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HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda

Date	Tuesday 3 September 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 Lori Hughes at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Lori Hughes Tel. 0161 770 5151 or email lori.hughes@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, 29 August 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.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE HEALTH SCRUTINY
Councillors Toor, McLaren (Vice-Chair), Alyas, Byrne, Davis, Hamblett, Ibrahim and Moores (Chair)

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 Health Scrutiny Committee meeting held on 2nd July 2019 are attached for approval.

6 Minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust (Pages 9 - 20)

The minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust meetings held on 21st March 2019 and 23rd July 2019 are attached for noting.

7 Minutes of the Greater Manchester Joint Health Scrutiny Committee (Pages 21 - 26)

The minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 13th March 2019 are attached for noting.

8 Resolution and Action Log (Pages 27 - 28)

9 Meeting Overview (Pages 29 - 30)

10 North West Ambulance Service (Pages 31 - 32)

For the committee to consider the current local Ambulance Service offer and local health priorities and how NWAS can best meet the needs of Oldham's communities

11 Thriving Communities (Pages 33 - 46)

For the committee to consider the update on the Thriving Communities programme, with specific reference to progress made in the initial phase of the Social Prescribing Innovation Partnership.

12 Choice and Equity Policy (Pages 47 - 66)

For the committee to consider the development of the policy and any subsequent implications

13 Urgent Primary Care (Pages 67 - 68)

For the committee to note the update on progress made since the report to Health Scrutiny in March 2019.

14 Council Motions (Pages 69 - 72)

For the committee to receive a summary of the health-related motions that were debated by Council on 10 July 2019.

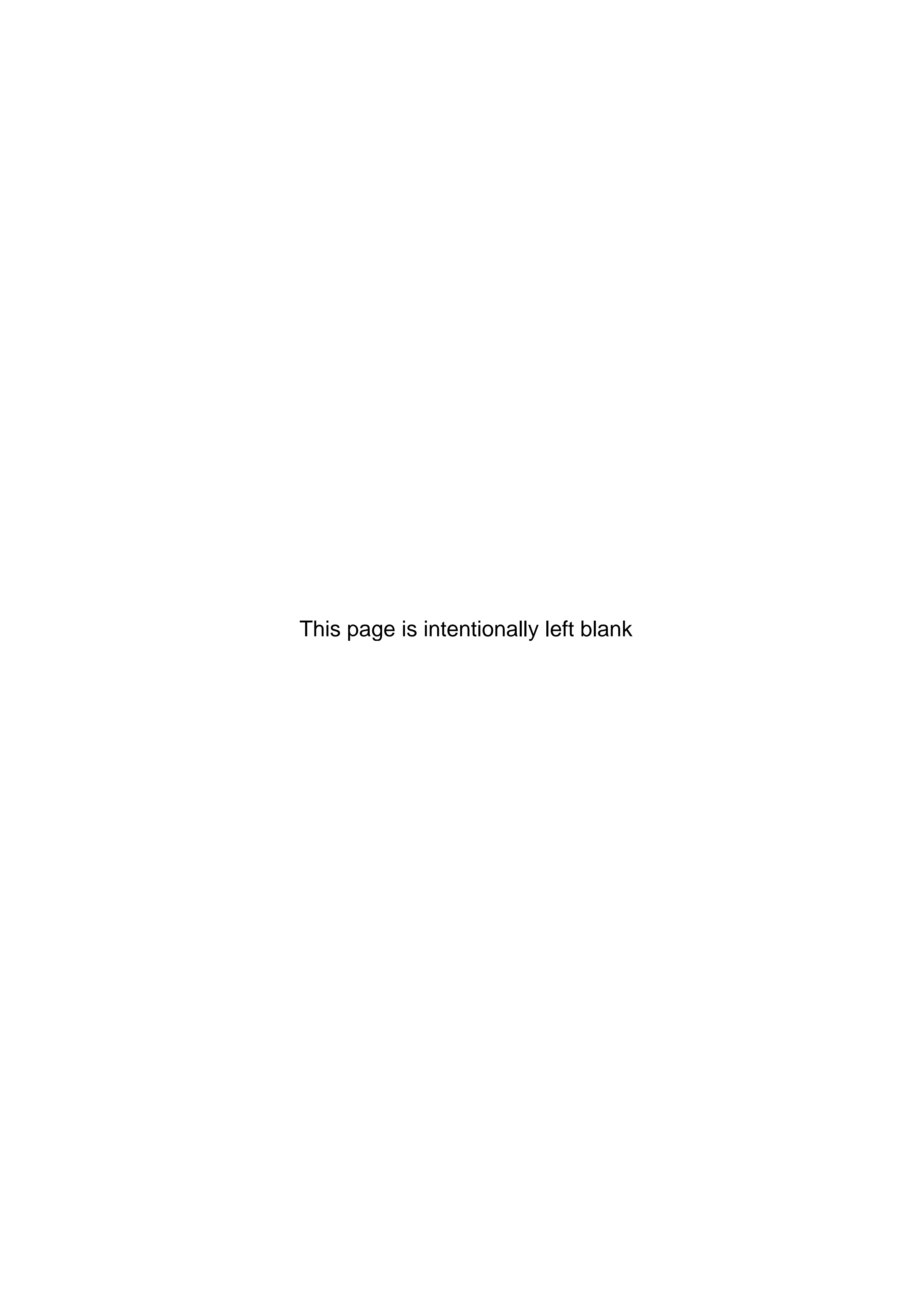
15 Mayor's Healthy Living Campaign (Pages 73 - 76)

For the committee to receive an update on the Mayor's Healthy Living Campaign

16 Health Scrutiny Forward Plan (Pages 77 - 82)

17 Date and Time of Next Meeting

The next meeting of the Health Scrutiny Committee will take place on Tuesday, 15th October 2019 at 6.00 p.m. This meeting will be a Development Session.



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Oldham Council

HEALTH SCRUTINY
02/07/2019 at 6.00 pm

Present: Councillor Moores (Chair)
Councillors Toor, McLaren, Alyas, Byrne, Hamblett and Ibrahim

Also in Attendance:

Andrea Entwistle	Principal Policy Officer – Health and Wellbeing
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services
Ed Francis (item 12)	Assistant Director – Safeguarding and Partnerships
Dr Keith Jeffrey (item 13)	Clinical Director for Mental Health, Oldham CCG
Angela Welsh (item 13)	Senior Commissioning Business Partner, Oldham CCG
Julie Farley (item 13)	Manager, Healthwatch Oldham
Mike Bridges (item 13)	Public Health Specialist

1 APPOINTMENT OF VICE CHAIR

RESOLVED that Councillor McLaren be appointed Vice Chair of the Health Scrutiny Committee for the 2019/20 Municipal Year.

2 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Davis.

3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

4 URGENT BUSINESS

There were no items of urgent business received.

5 PUBLIC QUESTION TIME

There were no public questions received.

6 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of the Health Scrutiny Sub-Committee held on 26 March 2019 be approved as a correct record.

7 MINUTES OF THE HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 26th March 2019 be noted.

8 **MINUTES OF THE JOINT SCRUTINY COMMITTEE FOR PENNINE CARE NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Committee for Pennine Care NHS Trust held on 21st March 2019 be noted.

9 **MINUTES OF THE JOINT SCRUTINY COMMITTEE FOR PENNINE ACUTE HOSPITALS NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Committee for Pennine Acute Hospitals NHS Trust meeting held on 23rd April 2019 be noted.

10 **RESOLUTION AND ACTION LOG**

RESOLVED that the Resolutions and Actions Log from the meeting held on 26th March 2019 be noted.

11 **MEETING OVERVIEW**

RESOLVED that the Meeting Overview for this meeting of the Committee be noted.

12 **NEW SAFEGUARDING ARRANGEMENTS**

The Committee received a report presenting an overview of the agreed new arrangements for Oldham's children's safeguarding and further presenting an update on safeguarding training provided for elected Members.

The Children and Social Work Act 2017 required the local authority, police and local clinical commissioning group as the three statutory partners under the legislation to publish revised multi-agency safeguarding arrangements by 29th June 2019 and implement these new arrangements by 29th September 2019. Oldham's arrangements, presented in detail within an appendix to the submitted report, had been agreed on behalf of the Council by the Cabinet at a meeting held on 24th June 2019, those arrangements having been considered previously by the Overview and Scrutiny Board at a meeting held on 18th June 2019. The requirements of the Act meant also that the current Local Safeguarding Children's Board and current structures would be disbanded.

Training sessions relating to the new safeguarding arrangements were being developed and planned for September 2019. Elected Members will be required to attend a mandatory session, have the option to attend the Safeguarding Partnership's multi-agency training sessions, and a joint training session for Elected Members and GPs on the theme of safeguarding which was planned for September. A questionnaire was to be circulated seeking feedback from Members as to the sort of safeguarding issues they were

encountering from which a more in-depth training offer would be developed as part of the Member Development Programme.

Councillor McLaren referred to a previous Task and Finish consideration of the Member training issue and how it had been envisaged the training offer might be structured. He undertook to meet (in conjunction with the Chair, if available) with the Assistant Director - Safeguarding and Partnerships to progress the Member training issue.

RESOLVED that the revised arrangements for children's safeguarding and the arrangements for elected Member training be noted.

13 **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING**

The Committee received a report presenting an overview of the current offer for children and young people's mental health and emotional wellbeing in Oldham. The report presented as appendices, and as a basis for the Committee's consideration, two documents that had been produced recently.

The first appended document was the CAMHS Local Transformational Plan (LTP) annual refresh 2019 compiled by Oldham CCG in association with its partners and building on the ambition identified within the original 2015 CAMHS LTP for children and young people in Oldham requiring emotional wellbeing and mental health support. The annual refresh focuses on the changes and impacts the additional LTP investment had brought about and the LTP continues to be developed in accordance with local need and priorities.

Healthwatch had been invited by the CCG and Oldham Council to undertake a review of young people's mental health services to ensure that the transformation of services reflects the needs and wants of families. The Healthwatch report, the second appended document, presented the approach undertaken to the review, the analysis of responses received, highlighted areas that were working well as a result of changes introduced by the LTP and areas for improvement, and the recommendations arising from the review.

The Committee received a presentation from Dr Keith Jeffrey - Clinical Director for Mental Health (NHS Oldham CCG), Angela Welsh – Senior Commissioning Business Partner (NHS Oldham CCG), Oldham Cares, Julie Farley – Manager, Healthwatch Oldham, and Mike Bridges – Public Health Specialist, Oldham Council on the background to and the issues arising from the two documents considered.

CCG's had been given the responsibility to develop, in association with local partners, CAMHS LTPs in response to the government's policy document 'Future in Mind'. LTPs set out how local services would invest resources to improve children

and young people's mental health with the intention that these would be a 'living document' requiring an annual refresh. Some of the changes introduced as a result of the LTP were considered, including work with schools and development of specialist services, both considered in more detail at section 1.2 - 1.3 of the Annual Refresh report. Improvements in early access and the usefulness of better signposting were further noted and, in response to a query, Members were advised that eating disorder treatments ran from Hubs in Bury, which Oldham residents would access, and in Stockport.

In early 2019 Healthwatch had worked in partnership with local services and schools to gather feedback from families about their experience of using children and young people's mental health services and the review findings were being shared with commissioners and providers to help inform the current redesign of services in Oldham. The review comprised 90 families who had volunteered to complete questionnaires and/or participate in Focus Group interviews and 35 volunteer professionals. There were acknowledged issues with the representative nature of the review participants and, in response to Members' queries as to whether a lack of black, Asian and minority ethnic (BAME) engagement was reflective of either service use or the form of the engagement activity and as to the reasons for an uneven geographical response, it was advised that no judgement of the reasons had been made pending further investigation. If BAME communities were not accessing services, an investigation into what the knowledge and understanding of services provided would need to be undertaken. If services were being accessed, a targeted individual approach could be needed to gain consultation responses. A Member suggested there was limited awareness of mental health in the BAME community and queried how this might be addressed. Reference was made to work being done in schools and connections starting to be made. There was not clear signposting to self-help for families, and this needed to be developed to get the word out about mental health issues and support.

In general, the Healthwatch review had reinforced the perceptions of commissioners and previous feedback from families that service improvements over the last few months are going in the right direction and responding to the needs of young people/families. However, further adjustments were needed to 'fine tune' some service redesign to improve the patient experience and promote self-help options, and the experiences of young people and families had highlighted issues with the treatment for children and young people presenting with both mental health issues and Autism Spectrum Disorder.

Some positive experiences of the service were reported, with over 70% feeling that Healthy Young Minds Oldham (HYM) is very professional and confidential. It was, however, noted that both referral waiting times and waiting times between treatments were considered too long. It was acknowledged that while key

performance indicators indicated good performance, family feedback indicated there was a need to do better. It was felt that the new single point of access and triage would help address the issues of referral and of families being passed around services, with families indicating a welcome for a single point of access offering a 'menu' of treatments, sessions for parents on how to help their child between treatments and post-discharge, and the improving of the young person's experience when accessing urgent care with a mental health crisis. Regarding expressed concerns about weekend service cover, a GM Crisis Pathway had been introduced from January 2019 so improvements should be seen to be coming through.

With regard to professionals' views, almost 50% had reported seeing improvements in children and young people's mental health services in the previous year, though a lack of services or coordinated response for those with dual mental health and autism spectrum condition/ADHD was again noted. In response to a query concerning the professionals' view, it was noted that many service changes had occurred in past eight months, that services appeared to be moving in the right direction and that a significant increase might be anticipated in the next review. With regard to dual presentations, work had gone in to raise awareness in schools and while things were moving in the right direction, it was acknowledged that more work needed to be done in this area.

The review had considered that a 'whole school approach' was helping raise awareness and build the confidence of teachers to initiate conversations about mental health and offer low level support in respect of, for example, exam anxiety, behaviours etc. Building on this, families would welcome better communication and coordination between services and the blurring of boundaries between mainstream, low level and acute services reflecting a view that the differing levels of support worked in 'silos', easy access to self-help advice from outset, and assistance for families falling outside standard service criteria and who struggle to access any formal support. A Member queried circumstances where parental concern about anxiety might not be reflected in the threshold for referral. Members were advised of work in schools around resilience and to give teachers the confidence to start conversations

A number of other issues raised only by individual families but which appeared as maybe needing further consideration included transition between Children's and Adult Mental Health Services, the experiences of foster families, the experiences of BAME families accessing young people's mental health services, and the experiences of young people with dual mental health and drug/alcohol issues.

The Children and Young People's Mental Wellbeing Partnership would take ownership of the Healthwatch review's findings and recommendations, building them into the ongoing transformation

programme for children and young people's mental health services, and Healthwatch and partners would be considering a follow up review in 18 months to understand the impact of current and planned service improvements and to gather the views of BAME families.

The presentation considered further the Whole School Approach which was based on a quality assurance framework to support schools produced by Pennine Care NHS Foundation Trust and supported by further publications providing support and advice to schools in addressing the emotional health and mental wellbeing of children and young people. The eight principles underpinning the whole school approach comprise

- management and leadership;
- the school/college ethos and environment;
- the curriculum, teaching and learning;
- the student voice;
- staff development, health and wellbeing;
- identifying needs and monitoring impacts;
- working with parents and carers; and
- co-ordinated support.

The Oldham Whole School Approach to emotional health and mental wellbeing therefore sought to

- boost the capacity of schools and colleges to complete self-assessments and develop school or college action plans;
- provide training for staff from every school to deliver robust class room based programmes to promote resilience and mental health;
- offer needs based support to schools and colleges to allow them to source additional mental health support to meet immediate needs of pupils;
- actively engage with school senior leaders, designated mental health leads and SENCOs; and
- encourage all schools to complete the CORC mental wellbeing survey to them help measure mental health and wellbeing in particular year groups.

It was considered that the approach had proved to be successful with schools engaged and producing better partnership working. The approach had received Greater Manchester (GM) and national recognition, and similar work was being promoted across GM in a 'mentally healthy schools' project. In response to a query concerning evidence as to the use and benefits of the approach, a tender had been invited for a University evaluation exercise and the DfE were looking at interventions and feedback from teachers.

Noting the focus on schools, a Member asked about any focus on young parents and the under-5s. Dr Jeffery noted that attention to perinatal services was ongoing but possibly a little behind children and young people, suggesting that the Committee might wish to invite the newly appointed Clinical

Director for Children to consider such matters. Considering the contribution that Sure Start Centres might make in identifying those who show early signs of mental health issues, the Committee was advised that the Assistant Director for Education (SEND) was looking at this.

In response to a query concerning causes of mental health issues, the Panel noted that this was a complex issue but variously suggested factors including social media, austerity, the lack of services, and constant changes to the system in terms of both the workforce and organisations leading to fractured services. Responding to a further query as to the impact of domestic violence, Mike Bridges undertook to circulate a slide and notes concerning mental health risk factors and preventative strategies.

In conclusion, Dr Jeffery commended Mike Bridges for the work undertaken with schools. The Chair supported the remark and further thanked the Panel for their presentation and report to the Committee.

RESOLVED that the update of the CAMHS Local Transformational Plan and the findings of the Healthwatch review of Children and Young People's Mental Health Services be noted.

14 **COUNCIL MOTIONS**

The Committee was advised that there was no business for consideration under this item.

15 **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Committee received a report presenting an overview of the Mayor's Healthy Living Campaign for 2019/20. The Mayor of Oldham for 2019/20, Councillor Ginny Alexander, had confirmed her wish to actively support and raise awareness of health and wellbeing issues during her term in office and had confirmed her support for the following health and wellbeing themes:

- Mental Health and Emotional Wellbeing;
- Healthy Eating; and
- Early Detection and Diagnosis of Health Conditions.

The Mayor will explore opportunities to role-model and promote health and wellbeing messages as part of her Mayoral duties. The chosen themes will be developed into a work programme for the Mayor, involving relevant Officers from the Council and partners as required. The Health Scrutiny Committee will be updated throughout the year as to the activity the Mayor has been involved in to promote healthy living in the Borough, and the Committee was invited to consider its support for the Mayoral initiative.

RESOLVED that the report be noted and this Committee supports the Mayor in respect of her Healthy Living Campaign.

16 **HEALTH SCRUTINY FORWARD PLAN**

RESOLVED that Oldham Health Scrutiny Committee Work Programme 2019/20 be approved.

17 **DATE AND TIME OF NEXT MEETING**

RESOLVED that the scheduled date and time of the next Health Scrutiny Committee meeting to be held on Tuesday, 3rd September 2019 at 6.00 p.m. be noted.

The meeting started at 6.00 pm and ended at 7.40 pm

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING
Thursday, 21st March 2019

PRESENT: Councillor McLaren (Oldham MBC) (in the Chair); Councillors Dale Rochdale Borough Council), Grimshaw and Walker (Bury MBC)

OFFICERS: P. Thompson (Governance and Committee Services – Rochdale Borough Council).

ALSO IN ATTENDANCE: L. Bishop (Trust Secretary - Pennine Care NHS Foundation Trust), C. Parker (Executive Director of Nursing, Healthcare Professionals and Quality Governance – Pennine Care NHS Foundation Trust), J. Crosby (Director of Strategy - Pennine Care NHS Foundation Trust), N. Littler (Executive Director (Workforce) - Pennine Care NHS Foundation Trust) and D. Wallace (Communications and Engagement Advisor - Pennine Care NHS Foundation Trust),

APOLOGIES
29 Apologies for absence were received from Councillors Gordon, Wright (Stockport MBC), Howard, Susan Smith (Rochdale Borough Council), Peet, Teresa Smith (Tameside MBC), Heffernan and Toor (Oldham MBC).

DECLARATIONS OF INTEREST
30 There were no declarations of interest.

PUBLIC QUESTIONS
31 There were no questions asked by members of the public.

MINUTES
32 The Committee considered the minutes of its most recent meeting held 24th January 2019.

Resolved:
That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 24th January 2019, be approved as a correct record.

MIXED SEX ACCOMMODATION
33 The Committee considered a report of the Executive Director of Nursing, Healthcare Professionals and Quality Governance which updated and advised of the next steps with regards to the Trust's intention to meet statutory mixed sex accommodation (MSA) requirements.

The regulatory requirements and expectations of the Trust were clearly outlined. The Trust's 2016 CQC inspection report highlighted a failure to comply with the Department of Health guidance on single sex accommodation on older people and acute wards for working age adults. The report noted that

the 'trust was not effectively managing the risks of mixed sex accommodation.' The recommendation was that 'The Trust must ensure that all wards are compliant with the Department of Health guidance on same sex accommodation in order to ensure the safety, privacy and dignity of patients.'

The Trust's recent CQC inspection report acknowledged there had been improvements in how the Trust had managed mixed sex accommodation. The CQC acknowledged that a consultation exercise was on going to assist the Trust in making future decisions about managing mixed sex wards.

Notwithstanding this recent positive feedback the CQC continued to remain interested in a number of sexual safety incidents that have occurred on PCFT in-patient wards. Therefore following the publication of 'The state of mental health services 2014 to 2017' and the CQCs report 'Sexual Safety on mental health wards' there has been a national commitment to eradicate dormitories on in-patient psychiatric wards.

The engagement exercise, which was intended to explore attitudes among patients, staff, carers and other relevant stakeholders to moving from mixed to single sex accommodation on inpatient mental health wards had now concluded. The Trust had formally received the outcome of the engagement exercise, a board development session was held on the 11th February 2019 where the Lead Analyst provided detailed feedback on the content of the report to board members. It was also noted that a presentation, by the Lead Analyst, to Members of the Joint Overview and Scrutiny Committee had been given at their informal meeting on 26th February 2019.

The engagement analyst's report provided details of how the engagement had been undertaken and analysed and provided comprehensive details on the feedback and themes gathered through the process of the exercise. The key area for acknowledgment was the vast amount and wide variety of views gathered regarding the delivery of mixed sex accommodation which also meant that the report did not conclude with a consensus view. The report didn't solely focus on MSA issues, as other related issues were highlighted and were captured through the engagement exercise that directly impacted on the safety, privacy and dignity of patients who were admitted to PCFT wards. These included:

a. mixing patients with organic and functional illness
b. issues affecting LGBT patients
c. staffing levels (nursing, support worker and therapists):
d. Staff attitudes/culture:
e. Patient Choice:
f. Location of hospital sites and wards
g. Broader estates and Accommodation issues
h. Bathing and toilets facilities.
i. Staff skills/ specialisms
j. Bed management and bed allocation
k. Continuous Professional Development for staff

l. Therapeutic engagement/ activities

It was noted that after consideration of the evaluation report at the PCFT's Board development session on 11th February 2019 and by this meeting of the Overview and Scrutiny Committee, the Executive Director of Nursing would, in collaboration with the Managing Director of mental health services and other senior colleagues within the Trust, lead the next phase of work with regards to the MSA agenda in order to support the Trust to meet the statutory requirements; including holding a detailed review of the engagement analysis and discussions with operational service leads, the gathering of further feedback following publication and presentation of the report and the development of a co-produced proposal for the Trust's Board to consider which outlines the proposed approach to how the Trust should manage Mixed Sex Accommodation.

The Committee noted the developments that had been made in this regard and commended the work that had been carried out hitherto. The Committee asked if visits could be arranged for Members to view the Wards in question, at locations across the Trust's footprint.

Resolved:

1. The report be noted
2. The Trust be requested to arrange visits for Members of the Joint Overview and Scrutiny Committee to view hospital wards across the Trust's footprint.

STAFFING AND WORKFORCE DEVELOPMENT STRATEGY

34 The Trust's Executive Director (Workforce) gave a presentation to the Committee regarding the Trust's Staffing and Workforce Development Strategy. Pennine Care currently employed approximately 5,650 staff with a further 936 staff on their temporary bank which provide ad-hoc cover to fill gaps created either by sickness or vacancies.

The workforce comprised staff that worked with Mental Health/Learning Disability and Community Services across the Trust's footprint. The current staff turnover rate for the Trust was 11.58%, which was within the `average' range compared to other Mental Health/Learning Disability NHS Providers in the North of England. The Trust's vacancy rate was currently 11.37%. Staff sickness rates were 5.66% which was above average, when compared to the Trust's 'peer group'.

The 'harder to fill' roles within Pennine Care mirrored the regional and national gaps in this regard, including: Medical Staff, newly qualified nursing roles (especially Band 5 level nurses in Mental Health services), walk-in centre staff and Health Visitors.

In terms of Brexit a risk assessment had been carried out into potential implications for the Trust's workforce. It had been deemed that this presently warranted a `low risk', based on the fact that only 1.8% of the Trust workforce

were, presently, non-UK EU nationals. The Trust had monitored its leaver rates since 2016 and there had only been five non-UK EU nationals who have left the Trust's employ in the last two years.

It was though recognised that the national implications of Brexit may impact on the future supply chain for the wider NHS workforce which may impact on Pennine Care as other competitor organisations look at different pools for recruitment.

To address future workforce challenges the Trust's Workforce Strategy had established areas of focus and action to address various challenges. The workforce strategy had been set against four key domains:

a. Effective and Sustainable Workforce – the Trust aimed to have the right numbers of staff, with the right skills in the right types of jobs in the right place to deliver effective and safe care, including a representative workforce that is flexible to meet challenging service requirements in the future.
b. Capable and Skilled People - all staff to be appropriately trained and have access to the most effective and efficient learning and development opportunities.
c. Effective Leadership – this includes valuing and supporting staff including leaders who can model the Trust's core and key values and behaviours. Performance measures would be used to ensure the Trust is providing effective leadership.
d. Health, Wellbeing and Staff Engagement – this includes the promotion of a healthy organisational culture where staff contribute to the delivery of organisational objectives and are able to demonstrate the Trust's values. These key areas are underpinned by an Equality, Diversity and Inclusion strategy.

The report considered also the transfer of Community services and the Committee was advised of the timeline in this regard:

i) North East Sector (Oldham, Bury and HMR Adults) – Salford Royal NHS Trust Board is due to consider the business case for transfer towards the end of April 2019. Following formal ratification, the TUPE consultation process will commence with effect from 1st May 2019 with a view to staff transferring 1st July 2019.
ii) Trafford – Manchester Foundation Trust Board is due to consider a business case for the transfer of services in May 2019. Following formal ratification, the TUPE consultation process will commence with a view to staff transferring on 1st October 2019.

The transfer will affect those staff working directly in the clinical services within the community along with a number of corporate staff who provide support into the community services.

A detailed action plan and performance report have been developed to monitor progress and impact. The Trust's People and Workforce Committee have oversight of the workforce strategy implementation.

FINANCE UPDATE

35 The Trust's Director of Finance updated the Committee on the Mental Health Investment Standard (MHIS), which was previously known as Parity of Esteem (PoE) and was the requirement for Clinical Commissioning Groups (CCG) to increase investment in Mental Health services in line with their overall increase in allocation each year.

CCG's are required to increase their investment in mental health services by the same proportion that their allocations have increased plus an additional 1% for mental health (on average this equated to between 5.7% and 6.5%). CCG Plans had to be reviewed by the Greater Manchester Health and Social Care Partnership and a nominated mental health provider. CCG MHIS Plans must then be independently audited and signed off by CCG Governing Bodies. MHIS Plans were required to demonstrate a higher proportionate increase in investment into Children's and Young Peoples Mental Health services.

The deadline for the submission of the CCG/Providers Final Plan was 4th April 2019 and the deadline for the submission of the System Plans was 11th April 2019.

Members of the Overview and Scrutiny Committee considered the proposals in detail and the Officers were asked for clarification as to 'niche services' which were aimed at achieving sustainable and effective mental health services.

Resolved:

1. The report be noted
2. The Trust's Director of Finance be requested to present a report to the Joint Overview and Scrutiny Committee's next meeting regarding Niche Services.

DATES OF FUTURE MEETINGS

36 Resolved:

It was noted that the current Chair of the Committee was to meet with the Chair, Chief Executive and Secretary to the Trust's Board on Tuesday, 23rd April 2019 to discuss: the Committee's draft work programme for 2019/2020; an exploration of joint working with the Trust's Governors and potential meeting dates for 2019/2020.

EXCLUSION OF PRESS AND PUBLIC

37 Decision:

That the Press and Public be excluded from the meeting during consideration of the following item of business, in accordance with the provisions of Section 100A (4) of the Local Government Act 1972, as amended.

Reason for Decision:
Should the press and public remain during the following item of business as there may be a disclosure of information that is deemed to be exempt under Part 3 of Schedule 12A of the Local Government Act 1972.

CQC IMPROVEMENT PLAN

38 The Trust's Director of Strategy reminded the Committee that the Care Quality Commission (CQC) had undertaken a 'Well Led' inspection of a selection of services provided by the Trust in the period August – October 2018. Some of the services inspected included dentistry, mental health hospital wards (for adults and for older people), PICU, home treatment teams, 136 suites access and crisis services and walk-in centres across the Trust.

The CQC's report had been presented to the Trust's Directors in December 2018 with an overall 'requires improvement' rating, although it was acknowledged that many individual services were improving.

Further to the findings of the CQC inspection the Trust is required to submit a revised and updated Improvement Plan to the CQC. Each and every action contained therein will have both a 'lead' and an 'Executive' sponsor. There was to be regular updates and monitoring of the Improvement Plan to ensure a full and timely implementation. The Improvement Plan was to be shared with the Trust's key stakeholders including: the various CCG's across the Trust's footprint, NHS England, this Joint Overview and Scrutiny Committee and the local HealthWatch organisations across the Trust's footprint, following its consideration, and formal approval, by the Trust's Board at its meeting on 27th March 2019.

The Trust had entered into a pathway that was designed to assist NHS bodies receive 'good' CQC inspection reports, entitled: 'Moving to Good'. To assist in the process Pennine Care had been 'paired' with a Trust that was already achieved a 'good' rating: Weardale in County Durham.

Resolved:

1. That the report be noted.
2. A copy of the Trust's Improvement Plan be forwarded to Members of the Joint Overview and Scrutiny Committee for Pennine Care.

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING
Tuesday, 23rd July 2019

PRESENT: Councillors Dale, Susan Smith and Sullivan (Rochdale Borough Council), Councillors Hamblett, Moores and Surjan (Oldham MBC), Councillors Holloway, Mobbs and Wright (Stockport MBC) and Councillor Walker (Bury MBC).

OFFICERS: P. Thompson (Governance and Committee Services – Rochdale Borough Council).

ALSO IN ATTENDANCE: C. Molloy (Chief Executive – Pennine Care NHS Foundation Trust), C. Parker (Executive Director – Pennine Care NHS Foundation Trust), J. Stewart (Executive Director – Pennine Care NHS Foundation Trust) and D. Wallace (Communications and Engagement Advisor – Pennine Care NHS Foundation Trust).

APPOINTMENT OF CHAIR AND VICE CHAIR 2019/20
1 The Committee considered appointing its Chair and Vice Chair for 2019/20.

Resolved:
1. Councillor Susan Smith (Rochdale Borough Council) be appointed Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2019/20 Municipal year.
2. Councillor Patricia Sullivan (Rochdale Borough Council) be appointed Vice-Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2019/20 Municipal year.

Councillor Susan Smith in the Chair.

APOLOGIES
2 Apologies for absence were received from Councillor Grimshaw (Bury MBC).

DECLARATIONS OF INTEREST
3 Councillor Keith Holloway (Stockport MBC) declared a personal interest insofar as his daughter was employed by the Pennine Care NHS Foundation Trust.

MINUTES
4 The Committee considered the minutes of its most recent meeting held 21st March 2019.

Resolved:

That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 21st March 2019, be approved as a correct record.

PENNINE CARE NHS FOUNDATION TRUST - OUTLINE PRESENTATION

5 It was noted that the Joint Scrutiny Panel's membership in 2019/20 comprised a number of Councillors who had not previously been members of the Committee. In this regard Pennine Care Trust's Chief Executive gave a presentation which outlined the configuration and operations of the Trust, noting that they were in the midst significant structural changes that would see a large proportion of the community based services, currently provided being transferred to other organisations. The Trust staffing complement was expected to reduce from its current level of approximately 5,000 to around 4,200 by the end of March 2020, when the Trust would be focussed on the delivery of mental health services for the six boroughs in the Trust's footprint: Trafford, Stockport, Tameside, Oldham, Rochdale and Bury.

In considering the presentation Members of the Committee sought clarification on a number of issues including the Trust's strategy, going forward, for the provision of learning disability services, the Trust's contribution to the Greater Manchester Health Care Plan and the provision of electronic patient records..

Resolved:

1. The presentation be noted.
2. The Trust's Chief Executive be requested to report to the Committee's next meeting, on 15th October 2019, detailing the Trust's proposed contribution to the Greater Manchester Health Care Plan.
3. The Trusts Chief Executive be requested to report to a future meeting of the Committee, detailing the Trust's Learning Disability Strategy.
4. The Trust's Chief Executive be requested to provide an update to the Committee's next meeting, on 15th October 2019, on electronic patient records.

MIXED SEX ACCOMMODATION

6 The Committee considered a report of the Trust's Executive Director of Nursing, Healthcare Professionals and Quality Governance which updated and advised of the next steps with regards to the Trust's intention to meet statutory mixed sex accommodation (MSA) requirements.

The Trust's 2016 CQC inspection report highlighted a failure to comply with the Department of Health guidance on single sex accommodation on older people and acute wards for working age adults, which was the catalyst for the programme of consultation on this matter that has subsequently been undertaken.

A wide ranging survey that was undertaken in 2018/19 into the provision of hospital accommodation had yielded 674 responses the majority of which were in favour of moving towards single gender accommodation with shared spaces. The results of the survey had been scrutinised at a previous meeting of the Committee and were considered by the Board. The findings of the

survey were reflected In the Trust's preferred position, moving forward, which was also for the provision of single gender accommodation with shared spaces. It was anticipated that a report would be presented to the Trust's Board in September or October 2019 with this as its principal recommendation. The Trust intended to forward details of reports, on the subject of hospital accommodation, to members of the Committee so that any views/opinions expressed thereon can be reported to the Trust's Board prior to any decisions being made.

The Committee, in considering the report, asked if visits could be arranged for Members to view the Wards in question, at locations across the Trust's footprint.

Resolved:

1. The report be noted.
2. The Trust be requested to arrange visits for Members of the Joint Overview and Scrutiny Committee to view hospital wards across the Trust's footprint.

NICHE SERVICES

7 Members of the Joint Overview and Scrutiny Committee received a presentation which outlined 'niche services' that were aimed at achieving sustainable and effective mental health.

The Trust had held a series of internal workshops regarding the provision of niche services, which were attended by around 180 people attended, with a good range of interests represented. The sessions had resulted in positive local conversations about models, performance and developments. It was found that a spirit of 'joint endeavour' still prevails, so a good platform was present for the next stages. There was a wide interest in understanding what was being discussed across the Pennine area.

The niche presentation had sought clarity on the financial envelope, and highlighted a need for a strategic financial steer prior to a second round of locality events. There was broad agreement that emerging models needed to be judged against financial realities and strategic agreement on priorities going forward – but with the ambition to be "good" if possible. A further workshop was due to be held on 7th August 2019 to consider work on models, options, costs and priorities – and in particular to act as a clear "watershed" between the 'possible and the impossible'.

Resolved:

That the Chief Executive of Pennine Care NHS Foundation Trust be requested to report to the Committee's next meeting, on 15th October 2019, reviewing the progress of niche services.

FINANCIAL POSITION OF THE TRUST

8 The Trust's Chief Executive reported upon Pennine Care's current financial situation. Presently, based on information currently available, it was

projected that there would be a budget deficit by the end of the 2019/20 financial year. However it was added that these current figures did not account for expected significant financial contributions to be forthcoming from the Department of Health and it was expected that the Trust would indeed have a 'balanced budget' by the end of March 2020. The Trust has established a Budget Monitoring Sub-Committee that monitor and control the Trust's budgetary performance throughout 2019/20. The Trust had introduced a savings programme to help reduce costs whilst the filling of some staffing vacancies was being delayed. In terms of staffing vacancies the Committee requested the submission of a report to a future meeting updating Members on the Staff Welfare Strategy.

Resolved:

1. The report be noted
2. The Chief Executive of Pennine Care NHS Trust be requested to update the Committee on the Trust's overall financial situation, throughout 2019/20.
3. The Chief Executive of Pennine Care NHS Trust be requested to provide an update report, to a future meeting of the Committee, on their Staff Welfare Strategy.

TRANSITIONAL ARRANGEMENTS

9 The Committee received a report which updated the Committee on the transfer of community services from Pennine Care NHS Foundation Trust to a range of alternative providers. It was reported that this was a complex set of transfers, involving the transfer of community services to a number of different providers at different timescales during 2019/20. A summary of each transfer, timescales and issues was detailed in the report.

The main issues were:

a. Transfer of community services to Salford Royal NHS Foundation Trust
b. Transfer of community services to Manchester Foundation Trust
c. Transfer of children's services in Heywood, Middleton and Rochdale
d. Transfer of Dental Services to alternative providers
e. Child Health Information Service CHIS to a new provider

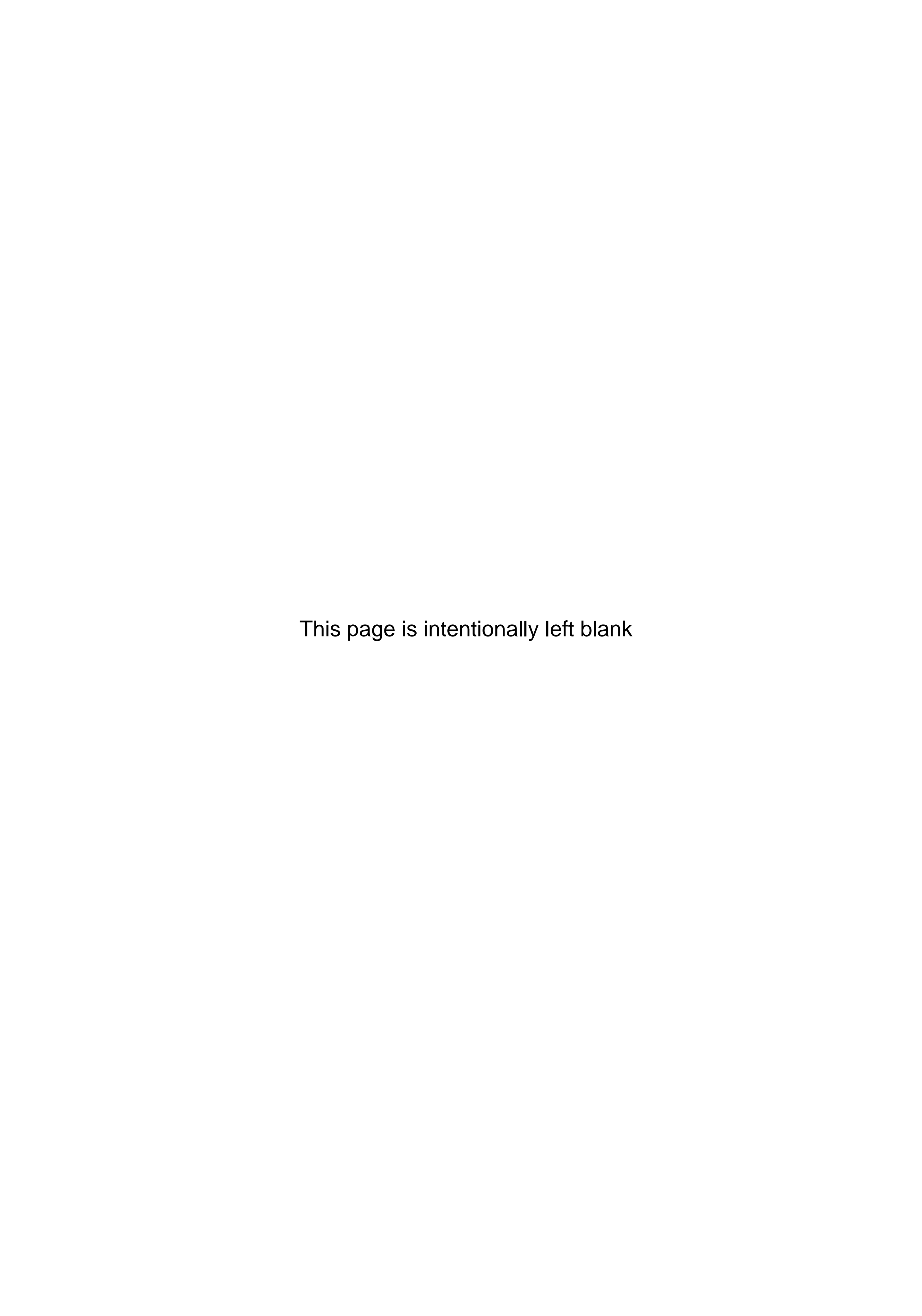
Resolved:
That the report be noted.

DATES OF FUTURE MEETINGS

10 Resolved:
It was agreed that:

1. The next formal meetings of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be held on Tuesday, 15th October 2019, Tuesday, 21st January 2020 and on Tuesday, 17th March 2020; all three meetings to be held in the Council Offices, Number One Riverside, Smith Street, Rochdale, commencing at 2.00pm.
2. Informal meetings of the Committee's membership be held with representatives of Pennine Care Foundation Trust's senior management, at the Trust's head office (225 Old Street, Ashton-under-

Lyne) on Tuesday, 10th September 2019, Tuesday, 19th November 2019, Tuesday, 18th February 2019 and Tuesday, 14th April 2020: all meetings commencing at 2.00pm.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MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 13 MARCH 2019 AT CHURCHGATE HOUSE

Present:

Bolton	Councillor Stephen Pickup
Bury	Councillor Stella Smith
Manchester	Councillor Eve Holt
Oldham	Councillor Colin McLaren
Rochdale	Councillor Ray Dutton
Salford	Councillor Margaret Morris
Stockport	Councillor Keith Holloway
Trafford	Councillor Sophie Taylor
Wigan	Councillor John O'Brien (Chair)

Also in attendance:

GMCA	Julie Connor
GMCA	Lindsay Dunn
GMCA	Mark Knight
GMHSC Partnership	Stephen Dobson
GMHSC Partnership	Michael Howard

JHSC/08/19 APOLOGIES

Apologies were received from Councillor Linda Grooby (Derbyshire County Council), Warren Heppolette, Councillor Gillian Peet (Tameside) and Steven Pleasant.

JHSC/09/19 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

The Committee were advised that Councillor Gillian Peet would be not be standing at the forthcoming local election and hence would no longer be a member of the GM Health Scrutiny Committee. On behalf of the Committee, the Chair thanked Councillor Peet for her contributions at GM level and her role as Chair of the Integrated Care and Wellbeing Panel in Tameside.

RESOLVED/-

That the committee acknowledge the immense contribution made by Councillor Gillian Peet to Tameside and Greater Manchester as a whole.

JHSC/10/19 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.

JHSC/11/19 MINUTES OF THE MEETING HELD 14 NOVEMBER 2018

The minutes of the meeting held 16 January 2019 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held 16 January 2019.

JHSC/12/19 UPDATE ON DIGITAL STRATEGY

Stephen Dobson, Chief Digital Officer, GM Health and Social Care Partnership introduced a report which provided an update on the delivery of the Digital Strategy and priorities within it.

The committee were advised that in order to support the delivery of the programme a specific system wide governance structure has been established to ensure wide participation in the setting and delivery of priorities.

Members were informed of the progress against the eight prioritised programmes of the digital collaborative and were provided with an overview of the allocation of digital funds. The refreshed strategy is more explicit of prioritised implementation plans with clear alignment to that of the GMCA digital strategy and Health Innovation Manchester's strategy and business plan. The refreshed strategy will set out a vision in terms of shared purpose for all organisations involved with links to the policy and delivery objectives that it is intended to support.

It was noted that all GM organisations have signed up to the information sharing gateway and progress has been made towards harmonisation of information governance. In this regard a member requested if a protocol had been developed to obtain consent from patients. It was advised that the digital collaborative were addressing issues with regards to information exchange, information governance and approval. The committee were notified that obtaining permission was essential for secondary care and further consideration is being provided to legislation with regards to GDPR. It was further advised that it was only intended to share data across health organisations and local authorities for specific use following public consultation.

The Committee recognised the benefits of the digital programme as a mechanism to share and disseminate patient information and enquired if there was a means for public inclusion to encourage and enable the public to engage with digital platforms. It was advised that plans were being developed within localities through communication and public engagement with patients and carers and a GM wide approach to provide information would be required as programmes develop.

Members asked for reassurance with regards to adequate security and resilience of networked systems. It was advised that security was considered to be a high priority and systems were designed to be resilient.

A member enquired as to how the £34m digital transformation fund had been obtained and whether all local authorities had been asked to contribute to those systems that would be aligned to those of the NHS. It was confirmed that the funding referred to in the report related solely to capital obtained through NHS allocations.

Adequate training for the public and health care professionals was discussed and the Chair encouraged the committee to undertake registration with their own GPs and

utilise patient access systems for appointments, prescriptions and access to their medical record. Members were requested as locality chairs of local health scrutiny committees to provide feedback and disseminate information with regard to patient access to residents locally. Issues experienced by carers when accessing information on behalf of patients was highlighted as a matter that required addressing. It was recognised that tools to delegate access to ensure capability for carers to access information was required. It was suggested however that in these instances obtaining authority as a third party was the difficulty rather than the design of the system.

A member asked how local health scrutiny committees could influence development of the digital strategy. It was advised that the strategy had received input from all levels and organisations across localities. The Chair requested that the digital services officer made contact with local democratic services departments to further consider how local health scrutiny committees and members could be involved in the development of the health and social care digital strategy and address any local issues experienced.

It was recognised that the implementation of the strategy required a significant level of investment for which there were identified risks and reservations. It was suggested therefore that the refresh should contain case studies which would demonstrate the fundamental benefits for residents to encourage participation by patients and clinicians to improve pathways. It was confirmed that underlying the digital transformation programme are efficiencies to deliver solutions more effectively for users which includes patients, clinician and health professionals.

On behalf of the Committee that Chair acknowledged the introduction of free Wi-Fi at hospitals as a positive step for patients and relatives.

RESOLVED/-

1. That the update be noted.
2. That Members of the GM Joint Health Scrutiny Committee undertake digital registration with their own GP’s to utilise patient access.
3. That Members disseminate information with regard to patient access to residents locally and provide feedback.
4. That the Digital Services Officer contacts local democratic services departments within local authorities to provide further consideration to how local health and social care can be involved in the development of the digital strategy.
5. That the positive comments with regards to the introduction of free Wi-Fi at hospitals be noted.

JHSC/13/19 DRAFT GM DRUG AND ALCOHOL STRATEGY

Mark Knight, Strategic Lead for Substance Misuse, Greater Manchester Combined Authority introduced the draft Greater Manchester Drug and Alcohol Strategy which sets out the collective ambition to significantly reduce the risks and harms caused by drugs and alcohol.

It was reported that the draft Greater Manchester Drug and Alcohol Strategy has been subject to public consultation and co-designed with a wide range of stakeholders to provide a framework for localities and wider partners.

Greater Manchester continues to experience long-standing problems with alcohol and GM partners also recognise the nature of drug misuse is becoming increasingly complex, and is changing. It was advised that the draft strategy focuses on doing things differently, maximising existing resources and making the most of the opportunities for transformation that exist within Greater Manchester. A fully resourced Implementation Plan sits beneath the strategy.

Members were advised that the draft strategy was presented to GM Joint Health Scrutiny Committee and GM Corporate Issues and Reform Overview and Scrutiny Committee ahead of tabling it for final approval from the Greater Manchester Combined Authority on 29th March 2019.

As local members, the committee emphasised that residents increasingly report concerns in relation to street level drug dealing. It was acknowledged however that there are limited resources to address the issues. And it was suggested that consideration should be provided to a different approach which will require a vast combined effort from all partners to achieve significant progress.

In order to tackle alcohol related issues, a GM statement of licensing policy was suggested. Members raised concerns with regards to prescription drugs and reassurance was provided that the strategy and implementation plan would address prescribing policies.

Early intervention strategies were welcomed and the requirements to understand the wider determinants of drug and alcohol use and addiction. Members requested if consideration had been provided to national policies and initiatives and how the strategy ties into enforcement of larger scale organised drug dealing.

The Committee acknowledged the positive impact of prevention measures but commented on the consequences of austerity and budget cuts to youth service provision and drug and alcohol services.

Overall, the strategy was welcomed, however it was considered to be fragmented if other areas of the country did not develop similar strategies. The length and period of public consultation in the development of the strategy was not considered to be appropriate.

Members discussed decriminalisation along with Portugal's radical drug strategy. The Committee requested that the discussions and views with regards to legalisation of certain types of drugs is communicated to GM MPs and asked for clarification that MPs for the region had been engaged in the development of the strategy.

Implementation of the strategy at local and GM level once approved by GMCA was considered and it was agreed that in order for the strategy to be meaningful, a concerted approach to prioritisation would be required. The Committee questioned if

progress of the ambitious strategy would be achievable within the period to 2021 and requested an update on the next steps at a future meeting.

Clarification was provided as to why there were more alcohol and drug related deaths in GM than other parts of the country and a clear focus on challenging social norms with regards to drinking was proposed.

RESOLVED/-

1. That the broad objectives of the draft Greater Manchester Drug and Alcohol Strategy be supported.
2. That the strategy should run to March 2021 in line with the Health and Social Care Devolution window be agreed.
3. That the application of the strategy as a framework for localities and partners be promoted.
4. That a further update on the implementation of the GM Drug and Alcohol Strategy be provided at a future meeting of the GM Joint Health Scrutiny Committee.

JHSC/14/19 JOINT GM HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

A report was presented that set out the progress of the Committee's work programme over the municipal year. Members were thanked for their contribution to the programme and particular acknowledgment was made with regard to progress made in relation to workforce and Brexit.

It was advised that at the next meeting in the new municipal year, Members will be requested to dedicate time as a committee to develop the work programme for 2019/20.

RESOLVED/-

1. That the progress of the updated work programme for 2018/19 be noted.
2. That the contribution of Members to the progress of the 2018/19 work programme be acknowledged.

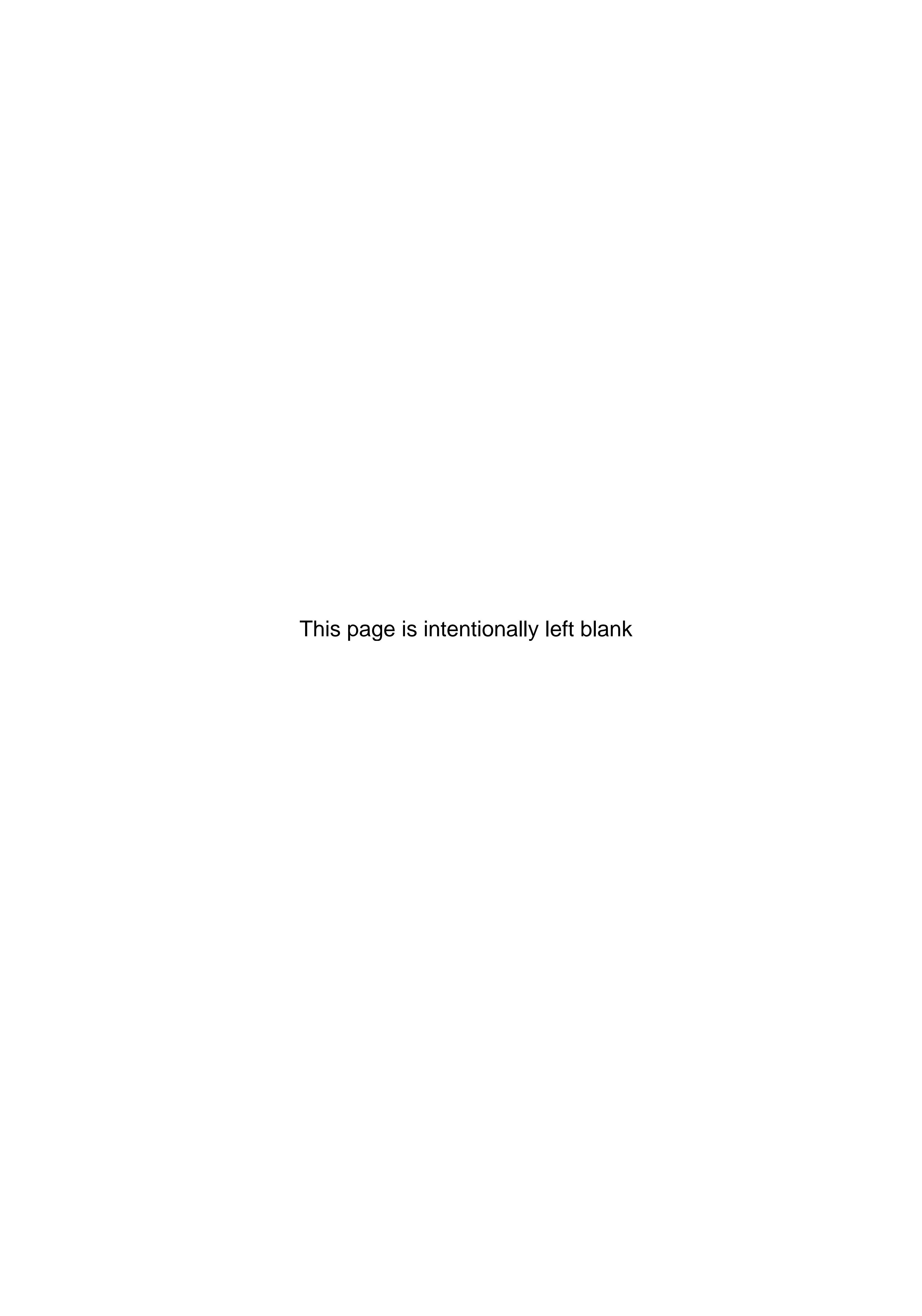
JHSC/15/19 DATES OF FUTURE MEETINGS

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

Wednesday 10 July 2019 10.00 - 12 noon
Wednesday 11 September 2019 10.00 – 12 noon

Workshop Session – Improving Specialist Care
GM Fire and Rescue Training Centre, Cassidy Close, Manchester, M4 5HU

Thursday 14 March 2019 1.00 – 3.00pm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Actions from the July 2019 meeting of the Health Scrutiny Sub-Committee

	Agenda Item	Resolution / Action	Action Update
July	**NEW SAFEGUARDING ARRANGEMENTS**	**RESOLVED** that the revised arrangements for children's safeguarding and the arrangements for elected Member training be noted.	
	CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING	**RESOLVED** that the update of the CAMHS Local Transformational Plan and the findings of the Healthwatch review of Children and Young People's Mental Health Services be noted.	
	MAYOR'S HEALTHY LIVING CAMPAIGN	**RESOLVED** that the report be noted and this Committee supports the Mayor in respect of her Healthy Living Campaign.	
	HEALTH SCRUTINY FORWARD PLAN	**RESOLVED** that Oldham Health Scrutiny Committee Work Programme 2019/20 be approved.	

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Meeting Overview

Oldham Health Scrutiny Committee
3 September 2019
6pm – 8pm
Crompton Suite, Civic Centre, Oldham

No	Item	Time
1 - 9	(1) Apologies, (2) Declarations of Interest, (3) Urgent Business, (4) Public Question Time, (5) Minutes of Previous Meeting, (6) Minutes of the Greater Manchester Joint Health Scrutiny Committee on 13 March 2019, (7) Minutes of Joint Scrutiny Panel for Pennine Care (Mental Health) on 21 March 2019 and 23 July 2019, (8) Resolution and Action Log, (9) Meeting Overview	6.00pm
Items for Discussion		
10	**North West Ambulance Service** *Pat McFadden, Head of Service for Greater Manchester, North West Ambulance Service* For the committee to consider the current local Ambulance Service offer and local health priorities and how NWAS can best meet the needs of Oldham's communities	6.10pm *20 mins*
11	**Thriving Communities Programme Update** *Peter Pawson, Thriving Communities and Place Based Integration Programme Manager* For the committee to consider the update on the Thriving Communities programme, with specific reference to progress made in the initial phase of the Social Prescribing Innovation Partnership	6.30pm *20 mins*
12	**Choice and Equity Policy** *Helen Ramsden, Interim Assistant Director of Joint Commissioning* For the committee to consider the development of the policy and any subsequent implications	6.50pm *20 mins*
13	**Urgent Primary Care** *Nicola Hepburn, Associate Director of Commissioning* For the committee to note the update on progress made since the report to Health Scrutiny in March 2019.	7.10pm *20 mins*
14	**Council Motions** *Chair* For the committee to receive a summary of the health-related motions that were debated by Council on 10 July 2019.	7.30pm *10 mins*
15	**Mayor's Healthy Living Campaign** *Chair* For the committee to receive an update on the Mayor's Healthy Living Campaign	7.40pm *10 mins*

16	**Health Scrutiny Forward Plan** *Chair*	7.50pm *10 mins*
17	**Close** *Chair*	8.00pm
	Date of next meeting 15 October 2019 at 6pm in Crompton Suite	

Briefing to Health Scrutiny Committee

North West Ambulance Service NHS Trust (NWAS)

Officer Contact: Pat McFadden – NWAS Head of Service for Greater Manchester

3 September 2019

Purpose of the Briefing

To outline the current performance, position and initiatives of North West Ambulance Service with additional focus on the Oldham area. This will be given in the form of a presentation during the meeting.

Executive Summary

The presentation will cover current performance against national targets, level of activity, number of hospital conveyances, hear and treat/see and treat numbers, new initiatives/projects and news from the trust. NWAS Head of Service for Greater Manchester Pat McFadden will be attending along with local Operations Manager, Sarah Jane Roberts.

Recommendations

That the committee note the content of the presentation and feel free to discuss the information presented with the NWAS attendees.

North West Ambulance Service

1 **Background**

1.1 North West Ambulance Service covers the entire north west region and provides emergency care via the 999 service, urgent care and advice via 111 and transport for non-emergency care through its patient transport service.

2 **Current Position**

2.1 In Q1 in Greater Manchester, NWAS is seeing the following improvements:

- 978 less conveyances to acute hospitals in Greater Manchester
- Improvement in 8 out of 10 individual acute hospitals
- Decreased figures in See & Convey
- Increased figures for alternatives to transport (See & Treat)
- Increased figures for hear & treat
- Improved hospital turnarounds in GM

3 **Key Issues for Health Scrutiny to Discuss**

3.1 Hospital turnaround times, performance against targets, hear and treat and initiatives to improve performance and ambulance resources.

4 **Additional Supporting Information**

4.1 Presentation to be given during the meeting

Report to Health Scrutiny Committee

Thriving Communities Programme Update

Portfolio Holder: Councillor Sean Fielding, Leader of the Council

Officer Contact: Rebekah Sutcliffe, Strategic Director of Reform

Report Author: Peter Pawson – Thriving Communities Programme Manager
- peter.pawson@unitypartnership.com

3 September 2019

Purpose of the Report

To update member of the Health Scrutiny Committee on the progress of the Thriving Communities Programme, in particular the initial phase of the Social Prescribing Innovation Partnership.

Recommendations

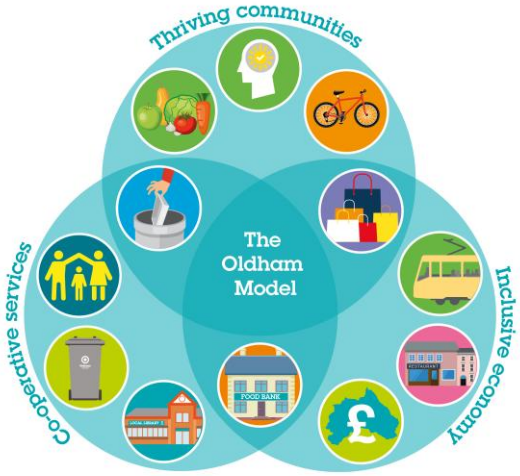
Health Scrutiny Committee are asked to note the progress made.

Thriving Communities Programme Update

Background

1. **Recap - The Oldham Model -** The Council, and its partners, are committed to a co-operative future for Oldham where 'everyone does their bit and everybody benefits.' The Partnership's Oldham Plan 2017-22 sets out the Oldham Model for delivering tangible and sustained change through a focus on inclusive economy, thriving communities and co-operative services.

Fig 1 - *The Oldham model graphic*



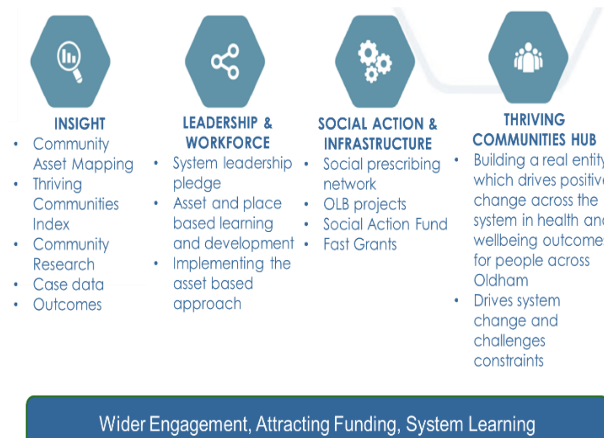
2. **Recap - Thriving Communities** – To accelerate the Thriving Communities element of the Oldham Model and deliver the common objectives of our health and social care integration - Oldham Cares - £2.69m was agreed from the Greater Manchester Transformation Fund as part of the Health and Social Care transformation fund to support GM devolution.

The programme is a 3 year programme which focuses on;

- building upon our strengths and support groups in the voluntary, community, faith and social enterprise sector
- supporting people earlier in the care pathway
- driving the shift to more earlier intervention and prevention by helping Oldham residents make better life choices and not progress into higher levels of need

The programme will deliver £9m+ of reduced demand in the health and care system (reducing pressure on primary care and acute currently quantified and agreed in the business case signed off by commissioning partnership board in August 2018) in the establishment of Oldham Cares as well as delivering wider benefits to Oldham residents around improving their general physical and mental health and wellbeing.

Figs 2 and 3 *- Thriving Communities Programme/Projects & Social Prescribing Leaflet*



Update - Highlights of key projects;

3. **More than medical support** – also known as social prescribing - we estimate there are more than 700 community groups across Oldham delivering close to 1000 activities, events and positive interventions / support for Oldham residents – by supporting and growing this we can help our residents to make better life choices and access this 'more than medical' support which is now positively changing people's lives by addressing the underlying root cause.

4. **The Social Prescribing network** is bridging the gap between medical care and the community, by having community connectors in each cluster that work with primary care (and other care forms such as acute, mental health, social care etc.) then support people into the right type of community support. It's been live in Oldham West since January 2018 and has supported in excess of 250 people. This network helps people who may be coping with life or more than medical challenges such as;

   - Social isolation / loneliness
   - Loss of confidence or purpose
   - Low level mental health
   - Healthier lifestyle choices such as physical activity
   - Life changing events like bereavement or birth
   - Living a life with a long-term condition

   The network is helping people turn their lives around (as some of the case studies in the appendix shows) and working alongside our existing services to take people from positions of isolation and distress through to stability and new connections with people in their community, then into employment training where possible.

   We have initiated a new 3 year contract in April 19 which has been commissioned via an Innovation Partnership (a new model of commissioning one of the first in England – which allows the approach to be iterated and evolved through coproduction with residents and higher emphasis on social value). The partnership is;

   - Led by Action Together and includes;
   - Positive Steps
   - Age UK
   - TOG Mind
   - Altogether Better

Included here is also testing a 'Care Champion' model in Cluster East which will see the development of peer networks for patients, where patients who have common illnesses attached to surgeries are empowered to come together and support each other in activities and groups e.g. walking groups for asthma/COPD (Chronic Obstructive Pulmonary disorder) and other breathing conditions or coffee mornings for depression/mental health.

In addition – Oldham people can directly refer themselves via the Oldham Cares website or a phone call or an email. If you need better connections in your community or this type of support, then you should not need to go via a GP to access it and we accept that not everyone uses technology so having the phone line is key.
https://oldhamcares.com/thriving-communities/social-prescribing/

Referrals and connections into community support have dramatically ramped up as of July 2019 now the model is operating boroughwide – were now seeing referrals in excess of >30 a week which is 3 times the levels predicted in the business case.

Social Prescribing Data:
All data is captured from interactions and trackers in the SP network there is a challenge we are currently working on with Oldham Cares to obtain timely health data (but a challenge for all in the health and care system locally). There is a caveat here around causality and attribution e.g. there are many variables in a person's life and it is hard to pinpoint a change to just one intervention.

Fig 4.0 - below shows the graph of increasing referral numbers broadly aligned to contract milestones. As we can see the rate of increase has more than doubled now the SP network is operating on the borough footprint.

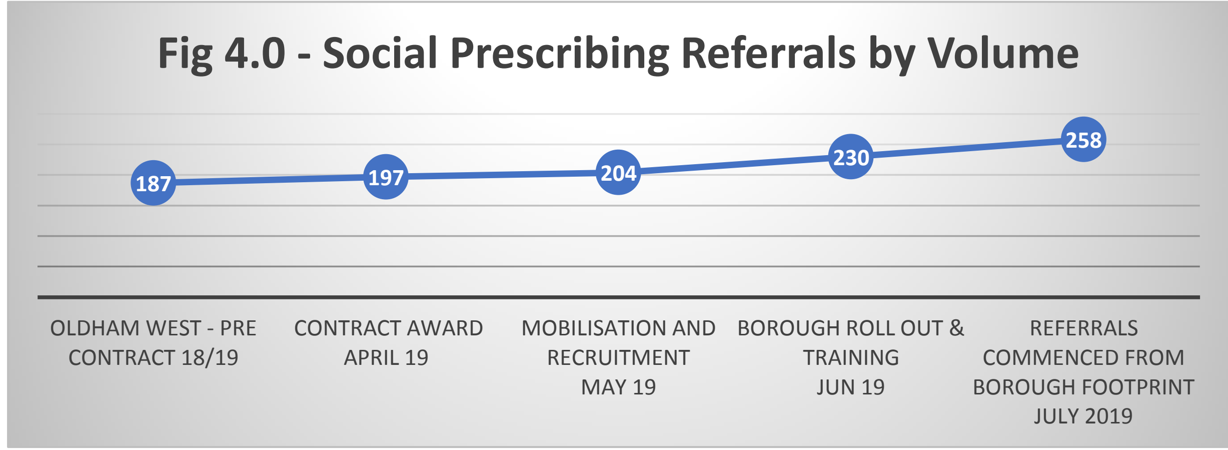


Figure 4.1 below show the referral source to date for residents being referred into the Social Prescribing Service. Of the 258 people that have been referred into the service the largest number of people have been referred through Primary Care (36pc) and Self-referral (29pc). The self-referral segment is much higher than anticipated in the business case.

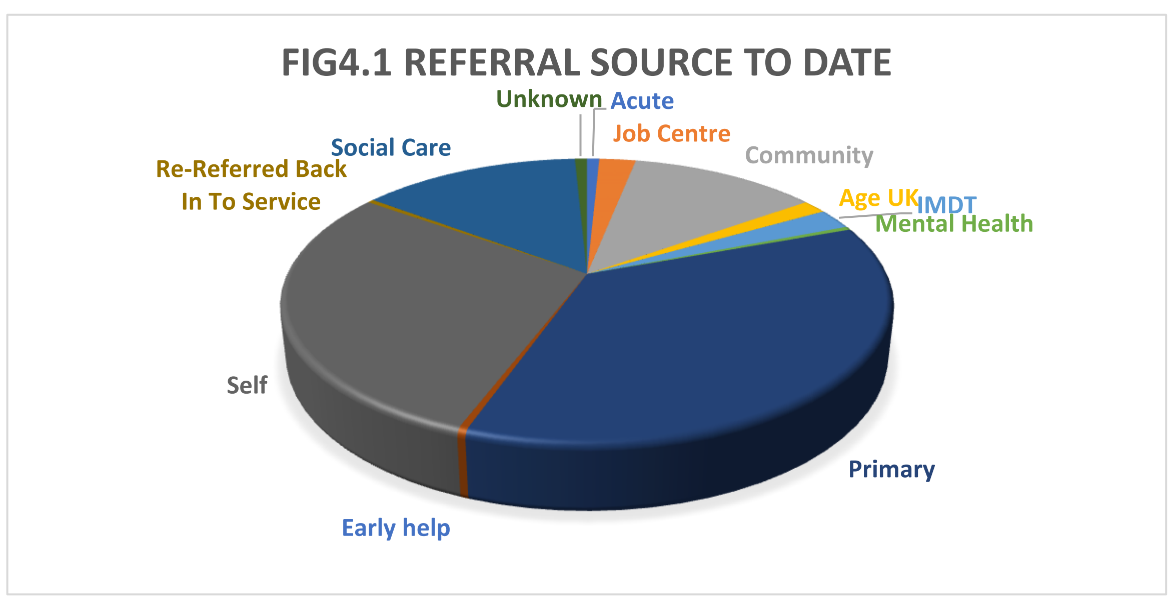


Figure 4.2 below shows that during the month of July, 28 people were referred into the service with the biggest number of referrals coming via Social Care (39pc). This is a potential knock on effect of the work done with engagement of workforce via Mark Warrens social care workshop earlier in the year. But this generates interesting discussion around why this has penetrated so well with social care compared to primary care.

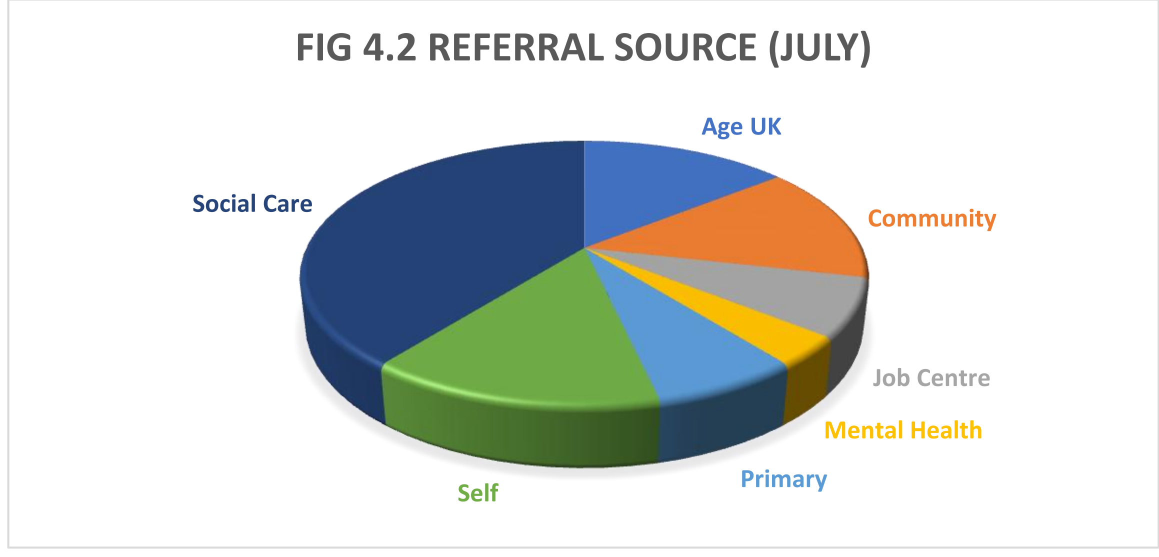


Figure 4.3 below shows of those people with existing long-term conditions, who have accessed the Social Prescribing service higher numbers of people have depression (40pc), hypertension

and primary conditions.

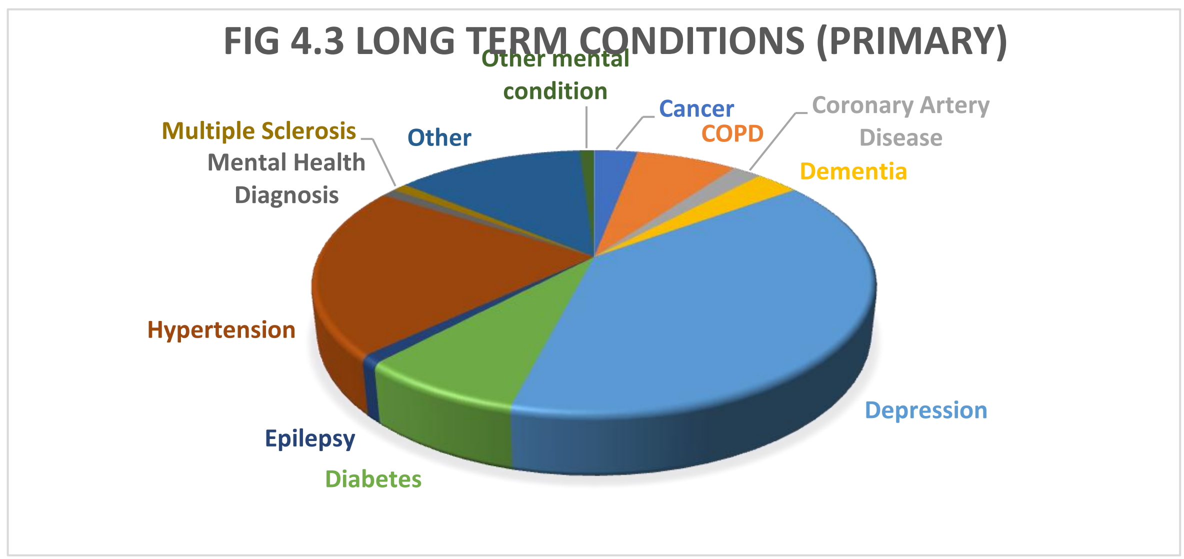
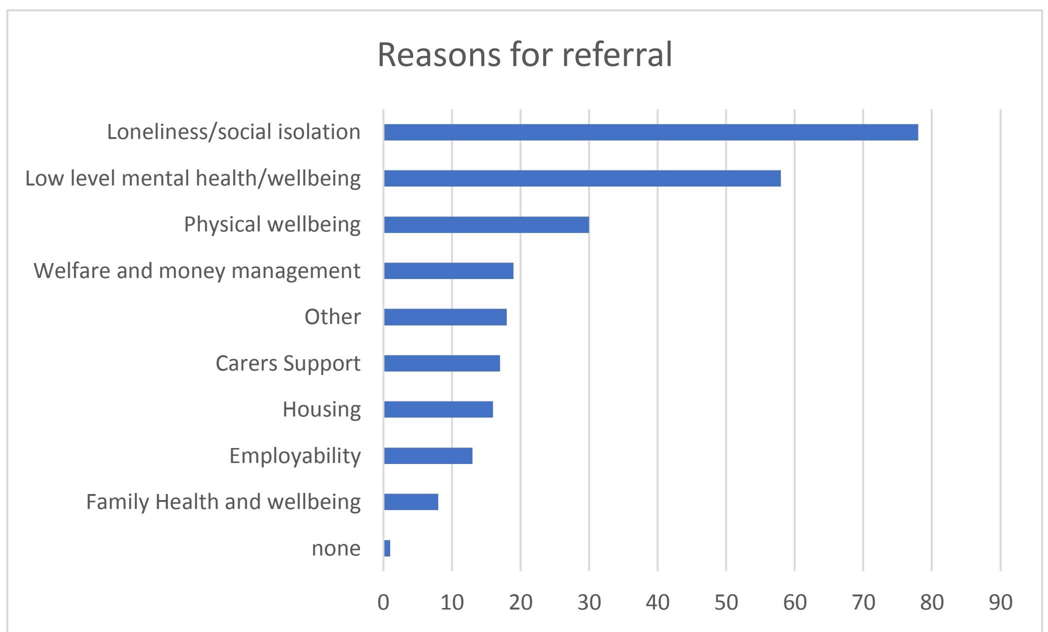


Figure 4.4 below shows the reasons for referral as based. This is based on the professional referring combined with a strength-based conversation with the individual to attain why they are accessing the network. As expected social isolation is the main driver. Welfare was also an unexpected driver, but features in our top 4 reasons – potentially driven by Oldham being the universal credit pilot site.



5. **The Fast Grants** – The 19/20 programme commenced in July 19 and will deliver £60k each year into grassroots community groups without an overly bureaucratic process. Grants range from £50 to £500. Initial grants have funded initiatives such as; a Nintendo Wii for a residential care home; a dementia support group to create a memory song book, as well as creating a wheelchair and pram friendly path for grandparents to watch their children play football at Waterhead sports club as well as a tea dance in Chadderton for Older Adults (plus many more – some case studies and pictures are included in the appendix).

   The next phase of Fast Grants was launched at the end of July 2019 and over 40 applications have already been submitted with 25% achieving success and being awarded (a lower rate than previous, so we have reworded the form with additional guidance). A press release and social media campaign has supported support the launch and the good news stories from the grants.

6. **The Social Action Fund** – Social isolation is a growing issue in Oldham. 10% of all people at all ages in Oldham self-identify as being lonely and >30% of all households in Oldham are classed as single occupancy. The fund will use £850k over 3 years to commission 5 medium sized projects to tackle loneliness head on for Oldham as well as physical and mental health. The 5 successful projects have been agreed by commissioning partnership board in April 2019. With the first community of practice held on June 10th 2019. The 5 successful projects are;
   - **The Oldham BAME Consortium** is a new partnership bringing together five community groups to develop three neighbourhood hubs which will focus on reaching out to the isolated Pakistani and Bangladeshi communities. A programme of activities will be developed in consultation with residents based on community need such as information and advice, physical activity and wellbeing, befriending and peer support, food and nutrition, skills and education.
   - **Wellbeing Leisure**[1] will partner with community groups to provide physical activity and health and wellbeing opportunities. It will also offer opportunity for volunteers to learn skills and gain qualifications in health and fitness.
   - **Oldham Play Action Group and Wifi** - NW - All-age cookery courses will bring children, parents, carers and older socially isolated people together to prepare and cook meals. The groups – run by OPAG and Wifi North West – will also encourage people to engage in active physical play as well as organise community play street events to join neighbourhoods together.
   - **Street Angels** will grow the already excellent work taking place in Oldham town centre on Saturday evenings and expanding into Friday nights. Teams of volunteers and medical staff are there to support those enjoying Oldham's nightlife providing a listening ear, first aid and basic medical treatment as well as making sure people get home safely. As part of the programme, an evening drop-in and hot meals will be provided for people on the streets as well as future options for daytime support from the Street Angels centre.
   - **Groundwork** will lead a new partnership of organisations to bringing a variety of new activities to venues across local communities, using growing and food to increase healthy outcomes and connectedness across the borough. As well as enjoying all that is on offer, participants will be supported to develop, plan and sustain their own social groups around their hobbies and interests.

Figs 4 & 5 – Fast grants and Social Action Fund Marketing

The Social Action Fund and Fast Grants have attracted positive media attention for Oldham with several TV stations and BBC Radio Manchester cover stories on the grants and each of the SAF projects.

7. **Working closer health improvement and public health** – Recently the Health Improvement workstream and Thriving Communities have agreed to merge to give a stronger voice for earlier intervention and prevention – unpicking wicked system wide issues like obesity and oral health. E.g. over half the population of Oldham is classed as overweight or obese – these are challenges too big to commission for and we need full system change and reform through all partners to enable all our workers and residents to address. The programme will be called Thriving Communities and Health Improvement going forward. The additional activities/projects/areas now in scope are;
    i. Obesity
    ii. Drugs and alcohol
    iii. Smoking & tobacco
    iv. Local delivery partnership (GM linked initiative for physical health focusing in Glodwick and Failsworth)
    v. Sexual health
    vi. Nutrition & hydration
    vii. Oral health 0 – 5
    viii. Oral health older adults
    ix. Wellness
    x. Healthy living primary care

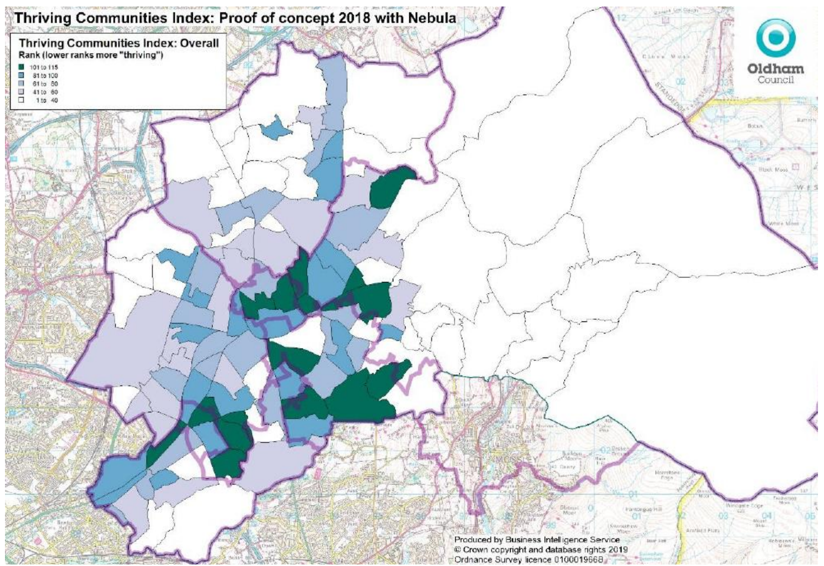
8. **Communications, media and profile for Oldham** – The work of Thriving Communities is being viewed as leading edge – it was recently covered in the National Health Executive and Public Sector Executive magazines. Also, the programme was asked to present recently at the Kings Fund event on Urban Health in London showcasing good examples internationally. This is good profile for the council and helps to attract more funding in the future. http://www.nationalhealthexecutive.com/Comment/the-oldham-model

9. **Workforce Development** – This will develop a common Oldham way to enable our staff to work across organisational boundaries in a strength based way, become more place and asset based, then empower the people who reach our most vulnerable residents to become connectors – the hairdressers, take away workers, off licenses, taxi drivers, nail bar staff. Soft market testing has now begun for a provider who will come in and help us deliver the first cohort (agreed as adults social care staff and smaller community cohort). Workforce training will be made available to community groups who can benefit – a series of Make Every Contact Count has already been delivered with community groups.

The next milestone is to commission strength-based training (in collaboration with other workstreams in Oldham Cares and social care) to equip all staff members within the Oldham Cares alliance to have strength-based conversations and work through existing assets, services and people. To expand on this - if we are to take the example of obesity again – it will be unaffordable and impractical to commission a service for almost half the population, but by working through services like primary care, pharmacy and other services it will be possible to reach more people and change the narrative they are receiving about their health and care – the tender will go out at the start of October and a decision made in Commissioning Partnership Board in December.

10. **A stronger focus on evidence and evaluation with the Thriving Communities Index** – The Thriving Communities Index segments Oldham into and pulls in 39 indicators in categories of Place, Resident and Reactive Demand – to give us deeper insight into where our positive and negative norms lay within the borough. Also, this is underpinned by external evaluation by the Centre for Local Economic Strategies. Dr Foster (one of the UKs leading analytics companies recently wrote an article about this work. The project has also won a LARIA award commendation (Local Area Research Insight Association). The userbase for the Index now stands at >50 users including; local government, police, GPs, housing, VCFSE, CCG. Plans are underway for a phase two which will explore if other indicators are useful and how we make the data more timely. **The index is available for those involved in the planning and delivery of services including members to use and can be loaded onto their machines via a mapping tool – we strongly encourage take-up – please contact report author for the link.**

Fig 6 *- The Thriving Communities Index Map*



11. **Member Engagement** - Member Engagement has taken place via presentations on Thriving Communities, which, have been carried out at district executives (before the constitutional change) as well as engagement sessions through existing governance such as Health Scrutiny and Labour Group, Liberal Democrat Groups and similar offers to other parties, as well as 4 briefing/training sessions for member development and the Thriving Communities Index. Further sessions are planned with the facilitation of the district teams now we are mobilising the social prescribing offer across the borough – as members are key – these have now been entered into diaries for July and September.

12. **Key Issues for Health Scrutiny Committee to Discuss**

12.1 There is a challenge in how we strategically use health data and share information between partners (primary care, health and acute and others) to ensure we are;
a) targeting the right people for support
b) measuring impact
This is a challenge wider than Thriving Communities and Health Improvement – but for the whole of the Oldham health and care system.

13 **Key Questions for Health Scrutiny Committee to Consider**

13.1 The next update to Health Scrutiny should be under the title Thriving Communities & Health Improvement and should focus on some of the new areas in scope.

14. **Links to Corporate Outcomes**

14.1 Direct link to Thriving Communities. This does need a stronger linkage with inclusive economy because having a job and purpose is one of the number one determinants of good health and wellbeing.

15 **Additional Supporting Information**

15.1 Please see Case Studies in Appendices Section.

16 **Consultation**

16.1 Extensive consultation with legal, finance etc has been carried out via the business case process which has been signed off via the Oldham Cares business case process and governance. An 80-page full business case is available on request.

17 **Appendices**

17.1 Appendix 1: Social Prescribing Case Study (Jane).
17.2 Appendix 2: Social Prescribing Case Study (Lisa).
17.3 Appendix 3: Fast Grants Case Studies and Photos

Appendix 1: Social Prescribing Case Study (Jane).

Social Prescribing

Jane

Social Prescribing Case Study

Jane contacted Action Together and referred herself to the social prescribing service. In the initial conversations, Jane expressed an interest in wanting support to help her with feeling less lonely, she wanted someone to talk to and befriend.

Jane suffers from Multiple Sclerosis and has had strokes in the past leading to lacking confidence when going out on her own. She discussed having good days and bad days where her health prevented her from getting out of bed. Jane recently seperated from her partner and lives alone. She enjoys watching documentaries on History and Animals. She has support workers who help her with her weekly shop.

Following on from the initial conversations, Asia met with the British Red Cross to discuss how theiy could support Jane. Asia and Jane met again and Jane agreed this service could suit her.

Asia then referred Jane to the British Red Cross who contaced and met with Jane. Through their support, Jane went out shopping and really enjoyed the company. She said "I am really pleased with the social prescribing service and want to thankyou for getting me in touch with the British Red cross, when I am well, I look forward to my phone calls and I have enjoyed getting out. Its a wonderful thing your doing and when I am feeling well enough I'd like to volunteer".

17.2 Appendix 2: Social Prescribing Case Study (Lisa)

Thriving Communities

Lisa

Social Prescribing

Lisa was signposted to the Social Prescribing Service through her GP. She lives alone and used to work in a family owned business but found herself without a job after splitting from her partner. Lisa was previously involved in an incident which led to her struggling to cope with her mental health. She has been attending Healthy Minds which she feels is helping. She has had some tough days but has remained positive and continued to push herself.

Lisa attended the Social Prescribing as she wanted support to find work and get ready for work. She wanted to work to help support her mind to stay healthy and earn her own income as she finds living on a low income through benefits really tough. She also wanted to be able to meet and socialise with other people and keep occupied during the day.

During her appointment, various services and groups were discussed, and she was connected to Get Oldham Working to support her employment aspirations and Inspire Women to help her focus on positivity and meet new people.

Lisa said "I went to Get Oldham Working and they were really helpful, positive and encouraging. I'm really pleased I went there, I think they are going to help me get somewhere. They even discussed helping me to maybe get a work placement to get some experience and im really looking forward to what happens next".

Lisa has since contacted Asia to let her know that she is delighted to have gained full time employment.

Action Together is the new name for Voluntary Action Oldham and Community & Voluntary Action Tameside. A registered charity (No. [illegible])

17.3 Appendix 3 Fast Grants

Grants have funded initiatives such:

- Kits and training fees for a Young Persons Basketball team to enable them to be more sustainable.
- The continuation of a regular newsletter from the ‘Breathe Easy’ group who are a support and advice group for people with breathing difficulties. The newsletter is sent to members but also to local doctors, Healthy Minds and chest clinics so people who are newly diagnosed will get to know about the group.
- "East meets West Sewing" with Fatima Women’s group - where women have been given the opportunity to improve their spoken English, improve team work, imagination, knowledge, budgeting, functional skills for life, motor skills, understanding to make informed choices, and extend social networks.

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Oldham groups win Fast Grant awards

Date published: 11 February 2019 Print Email

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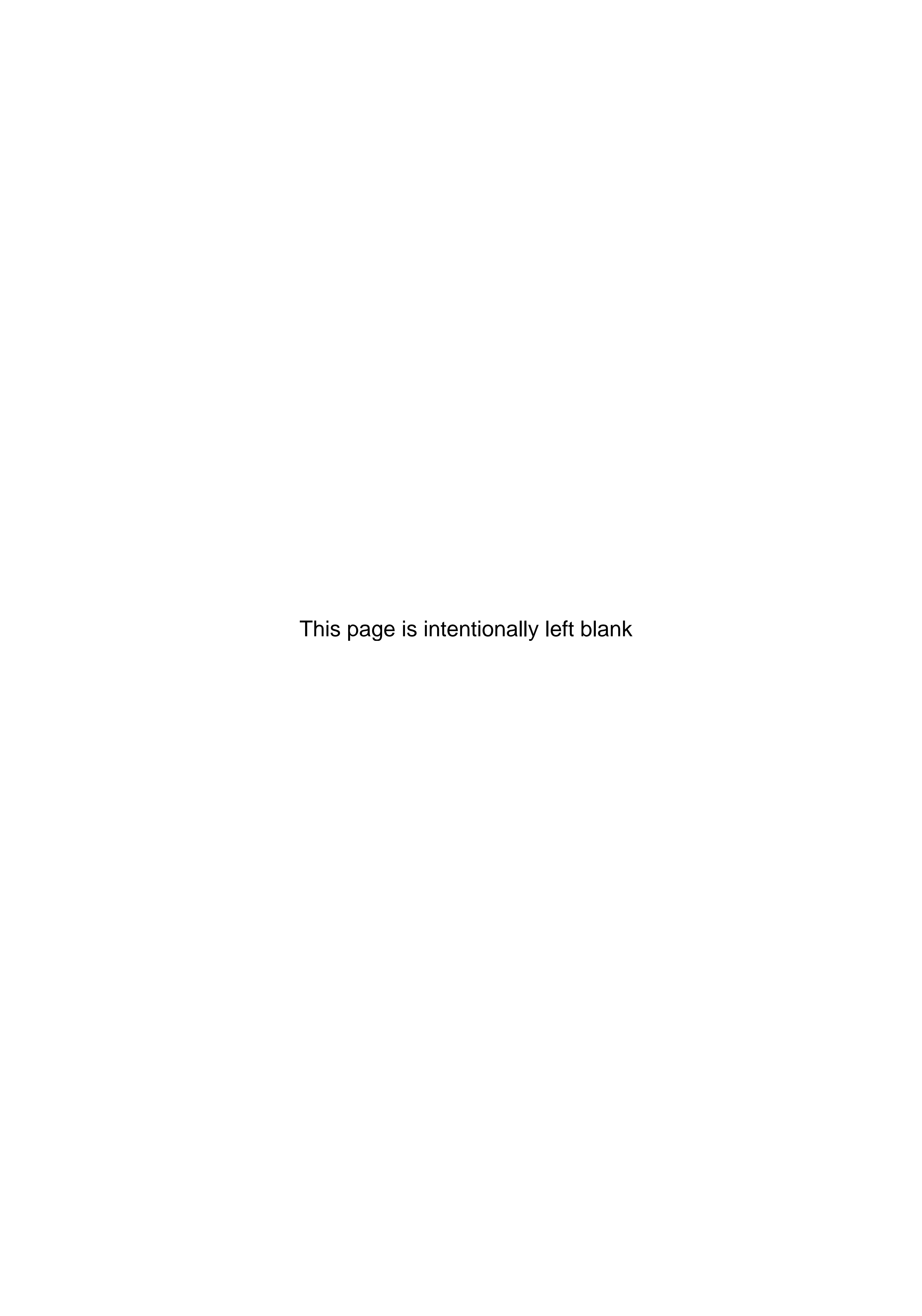
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Report to Health Scrutiny Committee

Oldham CCG Choice and Equity Policy

Portfolio Holder:
Councillor Chauhan, Cabinet Member for Health and Social Care

Report Author: Helen Ramsden, Interim Assistant Director of Joint Commissioning
Ext. 0161 622 6451

3 September 2019

Purpose of the Report

This report concerns an updated draft Choice and Equity Policy and an outline consultation to gather the views of patients on the new policy.

Executive Summary

NHS Continuing Healthcare (CHC) refers to packages of continuing care arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Where a person qualifies for CHC, the CCG has a duty to offer to provide a package of health and social care services to meet the individual's assessed health and associated social care needs.

The draft Choice and Equity Policy (Appendix I) sets out how the CCG will implement CHC in accordance with the National Framework and taking into account the legal requirement for the CCG to act efficiently, effectively and fairly. It would apply to new patients (with exceptions) and in a few cases to existing patients whose care needs have changed considerably

The policy seeks to balance the CCG's duties to the individual and to all the other patients to ensure fairness and best value.

CCG staff will aim to work with patients to identify potential locations and care options. The CCG will generally use home care providers and care or nursing home providers that it has assessed as able to meet procurement and contractual requirements. Under the policy, the CCG will generally not fund a care package in a person's home if the cost of doing so is more than 10 per cent higher than providing the same care in a care or nursing home.

In addition, the CCG will generally not fund a placement at a care or nursing home if its fees are more than 10 per cent higher than those of a suitable preferred provider.

The CCG will take account of an individual’s views and wishes regarding where their care package is provided, when determining whether their case is exceptional and justifies a higher cost being incurred to provide care. This will include considering an individual’s particular reasons and family circumstances, and whether there are very compelling circumstances. However, in reaching this decision the CCG must be satisfied that the proposed overall cost of the care package is proportionate and a justifiable use of CCG funds in comparison to the cost of commissioning a package of care for the individual in another location.

The policy has been updated to ensure continued compliance with the National Framework, and article 8 of the European Convention on Human Rights and has taken into account the implications for social care.

The CCG proposes to begin a small scale, six-week consultation (see appendix ii) of the 232 Oldham patients currently in receipt of Continuing Healthcare beginning on 9 September and ending 21 October, with the aim of finalising the policy at the CCG Governing Body meeting on 7 November 2019.

Recommendations

The committee is asked to note the content of the report.

Oldham CCG Choice and Equity Policy

1 **Background**

1.1 "NHS Continuing Healthcare" means a package of continuing care arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in the National Framework. The actual services provided as part of that package must be seen in the wider context of best practice and service development for each client group. Eligibility places no limits on the settings in which the package of support can be offered or on the type of service delivery.

The concept of a 'primary health need' has been developed. Where a person's primary need is a health need, the NHS is regarded as responsible for providing for all their needs, including accommodation, if that is part of the overall assessed need, and so they are eligible for NHS Continuing Healthcare (CHC).

Where a person qualifies for CHC, the CCG has a duty to offer to provide a package of health and social care services to meet the individual's assessed health and associated social care needs in a way that is considered reasonable.

The draft Choice and Equity policy sets out the commissioning principles that the CCG will work to when commissioning individual packages of care for patients eligible for NHS Continuing Healthcare (CHC) funded by the NHS. It explains how the CCG will commission care in accordance with the National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care (October 2018, revised), taking into account the legal requirement for the CCG to act efficiently, effectively and fairly in allocating its limited resources between all of the patients for whom the CCG has commissioning responsibility.

2 **Current Position**

2.1 The draft policy would apply to all new patients who are eligible for CHC, and in a few cases to existing patients whose care needs have changed considerably since their last CHC review. It does not apply to:

I. Children under the age of 18.
II. Individuals who are assessed as needing 'fast-track' CHC.
III. Section 117 aftercare under the Mental Health Act.

The policy has been developed to ensure that:

Any package of care which is offered to be commissioned by the CCG is sufficient to meet the reasonable requirements of an individual who is eligible for CHC.

As far as is reasonably practicable, a person-centred approach is taken by the CCG in making decisions about a care package to be funded by the CCG for that individual, taking into account choices expressed by the individual, their family or a representative.

Decisions are made in a way that is fair, balancing the CCG's duties to the individual and to all the other patients for whom the CCG has commissioning responsibility.

Where a person qualifies for CHC, the CCG has a duty to offer a package of health and social care services that meets the individual's assessed health and associated social care needs in a way that is considered reasonable. The duty to make and maintain the offer and, if accepted, to commission care in accordance with the offer, continues for as long as the individual is eligible for CHC.

The CCG has a statutory duty to break-even financially. When making decisions about commissioning services, the CCG must balance a range of factors including individual choice and preferences, quality, safety and value for money. Throughout the decision-making process, the CCG needs to recognise the need to achieve best value in its use of financial resources, in order that it can share finite NHS resources equitably across all patients for whom it has commissioning responsibility.

In all instances, the CCG will need to satisfy itself that any health and social care services that are to be commissioned by the CCG for an individual will be provided in a location which is:

I. Clinically appropriate to providing the package of health and social care which the CCG has assessed is reasonably required to meet the individual's assessed health and associated social care needs.
II. Able to provide a safe and sustainable package of care.

In most circumstances, CCG staff will work with the individual and/or their family or representative to seek to identify a range of potential locations and care options, which are appropriate to meeting the individual's assessed needs. The CCG will communicate those potential options to the individual and any representative identified by the individual.

Under this policy, the CCG will generally use home care providers and care or nursing home providers that it has assessed as able to meet procurement and contractual requirements.

The CCG will generally not fund a care package in a person's home if the cost of doing so is more than 10 per cent higher than providing the same care in a care or nursing home. In addition, an individual or their family or representative has the right to ask that their package of care is provided in a care or nursing home that is not a preferred provider. The CCG will generally not fund a placement at a care or nursing home if its fees are more than 10 per cent higher than a suitable preferred provider.

The CCG will take account of an individual's views and wishes regarding where their care package is provided, when determining whether their case is exceptional and justifies a higher cost being incurred to provide care. This will include considering an individual's particular reasons and family circumstances, and whether there are very compelling circumstances. However, in reaching this decision the CCG must be satisfied that the proposed overall cost of the care package is proportionate and a justifiable use of CCG funds in comparison to the cost of commissioning a package of care for the individual in another location.

3 Key Issues for Health Scrutiny to Discuss

3.1 The Committee may wish to discuss:

- The national and local drivers for the proposed policy
- The likely implications of the policy for current and future patients
- The balance struck between meeting the needs of CHC qualifying patients and all other patients.

4 **Key Questions for Health Scrutiny to Consider**

4.1 The Committee may wish to seek assurance that the draft policy and engagement plan are compliant with the following:

- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (October 2018, revised)
- Article 8 of the European Convention on Human Rights, providing a right to respect for one's "private and family life, his home and his correspondence"
- Due consideration of implications for social care, and
- the proposed consultation exercise fulfills the CCG's 'Duty to Involve' arising from s14Z2 the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

5. **Links to Corporate Outcomes**

5.1 n/a

6 **Additional Supporting Information**

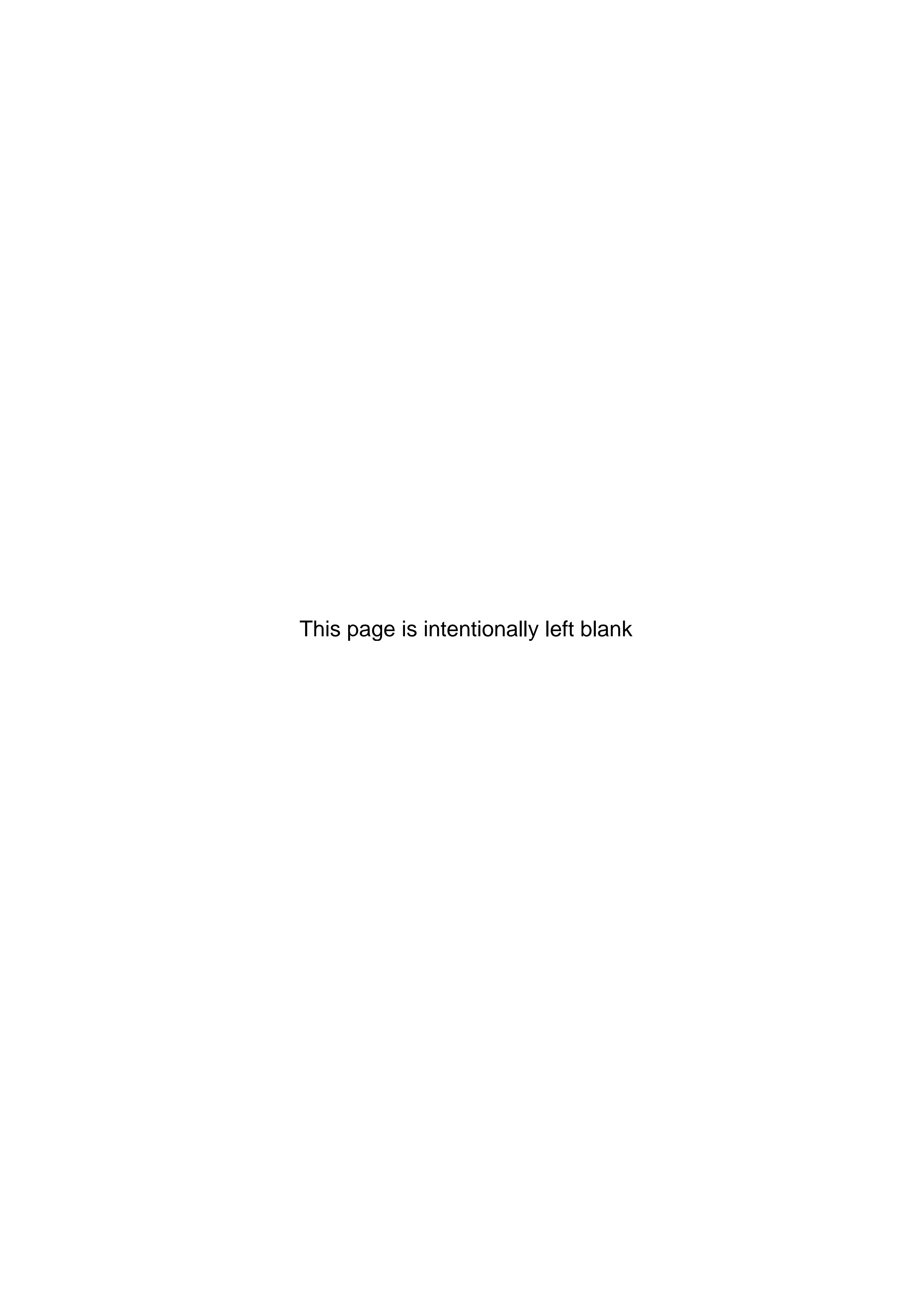
6.1 The Policy and Engagement Plan are attached.

7 **Consultation**

7.1 This draft policy was approved for consultation by the CCG Clinical Committee on 15-08-2019

8 **Appendices**

8.1 Appendix I – Draft Choice and Equity Policy
Appendix II – Outline Engagement Plan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DRAFT CHOICE AND EQUITY POLICY
NHS OLDHAM CLINICAL COMMISSIONING GROUP

AUGUST 2019

1. FOREWORD

1.1 This draft policy was approved for consultation by the CCG Clinical Committee on 15-08-2019.

2. EXECUTIVE SUMMARY

2.1 This policy sets out the commissioning principles that the CCG will work to when commissioning individual packages of care for patients eligible for NHS Continuing Healthcare (CHC) funded by the NHS[1]. It explains how the CCG will commission care in accordance with the National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care (October 2018, revised) ("national framework") taking into account the legal requirement for the CCG to act efficiently, effectively and fairly in allocating its limited resources between all of the patients for whom the CCG has commissioning responsibility.

2.2 This policy applies to all new patients who are eligible for CHC, and in a few cases to existing patients whose care needs have changed considerably since their last CHC review. It does not apply to:

I. Children under the age of 18.
II. Individuals who are assessed as needing 'fast-track' CHC.
III. Section 117 aftercare under the Mental Health Act.

The policy has been developed to ensure that:

2.3 Any package of care which is offered to be commissioned by the CCG is sufficient to meet the reasonable requirements of an individual who is eligible for CHC.

2.4 As far as is reasonably practicable, a person-centred approach is taken by the CCG in making decisions about a care package to be funded by the CCG for that individual, taking into account choices expressed by the individual, their family or a representative.

2.5 Decisions are made in a way that is fair, balancing the CCG's duties to the individual and to all the other patients for whom the CCG has commissioning responsibility.

2.6 Where a person qualifies for CHC, the CCG has a duty to offer a package of health

[1] CHC is sometimes referred to as "fully funded" NHS care or "fully funded CHC". This policy does not cover the approach used by the CCG in calculating its appropriate contribution to meeting the costs of medical services provided to patients as part of joint funded packages of care.

and social care services that meets the individual’s assessed health and associated social care needs in a way that is considered reasonable. The duty to make and maintain the offer and, if accepted, to commission care in accordance with the offer, continues for as long as the individual is eligible for CHC.

2.7 The CCG has a statutory duty to break-even financially. When making decisions about commissioning services, the CCG must balance a range of factors including individual choice and preferences, quality, safety and value for money. Throughout the decision-making process, the CCG needs to recognise the need to achieve best value in its use of financial resources, in order that it can share finite NHS resources equitably across all patients for whom it has commissioning responsibility.

2.8 In all instances, the CCG will need to satisfy itself that any health and social care services that are to be commissioned by the CCG for an individual will be provided in a location which is:

I. Clinically appropriate to providing the package of health and social care which the CCG has assessed is reasonably required to meet the individual’s assessed health and associated social care needs.
II. Able to provide a safe and sustainable package of care.

2.9 In most circumstances, CCG staff will work with the individual and/or their family or representative to seek to identify a range of potential locations and care options, which are appropriate to meeting the individual’s assessed needs. The CCG will communicate those potential options to the individual and any representative identified by the individual.

2.10 Under this policy, the CCG will generally use home care providers and care or nursing home providers that it has assessed as able to meet procurement and contractual requirements.

2.11 The CCG will generally not fund a care package in a person’s home if the cost of doing so is more than 10 per cent higher than providing the same care in a care or nursing home. In addition, an individual or their family or representative has the right to ask that their package of care is provided in a care or nursing home that is not a preferred provider. The CCG will generally not fund a placement at a care or nursing home if its fees are more than 10 per cent higher than a suitable preferred provider.

2.12 The CCG will take account of an individual’s views and wishes regarding where their care package is provided, when determining whether their case is exceptional and justifies a higher cost being incurred to provide care. This will include considering an individual’s particular reasons and family circumstances, and whether there are very compelling circumstances. However, in reaching this decision the CCG must be satisfied that the proposed overall cost of the care package is proportionate and a justifiable use of CCG funds in comparison to the cost of commissioning a package of care for the individual in another location.

[1] CHC is sometimes referred to as “fully funded” NHS care or “fully funded CHC”. This policy does not cover the approach used by the CCG in calculating its appropriate contribution to meeting the costs of medical services provided to patients as part of joint funded packages of care.

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3 CONTINUING HEALTHCARE POLICY, THE NATIONAL FRAMEWORK FOR NHS CONTINUING HEALTHCARE and THE DHSC'S NATIONAL FRAMEWORK SAYS:

3.1 "Where an individual is eligible for NHS Continuing Healthcare, the CCG is responsible for care planning, commissioning services, and for case management. It is the responsibility of the CCG to plan strategically, specify outcomes and procure services, to manage demand and provider performance for all services that are required to meet the needs of all individuals who qualify for NHS Continuing Healthcare. The services commissioned must include ongoing case management for all those eligible for NHS Continuing Healthcare, including review and/or reassessment of the individual's needs." (Paragraph 165 of the national framework)

3.2 "Where a person qualifies for NHS Continuing Healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual's assessed health and associated care and support needs. The CCG has responsibility for ensuring this is the case, and determining what the appropriate package should be. In doing so, the CCG should have due regard to the individual's wishes and preferred outcomes. Although the CCG is not bound by the views of the local authority on what services the individual requires, any local authority assessment under the Care Act 2014 will be important in identifying the individual's needs and in some cases the options for meeting them." (Paragraph 172 of the national framework)

4 CONTEXT

4.1 "NHS Continuing Healthcare" means a package of continuing care arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in the national framework. The actual services provided as part of that package must be seen in the wider context of best practice and service development for each client group. Eligibility places no limits on the settings in which the package of support can be offered or on the type of service delivery.

4.2 The concept of a 'primary health need' has been developed. Where a person's primary need is a health need, the NHS is regarded as responsible for providing for all their needs, including accommodation, if that is part of the overall assessed need, and so they are eligible for NHS Continuing Healthcare.

5 KEY PRINCIPLES

5.1 Where a person qualifies for CHC, the CCG has a duty to offer to provide a package of health and social care services to meet the individual's assessed health and associated social care needs in a way that is considered reasonable.

5.2 Any assessment of a care option will include the individual's psychological, emotional, personal, social and developmental needs and the impact on the home and family life, as well as the individual's care needs. The outcome of this assessment will be taken into account when arriving at a decision.

[1] CHC is sometimes referred to as "fully funded" NHS care or "fully funded CHC". This policy does not cover the approach used by the CCG in calculating its appropriate contribution to meeting the costs of medical services provided to patients as part of joint funded packages of care.

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5.3 The CCG is committed to commissioning care services that meet quality of care standards and that evidence value for money.

5.4 Application of this policy will ensure that decisions about CHC care will:

I. Be robust, fair, consistent and transparent in its decision-making.
II. Be based on the objective assessment of an individual's clinical need, safety and (where an individual lacks mental capacity to make decisions about their care) their best interests.
III. Have regard for the quality, safety and appropriateness of care for the individual and the staff involved in the delivery.
IV. Involve the person and their family or representative, wherever possible.
V. Take into account the need for the CCG to allocate its financial resources in the most cost effective way for its entire population.
VI. Support choice to the greatest extent possible in view of the above factors.

5.5 The CCG will consider the appropriateness of funding care services from a variety of care settings, which may include an individual's own home or a care or nursing home. The CCG has a duty to make a reasonable offer of care to a person with CHC needs in order to meet their assessed needs.

5.6 The level of care is determined by a comprehensive, multi-disciplinary assessment of an individual's health and social care needs. This assessment contributes to the decision-making process when determining eligibility for NHS funded CHC. An individual or their family or representative cannot make a financial contribution to the cost of the care identified by the CCG as required to meet the individual's needs. However, an individual has the right to decline NHS services and make their own private arrangements.

5.7 Access to NHS services depends upon an individual's clinical need and not their ability to pay. The CCG will not charge a fee or require a co-payment from any NHS patient in relation to their assessed needs. The principle that NHS services remain free at the point of delivery has not changed and remains the statutory position under the NHS Act 2006. The CCG cannot allow personal top-up payments to a NHS funded Care package, where the additional payment relates to services assessed as meeting the needs of the individual and covered by the fee negotiated with the service provider (for example, the care home) as part of its contract with the CCG.

5.8 However, where service providers offer additional services which are unrelated to the individual's assessed CHC needs; the person may choose to pay for these additional services themselves.

5.9 Examples of services that will in most cases fall outside NHS provision include hairdressing, aromatherapy, beauty treatments and entertainment services. However, such services can also include additional healthcare services that the CCG has assessed are not reasonably required and therefore will not be funded by the CCG. Where such services are available, the individual will be advised by the

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CCG about the options available to voluntarily enter into a separate agreement with the care provider for the provision of the services or about the availability of those services by the NHS, e.g. via community services.

5.10 Where more than one suitable care option is available (such as a care or nursing home package and a home care package) the total cost of each package will be identified and assessed against the overall cost effectiveness of comparable alternatives. While there is no set upper limit on the cost of care, the expectation is that the most cost effective option that meets the individual's assessed needs will be commissioned.

5.11 The CCG will make the final decision about the location of individual CHC packages. The CCG will consider the views of the individual and their family or representative as appropriate and act on all reasonable requests to the best of its ability.

5.12 The NHS discharges its duty to individuals by making an offer of a suitable care package whether they choose to accept the offer or not.

6. CONTINUING HEALTHCARE FUNDED CARE OR NURSING HOME PLACEMENTS

6.1 Where a person has been assessed as needing placement within a care or nursing home, the CHC team operates an agreed rate with Providers. The expectation is that individuals requiring placement will have their needs met in a home with an agreed rate however the individual has a right to ask that their care package is not provided within one of these homes.

6.2 The CCG's duty is to meet the assessed needs of the person. The person has a right to ask for a particular package of care, or they, or their family or representative, may wish for a care or nursing home outside of the CCG's preferred providers. The CHC team will consider this option, as long as the fee for the bed is not more than 10 per cent higher than the fee agreed with preferred provider care or nursing homes, and the home can meet the patient's assessed care needs

6.3 The CCG will generally not fund a placement at a care or nursing home if its costs are more than 10 per cent higher than a preferred provider on the CCG's preferred provider list. The CCG will consider whether any exceptional circumstances apply which would allow it to fund a placement where costs are higher than the 10 per cent threshold (refer to the Annex of this policy). Where there is no placement available on the preferred provider list, the CCG will offer a placement in a care or nursing home outside the preferred list.

6.4 The care provider will invoice the CCG for the commissioned care costs and reasonable accommodation costs associated with the person's assessed needs. If the individual has entered into a voluntary agreement for the private provision of additional services, the provider will invoice the individual separately for these.

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6.5 If the provider refuses to invoice separately it could be considered unfair under Consumer Law and the CCG will not be able to purchase care at this home. The individual or their family or representative will be advised that they need to consider other homes.

7. CONTINUING HEALTHCARE FUNDED PACKAGES OF CARE AT HOME

7.1 People who are eligible for CHC may have a complexity, intensity, frequency and unpredictability in their health needs which can present challenges to the safe delivery of care in their homes. Unless there are exceptional circumstances (refer to the Annex of this policy), the CCG does not have the financial resources to provide a safe and effective 'hospital at home' service where the cost of doing so is more than 10 per cent higher than providing the same care in a care or nursing home.

7.2 When commissioning packages of care that meet an individual's assessed needs, the CCG can take into account comparative costs and the available financial resources. Any changes to a care package must be reasonable and proportionate, and any negative impact on an individual's assessed needs must be considered before a change is made. Where a change is unavoidable, the impact must be assessed and managed with appropriate steps taken to lessen it.

7.3 The CCG commissions services that take into account accessible support and/or supervision and which utilise all commissioned service provision, including primary care, secondary care, community services and, when available, assistive technology.

7.4 The CHC team will take account of the following factors when considering whether or not to commission a care package:

a. The individual's views and those of their family or representative of the benefit to the individual of living at home.
b. The likely impact on the individual of any potential move, including psychological, emotional, personal, social and developmental needs.
c. The preference of the individual to die at home when they have an advanced, progressive, incurable illness.
d. Whether the location of the placement is close to family members who play an active role in the life of the individual.
e. The cultural or linguistic needs of the individual.
f. The needs of individuals placed out of area before they became eligible for NHS CHC.
g. Length of stay in the existing placement.
h. Consideration of the likely length of the care package and what change in needs might trigger the need to relocate to alternative provision.
i. Availability and suitability of alternative care arrangements and the long-term sustainability of these alternative arrangements.
j. The availability of contingency or replacement services if the care package breaks down.
k. The extent to which care can be delivered safely and without undue risk to

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the person, the staff or other members of the household (including children).

l. The acceptance by the CHC team and each person involved in the person's care of any identified risks in providing care and the person's acceptance of the risks and potential consequences of receiving care at home.
m. Where an identified risk to the care providers or the person can be minimised through actions by the individual or their family or representative, those individuals agree to comply and confirm in writing they agree with the steps required to minimise any identified risk.
n. The individual's GP agrees to provide primary care medical support.
o. The willingness and ability of family, friends or informal carers to provide elements of care where this is part of the care plan, and the agreement that no individual should be under pressure to offer such support, and the CCG does not make assumptions about any individual, group or community being available to care for family members.
p. The cost of providing the care at home in the context of cost effectiveness with other comparable services.
q. Whether the higher cost is reasonable, taking into account local market rates.

7.5 In most circumstances, CCG staff will work with the individual and/or their family or representative to identify a range of potential locations and care options, which are appropriate to meeting the individual's reasonable assessed needs. The CCG will communicate those potential options to the individual and any family member or representative identified by the individual.

7.6 However, there may be factors that indicate that it would not be clinically appropriate to provide care in a person's home. For example, home care packages in excess of eight hours per day indicate a high level of need, which may be more appropriately met within a care home. These cases would be carefully considered and a full risk assessment undertaken.

7.7 It is likely to be easier to provide waking night care to a person in a care or nursing home. The need for waking night care indicates a high level of support day and night.

7.8 A care or nursing home may be more appropriate for people who have complex and high levels of need. Care or nursing home placements benefit from direct oversight by registered professionals and the 24-hour monitoring of people.

7.9 If the clinical need is for registered nurse direct supervision or intervention throughout the 24 hours, the care would often be expected to be provided within a care or nursing home. This would include the requirement for 1-2 hourly intervention and/or monitoring for turning, continence management, medication, feeding, manual handling or for the management of significant cognitive impairment.

7.10 There are specific conditions or interventions that it would not generally be appropriate to manage in a home care setting. These include but are not restricted to: continual invasive or non-invasive ventilation or the management of grade four pressure areas.

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7.11 In every case, a detailed consideration and costing of the person's needs and how those needs will be met in different settings will be considered and a balance sheet analysis conducted.

7.12 Each assessment will consider the appropriateness of a home based package of care, taking into account the range of factors in paragraph 36 of this policy and underpinned by the principles in paragraph 13.

7.13 In these circumstances, the CCG will undertake an assessment of the care options and costs to determine the appropriateness of a home care package.

8 CAPACITY

8.1 If a person is assessed as lacking capacity, as defined in the Mental Capacity Act 2005, to make a decision about the location of their CHC package, the CHC team will commission the most cost effective and safest care available based on an assessment of the person's best interests. This will be carried out in consultation with the following:

a. Any appointed advocate.
b. Any attorney under a Lasting Power of Attorney, which does not authorise the attorney to make a decision by themselves as to where the person should live.
c. A Court Appointed Deputy whose terms of appointment do not authorise them to make a decision by themselves as to where the person should live.
d. Family members.
e. Any other person who should be consulted under the terms of the Mental Capacity Act 2005 Code of Practice.

8.2 If there is a significant dispute between any of those referred to in the above paragraph about where the person should live, the CCG should take advice about whether the matter should be referred to the Court of Protection.

8.3 Alternatively, if the terms of a Lasting Power of Attorney or Deputyship grant authority for the Attorney or Deputy to make decisions about where a person lives, the CCG will advise the Attorney or Deputy on what they consider to be the most appropriate placement. The Attorney or Deputy will then decide whether to accept that placement as being in the person's best interests.

9 AGREEMENT TO FUND

9.1 The authorisation for the commissioning and funding of packages of care lies with the CCG. Subject to the limits of their delegated financial authority, the decision about the package of care to be offered will be made by an Integrated panel, which will include the Clinical Lead and a senior clinical manager in that team ("CHC Team"). If the individual or their family or representative identifies a care option that falls outside of this policy, CCG staff will meet with the individual, their family or a representative to consider the care options available and to discuss whether any

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exceptional circumstances should be applied. The Integrated Panel will then consider the options available and any exceptional circumstances alongside the information provided to them.

9.2 The CCG can offer individuals the opportunity to have their own Personal Health Budget (PHB). A PHB is an amount of money to support someone's health and wellbeing needs, which is planned and agreed between the person, or their representative, and the CCG. Individuals eligible for NHS CHC have the right to request a PHB if their care is to be provided in a community setting, including in their home. Individuals placed in a care or nursing home will not receive a PHB. A PHB is based upon a personalised care and support plan, which sets out an individual's health and wellbeing needs, the outcomes they wish to achieve, the amount of money available and how it will be spent.

10 REVIEW

10.1 The care package will be reviewed after the first three months and then annually, as a minimum requirement, alongside the CHC review to ensure that it is still meeting the person's needs at that time.

10.2 If the review identifies that the individual's needs have changed to an extent that his or her care package may need a significant adjustment and increase to the weekly cost of care, the care package will be reviewed and other options will be explored following consideration of the factors outlined in paragraph 36. This will not apply to increases in cost during a single period of up to two weeks that are required to cover either an acute episode of ill health or for end of life care to prevent a hospital admission.

10.3 Individuals and their family or representative should be aware that there may be times where it will no longer be appropriate to continue to provide care at home. For example, where deterioration in the person's condition may result in the need for clinical oversight and 24-hour monitoring that can only be provided in a care or nursing home.

10.4 Any need to change the location of care will be discussed with the individual and their family or representative and the principles set out in this policy will be followed, including the consideration of exceptional circumstances.

11 APPEALS

11.1 If an individual, family member or representative wishes to appeal against the location of the package of care which has been offered, on the basis that they believe they have exceptional circumstances, they should make their appeal and submit any further supporting evidence within 28 days of receiving the decision. The appeal should be addressed to the CCG's Continuing Healthcare Team.

11.2 When an appeal is received, it will be formally acknowledged by a letter that explains the process.

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11.3 An appeals panel consisting of senior clinicians and social workers of the Oldham Cares which will hear the appeal. A decision taken by the Integrated Panel will not be reviewed on the grounds that the individual or family or representative disagrees with the decision. Appeals are not a re-hearing of the case or the decision itself, and panel decisions will only be reviewed on one or more of the following grounds:

I. Procedural inaccuracies and/or inconsistencies (i.e. the procedures outlined in this policy were not applied correctly or consistently when the decision was made).
II. Irrationality (i.e. relevant factors were not taken into account or irrelevant factors were not excluded when the decision was made).
III. Illegality (i.e. the decision making panel acted outside of its authority or the decision does not comply with the law).

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ANNEXE: EXCEPTIONAL CIRCUMSTANCES

In considering the care to be offered under this policy, including any exceptional circumstances, the CCG has referred to the DHSC's national CHC framework. The national framework takes account of CCGs' legal obligations, and CCGs should refer to the sections titled "Higher cost care packages" (paragraphs 279-290) and "Supporting individuals eligible for NHS Continuing Healthcare in their own home" (paragraphs 291-295); in particular paragraph 293 and the Practice Guidance in paragraphs 45 and 46.

The CCG has agreed that in an attempt to balance these different interests it will be prepared to support a package of care that keeps a person in their own home, provided the anticipated cost to the CCG does not significantly exceed the anticipated cost of a care package delivered in an alternative appropriate location, such as a care or nursing home.

The CCG will generally not fund a home care package if the cost of doing so is more than 10 per cent higher than the same care provided in an alternative appropriate location, such as a care or nursing home. However, the CCG will consider whether any exceptional circumstances apply which would allow the CCG to fund a placement above the aforementioned 10 per cent threshold.

In addition, the CCG will generally not fund a care or nursing home package where the cost of doing so is more than 10 per cent higher than a preferred provider care or nursing home. However, the CCG will consider whether any exceptional circumstances apply which would allow the CCG to fund a placement where costs are above the aforementioned 10 per cent threshold.

Exceptionality would be determined on a case-by-case basis. Exceptionality is defined as:

- Are the individual's needs significantly different to other individuals with the same or similar condition? and if so;
- Will the individual derive significantly more from the additional or alternative services in comparison to other individuals with the same or similar condition?

At all times, individuals with capacity to make decisions about their residence, care and treatment retain their right to decline any offer made by the CCG and to make and fund their own private arrangements. The CCG recognises that exceptional circumstances may require exceptional consideration, but will retain its obligation to make the best use of NHS financial resources on behalf of taxpayers.

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Outline Engagement Plan

NHS Oldham CCG Continuing Healthcare Policy refresh 2019

Background

This policy describes the way care for people who have been assessed as eligible for fully funded NHS Continuing Healthcare is commissioned to reflect the choice and preferences of those individuals, whilst also balancing the need to commission safe and effective care that makes best use of available resources. Amongst other things, it sets out the circumstances in which the CCG will fund packages of care, both in care homes and at home for individuals with a high level of need.

A review of this policy has been undertaken by the CCG to ensure compliance the new guidance set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care October 2018 (Revised). To ensure compliance with the Duty to Involve, the CCG therefore wishes to seek the views of affected patients on this Draft Policy with a view to incorporating learning from this exercise in the finalised policy prior to implementation.

Methodology

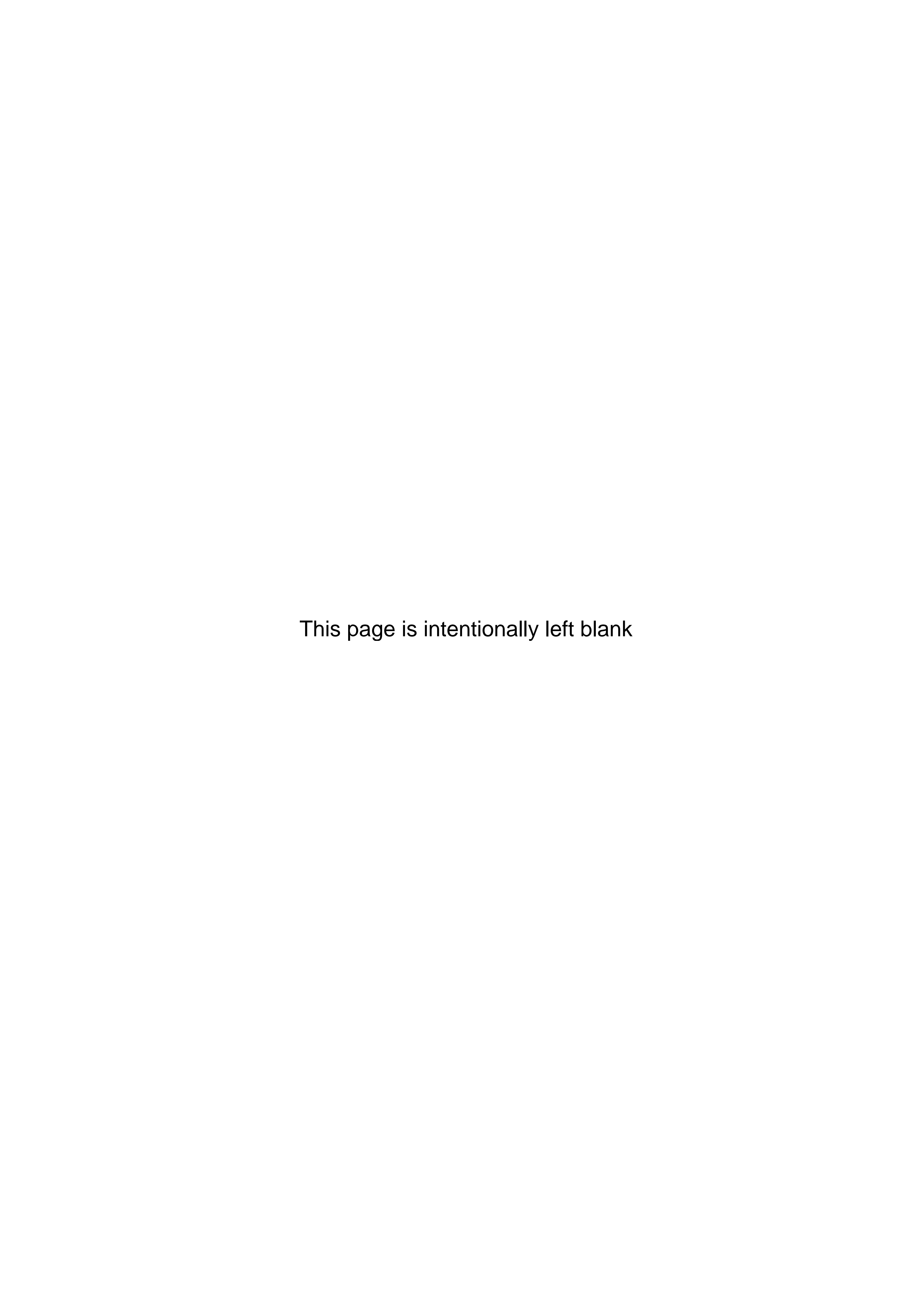
The CCG will write to each patient (or in the case of minors parents or guardians) currently in receipt of CHC funded care, asking for their views. This will involve sending them a copy of the draft policy, a covering letter highlighting the significant changes and a brief survey to be returned (also online).

The CCG currently funds 160 adults in care homes, 42 adults being cared for at home and 30 children being cared for at home.

The letter will also give contact details for recipients to ask questions or raise any concerns. The consultation will run for six weeks.

Timeline

03.09.19 Presentation to Health Scrutiny Committee
09.09.19 Consultation goes live – letter goes out to patients
21.10.19 Consultation ends
07.11.19 Policy finalised by CCG Governing Body, effective immediately
11.11.19 Affected patients written to informing them of new policy and policy placed on the CCG website.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Report to Health Scrutiny Committee

Urgent Primary Care update

Portfolio Holder:
Councillor Chauhan, Cabinet Member for Health and Social Care

Report Author: Nicola Hepburn, Associate Director of Commissioning
Ext. 0161 622 6400

3 September 2019

Purpose of the Report

This report updates the previous reports of November 2018 and March 2019 to inform the committee of progress in implementing a new model of Urgent Primary Care for Oldham

Recommendations

The committee is asked to note the content of the report.

Urgent Primary Care update

1 **Background**

In January 2018, Oldham CCG's Governing Body decided to adopt a new model of Urgent Primary Care for Oldham, moving away from a Walk-In Service towards local cluster-based services offering urgent bookable appointments.

This decision took account of the outcome of a public consultation undertaken by the CCG between October and December the previous year. Overall, 58% of the 2,493 consultees who expressed a preference in the main survey opted for Urgent Care Hubs, as opposed to 42% who would wish to see Oldham retain a Walk-In Service.

2 **Current Position**

Aspects of the proposed model have already been progressed – for example establishing an A&E primary care stream and on sharing medical records between GPs, hospital clinicians and other health and social care professionals.

However, work to establish Urgent Care Hubs has proved to be complex with a considerable amount of work required to ensure the service will be robust and both clinically and financially sustainable.

The CCG will not implement the new model until it is confident that the service will meet clinical needs, be safe and offer an improved patient experience compared to turning up and waiting at the Integrated Care Centre to be seen by the Walk In Service.

Although the position of the CCG is that the model agreed in January 2018 remains the best way to deliver local urgent patient care, it has been decided to undertake an Objective Review to take stock of progress and consider how best to implement the model going forward.

Work on implementing the model will effectively be placed on hold during this Review. This means that there is currently no active mobilisation plan for Care Hubs or decommissioning plan for the Walk-In Service and the status quo remains unchanged.

It is anticipated that the Review process will take one month to complete. It is proposed to share the outcome of this Review with the Health Scrutiny Committee at its next meeting, together with an indication of next steps.

Report to Health Scrutiny Sub-Committee

Council Motions

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

3 September 2019

Purpose of the Report
To provide the Health Scrutiny Committee with a summary of the health-related motions that were debated by Council on 10 July 2019.

Recommendations
The Health Scrutiny Committee is requested to determine how to proceed with the resolution.

Council Motions

1 Background

The following health-related motion was debated at the Council meeting on Wednesday 20 July 2019:

- Making a Commitment to the UN Sustainable Development Goals

2 Making a Commitment to the UN Sustainable Development Goals

"Council welcomes the UK Government's commitment to the delivery of the seventeen Sustainable Development Goals adopted by the world community at the United Nations in September 2015. The goals form part of the 2030 Agenda for Sustainable Development which seeks to eradicate extreme poverty, address inequality and injustice, and promote sustainable development and peace.

The goals are to:
- End poverty in all its forms everywhere
- End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Ensure healthy lives and promote well-being for all ages
- Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Achieve gender equality and empower all women and girls
- Ensure availability and sustainable management of water and sanitation for all
- Ensure access to affordable, reliable and sustainable economic growth, full and productive employment and decent work for all
- Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Reduce inequality within and among countries
- Make cities and human settlements inclusive, safe, resilient and sustainable
- Ensure sustainable consumption and production patterns
- Take urgent action to combat climate change and its impacts
- Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development

Wishing to replicate the UK Government's position on the goals, this Council resolves to make a similar commitment to their delivery, as far as is practicable and within its power and resources, and calls upon the Health and Overview and

Scrutiny Boards to identify the work that is already being done by the Council and its partners and what more can be done, and to present a report with its finding and recommendations to a future meeting of full Council."

3 Overview and Scrutiny Board

The above motion was also referred to Overview and Scrutiny Board who discussed the motion at their meeting on 23 July 2019.

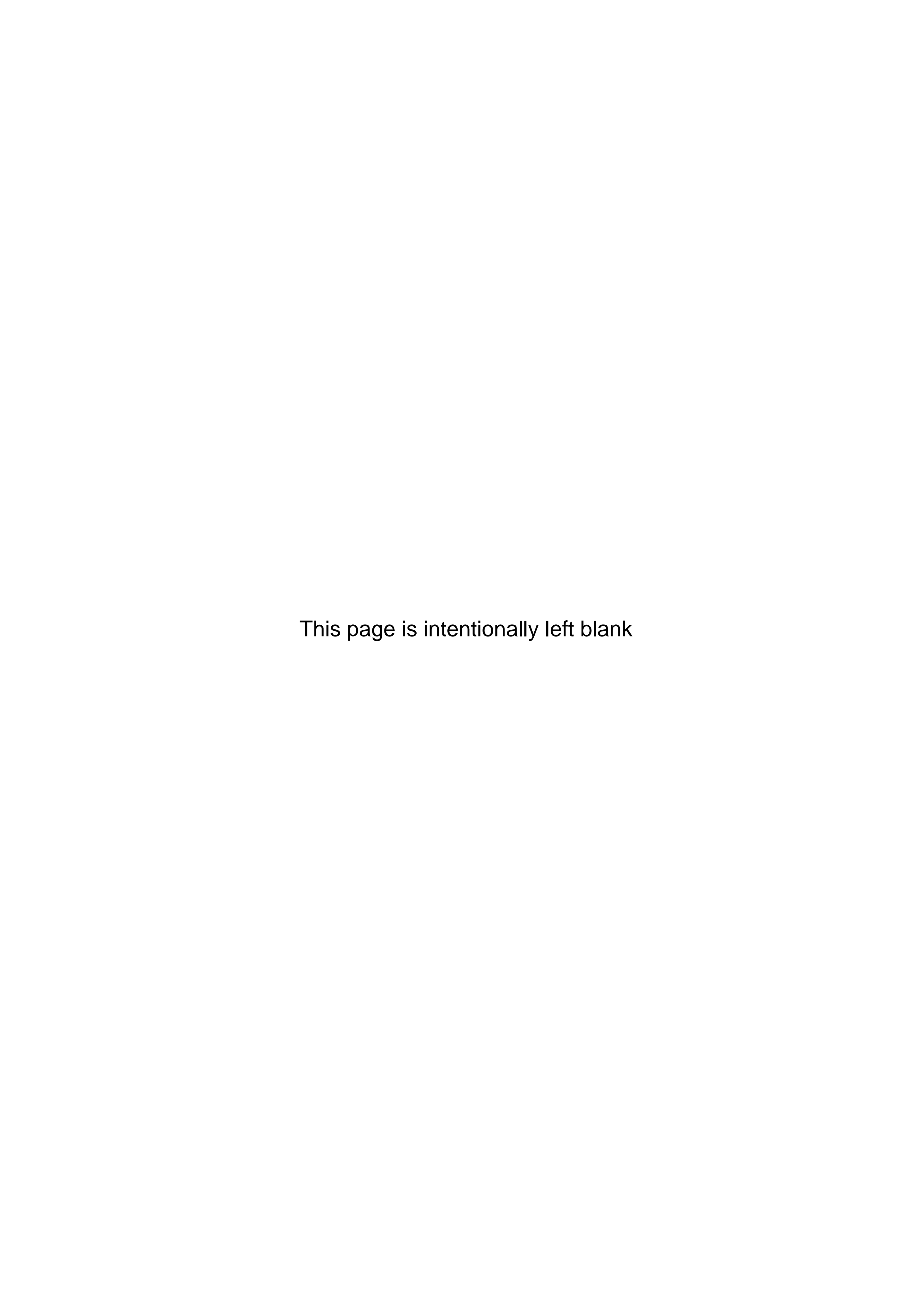
An excerpt from the minutes of the discussion at Overview and Scrutiny Board is as follows:

"The Board discussed the motion. Health Scrutiny would also be involved in the resolution of the motion. The issues would be raised with the relevant officers who had an understanding and information available to invite contributions. A deadline for the response would be given with information coordinated into a progress report. The information would then form one report to be reported back to the Overview and Scrutiny Board and Full Council.

RESOLVED that:
…The 17 goals be provided to officers who had an understanding of the issue, with responses co-ordinated into one report to come back to the Overview and Scrutiny Board."

4 Recommendation

The Health Scrutiny Committee is requested to determine how to proceed with the resolution.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Report to Health Scrutiny Committee

Mayor’s Healthy Living Campaign

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

3 September 2019

Purpose of the Report

To provide Health Scrutiny Committee with an update on the Mayor’s Healthy Living Campaign 2019/20.

Requirement from Health Scrutiny Committee:

Health Scrutiny Committee is asked to note the update and to continue to support the Mayor during her time in office.

Mayor's Healthy Living Campaign

1 **Background**

1.1 For 2019/20, Councillor Ginny Alexander will be the Mayor of Oldham. The Deputy Mayor will be Councillor Jenny Harrison, who is also the Chair of Oldham's Health and Wellbeing Board.

1.2 During the Mayor's term in office, she will be focusing on the following health and wellbeing themes, as part of her Healthy Living Campaign:

- Mental Health and Emotional Wellbeing
- Healthy Eating
- Early Detection and Diagnosis of health conditions

1.3 The Mayor will explore opportunities to role-model and promote health and wellbeing messages as part of her mayoral duties. Council officers and local health partners will also support the Mayor to develop a work programme to support her Healthy Living Campaign.

2 Current Position

2.1 The Mayor has been using her social media channels to promote her Healthy Living Campaign and share information and advice on her chosen themes, as well as sharing detail about a number of local services and organisations with provide health and wellbeing support as part of her attendances at the Carers Fun Day on 13 June and the Time to Celebrate Volunteering Event in July.

2.2 As part of her Mental Health and Emotional Wellbeing theme, the Mayor has shared information about local and national organisations that support mental health. She has also been sharing suggestions for promoting and maintaining good mental health, such as exercise via the many walking groups available in Oldham.

2.3 The Mayor has been sharing advice regarding healthy nutrition and hydration to promote Healthy Eating. She also visited the Sholver and Moorside Community hub for their annual Flower and Vegetable Show where she saw a variety of home-grown fruits and vegetables.

2.4 Finally, as part of her Early Detection and Diagnosis of Health Conditions campaign theme, the Mayor has a Health Check at The Crossley Centre Summer Fun Day. She has been sharing advice regarding regular health checks and screening programmes to ensure early detection of any health conditions.

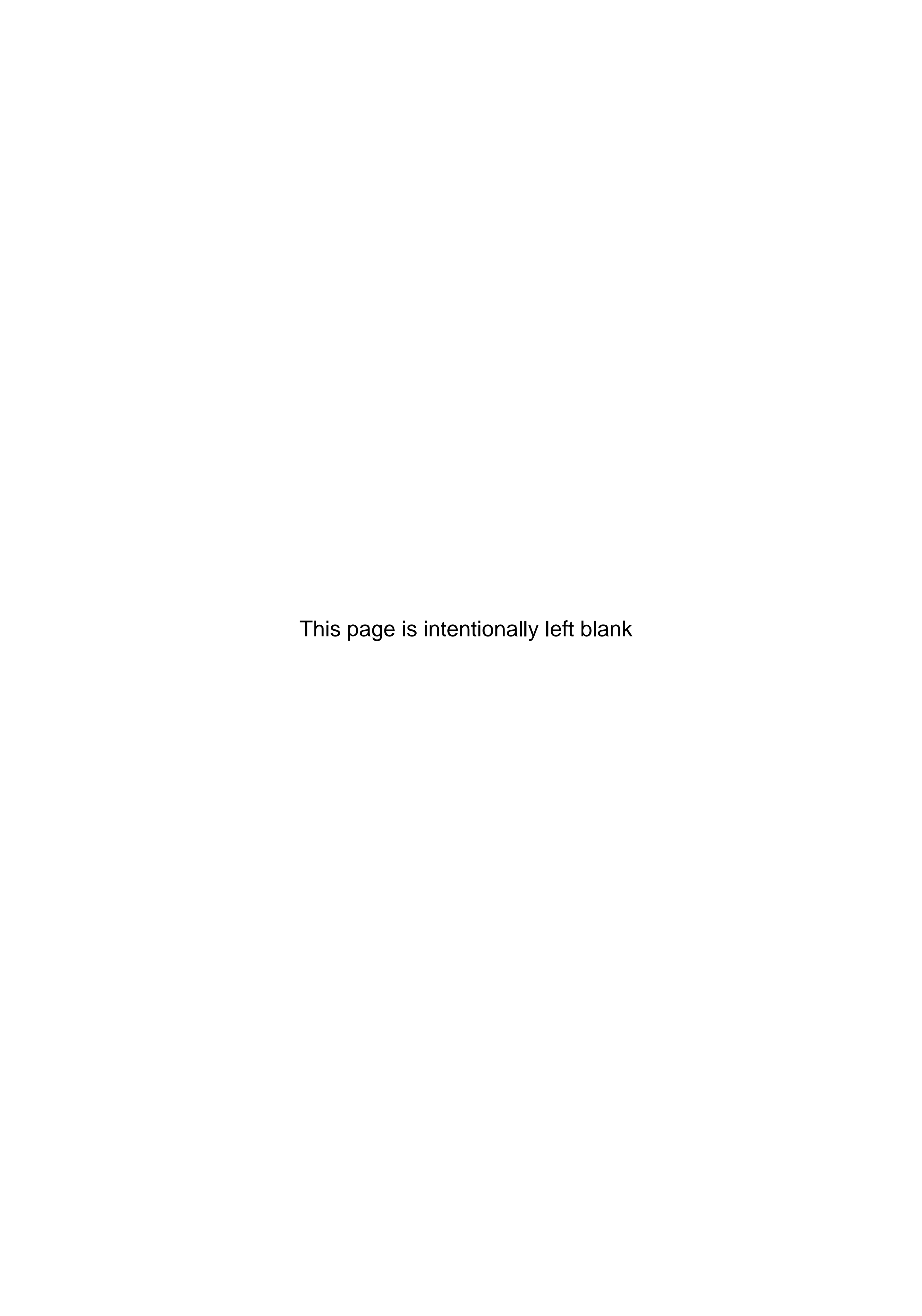
3 Plans for 2019-202

3.1 Officers from the Public Health service are currently exploring opportunities with the Mayoralty Support team for the Mayor to be involved in events supporting the programmes addressing Nutrition and Hydration for over 65s, Suicide Prevention and activity as part of the Whole School and College Approach to Mental Health and Emotional Wellbeing.

3.2 The Health Scrutiny committee will be updated throughout the year as to the activity the Mayor has been involved in to promote healthy living in the borough.

4 Recommendation

3.1 Health Scrutiny committee is asked to note the update and continue to support the Mayor during her time in office.



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OLDHAM HEALTH SCRUTINY COMMITTEE

FORWARD PLAN 2019 - 20

Date of meeting	Topic to be addressed	What	For discussion, approval, information?	Lead Officer
2 July 2019 6pm – 8pm Lees Suite, Civic Centre	Elected Member Safeguarding Training	Update as requested in November 2018	Discussion	Ed Francis, Assistant Director Safeguarding and Partnerships Ed.Francis@oldham.gov.uk
	Children and Young People's Mental Health and Emotional Wellbeing	For the committee to consider the current offer for Children and Young People's Mental Health and Emotional Wellbeing. To include consideration of: - CAMHS Transformation Plan Update - Findings of Healthwatch's review of CYP Mental Health Services	Discussion	Representatives from across the Health system to include: - Jill Beaumont, Director of Children's Health and Wellbeing jill.beaumont1@nhs.net - Dr Keith Jeffery, Clinical Director for Mental Health NHS Oldham CCG keith.jeffery@nhs.net - Mike Bridges, Public Health Specialist Mike.Bridges@oldham.gov.uk - Julie Farley, Healthwatch Oldham julie.farley@healthwatcholdham.co.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 committee on recent activity	Discussion *(standing item)*	Chair

3 September 2019 **6pm – 8pm** **Crompton Suite,** **Civic Centre**	**North West Ambulance Service**	**To engage with the committee regarding local health priorities and how NWAS can best meet the needs of Oldham's communities**	**Discussion**	**Pat McFadden, Head of Service for Greater Manchester (plus local manager)** **Officer contact: Madeline Edgar, Senior Communications Manager** **Madeline.Edgar@nwas.nhs.uk**
	Social Prescribing	**For the committee to consider the progress made in the initial phase of the Innovation Partnership**	**Discussion**	**Pete Pawson, Thriving Communities and Place Based Intervention Programme Manager** **Peter.Pawson@unitypartnership.com**
	Choice and Equity Policy	**For the committee to consider 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 committee on recent activity**	**Discussion *(standing item)***	**Chair**
	Urgent Primary Care	**Update to Health Scrutiny as requested in March 2019**	**Update – For noting only**	**Dr John Patterson, Chief Clinical Officer and Deputy Accountable Officer, Oldham Cares** **(john.patterson3@nhs.net)**
15 October 2019 **6pm – 8pm** **Crompton Suite,** **Civic Centre** ***Development Session***	***Topic of Development Session to be determined***	*Potential topics* - *Primary Care*		
	Pennine Acute Hospitals NHS Trust Transaction Programme	**Update to Health Scrutiny as requested in March 2019**	**Update – For noting only**	**Steve Wilson, Executive Lead (Finance & Investment) - Greater Manchester Health & Social Care Partnership** **(PA: karenwinterbottom@nhs.net)**

10 December 2019 **6pm – 8pm** **Lees Suite Civic Centre**	**Oldham Health Check**	**To provide the committee with an overview of progress made since the launch of the Oldham Health Check**	**Discussion**	**Consultant in Public Health (Healthcare)**
	Integration of the community and commissioning teams – Phase 2 implementation	**To provide the committee with an overview of the second phase the Adults Social Care and Community Health integration**	**Discussion**	**Mark Warren, Managing Director Community Health and Adult Social Care (DASS) (Mark.Warren@oldham.gov.uk)**
	Oldham Children and Young Person's Alliance	**To provide the committee with an overview of the priorities of the Alliance and progress made since its establishment**	**Discussion**	**Merlin Joseph, Interim Director of Children's Services Merlin.Joseph@oldham.gov.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 committee on recent activity**	**Discussion *(standing item)***	**Chair**
	Public Health in Primary Care	**Update as requested by the committee in December 2018**	**Update – For noting only**	**Katrina Stephens, Director of Public Health (Katrina.Stephens@oldham.gov.uk)**
28 January 2020 **6pm – 8pm** **Crompton Suite Civic Centre**	***Topic of Development Session to be determined***			

24 March 2020 **6pm – 8pm** **Lees Suite, Civic Centre**	**End of Life Services Review**	**For the committee to receive an overview of the outcome of the review of End of Life Services conducted by Healthwatch Oldham and NHS Oldham CCG.**	**Discussion**	**Julie Farley, Manager – Healthwatch Oldham (julie.farley@healthwatcholdham.co.uk)** **Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)**
	Adult Safeguarding arrangements – Implementation of action plan	**For the committee to receive an overview of Oldham's Safeguarding Adults Arrangements:** **- To include Healthwatch/OSAB review of Preventative Adult Safeguarding**	**Discussion**	**Mark Warren, Managing Director Community Health and Adult Social Care (DASS) (Mark.Warren@oldham.gov.uk)** **Henri Giller, Independent Chair of Oldham Safeguarding Adults Board** **Julie Farley, Manager – Healthwatch Oldham (julie.farley@healthwatcholdham.co.uk)**
	Oldham Family Connect	**To provide the committee with an overview of the impact of Oldham Family Connect and progress made to date**	**Discussion**	**Bruce Penhale, Assistant Director Communities and Early Intervention Bruce.Penhale@oldham.gov.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**
	Thriving Communities Programme	**Update to Board as requested in March 2019**	**Update – For noting only**	**Peter Pawson, Thriving Communities Programme Manager (Peter.Pawson@unitypartnership.com)**

	Oral Health	Progress report as requested by the committee in December 2018	Update – For noting only	Katrina Stephens, Director of Public Health (Katrina.Stephens@oldham.gov.uk)

Items to be considered for inclusion in the work programme – dates tbc:

- Transfer of PCFT community services to NCA – Implications for OMBC
- Implementation of the GM LD strategy in Oldham Council (due to Health and Wellbeing Board – September 2019)

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