

***HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda***

Date Tuesday 29 January 2019

Time 6.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Sian Walter-Browne at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Sian Walter-Browne Tel. 0161 770 5151 or email sian.walter-browne@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 24 January 2019.
 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Ball, Leach, Taylor, Toor, Williamson and McLaren

Item No

1 Apologies For Absence

2 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

5 Minutes of Previous Meeting (Pages 1 - 8)

The Minutes of the meeting of the Health Scrutiny Sub-Committee held on 18th December 2018 are attached for approval.

6 Minutes of the Health and Wellbeing Board (Pages 9 - 16)

The Minutes of the Health and Wellbeing Board meeting held on 13th November 2018 are attached for noting.

7 Minutes of the Greater Manchester Joint Health Scrutiny Committee (Pages 17 - 24)

The minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 14th November 2018 are attached for noting

8 Minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust (Pages 25 - 30)

The minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust meeting held on 15th October 2018 are attached for noting.

9 Resolution and Action Log (Pages 31 - 32)

10 Meeting Overview (Pages 33 - 34)

11 Pennine Care Foundation Trust – CQC Inspection (Pages 35 - 38)

For the sub-committee to receive a progress report from Pennine Acute Trust regarding the progress they have made against their CQC improvement action plan.

12 North East Sector Clinical Services Strategy (Pages 39 - 40)

To provide the Sub-committee with a narrative which sets out why the NHS is changing in Oldham, Rochdale and Bury and sets the scene for current and future service change in the North East Sector of Greater Manchester.

13 Outcome of Public Consultation on proposed IVF changes (Pages 41 - 50)



For the sub-committee to receive an update on the outcomes of the public consultation regarding proposed IVF changes.

14 Council Motions (Pages 51 - 54)

To provide the Health Scrutiny Sub-Committee with a summary of the health-related motions that were discussed and agreed by Council on 12th December 2018 and an update on the actions to date.

15 Mayor's Healthy Living Campaign (Pages 55 - 56)

For the sub-committee to receive a status update on the Mayor's Healthy Living Campaign.

16 Health Scrutiny Forward Plan (Pages 57 - 60)

17 Date of Next Meeting

The next meeting of the Health Scrutiny Sub-Committee will take place on Tuesday 26th March 2019 at 6pm.

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HEALTH SCRUTINY
18/12/2018 at 6.00 pm

Present: Councillors Leach, Toor and McLaren

Also in Attendance:

Andrea Entwistle	Principal Policy Officer – Heath and Wellbeing, Oldham Metropolitan Borough Council (OMBC)
Patsy Burrows	Head of Service Looked After Children and Care Leavers, OMBC
Katrina Stephens	Interim Director of Public Health, OMBC
Fabiola Fuschi	Constitutional Services Officer, OMBC

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Ball, Taylor and Williamson.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meeting held on 15th November 2018 be approved as a correct record.

6 **MINUTES OF THE HEALTH AND WELLBEING BOARD**

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 25th September 2018 be noted.

7 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**

RESOLVED that the minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 12th September 2018 be noted.

8 **RESOLUTION AND ACTION LOG**

RESOLVED that the Action Log for the meeting held on 15th November 2018 be noted.

9 **MEETING OVERVIEW**

RESOLVED that the today's Meeting Overview be noted.

10 **REGIONAL ADOPTION AGENCY**

Consideration was given to the Regional Adoption Agency (RAA) 2017/18 Annual Report which was presented by the Head

of Service Looked After Children and Care Leavers. The Interim Director of Children's Social Care and Early Help was also in attendance to present the information and to address the enquiries of the Committee.

It was reported that a year had elapsed since changes in delivering Adoption Services had been introduced. In Oldham, children and young people remained the responsibility of the Council, but members of staff had been seconded to Bolton Council, the host Council for the RAA, to deliver services concerning care planning, adoptive/foster parent recruitment. The Adoption Leadership Board (i.e.: the national board with the responsibility to improve performance of the adoption system in England) had introduced changes in the Adoption Services since 2008 to accelerate the process of finding a placement for children as well as recruiting adoptive families. It was reported that, nationally, the shortage of adopters had an impact on adoption performance. However, in 2017/18 Oldham had done well, outperforming England average and statistical neighbours with regard to the length of time from the point when children came into care to the time when they were placed with the adoptive families (i.e.: A1 indicator - Child Entering Care Starting Adoption Placement).

A2 indicator (i.e.: Placement Order to Matching), showed that there had been improvement compared to the previous year and Oldham was still performing better than national average and statistical neighbours, although it had missed the target. It was explained that the demographic in Oldham had to be considered when reading these statistics as there were a high number of children considered "hard to place" due to age, ethnicity, health needs and/or being part of a sibling group.

With regard to recruitment of adoptive families and adoption support, Elected Members were informed that, through the RAA, Oldham had been able to merge resources and to invest in a wider and sustained recruiting campaign; as a result, a number of adopters had come forward. It had also been possible to access increased support for adoptive families and members of staff and adopters had been able to access more training and development courses. With the RAA, Oldham could host events at no cost and place children without paying an interagency fee. It was reported that 50% of children had been placed within local authorities which were part of the RAA.

Members sought and received clarification / commented on the following points:

- Agency Decision Maker – It was explained that this was a role prescribed by the legislation for a senior manager within the organisation. In Oldham, the Interim Director of Children's Services was invested with this role.
- Adoption Leadership Board Scorecard – It was explained that this was a Government's measure on a three-year period; this specific level of detail had been required for the purpose of data analysis. In order to provide today's data, year to date figures had been extracted from the system.

- Lessons learnt from previous years – It was explained that a new service manager was in post who implemented new practices. Previously, professionals would wait for a court order before considering a placement, whereas, currently, opportunities for a placement were considered at a very early stage. Furthermore, an adoption tracker was in place to follow children from when they entered a Child Protection Plan throughout the Court process. Collaboration also led to an improvement as all local authorities who were part of the RAA had to share the same pool of adopters. The RAA could be more responsive to what professionals needed. For example, in the instance of very young babies who were likely not to return to their birth family, the RAA could look immediately at a Foster for Adoption Scheme, so that the child could stay with the same family from a very early stage. This would improve the outcome for children.
- Opportunities for fostering, was Oldham attracting foster carers from private agencies? – It was explained that Oldham had a cohort of specialist foster carers / adopters. Almost 80% of children placed with foster carers were placed with local authority foster carers. For older children, the Council used Independent Fostering Agencies.
- Placement with family of origin – It was explained that adoption would be the last resort and services would always look at the family of origin as first placement for the child; 50% of children were placed with family members, often via granting Special Guardianship.
- Monitoring placement progress – It was explained that following a placement with a family, the child would not be adopted until the Adoption Order would be in place. Therefore, until this point, a Social Worker and a Review Independent Officer would remain allocated to that child. Once the Adoption Order was in place, the adoptive family would be parenting independently. However, if necessary, post adoption support would be available.
- Activity days – It was explained that these were carefully planned; there were many exchange days during which potential adopters viewed children's profiles.
- Break down of placements – It was explained that disruptions to a placement could happen; sometimes this could be triggered by young people's attempt to get in touch with their birth family. Post adoption support services were specially trained to deal with these situations.
- Expected changes in the next 12 months – It was explained that Special Guardianship would be given more scrutiny for the benefit of children. The Adoption Leadership Board would publicise guidance to formally challenge the RAA. It would be about refining and developing mechanisms which were already in place. Previously there was an agency fee; now the focus was on mutually beneficial arrangements for all local authorities involved.

- Budget integration and benefit – It was explained that resources had been merged with the other five local authorities who were part of the RAA. This had given Oldham the opportunity to access high level training which previously was not accessible as it was very costly.

RESOLVED that:

1. The content of the report be noted;
2. A progress report be presented in 12 months.

11

ORAL HEALTH

Consideration was given to a report of the Public Health Specialist which sought to inform the Sub-Committee of the progress on all age oral health improvement activity currently being delivered across Oldham. The information was presented by the Interim Director of Public Health.

It was reported that considerable attention was dedicated to children and young people's oral health as this affected their quality of life; this also applied to older adults. In Oldham, significant improvements had been registered since 2012/13 when five in ten five-year-old children had showed dental decay against three in ten children in 2016/17. It was explained that services had systematically applied evidence based oral health interventions. Oral health had been embedded in a wide range of primary care services. Teachers, Health Visitors and Early Years professionals were all involved in this process. The Big Brush Campaign had taken place to promote access to dental care. Last month, over 60% of children in Oldham had seen a dentist. The average in England was 70%. Greater Manchester funded supervised teeth brushing programmes in Early Years settings.

With regard to the new area of work represented by elderly people, it was reported that the objective was to apply learning from engaging with different professionals such as those from Intermediate Care settings in order to develop an understanding of the importance of good oral health in elderly people. This would take place via training provision, general awareness and improving pathways to secondary care.

Members sought and received clarification / commented on the following points:

- Existing issues/barriers and opportunities to reach young people – It was explained that five-year-old children were targeted as they were more receptive to change and therefore more likely to carry on healthy habits. There were opportunities to work with Youth Council to divulge oral health message.
- Other healthy lifestyle campaigns – It was explained that “five a day” was still a message within the Healthy Lifestyle campaign. However, it was still being implemented. The challenge was to find ways to support people to undertake those changes. Through the Early Years approach, school meal service in primary schools had been commended for delivering very healthy food

options for children. Secondary schools presented a greater challenge in implementing the necessary change; the school meal service was provided by private companies. It was agreed that this was an opportunity to promote the Healthy Living message in secondary schools via the Mayor's Healthy Living Campaign and the Oldham Learning Festival next year.

RESOLVED that:

1. The content of the report be noted;
2. The progress and actions in the Pre-school Children's Oral Health Improvement Strategy be noted;
3. The actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care be endorsed;
4. The implementation of evidence based oral health interventions and national guidance across all ages in Oldham continue to be supported.
5. A progress report on oral health be presented to this Sub-Committee in 2020.
6. A meeting be arranged with Education Services to develop an opportunity within Oldham Learning Festival in June 2019 to promote the Mayor's Healthy Living Campaign to engage with secondary schools and the Youth Council.

12

PUBLIC HEALTH IN PRIMARY CARE

Consideration was given to a presentation of the Acting Consultant in Public Health on the role of Public Health in Primary Care and the plans for Oldham Clinical Commissioning Group (CCG) clusters, NHS Health Checks and Mental Wellbeing. The Interim Director of Public Health was in attendance to present the information and to address the enquiries of the Sub-Committee.

Members were informed that Healthcare in Public Health was a mandatory Public Health function. This entailed looking at primary prevention and seeking intervention before issues arose. Secondary prevention consisted of intervening to stop issues deteriorating. The third element was how to manage the condition. NHS Health Checks were an example of how Public Health worked with Primary Care. Health Checks were a mandatory programme commissioned by Council to GPs who would deliver it. Once every five years, people between the age of 40 and 74 years old should have a Health Check. Those who already suffered from a health condition, were not eligible for Health Checks. This service had been in place in Oldham for five years.

With regard to Public Health provision for Mental Wellbeing, it was reported that, following the Preventive Concordat, local and national plans were in place to support Primary Care services through preventative work such as the Five Ways to Wellbeing and engaging with pharmacies through the Healthy Living

Pharmacies Programmes to “Making Every Contact Count” as a tool to provide information and support on mental health. Furthermore, training resources such as “Connect 5” and “Mental Health Literacy” were available to members of staff in Primary Care to allow understanding of the issues around mental health and knowledge of the tools available to support people.

It was also reported that Integrated Clusters were made of 45 GP practices and 50,000 population per cluster. Public Health supported the clusters providing data, direct support on ongoing pilots, support for people in work who due to ill health might have to leave work. They would be identified through GP attendance.

Members sought and received clarification / commented on the following points:

- Statistics and outcome – It was explained that over 80% of the eligible population had been invited to have a Health Check; 38% had attended. In Oldham, from the start of the service provision there had been a low take up which had slowly increased in the last two years. The national focus had been on attendance rather than outcomes. There was also an issue on how a condition that had been identified at the Health Check was then managed by the patient via his/her GP. The preferred approach in Oldham would be to use a machine that gave results straightaway as people responded better when they received information immediately. The next objective would be to increase the information captured at the Health Check and work with the relevant Portfolio Holder to relaunch Health Checks in Oldham. Payment to GPs would need to be reviewed, payments should be awarded only for completed Health Checks. There was an opportunity to involve the Mayor in order to promote the take up of Health Checks amongst Oldham’s residents.
- Women’s health and mental wellbeing – It was explained that work was ongoing to reduce smoking in pregnancies. When delivering Health Checks, data was collected and analysed and specific strategies could be devised.
- Encouraging men to attend Health Checks – It was explained that offering Health Checks in venues other than GP surgeries might increase men’s attendance.
- Five Ways to Wellbeing and Voluntary Sector - It was explained that as well as pharmacies, the training was rolled out to community and voluntary groups.

RESOLVED that:

1. The content of the presentation be noted;
2. The Thriving Communities update scheduled for March 2019 to include an update on the role of “Making Every Contact Count” training for the Community Voluntary Sector;
3. An update on Women’s Health and Mental Wellbeing from Oldham Clinical Commissioning Group be requested for a Health Scrutiny Sub-Committee in early 2019.



4. A progress report be presented to the Health Scrutiny Sub-Committee in 12 months.

13

COUNCIL MOTIONS

Consideration was given to a report of the Principal Policy Officer, Health and Wellbeing which sought to inform the Sub-Committee of the health-related Council motions that had been discussed and agreed at Full Council meeting on 7th November 2018. These were:

- Tackling Child Hunger;
- Creating a Healthy and Thriving Oldham;
- National Exemption for Prescriptions for Care Leavers, this was a Youth Council's motion.

The following health-related motions were approved at Full Council on 12th December 2018:

- Sustainable Public Health Funding;
- Air Quality.

RESOLVED that:

1. The update as outlined in the report be noted;
2. An update be provided on the Sustainable Public Health Funding and Air Quality motions at the meeting of the Sub-Committee in March 2019.

14

MAYOR'S HEALTHY LIVING CAMPAIGN

The Sub-Committee considered a progress report of the Principal Policy Officer – Health and Wellbeing on recent activities undertaken by the Mayor of Oldham in connection with the Mayor's Healthy Living Campaign to promote and divulge the message of healthy living across the Borough.

RESOLVED that:

1. The update be noted;
2. Continuous support to the Mayor's Healthy Living Campaign be provided by the Sub-Committee.

15

HEALTH SCRUTINY FORWARD PLAN

Consideration was given to the Health Scrutiny Forward Plan for 2018/19. Members agreed that the workload of the Sub-Committee was increasing consistently and ways to manage the greater workload needed to be explored.

RESOLVED that the Health Scrutiny Forward Plan for 2018/19 be noted.

16

DATE OF NEXT MEETING

RESOLVED that it be noted that the next meeting of the Health Scrutiny Sub-Committee would be held on Tuesday 29th January 2019 at 6 p.m.

The meeting started at 6.00 pm and ended at 7.36 pm

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HEALTH AND WELL BEING BOARD
13/11/2018 at 2.00 pm

Present: Councillor Harrison (Chair)
Councillors Chauhan, Jacques and Sykes

Also in Attendance:

Dr. Zubair Ahmed	Clinical Director, NHS Oldham Clinical Commissioning Group (CCG)
Jill Beaumont	Director of Children's Health and Wellbeing, Oldham Cares
Andrea Entwistle	Principal Policy Officer Health and Wellbeing, OMBC
Majid Hussain	Lay Chair, Oldham CCG
Superintendent Daniel Inglis	Greater Manchester Police
Merlin Joseph	Interim Director of Children's Services
Stuart Lockwood	Chief Executive, Oldham Community Leisure
Donna McLaughlin	Alliance Director, Oldham Cares
Jason Rain	Greater Manchester Fire and Rescue Services
Katrina Stephens	Joint Acting Director of Public Health / Consultant in Public Health, Health and Wellbeing, OMBC
Rebekah Sutcliffe	Strategic Director of Reform, OMBC
Liz Windsor-Welsh	Chief Executive, Acting Together
Mark Warren	Managing Director of Community, Health and Adult Social Care, OMBC
Carolyn Wilkins	Chief Executive, OMBC / Accountable Officer, Oldham Cares
Fabiola Fuschi	Constitutional Services Officer, OMBC

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chadderton, Julie Fairley, Nicola Firth, Dr. Keith Jeffery, Charlotte Stephenson, John Patterson and Julie Daines.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

The following public question was submitted by Mr. James Allen:
"To Health and Wellbeing Board,

On the 17/10/18, I received an email from NHS England on 'NHS set to save £150m by switching to a new version of most costly drug'



Oldham
Council

I would like to ask:

- 1) How many CCGs have started changing to the new drug?*
- 2) When savings start to materialise, also on what time scale will it be before money from this to start re-investing, to benefit the patients and the care system, who this drug affects?*
- 3) a. Is the £150m to be distributed across the whole of England?
b. What will each area get in percentage, the whole amount or a share?*
- 4) How will the re-investing money be used in Oldham?*

For this report as a few good points to be looked in to, as we can get a(n) overall view from all perspectives.

*Yours truly,
James Allen*

Cc Healthwatch Oldham, Cllr Jenny Harrison"

The following response was provided from the Health and Wellbeing Board:

We assume you are referring to NHS England guidance issued on 16 October concerning Adalimumab, a drug used for hospital treated, serious conditions such as rheumatoid arthritis, inflammatory bowel disease and psoriasis.

Previously Adalimumab has only been available under the brand name Humira. However, the patent on the drug has recently expired opening up the possibility of 'biosimilar' versions of Adalimumab being produced and prescribed in the NHS.

Adalimumab is the single medicine on which hospitals spend the most, at a cost of more than £400 million a year.

The guidance to Trusts and CCGs says that nine out of 10 new patients should be started on the best value medicine within three months of a biosimilar launch. At least 80% of existing patients should be switched to the best value biologic (which could be the originator or a biosimilar) within 12 months.

Biosimilar versions of Adalimumab are expected to be available to NHS patients from December this year, and could help save at least £150 million per year by 2021 depending on the price agreed for the drugs. The ongoing use of Humira may also continue where clinically appropriate and where it is best value.

To answer your questions:

1. How many CCGs have started changing to the new drug?

None. No biosimilar versions of Adalimumab are available yet.

2. When savings start to materialise, also on what time scale will it be before money from this to start re-investing, to benefit the patients and the care system, who this drug affects?

Once biosimilar versions of Adalimumab are available and necessary arrangements put in place we would anticipate savings starting to be made immediately and be fully realised within 12 months, in line with the guidance.

3. a. Is the £150m to be distributed across the whole of England?

b. What will each area get in percentage, the whole amount or a share?

Any funds arising from savings made would be 'owned' by local services. However, we can't know what the amount or percentage of any savings until biosimilars come to market, their cost is agreed with manufacturers, and we understand how prescribing behaviour changes in practice.

4. How will the re-investing money be used in Oldham?

It is likely that savings made by increasing choice of better value drugs will be used to help make the system more financially sustainable i.e. they will go towards the day to running of existing services.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 25th September 2018 be approved as a correct record.

6 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

RESOLVED that the minutes of the Health Scrutiny Sub-Group meeting held on 3rd July 2018 be noted.

7 **MEETING OVERVIEW**

RESOLVED that today's meeting overview be noted.

8 **ACTION LOG**

RESOLVED that the action log from the meeting of the Health and Wellbeing Board held on 25th September 2018 be noted.

9 **REFLECTIONS ON PROGRESS ACROSS THE OLDHAM PARTNERSHIP**

The members of the Board took part in a reflective exercise and discussion regarding the progress made across the Oldham Partnership in relation to Health and Wellbeing.

The Board acknowledged the achievements on the following aspects of prevention and care provision in the Borough:

- The percentage of MMR immunisation update for 5 year olds in Oldham was higher than the average in England;
- Oldham is the second highest local authority in Greater Manchester (GM) for percentage of flu vaccination for at risk groups under 65s;
- Decreased levels of children dental decay since 2015. Oldham had made the biggest improvement in Greater Manchester; 5000 children had engaged with the Big Brush campaign last year.
- 35 of the 43 GP surgeries in Oldham had been rated “Good” or “Outstanding” by the Care Quality Commission (CQC).
- 33 of the 41 residential care homes in Oldham had been rated “good” by the CQC;
- 79,100 volunteer hours were performed in Oldham yearly;
- 12,000 children in Oldham accessed the “Daily Mile” programme weekly;
- Smoking prevalence in Oldham had reduced by 5.2% since 2015, this was the biggest reduction in GM.

RESOLVED that the Board consider and reflect upon the achievements, opportunities and challenges in Oldham in the context of the Health and Wellbeing agenda.

10

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) UPDATE

Consideration was given to a briefing of the Interim Director of Children’s Services on the progress made on the Special Educational Needs and Disability (SEND) Services against the Written Statement of Action (WSOA). This document had been jointly developed by the Council and the Oldham Clinical Commissioning Group, following the Ofsted inspection in October 2017. A full progress report would be presented to the Board in January 2019.

The Interim Director of Children’s Services presented the information and addressed the enquiries of the Board Members.

The Board was informed that the Department for Education (DfE) and NHS England conducted by-monthly monitoring visits to assess Oldham performance on the five key areas outlined in the WSOA. It was reported that the outcome of the latest review (i.e.: September 2018) had been positive; it had been agreed that four of the five priority areas of the WSOA were RAG (Red, Amber and Green) rated “Green”, with recognition of the work being progressed on the remaining “Amber” priority area in relation to Education Health Care Plans.

The DfE and NHS England had acknowledged that there was a clear and accountable ownership of the SEND agenda across the local SEND partnership, with commitment on a continued focus on SEND from senior leaders. It had also be noted the involvement and engagement of parents and carers in the SEND governance structure, in ensuring a truly collaborative and co-productive system.

The DfE would draft a final report on Oldham's progress against the WSOA to submit it to the Minister. The outcomes of this report would be communicated to Oldham Council via letter from the Minister.



The Board was also informed that, last week, the DfE had announced a programme to revisit local areas that had produced a WSOA. The programme would start in December 2018 and, in Oldham, it would run parallel to the current SEND review. Oldham was likely to be visited by the DfE in March 2019.

The Chair of the Board thanked the Interim Director of Children, Oldham CCG and the other partners and stakeholders for the work done so far to bring the SEND agenda forward.

RESOLVED that:

1. The content of the briefing be noted;
2. The positive progress made against the Written Statement of Action (WOSA) since the last update in September 2018 be noted;
3. A detailed update would be provided to the Health and Wellbeing Board once the Minister has provided a response to the report from the Department of Education on Oldham's progress against the WSOA.

11

LEARNING DISABILITIES STRATEGY

Consideration was given to a joint report of the Managing Director of Community, Health and Adult Social Care and the Head of Learning Disabilities and Mental Health on the newly developed Greater Manchester (GM) Learning Disability Strategy, with a view to the Oldham locality adopting the policy for local implementation.

The Managing Director of Community, Health and Adult Social Care, accompanied by a representative of the North West Training and Development Partnership and a service user presented the information and addressed the enquiries of the Board Members.

It was explained that a renewed strategy was needed to address the issues concerning the learning disability support. Across GM, the cost associated with the service provision remained high and people with learning difficulties still encountered barriers to live as independently as possible in their communities.

It was reported that, throughout 2017 and 2018, a series of public events and workshops had taken place across GM and people with learning difficulties and their families had actively participated in the development of the new strategy and its objectives. Oldham locality had led on the oversight of a new Learning Disability governance structure for GM on behalf of the ten localities. The new governance structure was outlined. The work had been set in the context of a national programme which

also included the following areas: Transforming Care, Learning Disability Mortality Review, Stopping over Medication of People with a Learning Disability or Autism or Both, Annual Health Checks.



Members were informed that the Learning Disability Strategy had been agreed at Greater Manchester level; ten key objectives had been identified which reflected the 12 pillars of independent living. The challenge for each locality in GM would be to develop its own plans to achieve the ten objectives. In Oldham a £4M state of the art apartments were being built where people with learning difficulties could live independently with 24 hour access to support. Other areas of focus were Transition and support through the Criminal Justice System. Oldham Learning Difficulties Partnership Board would oversee the progress against the ten objectives.

A 100 day challenge which started on 17th September 2018 had been launched: each locality in GM would have to demonstrate what could be done differently in 100 days from the implementation of the new strategy. Oldham opted to focus on two priority areas for the 100 day challenge: Employment and Good Health. Work had already started with four GP practices to increase to 15 the number of people with learning difficulties receiving the annual health check. A figure had not been established for employment as this was a complex area; however, there would be a clear methodology to measure progress.

The challenges linked to these two work streams were outlined as well as the measures to address them.

The Board was also informed of the Small Sparks project. One of the main areas of concern for people with learning difficulties was “belonging” and to tackle loneliness. Small Sparks had received funding to create a dating agency.

Members sought and received clarification / commented on the following points:

- Jobs and communications, to commit to easy read documents and avoiding acronyms. Acknowledged GM targets and request for meaningful employment and people feeling satisfied;
- Most powerful co-produced strategy across GM area, Action Together committed to supporting it. Advocacy needed to be extended at neighbourhood level. Social innovation needed to be explored. Also analysis of layers of inequality (e.g.: people with learning difficulties from BME communities and/or from LGBT groups) – It was explained that some work had already been done on inequality. However, this aspect would be embedded in the new strategy.
- Risk for those at the soft end of the spectrum who did not receive support but who could, at some point, face a crisis – it was explained that although there was a definition of “learning disability”, in Oldham the ethos was to support people at best via an integrated care approach. Addressing “belonging”/ relationships would be key as many people did not look for a social worker.
- To simplify processes and forms for all residents;

- To make Access Oldham more accessible for people with learning difficulties (e.g.: not standing in the queue);
- Developing internship and support people through it.

RESOLVED that:

1. The implementation of the strategy be fully endorsed;
2. The implementation of the strategy at local level be supported;
3. Board Members take ownership of the strategy and individually support its implementation;
4. The Oldham Learning Disability Partnership Board be given delegated responsibility for the implementation of the strategy.

12

OPERATIONAL LOCAL HEALTH ECONOMY OUTBREAK PLAN

Consideration was given to a briefing of the Lead Health Protection Nurse on the Operational Local Health Economy Outbreak plan which had been endorsed by Oldham Cares. The Joint Acting Director of Public Health (Consultant in Public Health, Health and Wellbeing) presented the information.

It was explained that this was an agreed joint plan between the Council Health Protection Team and Oldham Clinical Commissioning Group (CCG) to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. The document had been developed to supplement the “Greater Manchester Outbreak Plan” to ensure an effective and coordinated approach to the management of outbreaks and of communicable diseases within Oldham.

RESOLVED that the Operational Local Health Economy Outbreak plan be endorsed to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

13

NUTRITION AND HYDRATION IN OVER 65S

A presentation on nutrition and hydration in over 65s was given by the Greater Manchester Nutrition and Hydration Oldham Programme Manager.

The Board was informed that malnutrition affected over 1M people in UK. One third of those admitted to hospital, presented this condition. It was explained that malnutrition was not a natural part of ageing and the cost to the NHS was superior to obesity. Malnourished people visited their GP twice as often as those who were well nourished and they had three times many hospital admissions.

The GM model to tackle malnutrition mirrored the Salford model; this was based on five principles: raising awareness, working together, identify malnutrition, personalised care, support and treatment and monitoring and evaluating. Through this model, Salford had saved £300,000 on NHS prescribing and had seen a reduction in hospital admissions.

The two year funded pilot project looked at replicating Salford model in five sites: Oldham, Bury, Bolton, Rochdale and

Stockport. Each area had a Public Health lead and a local Age UK partner. The aim was to raise awareness. Training would be offered to different organisation and an e-learning tool would be developed.

It was estimated that in Oldham there were 36,000 people over 65s and about 3,400 of these were at risk of malnutrition. Implementing this model could save £600,000 in prescribing costs per year.

The Board was presented with two of the resources utilised to identify malnutrition: the paperweight hand band tool which was a non-intrusive, non-clinical assessment tool and the one to one “Are You Eating Enough” booklet.

The programme had been in place for six months. So far 876 people had been reached. 98 people had been assessed and two people were found to be at risk. 41 people had been trained. The programme would be evaluated by Manchester University.

Members sought and received clarification / commented on the following points:

- Health Improvement, Thriving Communities and Make Every Contact Count. This new model would link with these work streams.
- Useful tool for Police Community Support Officers;
- How this model could be linked to the Transformation Programme;
- Food as enabler to fight social isolation, links to Ambition for Aging;
- MioCare and DomiCare members of staff could be trained on this model;
- Resources and BMI communities; request for one, inclusive booklet;
- Care at Home delivered by the independent sector – the Provider Forum would be another opportunity for delivering the training on the new model.
- To utilise a video clip to divulge the training – Age UK Salford added a video on their web-site.

RESOLVED that the Board recognise the work of the programme and support the efforts to raise awareness of the issue and to help embed the intervention into everyday interactions of staff and carers with people aged 65 and over who may be at risk of malnutrition and hydration.

14

DATE OF NEXT MEETING

RESOLVED that the next date and time of the meeting of the Health and Wellbeing Board to be held on Tuesday 18th December 2018 at 2 p.m. be noted. This would be a development session.

The meeting started at 2.00 pm and ended at 4.00 pm

Agenda Item 7

Item 03

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 14 NOVEMBER 2018 AT CHURCHGATE HOUSE

Present:

Bolton	Councillor Stephen Pickup
Bury	Councillor Stella Smith
Manchester	Councillor Eve Holt
Oldham	Councillor Colin McLaren
Rochdale	Councillor Ray Dutton
Stockport	Councillor Keith Holloway
Tameside	Councillor Gill Peet
Wigan	Councillor John O'Brien (Chair)
Derbyshire County Council	Councillor Linda Grooby

Also in attendance:

Steve Pleasant	GMCA Lead Chief Executive for Health
Warren Heppollette	GM HSC Partnership
Rob Bellingham	GM H&SC Commissioning
Susan Ford	GMCA
Nicola Ward	GMCA
Diane Whittingham	Associate Lead for Theme 3, GM HSCP
Krystyna Walton	Consultant in Neurorehabilitation, SRFT
Morcos Fayez	Consultant in Rehabilitation of Medicine
Harry Golby	Commissioner Lead, SCCG
Pat McFadden	NWAS
Leigh Cartwright	NWAS

HSC/32/18 APOLOGIES

Apologies were received from Councillor Margaret Morris (Salford), Councillors Sophie Taylor and Anne Duffield (Trafford).

HSC/33/18 DECLARATIONS OF INTEREST

Councillor Keith Holloway declared a personal interest in any relevant item on the agenda in respect of the fact that his daughter works for Oldham CCG.

HSC/34/18 MINUTES OF THE MEETING HELD 14 SEPTEMBER 2018

The minutes of the meeting held 14 September 2018 were presented for consideration.

Members discussed the action (minute HSC/28/18 refers) in relation to the register of locations of community defibrillators across GM. At the last meeting, NWAS had agreed to circulate a pro-forma to all elected members, to capture their knowledge and this action was still outstanding. Pat McFadden agreed to take this forward.

The Chair also raised concern that there was some disparity across GM that some areas did not have First Responder Teams. Pat McFadden offered to raise this with colleagues at NWAS who were leading on a recruitment programme for First Responders to ensure equity across all areas of GM.

In relation to this, a member raised concern about a local care home which was refusing to have a defibrillator. Pat McFadden offered to pick this up with Cllr Dutton directly to gain a greater understanding of the issue.

RESOLVED/-

1. To approve the minutes of the meeting held 14 September 2018.
2. NWAS to circulate a pro-forma to all elected councillors in GM to capture the location of all community defibrillators.
3. NWAS to consider a fair geographical spread of First Responder Teams across GM.
4. Pat McFadden to make contact with Cllr Dutton in relation to a local nursing home refusing a community defibrillator and assist where possible.

HSC/35/18 STANDARDISING ACUTE AND SPECIALIST CARE – NEURO-REHABILITATION SERVICES (THEME 3)

Diane Whittingham, GM Lead for Acute Transformation introduced members to the proposals to reform the Neuro-Rehabilitation Service. The report offered an outline of the design process and specific details of the stakeholder engagement process. She reminded the Committee that the introduction of the Greater Manchester Devolution Deal in 2015 gave an opportunity for GM to manage their own Health and Social Care budget of £6billion and support the ambitions of the Partnership Plan 'Taking Charge'.

One of the key themes of the plan was entitled 'Theme 3' the standardisation of acute hospital care, ensuring the best patient care, whether that be in the community or hospital. This would ensure that service changes were not made in isolation. Furthermore, the review of any model of care would take into account any potential wider impacts such as increased demand, shortage of staff or any variation of services across GM.

The programme of change for acute services builds on the previous transformation work undertaken within this sector. Neuro-Rehabilitation is just one of a number of services being reviewed whose challenges would be best addressed on a sub-regional footprint.

Harry Golby, Assistant Director of Commissioning at Salford CCG offered further detail on the proposed programme of change for Neuro-Rehabilitation Services. He

informed members that this service was required by a few hundred people per year in GM, and therefore in relation to other services this was a low number of service users.

Krystyna Walton, a Consultant in Neuro-Rehabilitation at Salford Royal Hospital and Morcos Fayez, a Post-Acute Consultant explained how Neuro-Rehabilitation services supported patients to transition from the acute care facilities into community care. It was reported that there was a group of patients who were in independent placement, often outside of GM, and this was because the supported facilities they require were not available within the sub-region.

The Committee were made aware that the current model had a number of issues, including disparate access routes, blockages to patient flow, disjointed management structures, low staffing levels and inadequate care offer for certain groups for example, tracheostomy patients.

The proposed new model of care would include a complex discharge team to specifically support patients with more complex needs. A single commissioner and provider, and a clear set of service specification standards would also ensure the best outcomes. Officers have engaged with a number of decision making and advisory groups (including the Neurological Alliance) to check that the proposed model is right for GM, and sought external assurance from ECAP.

Members of the Committee commented that the proposals seem strong in terms of their potential for improving patient care through the best use of the available provision. However the Committee's view on the proposed service changes for Neuro-rehab services were specifically in relation to Neuro-Rehabilitation Services and all other service model changes in Theme 3 will be considered separately.

Some concern was raised in relation to the wider impact of these planned changes, to buildings, staff and transport in the challenging financial restraints of the NHS. Members asked how this work would improve the care for all patients, and it was confirmed that trialling a single provider model would give evidence as to how similar models of care for other services could be successful with one provider. It was also anticipated that the collaborative approach to commissioning would have significant reductions on future lifetime costs of these patients and therefore may reduce financial pressures on other departments. Clinicians added that consultation on these proposals had been systematic and had continually involved patient groups and clinicians. However, they recognised that the success of the standardised programme of care was dependent on the integration of community services.

Steven Pleasant, GM Lead Chief Executive for Health and Social Care welcomed the proposals and the provision of specialist care for tracheostomy patients within Greater Manchester. He added that the improved flow of patients offered by the new model would allow these proposals to better meet the demand.

Members commented that they were confident that the right level of engagement activity had taken place, but that officers should be mindful about using the terminology used as 'co-production' which means something different to 'in consultation with'. Subject to the views of the Committee it was confirmed that the service model would go to the JCB on the 18 December and implemented in 2019-20,

assurance would be given through a single clinical leadership structure, a Business Case Coordinator and a Programme Board to ensure that the governance of this work involves all stakeholders. Clinicians added that there was ongoing engagement at every level including patient representatives on the Network Board and Alliance in addition to a separate bi-monthly meeting with patient/carers. The service design group had mixed representation and had scored all proposed options at an early stage.

Members suggested that the service area could give further consideration to the use of technology in reducing patient travel and time for appointments, particularly if they can be done virtually. Other Members added that there should be more effective use of beds within the control of GM, and joined up appointments to improve patient care.

Members asked whether the demand on neuro-rehabilitation services had the potential to increase. It was confirmed that there had been improved outcomes for neuro-rehabilitation patients over recent years, through the introduction of the trauma centre and centralised services. People are also living longer with complex conditions which has also increased demand.

The Committee highlighted that in appendix 1 there are three areas without community provision, including Bury and asked whether there were plans to extend provision and ensure that all residents have equitable access to services. Officers reported that the picture was ever changing and improving and that over recent months there had been new service specifications approved and individual localities were currently approving their business cases. The GM Health and Social Care Partnership were in discussion with each Local Authority as to implementation and approving funding changes. The requirement to have a single set of standards for community provision was also progressing, however there was further assurance was sought by the Committee.

Members asked whether the new model of care would give flexibility and adaptability for the flow of staff and resources across the system. Clinicians reported that although the current model was established in 2001, it had been continually adapted. The new model would be required to have the same level of flexibility to improve staff retention and progression through a truly integrated service and which meets the health care needs of the population.

Steven Pleasant, GM Lead Chief Executive for Health and Social Care added that it may be helpful to engage Committee Members, about the proposed standardisation of acute services across Theme 3 and that workshops could assist members in develop their understanding. The Chair suggested that if members had any specific questions that these could be emailed to officers directly, and that if officers wished to share information with members outside of the meeting cycle that this could be done so via email.

RESOLVED/-

1. That the JHSC agree that scale of change to the service is not substantial in view of the low numbers of patients.

2. That the JHSC note that the new model of care was designed and developed in consultation with patient and their families and clinicians.
3. That the JHSC agree the proposed new model of care will meet the needs of patients and significantly improve patient outcomes.
4. That the level of public and patient engagement has been proportionate and therefore the JHSC agree that there is no need for wider public consultation. That it also be noted that the details of public engagement as set out in the report will continue as the model is taken forward to implementation.
5. That it be agreed that the GM JHSC will receive a report on the progress in relation to travel analysis (initial travel analysis circulated on Monday 12th November) and equality impact assessment.
6. That the GM JHSC receive a report on Neuro-Rehab Community Services at their next meeting.
7. That the GM JHSC receive further regular updates on this theme 3 either formally in meetings or via email, and members are invited to a workshop to give the opportunity to increase their wider understanding of theme 3.

HSC/36/18 LORD CARTER'S REVIEW INTO UNWARRENTEDED VARIATION IN NHS AMBULANCE TRUSTS

Pat McFadden, Head of Service for Greater Manchester North West Ambulance Service (NWAS) introduced a report which gave details of the operational productivity of NWAS in line with the Lord Carter Review and its recommendations. The report detailed disparities in ambulance provision across GM and looked to address these variances. He reported that the sub region had a complex environment with a number of acute service providers, a governance makeup including CCGs and Local Authorities and a GM Fire Service.

In 2017, NWAS took part in a pilot for the Ambulance Response Programme (ARP) to improve standards and ensure that they were adhering to 'every patient counts'. The Carter Report builds on from this, and looked specifically at ambulance standards for each category of emergency patient.

In January 2018, commissioners of the ambulance service asked NWAS to develop a Performance Improvement Plan to identify current and future demand challenges, current a future resource requirements and the changes required to the current model to support the delivery of ARP. This included the realignment of the fleet, the recruitment of 20 additional ambulances and the appointment of staff to the current 90 vacancies.

Other issues raised included the delay to call pick up targets, the requirement for a greater skill mix amongst the fleet and the length of time taken to deliver handovers at most GM hospitals.

Members recognised that the access and flow issues within A&E was undermining the availability of NWAS and therefore the localised service re-design was imperative to improving these issues. Officers also added that the GM Local Care Organisations were opening up community care avenues for NWAS to offer alternative options than A&E.

The Chair commented that NWAS were a victim of a poor handover process at A&E, and triage services at the hospital door should be pursued. It was suggested that there be a further discussion at the next meeting in relation to primary care's response to A&E improvements.

Members raised concern that transporting patients to and from hospital was often an unnecessary use of NWAS resources. Officers confirmed that this was to be reviewed under the ARP, as there was the potential that category 3 and 4 calls could be dealt with through alternative routes.

On this subject, members further asked how triaging calls to 999 was currently being managed and the numbers of unnecessary calls. Officers from NWAS reported that the urgent care desks were providing an effective filtration service on calls creating a much more sophisticated system that had indicated in recent figures that 33% of calls did not warrant an emergency response.

RESOLVED/-

1. That the report be noted.
2. That there be a further discussion in relation to Primary Care's response to improvements for A&E departments at the next meeting.

HSC/37/18 JOINT GM HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

A report was presented that set out the Committee's work programme noting it had been developed following consideration and discussion by Members at the meeting in September.

Members were asked to contact the Governance and Scrutiny Officer with any suggested items for inclusion in the work programme.

RESOLVED/-

1. That the report be noted;
2. That any further suggestions to the work programme be submitted to the Governance and Scrutiny Officer.
3. That there should be additional meetings scheduled to look at theme 3 in January/February 2019.

HSC/38/18 DATES OF FUTURE MEETINGS

All meetings will take place in the Boardroom at GMCA Offices, Churchgate House.
Further briefing session dates will be advised separately.

Wednesday 16 January 2019	10:00 am – 12 noon
Wednesday 13 March 2019	10:00 am – 12 noon

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Meeting of:

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: 15th October 2018

Present:

Councillor Roy Walker (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Colin McLaren (Oldham Council)
Councillor Derek Heffernan (Oldham MBC)
Councillor Ann Stott (Rochdale MBC),
Councillor Norman Briggs (Oldham MBC)
Councillor Raymond Dutton (Rochdale MBC)
Councillor Gavin McGill (Bury Council)

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute

Denise Turner: Director of Planning and Performance North East Sector, Salford Royal and Pennine Acute

Nicky Tamanis: Deputy Chief Finance Officer, Salford Royal and Pennine Acute

Phillip James: Associate Chief Information Officer, Pennine Acute Hospitals NHS Trust

Moneeza Iqbal: Clinical Service Strategy Programme Director North East Sector, Salford Royal and Pennine Acute

Apologies: Councillor Linda Robinson (Rochdale MBC),

PAT.18/19-12 APOLOGIES

Apologies were detailed above.

PAT.18/19-14 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.18/19-15 PUBLIC QUESTIONS

There were no public questions.

PAT.18/19-16 MINUTES AND MATTERS ARISING**It was agreed:**

That the minutes of the meetings held on 26th June 2018 be approved as a correct record.

PAT 18/19-17 MID YEAR PERFORMANCE UPDATE

Denise Turner, Director of Planning and Performance, North east Sector presented a report outlining current issues regarding performance of Pennine Acute NHS Trust in the first quarter and part of the second quarter of this year. It was explained that PAHT performance was reported as a single organisation, accountability for performance rests with each Care Organisation either as a site responsibility or where they host the service on behalf of PAHT.

Each care organisation reports monthly to the Board with a statement of assurance that describes its performance against quality, finance and use of resources, operational performance, engagement and workforce, leadership and capability and strategic change. The report presented focussed on quality and operational performance.

Denise explained that the quarter 2 updates were due to be received within the next week and would show that there had been a weakening position around cancer performance. An independent Chair had been assigned the task of pulling together a Committee which was in the process of producing an action plan to work against. The Committee would meet monthly from November and would address the 2 week wait which had deteriorated from April as had the 62 day wait figure.

It was reported that demand was continuing in emergency and urgent care and was expected to rise as heading into winter but the winter planning process was being carried out across GM.

It was explained that all care organisations continue to implement the Nursing Accreditation System across all wards and the CQC had recognise the improved standards.

Those present were given the opportunity to make comments and ask questions and the following points were raised:

- Councillor Walker referred to the fact that NMGH would be transferring to Manchester NHS Foundation Trust and that Manchester Council had not sent representation to the Joint Committee and asked whether NMGH was represented on the Committee which had been mentioned in relation to cancer waiting times.

It was explained that every organisation was included in the work including NMGH. It was still part of the organisation until the day that it transferred over and as such support would continue until then.

- Councillor Norman asked where the service deterioration was focussed in relation to cancer performance, whether it was highlighted more in specific locations.

It was explained that the issues were related to pathways more than location. There has been an increase in demand across all cancer groups but specifically colorectal and this was likely to continue as more and people were being screened.

- Councillor Heffernan referred to winter pressures but also the fact that there had been high demand across summer and asked how this had affected performance.

It was explained that more costs had been incurred in relation to emergency and urgent care. There have been discussion and planning in relation to this but no extra funding.

- Councillor McLaren referred to the CQC Action Plan and asked about the work around this.

It was explained that resources were being managed and the trust was still on target to deliver what was set out in the budget. Agency spend was being addressed and there had been some success in recruiting doctors. There was no plan to reduce staff but to fill the vacancies with permanent staff.

Members of the Committee requested that they be provided with the final Q2 figures when they were available.

Members also requested that they be provided with the CCG data from each area in relation to commissioning statistics and cancer pathways.

It was agreed:

1. That Denise Turner be thanked for her attendance
2. That the contents of the report be noted and the information requested as set out above be provided.
3. The Joint Health Overview and Scrutiny Committee review the full year figures at its meeting in June 2019.

PAT 18/19-18 NORTH EAST SECTOR TRANSFORMATION

Moneeza Iqbal, Clinical Service Strategy Programme Director presented a report updating Members with an update on the work being carried out in relation to the North East Sector Transformation which would see 'A Shared Hospital Service, for our shared population'.

It was explained that there are three linked programmes of work ongoing across Greater Manchester; NES Clinical Services Transformation; Pennine Acute Transaction and GM Theme 3.

The aim of the NES Transformation is to reduce demand on urgent care and provide more services locally.

The review is commissioner led and clinically driven and will look at providing services that are sustainable for the future and how services will be provided when NMGH is no longer part of Pennine Acute.

A governance structure has been agreed and this was set out within the presentation and included Council Chief Executives.

The Case for Change is in the process of being developed and is being reviewed from a clinical, workforce and financial perspective and which services are most impacted.

The evaluation criteria has been developed by clinicians and has 5 key areas to assess;

- Quality of care for all
- Access to care for all
- Affordability and value for money
- Workforce
- Deliverability

The Clinical leads will review the clinical models to consider and develop preferred options.

Consultation will be undertaken as widely as possible at every step of the process and this will include working with patients, local Healthwatch and patient groups, local Health O & S Committees.

It was reported that the Programme Board was due to meet on 14 November.

It was agreed:

That Moneeza be thanked for her attendance and that an update with preferred options be brought to the January meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-19 SUSTAINABILITY FUND REPORT

Nicky Tamanis, Deputy Director of Finance attended the meeting to provide Members with an update on the Sustainability Fund, which was explained as a five year programme of additional investment directed at specific areas to improve services following the CQC rating.

Contributions towards the fund had been from commissioners and Pennine Acute.

The services were maternity, paediatric and critical care as well as leadership structure investment.

There has been an increase in the number of nurses employed with an extra 125 nurses across all wards and success recruiting into critical care.

Responding to questions from the Chair it was reported that the Trust was currently managing its deficit and had a £10 million capital funding project split across The Royal Oldham Hospital and North Manchester General Hospital.

It was agreed:

That the report be noted and an update on the 2018/2019 budget be brought to the January meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-20 IM&T UPDATE

Phillip James, Associate Chief Information Officer, Northern Care Alliance attended the meeting to give Members an update on the Information Management and Technology within Pennine Acute.

It was explained that a business case had been approved in May 2018 to invest in stabilising the technology infrastructure across the organisation.

There had been issues relating to IT across the NHS over the past few years. The IT team within Pennine had decreased and the IT systems and networks were out dated which was causing issues in relation to performance and reliability.

It was explained that the network team had been strengthened and work was almost complete on a new wide area network.

The key target milestones were presented to the Committee which showed all areas where both business cases had been submitted and work was ongoing this included hardware and software upgrades, email solutions and electronic patient records.

There had been a number of high impact network outages and these were listed within the presentation, the outages had caused some disruption but had been dealt with as quickly as possible and there had been no compromise to patient safety.

Phill reported that a debrief meeting was due to take place in relation to IT issues on 16 October 2018.

It was agreed:

That Phillip James be thanked for his attendance and presentation and an update report be brought to a future meeting of the Joint Health Overview and Scrutiny Committee.

PAT 18/19-21 HEALTHIER TOGETHER UPDATE

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute gave an update on the activity being carried out to implement the GM Healthier Together Programme.

It was explained that full implementation was dependent on additional capacity at the Royal Oldham Hospital Site and subject to final approvals the building work was due to go live by spring 2021.

Consultant surgeons are working on the workforce model which will ensure delivery of Healthier Together, particularly the provision of emergency cover across the sector.

Following questions from a Committee Member Jack confirmed that there were no plans to close A & E services at North Manchester General Hospital.

It was agreed:

That an update on the progress made with Healthier Together be brought to the Joint Health Overview and Scrutiny Committee in 12 months.

PAT 18/19-22 URGENT BUSINESS

There was no urgent business reported.

Actions from the December 2018 meeting of the Health Scrutiny Sub-Committee

	Agenda Item	Resolution / Action	Action Update
December	REGIONAL ADOPTION AGENCY	RESOLVED that: <ol style="list-style-type: none"> 1. The content of the report be noted; 2. A progress report be presented in 12 months. 	Progress Report scheduled for December 2019 on the provisional Health Scrutiny Sub-Committee forward plan (subject to subject final approval of the Municipal Calendar at Annual Council on 22 May.)
	ORAL HEALTH	RESOLVED that: <ol style="list-style-type: none"> 1. The content of the report be noted; 2. The progress and actions in the Pre-school Children’s Oral Health Improvement Strategy be noted; 3. The actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care be endorsed; 4. The implementation of evidence based oral health interventions and national guidance across all ages in Oldham continue to be supported. 5. A progress report on oral health be presented to this Sub-Committee in 2020. 6. A meeting be arranged with Education Services to develop an opportunity within Oldham Learning Festival in June 2019 to promote the Mayor’s Healthy Living Campaign to engage with secondary schools and the Youth Council. 	Progress Report scheduled for March 2020 on the provisional Health Scrutiny Sub-Committee forward plan (subject to subject final approval of the Municipal Calendar at Annual Council on 22 May.)
	PUBLIC HEALTH IN PRIMARY CARE	RESOLVED that: <ol style="list-style-type: none"> 1. The content of the presentation be noted; 2. The Thriving Communities update scheduled for March 2019 to include an update on the roll out of “Making Every Contact Count” training for the Community and Voluntary Sector 3. An update on Women’s Health and Mental Wellbeing from Oldham CCG be requested for a Health Scrutiny Sub-Committee in early 2019. 4. A progress report be presented to the Health Scrutiny Sub-Committee in 12 months. 	<p>The Thriving Communities Update in March 2019 will include an overview of the MECC training for the Voluntary and Community Sector as part of the Workforce Development element of the programme.</p> <p>Progress Report on Public Health in Primary Care scheduled for March 2020 on the provisional Health Scrutiny Sub-Committee forward plan (subject to subject final approval of the Municipal Calendar at Annual Council on 22 May.)</p>

	Agenda Item	Resolution / Action	Action Update
	COUNCIL MOTIONS	RESOLVED that: <ol style="list-style-type: none"> 1. The update as outlined in the report be noted; 2. An update be provided on the Sustainable Public Health Funding and Air Quality motions at the meeting of the Sub-Committee in March 2019 	An update on the Sustainable Public Health Funding and Air Quality motions will be provided at the Sub-Committee in March 2019.

Meeting Overview

Oldham Health Scrutiny Sub-Committee

29 January 2019

6pm – 8pm

Crompton Suite, Civic Centre, Oldham

No	Item	Time
1-10	(1) Apologies, (2) Declarations of Interest, (3) Urgent Business, (4) Public Question Time, (5) Minutes of Previous Meeting, (6) Minutes of Health and Wellbeing Board on 13 November 2018, (7) Minutes of the Greater Manchester Joint Health Scrutiny Committee held on 14 November 2018, (8) Minutes of Joint Health Overview and Scrutiny Committee for Pennine Care Acute Hospital NHS Trust, (9) Minutes of Joint Scrutiny Panel for Pennine Care (Mental Health) Trust on 4 October 2018, (10) Resolution and Action Log, (11) Meeting Overview	6.00pm
Items for Discussion		
12	<p>Pennine Care Foundation Trust – CQC Inspection <i>Karen Maneely, Associate Director Mental Health & Specialist Services – Oldham Borough</i></p> <p>For the sub-committee to receive a progress report from Pennine Acute Trust regarding the progress they have made against their CQC improvement action plan.</p>	6.15pm 25 mins
13	<p>Clinical Services Strategy <i>Barry Williams, External Partnerships Manager (Strategy & Planning), Northern Care Alliance</i></p> <p>For the sub-committee to receive a briefing on the programmes of work taking place within the North East Sector relating to Locality Plans, Clinical Services' redesigns and the hospital transaction.</p>	6.40pm 25 mins
14	<p>Outcome of Public Consultation on proposed IVF changes <i>Mark Drury, Head of Public Affairs – Oldham CCG</i></p> <p>For the sub-committee to receive an update on the outcomes of the public consultation regarding proposed IVF changes.</p>	7.05pm 25 mins
15	<p>Council Motions <i>Chair</i></p> <p>For the sub-committee to receive an update on the progress of Health related Council motions.</p>	7.30pm 10 mins
16	<p>Mayor's Healthy Living Campaign <i>Chair</i></p> <p>For the sub-committee to receive a status update on the Mayor's Healthy Living Campaign.</p>	7.40pm 10 mins
17	<p>Health Scrutiny Forward Plan <i>Chair</i></p>	7.50pm 10 mins
18	<p>Close <i>Chair</i></p>	8.00pm

	Date of next meeting Tuesday 26 March 2019, 6pm – 8pm, Crompton Suite, Civic Centre	
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Report to Health Scrutiny Sub-Committee

Pennine Care Foundation Trust – CQC Inspection

Report Author: Karen Maneely, Associate Director Mental Health & Specialist Services – Oldham Borough
Ext. 0161 716 3760

29 January 2019

Purpose of the Report

For the sub-committee to receive a progress report from Pennine Acute Trust regarding the progress they have made against their CQC improvement action plan.

Recommendations

The Sub-committee are asked to note the progress made.

CQC Inspection Progress Report – January 2019

Consideration was given to a briefing paper concerning the improvement action plan for the Pennine Care NHS Foundation Trust (PCFT) that had been produced following the Care Quality Commission (CQC) inspection in the summer of 2016. Overall the trust had been rated as “Requiring improvement”.

1. The Managing Director Mental Health PCFT attended the meeting to present the information and address the enquiries of the Committee.

- *PCFT were re-inspected in July and August with a well lead review in Oct 2018. The Trust is currently awaiting the final report and have provided feedback in terms of factual accuracy in the draft report.*

2. It was reported that, following the inspection, a programme of refurbishment had been completed on both Northside and Southside Wards. Section 136 assessment suite had also been refurbished. Additional Government funding had been received to upgrade a number of buildings to improve patients’ experience.

- *The patients have now been repatriated to Oldham wards from Tameside where they were admitted whilst the refurbishment was completed. The ward environment is much improved.*

3. An independent review had been undertaken which had showed that the wards were not sufficiently resourced to ensure a therapeutic environment. At Greater Manchester level, it had been recognised that it was necessary to bridge the gap between mental health providers in the region. Therefore, significant funding had been invested which would be used to recruit members of staff.

- *Recruitment is ongoing across the Trust and specifically in Oldham to inpatient staff. This includes therapy, nursing, support and leadership posts.*
- *In Oldham there are;*
 - *Additional 7 qualified Nurses in post, 9 awaiting start date*
 - *Occupational Therapy Instructor in post*
 - *Administration Assistant in post*
 - *Quality Governance Manager and Assistant in post*
 - *Deputy Ward Managers in post, 1 awaiting start date*

4. Training and development was also an area of focus: members of staff had been provided with mandatory as well as specific training such as Dementia awareness.

- *Physical health training has been reviewed and updated for mental health staff.*

5. Monthly meetings with CQC, with a new senior leadership team in post, ensured that the Trust was on track with all work streams listed in the improvement plan. However, a forward plan was going to be developed to guarantee consistent quality improvement. Members sought and received clarification /commented on the following points:

- *End of Life – it was explained that there was no action from the inspection with regards to the End of Life service.*

6. No female only lounge available – It was explained that a female only lounge was planned and it would soon be provided.

- *A female lounge has been created on Cedars.*

7. Impact of CQC rating on members of staff's morale – It was explained that Senior Management had taken the opportunity to start doing things differently. The workforce had been supported through the change towards a therapeutic model of care. Prior to the inspection, Mental Health services had been underfunded and not enough resources had been made available. However, the workforce had always been recognised as a caring workforce. The CQC report had helped to provide evidence that more resources were necessary to provide a safe environment for patients.

- *The commissioners have provided additional investment and the trust continue to discuss ongoing investment into inpatient services to improve the therapeutic offer.*

8. Old inspection regime, change in the rating criteria and date for a new inspection – It was explained that PCFT was the last mental health provider to be assessed by CQC under the old inspection regime. The new inspection regime was based on a self-assessment model. Currently, three CQC Compliance Managers had meetings with the Trust's Senior Management on a monthly basis. They also took part in an engagement session with members of staff. CQC planned their inspections according to a risk rating scale. Therefore, the Trust had to wait for a new inspection.

- *Inspection complete awaiting final report, The Trust has responded to the initial report for factual accuracy.*

9. Continuing improving services and managing the budget deficit of the Trust– It was explained that investments were required to provide good quality Mental Health services and ensure a safe environment. In addition, Senior Management and clinicians worked together to make the best use of resources. The integration of the health and social care agenda would also be part of the process and the new Chief Executive was a strong supporter of it.

- *The Trust is working with commissioners and the GM HSCP to develop a sustainability plan moving forward in light of the financial context of PCFT.*

10. Prevention to highlight issues at an earlier stage and stigma associated to Mental Health - It was explained that work with primary care was essential to provide low level support to people and to prevent issues from escalating. Prevention and investments in higher level support for people with severe Mental Health problems were equally essential measures.

- *In Oldham TOG Mind provide a step 1 IAPT service, this supports community engagement and education about common mental health problems.*

11. Ability of the Trust to retain members of staff – It was explained that recruiting staff was a national issue as there was a shortage of 36,000 nurses in the country. The Trust intended to reinvest resources to develop clinically the workforce with a focus on skill mix and competencies.

- *The Trust is working with key partners to continue to improve recruitment and retention. And is using innovative approaches to this including engaging in national programmes such as apprentices.*

12. Internal review – It was explained that there was a team entirely dedicated to carry out continuous internal reviews. This entailed a cultural change where members of staff, service users and stakeholders could raise their concerns when issues occurred.

- *This work is to be progressed with the Trust wide steering group.*

13. *The PCFT Action Plan Progress Update*

The Trust is working closely with NHS Improvement, commissioners and the GM Health and Social Care Partnership

- *An update is given to the CCG at the contract meetings regarding all mental health strategy updates and CQC quality reports. This is well received by the commissioners.*
- *We continue to work with NHSI both as part of our delivery of the actions required from the enforcement undertakings and also within general day to day provider / regulator relationship. The Trust is on course to deliver the plan set for 2018/19 and the regulator is satisfied that this will be the case. The Trust continues to work with other local partners to ensure the strategic direction of the Trust is agreed and understood locally. The draft plan for 2019/20 is due mid-February and the final plan due early April.*



Briefing to Health Scrutiny Sub-Committee

North East Sector Clinical Services Strategy

Officer Contact: Mike Barker, Strategic Director of Commissioning / Chief Operating Officer at Oldham Council and Oldham Clinical Commissioning Group

Report Authors: Mark Drury, Head of Public Affairs, NHS Oldham CCG and Barry Williams, External Partnerships Manager, Northern Care Alliance NHS Group

Ext. 0161 622 4326

29 January 2019

Purpose of the Briefing

To provide the Sub-committee with a narrative which sets out why the NHS is changing in Oldham, Rochdale and Bury and sets the scene for current and future service change in the North East Sector of Greater Manchester.

Executive Summary

The session will set out our local NHS services and why they are what and where they are. It will set out the national, regional and local drivers for change and work completed so far to introduce new ways of working and models of care. It will show how services may start to feel different in the future and how this may affect patients, using case studies. The Sub-committee will also be informed of some 'myth busters' about common misconceptions about the NHS.

The update has been developed by the North East Sector Clinical Services Transformation Programme Board as the basis for communications and engagement work with local people (including public and patients, local leaders and influencers and staff) to prepare them for future change, which could at a future point entail formal consultation.

Requirement from Health Scrutiny Sub-committee

The Health Scrutiny Sub-Committee is asked to comment on the update and its contents and accessibility in order to help shape the conversation with stakeholders, ensure it addresses their interests and concerns and is easily understandable to all.

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Report to Health Scrutiny Sub-Committee

Outcome of Public Consultation on proposed IVF changes

Report Author: Mark Drury, Head of Public Affairs, NHS Oldham CCG
Ext. 0161 622 4326

29 January 2019

Purpose of the Report

This report informs the Health Scrutiny Sub-Committee on the methodology and outcome of Oldham CCG's recent consultation on the funding of In Vitro Fertilisation (IVF) and the subsequent decision of the CCG Governing Body on IVF Funding.

Executive Summary

The CCG proposed in the consultation to reduce funding from 3 to 1 cycles.

An eight week consultation period in relation to IVF provision in Oldham ran from 12th October to 8th December 2018 inclusive. 250 consultation surveys were completed.

95% of correspondents had read the supporting information and proposal prior to answering the survey.

Almost three quarters of all respondents (74.30%) had a preference for the CCG to continue to offer up to three funded cycles of IVF. Support for reducing the number of cycles to 2 was below 15% (13.65%) and the reduction to 1 cycle (the preferred option of the CCG) was less than 10% of the overall responses (9.24%). There was little support for reducing the number of IVF cycles to zero (2%).

A strong theme from the people of Oldham was the feeling of 'Civic Pride' in the development of IVF in the town meaning we should continue to champion the procedure, especially when linked to the idea of reducing the postcode lottery by reducing the number of cycles on offer.

NICE guidelines which recommend three cycles were also a recurrent theme in the feedback received.

However, it should be noted that consultees were not presented with choices between cuts to different clinical services or affecting different groups of patients – they were asked about IVF in isolation. i.e. unlike the CCG Governing Body they were not presented with any particular consequence to not reducing the cycles of IVF offered.

When the CCG Governing Body weighed the views expressed in the consultation against the balancing arguments, it unanimously supported reducing cycles funded from 3 to 1 for all new patients.

Recommendations

The Health Scrutiny Sub-Committee is asked to note the methodology of the consultation and the subsequent decision of the CCG Governing Body on IVF funding; and make any recommendations for undertaking future consultations and allocating scarce resources.

Funding of IVF

1 Background

- 1.1 The consultation set out four options for the number of cycles of IVF funded: 3 (the status quo), 2, 1 (the CCG's preferred option prior to consultation) and 0. It also included supporting information which set out the case for change and implications of each option.

The consultation survey asked consultees to choose an option and also provided an opportunity to give feedback on the proposals, and highlight any impacts the CCG had failed to identify and/or address.

IVF (in vitro fertilization) is one of several methods available to help a woman to have a baby. In IVF, an egg is removed from a woman's ovaries and fertilized with sperm in a laboratory. The fertilized egg (embryo) is then replaced into the womb to grow and develop. In IVF, the couple's own eggs and sperm can be used, or eggs or sperm from donors.

A full cycle of IVF includes one episode of ovarian stimulation, egg recovery, insemination, and embryo replacement into the womb. The cycle ends with the final transfer of all resultant fresh and frozen embryos or a successful live birth occurring during the cycle.

The Human Fertility and Embryology Authority (HFEA) reports on the activity and success rates of IVF clinics nationally. Its most recent analysis reports that around one in three treatment cycles results in a live birth for patients under the age of 35. Success rates reduce with rising female age, as the number of unsuccessful cycles increases.

2 Current Position

- 2.1 NHS Oldham CCG has previously commissioned assisted conception services in line with guidance by the National Institute for Health and Care Excellence (NICE). This guidance recommends the provision of three full IVF cycles for eligible couples where the woman is aged less than 40 years. The guidance is not mandatory to CCGs, and a number of CCGs have recently implemented changes to their policies following local consultation.

There is a wide variation in availability of funding for IVF across the English NHS (a so-called postcode lottery). Some CCGs do not fund IVF treatment for their residents at all. In contrast, Oldham has offered up to 3 cycles (the maximum funded by any CCG) to eligible couples where at least one partner has no children.

However, the CCG took the view that it was becoming financially unsustainable to continue to offer 3 cycles of IVF to Oldham residents at a time when other vital services were being inundated with an expanding population who arguably have

greater health needs. Oldham CCG therefore wanted to provide a number of cycles which was more consistent with other boroughs.

The main purpose of the consultation was to understand the views of the people of Oldham in regards to the review of the IVF service provision, and to highlight any outcomes that the CCG Governing Body, in their deliberations of this review had failed to consider relevant to the proposal.

3 **Proposal**

To make sure it is spending its budget as effectively as possible, the CCG continually reviews the services it commissions and pays for – and this includes IVF.

Oldham CCG recognises the pain of infertility and the effects it can have on individuals/couples, and is immensely proud that IVF was developed in Oldham. The NHS as a whole is facing significant financial pressure to maintain high quality services while experiencing ever increasing demand, which looks set to continue for the foreseeable future. An aging and growing population plus rising costs are all placing pressure on an already stretched system.

In January 2018, Oldham CCG reviewed a number of ways it could maintain its fiscal responsibility by avoiding non-essential expenditure. It was agreed to develop proposals for a number of these, including potentially reducing the number of IVF cycles offered from 3 to 1.

4 **Methodology**

An eight week consultation period in relation to IVF provision in Oldham ran from 12 October to 8 December 2018.

The consultation methodology was designed to try and ensure as broad a response as possible, activities included:

- 12 Drop in sessions held for people to discuss the consultation in person, and have opportunity to complete the survey. The sessions were held in the following locations:
 - Town Centre Oldham Cares ‘Pop up shop’
 - Oldham Central Library (x 3 sessions)
 - Chadderton Health & Wellbeing Centre
 - Royton Health and Wellbeing Centre
 - Oldham Health and Wellbeing Centre
 - Honeywell Centre
 - St Chads Community Centre
 - Wernerth & Freehold Community Development Centre
 - Alexandra Children’s Centre
 - Springhead Community Centre
- An online survey, which was also available in paper format on request.

-
- Promotion through all existing networks including through Voluntary, Community and Faith Sector organisations, Healthwatch Oldham, and seeking views from groups
 - Face to Face engagement with Oldham residents
 - Healthwatch Oldham Women's Health Forum on November 28th at the Millennium Centre, Oldham, Engagement session in the Oldham Care pop up shop and Locality Devolution Difference Event in October.
 - Requests for presentations to specific groups or meetings were welcomed.
 - Views were invited to be sent to the CCG by letter or by e-mail.
 - Press release at the start of the survey
 - Communication to Health Huddle members at the start/ mid point and a week before consultation close.
 - Promotion on the CCG website with content including on the home page, NHS Oldham CCG Facebook page and Oldham Cares Twitter account

5 Consultation feedback

5.1 Key themes from the feedback are summarised below:

- Civic Pride: a number of comments were made around Oldham being the birthplace of IVF and as such, should continue to offer the full number of cycles.
- Concern was raised relating to the cost of private IVF cycles, and affordability for the people of Oldham and as such denying the opportunities for families in Oldham to have a family.
- The impact on the mental health of people who would be affected by a reduction in IVF services.
- Many comments pointed to the current NICE Guidance around IVF provision, and asked the CCG to continue to adhere to these guidelines
- There was a feeling that reducing variation in service provision should come in the form of keeping the number of cycles at 3 rather than reducing to 1
- There was concern that families are being penalised for being infertile.
- Feedback around personal experience of IVF with successful outcomes after cycle 1
- Comments were received relating to the comparatively low savings the proposed reduction would bring compared to the overall CCG budget.

Verbatim /other feedback received via the survey and wider consultation included:

During drop in sessions:

- Suggestions that savings could be made elsewhere in the health system, or through reducing running costs.
- A feeling that it 'didn't really affect men' so there was no need for men to complete a survey.

By Email:

- The consultation triggered an enquiry from a couple in Oldham who were concerned about current service provision and how any decisions made by the Governing Body would affect their current treatment. The couple were reassured through email correspondence that any changes would not apply retrospectively.

The couple were encouraged to complete the consultation survey and provided with the link.

- *'I am emailing in regards to news of the IVF consultation in Oldham and want to share my views on the subject.*

Please do not change the options or reduce the cycles of IVF. I believe every couple should have the right to be given a fair chance of becoming parents and it is so wrong and unfair to take that away.

IVF can sometimes be the only option for some people to ever have chance of being a parent for example operations from birth I.E. Undescended Testes, Cancer can also cause people to be infertile and IVF is the only option for ever having the chance of your own family.

I was told that due to low sperm count/motility there was no operations to improve it, no tablets, nothing that would change/improve it so IVF would be my only chance of having my own child/children that I desperately want.

If you want to cut services try cutting the quit smoking service, stop treating alcoholics, druggies. stop doing operations for transgender people and boob jobs that's millions the NHS can save from all of that.'

5.2 Breakdown of consultation survey results

Overall there were 250 consultation surveys completed, these were a mixture of face to face surveying and surveys completed online.

At the drop in sessions, all supporting information was available in printed form for people to read and discuss.

- 67% of respondents told us they were registered with an Oldham GP
- 95% of respondents told us they had read the supporting information provided by the CCG
- 74% gave 3 cycles as their preferred choice
- 13% gave 2 cycles as their preferred choice
- 9% gave 1 cycle as their preferred choice, and
- 2% 0 cycles as their preferred choice

10% of respondents had received IVF in Oldham in the last 5 years. Of these respondents:

- 100% told us that they had read the supporting information provided by NHS Oldham CCG
- 92% gave 3 cycles as their preferred choice
- 3.7% gave 2 cycles as their preferred choice
- 3.7% gave 1 cycle as their preferred choice, and
- 0% 0 cycles as their preferred choice

19 respondees provided us with comments on the IVF Consultation – these have been thematically reviewed below

- Civic Pride: A number of comments were made around Oldham being the birthplace of IVF and as such, should continue to offer the full number of cycles.
- Concern was raised relating to the cost of private IVF cycles, and affordability for the people of Oldham and as such denying the opportunities for families in Oldham to have a family.
- The impact on the mental health of people who would be affected by a reduction in IVF services.
- Comments referencing the current NICE Guidance around IVF provision, and asked the CCG to continue to adhere to these guidelines

81 respondees told us that they were not registered with an Oldham GP, for this analysis we make the assumption that they live out of area:

86% gave 3 cycles as their preferred choice
7% gave 2 cycles as their preferred choice
3% gave 1 cycle as their preferred choice, and
2% gave 0 cycles as their preferred choice

51 of these respondees provided us with comments on the IVF Consultation, a thematic analysis of their comments are below:

- Many comments pointed to the current NICE Guidance around IVF provision, and asked the CCG to continue to adhere to these guidelines
- There was a feeling that reducing variation in service provision should come in the form of keeping the number of cycles at 3 rather than reducing to 1
- There was concern that patients are being penalised for being infertile and that infertility should be treated like other medical conditions.
- Concern that the people of Oldham would be financially impacted by the reduction in IVF cycles, therefore would be left without choice or children.
- Feedback around personal experience of IVF with successful outcomes after cycle 1.

Fertility Fairness Network UK tweeted about the consultation to their followers 5 times during the consultation period. We believe this may have encouraged non-Oldham residents interested in this subject to respond to the consultation.

Of those patients who told us they were registered with an Oldham GP, 68% had a preference for the CCG to continue to offer up to three funded cycles of IVF. Support for reducing the number of cycles to 2 amongst Oldham patients was 16% and the reduction to 1 cycle (the preferred option of the CCG) was supported by 11%, with 2% supporting zero cycles.

Whilst the support for keeping the service provision at current standards remains clear in this comparison, we can see that patients registered with GP's in Oldham do show some support to the other options set out in the consultation.

6 Governing Body Decision

The CCG's Governing Body met to consider the outcome of the consultation at its meeting on the afternoon of 17 January 2018. At this meeting the outcomes were presented and weighed against other evidence including the overall financial position of the CCG and potential effect of this on other services, the positions taken by other (especially neighbouring) CCG's and the potential this created for so-called health tourism, as well as the relevant NICE Guidance.

The Governing Body was mindful of the need to ensure that in reaching a decision, the views expressed by the public were conscientiously taken into account and the Chair placed on record his thanks to all those who had taken the time to share their views.

The discussion was thorough and took into account the views of clinical, lay and executive voices around the table. The discussion reflected the tension between the needs of the individual and the population as a whole and also the very real pain and distress which infertility and childlessness can create.

Governing Body also revisited the Equality Impact Assessment which had identified potential differential impacts to ensure a thorough understanding of the effect of any decision on different groups.

Governing Body took particular note of the strength of view expressed – that nearly $\frac{3}{4}$ of all consultees (and just over $\frac{2}{3}$ of those registered with an Oldham GP) wanted the CCG to continue to commission 3 cycles of IVF for patients as per the NICE recommendations.

However, balancing arguments considered included:

- the potential effect on other services (and patients) of not reducing funding for IVF
- the risk of 'Health Tourism' attracting patients from other areas to seek funding for second or third cycles, particularly as only 12% of CCGs nationally now fund 3 cycles of IVF
- the position of the other CCGs in the north east sector of Greater Manchester. It was noted that Bury CCG recently reduced its funding from 3 to 1 cycle and a consultation on doing the same by Heywood, Middleton and Rochdale CCG closed the previous day.
- 1 full cycle of IVF can include the transfer of several embryos.
- maintaining 1 cycle maintains universal offer to all patients
- the EUR route for funding in exceptional cases will continue to apply
- any decision could be revisited at a future point as circumstances change

After discussion, the Governing Body unanimously supported reducing cycles funded from 3 to 1 for all new patients.

7 Key Issues for Health Scrutiny to Discuss

- 7.1 The Committee is asked to share any recommendations as to how the CCG might undertake future consultations in such a way as to ensure the public's voice continues to be effectively heard in commissioning decision making.
- 7.2 The Committee is asked to share any recommendations as to how future decisions should be made about making best use of limited NHS resources in an equitable and transparent manner.

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Report to Health Scrutiny Sub-Committee

Council Motions

Report Author: Andrea Entwistle, Principal Policy Office – Health and Wellbeing
Ext. 3386

29 January 2019

Purpose of the Report

To provide the Health Scrutiny Sub-Committee with a summary of the health-related motions that were discussed and agreed by Council on 12 December 2019 and an update on the actions to date.

Recommendations

Health Scrutiny Sub-committee is requested to note the update.

Council Motions

1 Background

1.1 The following health-related motion was discussed and approved at the Council meeting on Wednesday 12 December 2018:

- Sustainable Public Health Funding

2 Current Position

2.1 Sustainable Public Health Funding

Council notes that:

- Around four in ten cancers are preventable, largely through avoidable risk factors, such as stopping smoking, keeping a healthy weight and cutting back on alcohol. Smoking accounts for 80,000 early deaths every year and remains the largest preventable cause of cancer in the world. Additionally, obesity and alcohol account for 30,000 and 7,000 early deaths each year respectively. All three increase the risk of: cancer, diabetes, lung and heart conditions poor mental health and create a subsequent burden on health and social care.
- The public health grant funds vital services and functions largely delivered by local authorities to prevent ill health and reduce the burden placed upon the NHS and local authorities; for example, social care for smoking-related illnesses is estimated to cost local authorities £760 million per annum.
- In 2018/19 and 2019/20 every local authority will have less to spend on public health than the year before.
- The Government is looking to phase out the Public Health Grant by 2020/21 and to replace this with funding via business rates retention.

Council believes that:

- The impact of cuts to public health on our communities is becoming difficult to ignore.
- It is vital that local authorities have enough funding to deliver the functions and services they need to provide. Deprived areas, like Oldham, suffer the worst health outcomes, so it is also vital that areas with the greatest need receive sufficient funding to meet their local challenges.
- Taking funds away from prevention is a false economy. Without proper investment in public health services, people suffer, demand on local health services increases and the economy suffers. Poor public health cost local businesses heavily through sick days and lost productivity.
- We must restore public health funding or our health and care system will remain locked in a 'treatment' approach, which is neither economically viable nor protects the health of residents.

Council resolves to:

- Continue to support and fund public health initiatives to the best of our abilities – to prevent ill-health, reduce inequalities and support a health and social care system that is fit for the future.
- Ask the Chief Executive to:
 - Cancer Research UK setting out this Council's support for their call for increased and sustainable public health funding.
 - The Secretary of State for Health calling on the Government to deliver increased investment in public health and to support a sustainable health and social care system by taking a 'prevention first' approach.

Update

Following the Council meeting, the motion was referred to Public Health who will work with Finance to consider the support and funding of public health initiatives as part of the Council's business planning and budget setting process. An update will be provided to Full Council on 20 March 2019.

Letters were sent to Cancer Research UK and the Secretary of State on 19 December 2019.

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Report to Health Scrutiny Sub-Committee

Mayor's Healthy Living Campaign

Report Author: Andrea Entwistle, Principal Policy Officer – Health and Wellbeing
Ext. 3386

29 January 2019

Purpose of the Report

To provide the sub-committee with a status update on the Mayor's Healthy Living Campaign.

Requirement from Health Scrutiny Sub-Committee:

Health Scrutiny sub-committee is asked to note the update and support the Mayor during his time in office.

Mayor's Healthy Living Campaign

1 Background

- 1.1 Each year, the Mayor is approached to see whether they have any particular areas of health and wellbeing they would like to actively support and raise awareness of during their term in office.
- 1.2 For 2018/19, Cllr Javid Iqbal will be the Mayor of Oldham. One of the themes that the Mayor has committed to supporting is increased physical activity, with a particular focus on walking.
- 1.3 The Health Scrutiny committee will be kept updated through the year as to the activity the Mayor has been involved in to promote healthy living in the borough.

2 Current Position

- 2.1 The Mayor continues to explore opportunities to role-model and promote increased physical activity as part of his mayoral duties.
- 2.2 The Mayor continues to walk regularly and raise awareness of the benefits of walking with the aim of encouraging those who do no or very little physical exercise to engage in an accessible activity in a local community setting.

3 Plans for 2019

- 3.1 The Mayor will participate in a Triathlon on 28 April 2019.
- 3.2 Cllr Iqbal is currently exploring the feasibility of hosting a Charity 10k Run, "MayorJavs 10k Fun Run". It is anticipated that this will take place in April 2019 and the Mayor will share details with the sub-committee once they are confirmed.
- 3.3 The Mayor is also planning to participate in the Cycling Colour Blast in Summer 2019. The 3km cycle ride is organised by Albility Wheelz Cycling Centre who are operated by POINT and provide opportunities for children, young people and adults with additional needs and/or disabilities to access a wide range of adapted and universal cycles in Alexandra Park. Details are to be finalised for the event but will be shared with the sub-committee once confirmed.

4 Recommendation

- 4.1 Health Scrutiny sub-committee is asked to note the update and support the Mayor during his time in office.

OLDHAM HEALTH SCRUTINY SUB-COMMITTEE

FORWARD PLAN 2018-19



Date of meeting	Topic to be addressed	What	For discussion, approval, information?	Lead Officer
23 October 2018 (postponed)	Council Motions	Review of Health related motions at council and subsequent actions	Discussion (<i>standing item</i>)	Chair
	Mayor's Healthy Living Campaign	To update the sub-committee on recent activity	Discussion (<i>standing item</i>)	Chair
15 November 2018 (extraordinary) 6pm – 8pm Lees Suite, Civic Centre	Adult Mental Health	To include Mental Health Concordat, Connect 5 Training and 5 Ways to Wellbeing	Discussion	Gary Flanagan, Senior Commissioning Business Partner – Mental Health, Learning Disability and Dementia (gary.flanagan@nhs.net) Dr Keith Jeffery, GP Partner and Oldham CCG Clinical Director for Mental Health. (keith.jeffery@nhs.net)
	Safeguarding	To provide an update on the progress to date and proposed next steps in relation to Members' Safeguarding Training	Discussion	Ed Francis
	Obesity	Workshop (Part B)	Discussion	Katrina Stephens

	Urgent Care	Workshop	Discussion	Nadia Baig, Acting Director of Performance and Delivery, Oldham Cares (nadiabaig@nhs.net)
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion (standing item)	Chair
	Mayor's Healthy Living Campaign	To update the sub-committee on recent activity	Discussion (standing item)	Chair
18 December 2018	Regional Adoption Agency	12 month progress report	Discussion	Merlin Joseph, Director of Children's Services (Interim)
6pm – 8pm				Patsy Burrows, Head of Service Looked After Children and Care Leavers
Crompton Suite, Civic Centre	Public health in primary care	To include plans for CCG Clusters and NHS health checks	Discussion	James Mallion, Acting Consultant in Public Health
	Oral Health	To include Children and Adults	Discussion	Katrina Stephens, Joint Acting Director of Public Health
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion (standing item)	Chair
	Mayor's Healthy Living Campaign	To update the sub-committee on recent activity	Discussion (standing item)	Chair

29 January 2019 6pm – 8pm Crompton Suite, Civic Centre	Pennine Care Foundation Trust – CQC Inspection	Progress update for 2018	Discussion	Karen Maneely Associate Director Mental Health & Specialist Services – Oldham Borough (karen.maneely@nhs.net)
	Outcome of Public Consultation on proposed IVF changes	To update the sub-committee on the outcomes of the public consultation	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)
	Clinical Services Strategy	For the sub-committee to receive a briefing on the programmes on work taking place within the North East Sector relating to Locality Plans, Clinical Services’ redesigns and the hospital transaction.		Barry Williams, External Partnerships Manager (Strategy & Planning), Northern Care Alliance (Barry.Williams@pat.nhs.uk)
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion (standing item)	Chair
	Mayor’s Healthy Living Campaign	To update the sub-committee on recent activity	Discussion (standing item)	Chair

26 March 2019 6pm – 8pm Crompton Suite, Civic Centre	Thriving Communities Programme	To include an update on the main programme areas including social prescribing	Discussion	Peter Pawson, Thriving Communities Programme Manager (Peter.Pawson@unitypartnership.com)
	Urgent Primary Care	To provide an update on progress since the last update to the sub-committee	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)
	Medication of Limited Value	To provide an update on the progress to date	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)
	Choice and Equity Policy	To update the sub-committee on the development of the policy and any subsequent implications	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion (standing item)	Chair
	Mayor's Healthy Living Campaign	To update the sub-committee on recent activity	Discussion (standing item)	Chair