillor John O'Brien	Councillor Ron Conway	Wigan

The Chair welcomed new nominees Councillors Mark Cunningham from Bolton Council and Shoab Akhtar from Oldham Council who had replaced Councillors Linda Thomas and Eddie Moores respectively. On behalf of the Committee as Chair, Councillor O'Brien placed on record appreciation to both Councillor Thomas and Councillor Moores and welcomed both new Members to the Committee.

Resolved/-

That the Membership for the 2020/21 Municipal Year be noted.

JHSC/11/20 MEMBER'S CODE OF CONDUCT AND ANNUAL DECLARATION FORM

Members were reminded of their obligations under the GMCA Members Code of Conduct and were requested to complete an annual declaration of interest form which will be published on the GMCA website.

Resolved/-

Members noted the report and the GMCA's Code of Conduct (Part 1 of the report) and agreed to complete an annual register of interest form (Part 2 of the report).

JHSC/12/20 TERMS OF REFERENCE

The Committee was asked to note its Terms of Reference.

Resolved/-

That the Terms of Reference for 2020 /21 be noted.

JHSC/13/20 DECLARATIONS OF INTEREST

There were no declarations received in relation to any item on the agenda.

JHSC/14/20 MINUTES OF THE MEETING HELD ON 15 JANUARY 2020

Members were asked to consider the approval of the minutes of the last meeting held on 15 January 2020.

Resolved/-

That the minutes of the last meeting held on 15 January 2020 be approved as a correct record.

JHSC/15/20 GREATER MANCHESTER TEST AND TRACE PROGRAMME

Warren Heppolette, Executive Lead, Strategy and System Development, GM Health & Social Care Partnership (GMHSCP) introduced a report which provided an overview and update on the development of the Greater Manchester Test and Trace Programme.

Martyn Pritchard, Accountable Officer, Trafford CCG and SRO for Greater Manchester's Track and Trace programme provided a presentation which outlined the GM approach for extending testing to asymptomatic groups developed in April 2020 in the absence of a national testing strategy.

An overview of the four objectives of the programme and details of the Mass Testing Expert Group were provided to the Committee. Members were advised of the different coronavirus data testing mechanisms across the system known as Pillar 1 and 2 testing and types of testing available. Pillar 1 data comes solely from the tests carried out in Public Health England (PHE) lab and NHS hospital settings. Pillar 2 tests come from out in the community, such as care homes.

Achievements to date and future proposals including testing of university students were outlined. Awareness of the issues which create barriers to testing or constrain the levels and ambition GM has developed were being continually raised nationally with the Department of Health and Social Care.

Dave Boulger, Head of Population Health Transformation, GMHSCP provided Members with an overview of the contact tracing system which he described as a tried, tested and proven approach to managing infectious diseases and pandemics which was currently on an unprecedented scale. The three levels of national contact tracing arrangements, two of which were delivered nationally, and one locally were outlined. Further detail on level one function and system wide approach in GM and observations of levels two and three and steps to address the current challenges experienced were presented.

It was reported that the GM Contact Tracing Hub went live on 8 June 2020 and up to and including 7 September 2020, the hub had escalated 1,451 complex cases of which 831 were in hospital settings and 620 were in other complex settings. There had been recent escalation of cases referred to the GM Hub with 110 cases in the previous six days. Adopting a whole system local approach in GM had ensured 100% of settings escalated and over 99.4% of contacts had been successfully reached.

Comparable figures highlighted that there were currently 24% of cases not being reached by National Test and Trace level 2 and 46% of contacts not being reached by level 3. The current process was resulting in too many cases and contacts not being reached by national test and trace, which was preventing opportunities to effectively suppress the virus by breaking the chain of transmission.

GMHSCP were working with local and national colleagues to collaboratively design and support a locally enhanced contact tracing approach for Greater Manchester, beginning with a proposal that all cases and contacts not reached by the national team be escalated to the relevant locality for them to attempt engagement. This would enable reaching more people, identifying those who need support to self-isolate to suppress the spread of the virus and reduce the rate of infection.

Members expressed concerns with testing accessibility locally through the national system and highlighted examples in which individuals had been allocated availability some considerable miles away from their home. It was confirmed that data indicated that local testing availability was limited due to restricted capacity for processing in laboratories. It was advised that work was underway with colleagues from DHSC to prioritise the level of testing resource for GM.

It was reported that an average number of contacts provided by index cases was less than three on average suggesting contacts feel unable to fully disclose recent interactions and it was suggested that greater testing be introduced in workplaces. It was advised that where multiple cases had been identified in workplace settings, the GM Hub had worked with localities to introduce mass testing in a number of GM boroughs to understand the level of prevalence, to enable isolation, identify contacts, which had in some scenarios required businesses to close until all employees could be deemed Covid free. The challenge in the low number of contacts provided by index cases was acknowledged and a routine audit of all web submissions had been requested due the relatively lower number compared to those contacted by telephone. Furthermore, it was suggested that assigning a national call centre to carry out calls in some cases lead to anxiety of the possibility it was an unsolicited call and also failed to build a rapport with individuals. Hence, it was considered to be more effective for calls to be handled by locality colleagues as demonstrated in the success rates of the locality GM Hub.

Members questioned whether there was any benefit in serology testing and it was advised that at present there was no clinical evidence to suggest benefits from post infection testing. Furthermore, the Committee considered the impact of the public failing to provide complete and legitimate contact information when visiting hospitality settings. It was agreed there was a role for localities to ensure procedures were in place in hospitality venues and enforcement action was taken where appropriate. The importance of public participation in adhering to procedures and consideration to the introduction of enforcement action was emphasised both in hospitality settings and those returning from holidays where quarantine was required. Public messaging highlighting the moral along with legal consequences was considered imperative.

Clarification was provided regarding the receipt of information from the national track trace to local systems and it was confirmed data received was live and without delay. However, the resources and capacity to contact all interactions with positive cases locally were insufficient to run in isolation of the national scheme. Katrina Stephens, Director of Public Health, Oldham Council provided the Committee with an overview and benefits of the locally supported test and trace system that had been in place for almost a month. The Chair request members of the Committee support and promote local testing within their districts.

The Committee considered the challenging situation faced by positive cases within schools and the disruption caused by isolation for parents and carers. An update on the roll out of the saliva testing pilots underway in Salford and with NHS staff at Manchester Foundation Trust was provided and Members were informed progress was slow and steady. Further updates would be provided to the Committee regarding saliva antigen testing once available.

Resolved/-

1. That the update be noted.
2. That members support local contact tracing in districts.
3. That further updates relating to saliva antigen testing pilots be provided.

JHSC/16/20 GM HEALTH & CARE RESPONSE TO THE COVID-19 PANDEMIC

Warren Heppolette provided the GM Joint Health Scrutiny Committee with an overview of the work done by the Greater Manchester Health and Social Care system in response to the Covid-19 pandemic. The report described work done collectively at a Greater Manchester level and recognised the primary focus of the response was carried out at a local level within each neighbourhood and districts. The paper also described a forward view of what was being put in place to help patients and the health and social care system through the recovery stages from the pandemic.

In light of the reported increasing international severity of the pandemic, the NHS announced a Level 4 national incident on 30 January 2020. The GM Covid-19 Emergency Committee, in consultation with the Chair of the Strategic Coordination Group (SCG), agreed to set up GM Command and Control Structures for key workstreams to support and add value to the work and structures being put in place at a district level. Similarly, on 24th March, NHS England released a directive to Integrated Care Systems instructing them to form Command and Control Structures. In Greater Manchester, routine health and social care governance was paused and two Covid system response Cells were established: In Hospital Cell and the Community Coordination Cell reporting to NHSE North West Regional office and the GM Core Leadership Group.

An overview and functions of both the Hospital and Community Co-ordination Cell chaired by Sir Mike Deegan, Chief Executive, Manchester University Foundation Trust and Sarah Price, Interim Chief Officer, GMHSCP respectively were outlined to Members. Individual key work streams of the cells supported by the GM Covid cell sub structures were summarised. Both Silas Nichols, Chief Executive Wrightington, Wigan and Leigh NHS FT and Chair GM Gold Command along with Fiona Noden, Chief Executive, Bolton NHS FT provided a detailed outline of the hospital response and work of Gold Command.

Dr Tracey Vell, member of the GM Primary Care Provider Board explained that the way primary care continued to be delivered throughout the pandemic had changed dramatically. Capacity in primary care has been reduced due to safety and infection control procedures. Routine services were paused, digital appointments with patients grew, and capacity and space within which to safely see and treat people was reduced. Many services had been transformed and innovative ways of working had been found. Furthermore, by August 2020, 100% of GP practices developed video and online consultation solutions.

Bernadette Enright, Director of Adult Social Services, Manchester CC representing all GM DASS's provided an update on the joined-up response of adult social service teams to the

pandemic and the GM approach to supporting people to live well at home. This had ensured best practice was shared, whilst also enabling risks and areas of concern to be escalated. Furthermore, a vast amount of work undertaken to strengthen support to care homes.

Sandy Bering, Strategic Lead Clinical Commissioner, Mental Health & Disabilities, GMHSCP advised the Committee that colleagues across the GM Mental Health system had pulled together in response to COVID-19 to support the wider health and social care system and ensure people were able to access Mental Health support in different ways. An overview of support and the impact and response to Covid was outlined for Members.

Members thanked all officers for their comprehensive updates on a wide range of services which had further highlighted the requirement to integrate health and care services and had been accelerated throughout the pandemic. The logistics of the response and robust partnership working were commended.

In discussion the Committee considered current data relating to testing, hospital admissions and deaths and it was advised that there was a lag in the data from receiving a positive test to possible hospital admission and/or mortality.

The Committee discussed the changes which would be introduced during Autumn 2020 as to how patients would access urgent and emergency services and in doing so highlighted capacity to deal with 111 calls was a priority. It was advised that the employer of the service would be North West Ambulance Service (NWAS) and they had launched a campaign to recruit additional call handlers to increase capacity. Members suggested that the system and procedures undertaken by 111 should remain under review to ensure patient safety. It was confirmed critical incident reporting would be introduced as a phased approach was introduced allowing the review of cases and further analysis of trends.

Members expressed concern on behalf of patients attending medical appointments without the option of physical and emotional support and questioned how long this was likely to continue. It was confirmed that visiting arrangements were reviewed regularly and they had been relaxed in certain areas for example maternity and for patients with learning disabilities, communication issues along with those receiving end of life care.

Clarity was provided to the Committee regarding the future of homeless provision and the continuation of a sustainable model of homeless healthcare following the Government's 'Everyone In' policy.

It was reported that some residents, particularly those in care home settings and with learning disabilities were finding digital access alone to primary care services challenging. It was advised that digital exclusion had highlighted inequalities and since GM had entered recovery, the range of services offered to patients would be reviewed to ensure health outcomes were not compromised for those digitally excluded.

In light of understandable closures, the Committee requested details on practical support offered to individuals who would normally access day care centres. It was confirmed that emergency respite had remained open and progressively the opening of day centres had begun although numbers had reduced. During the height of the pandemic communication and contact had continued with those vulnerable isolated individuals and their carers and the burden on carers had been recognised.

The Committee requested details of support for those patients who were suffering from long Covid. It was advised that long term ongoing support and treatment would continue for those patients hospitalised due to Covid. The long-term physical and psychological impacts of Covid would remain under review in order to develop effective support.

In conclusion, Warren Heppolette provided members with an overview of the work to recover and restore services along with the challenges faced.

Resolved/-

1. That the update be noted.
2. That the ongoing recovery work into the 2020/21 winter season and beyond be supported.
3. That the Committees appreciation for the comprehensive update and robust partnership health and care response be recorded.

JHSC/17/20 DATE OF FUTURE MEETING

Wednesday 11 November 2020	10 – 12 noon
Wednesday 20 January 2021	10 – 12 noon
Wednesday 10 March 2021	10 – 12 noon

It was anticipated that all meetings would be held via MS 'Live' Teams