

**HEALTH SCRUTINY**  
**26/03/2019 at 6.00 pm**



**Present:** Councillor McLaren (Chair)  
Councillors Ball, Leach and Taylor

Also in Attendance:

Andrea Entwistle	Principal Policy Officer - Health and Wellbeing
Lori Hughes	Constitutional Services
Zahid Chauhan	Cabinet Member, Health and Social Care
Mark Drury	Oldham CCG
Dr. John Patterson	Clinical Commissioning Group
Peter Pawson	Principal Consultant
Steve Wilson	Greater Manchester Health and Social Care Partnership

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Toor and Councillor Williamson.

2           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3           **URGENT BUSINESS**

There were no items of urgent business received.

4           **PUBLIC QUESTION TIME**

There were no public questions received.

5           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Health Scrutiny Sub-Committee held on 19<sup>th</sup> February 2019 be approved as a correct record subject to the amendment that Councillor Toor and Councillor Williamson were not present at the meeting.

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

**RESOLVED** that the minutes of the Health and Wellbeing Board held on 29<sup>th</sup> January 2019 be noted.

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

**RESOLVED** that the minutes of the Greater Manchester Joint Health Scrutiny Committee held on 16<sup>th</sup> January 2019 be noted.

8           **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) MEETING**

The minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust meeting held on 24<sup>th</sup> January 2019 be noted.

9           **RESOLUTION AND ACTION LOG**

**RESOLVED** that the actions from the meeting held on 19<sup>th</sup> February 2019 be noted.

10 **MEETING OVERVIEW**

**RESOLVED** that the meeting overview for the meeting held on 26<sup>th</sup> March 2019 be noted.

11 **PENNINE ACUTE HOSPITALS NHS TRUST  
TRANSACTIONS PROGRAMME**

The Committee were presented with an update regarding the Pennine Acute Hospitals NHS Trust (PAT) Transitions Programme.

The Transactions Programme was a technical process and services had been stabilised. The programme would now move to the next phase in order to embed improvements in services. A preferred option was that the Salford Royal Trust formally take over Oldham, Bury and Rochdale and North Manchester to be taken over by the Manchester Trust. The two separate transactions were intrinsically linked and improvements would be delivered on all sites.

The Transactions Programme was being run as part of the NHS Improvement Guidance with a board created to oversee the programme which included all involved parties including Commissioners, Clinical Commissioning Groups and local authorities.

The benefits to patients were identified which included approach to quality, investment on sites, quality of care, patient experience and securing funding from the Department of Health.

Communications and engagement was outlined and members were informed that a joint plan was in place. Business cases were submitted as to how current services would be provided, and, as part of the process the final business cases would be agreed. Patient and public engagement was key. All staff should be briefed. The best way to create sustainable quality was to commit to the transaction programme.

Members asked about more funding and were informed of significant capital investment and ongoing discussions with NHS Improvements.

Pennine Acute were working toward good and also addressing a budget deficit. Other issues included parameters for financial modelling, interest rate obligation, clinical negligence premium and a reasonable trajectory for improvement.

Members queried that North Manchester as part of Pennine Acute was still treated by the Care Quality Commission (CQC) as part of Pennine Acute. Members were informed that sites had individual ratings and North Manchester would be picked up as part of the Manchester Trust assessment.

Members queried staffing issues and working toward a full complement of staff. Members were informed that there had been an issue of Pennine Acute's reliance on agency and

temporary staff. There was a plan to reduce this as well as a plan for staff retention. Members referred to staffing issues related to bursaries and Brexit and were informed there was work ongoing on recruitment and retention. Members suggested establishing a nurse bank and informed that was being addressed on an individual basis and across Greater Manchester.

Members referred to the period of ongoing changes and ensuring the wider community understood arrangements in place for hubs and Royal Oldham Hospital through publicity. Members were informed on how this would be addressed with the Clinical Commissioning Group working with the local authority, Pennine Acute and Salford to make people aware and locality plans.

**RESOLVED that:**

1. The progress on the Pennine Acute Hospitals NHS Trust (PAT) Transitions Programme be noted.
2. An update on the Transactions Programme be provided in six months.

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**THRIVING COMMUNITIES**

The Committee were provided an update on the progress of the Thriving Communities Programme.

The Council and its partners were committed to a co-operative future for Oldham where ‘everyone does their bit and everybody benefits’ and the Partnership’s Oldham Plan 2017 – 2022 sets out the Oldham model for delivering tangible and sustained change through an integrated focus on inclusive economy, thriving communities and co-operative services.

Key projects highlighted included:

- More than medical support (also known as social prescribing) including the Social Prescribing network in Oldham West
- The Fast Grants
- The Social Action Fund
- Workforce Development
- A stronger focus on evidence and evaluation with the Thriving Communities index

The current position for each area was provided.

A decision had been made related to the award of the contract for the Social Prescribing Innovation Partnership which had been awarded to a consortium of partners which included Action Together, Age UK, Positive Steps, TOG MIND with Action Together being the lead organisation for the partnership. The partnership would be mobilised and the social prescribing offer rolled out borough-wide over the coming months.

The first pot of £60k Fast Grants which provided funding into grassroots community groups had been used. Grants ranged from £50 to £500. A number of funding pots would be available from 1<sup>st</sup> April 2019.

The Social Action Fund had been launched in January 2019. There had been 23 expressions of interest.

A Community and Volunteer 'Making Every Contact Count' pilot training took place. An evaluation of the sessions had been conducted and would feed into the workforce and leadership offer. This offer would be linked into the Oldham Cares wider piece of work on Organisational Development.

The Thriving Communities Index allowed relative statements to be made about the degree to which neighbourhoods were thriving and allowed us to see which 'neighbourhoods' (circa 2000 population) had pressures in terms of place, residents and service demand.

Members requested the number of organisations contacted could be widened and queried the number of schools who had received fast grants. Members were informed that due to year end some grants had not yet been provided. Members requested better communications for elected members.

Members queried the work with Action Together and were informed that Action Together were administering the Fast Grants. Action Together did some due diligence. Safeguarding was important and needed to be monitored carefully.

Members queried the obesity issue as part of social prescribing on a practical level. Members were informed that there were community assets that could support people around improved physical activity and healthier lifestyle choice but that there was more work that could be done in that area and considered by commissioners in the health and care economy.

Members asked what arrangements were in place to address problems and enable groups to access support and were informed that the workforce would be upskilled and a wider programme rolled out.

**RESOLVED** that:

1. The progress on the Thriving Communities Programme be noted.
2. An update on the Thriving Community Programme be provided in 12 months.
3. An update on Social Prescribing be provided in September 2019.

## **OVER THE COUNTER MEDICINES REVIEW**

The Committee gave consideration to a report which provided information on the 'Over the Counter Medicines Review' and the

related public engagement work designed to communicate and engage with the public on the proposed changes. The Committee were invited to participate in the engagement work and give consideration to the questions being asked of the public as per the engagement survey.



NHS England had issued guidance to CCGs which described two items of limited clinical value and 35 conditions which might be self-limiting and therefore suitable for patient self-care. Key aspects were encouraging self-care, the stopping of prescribing drugs of limited clinical effectiveness and where products were available over the counter for the treatment of minor conditions, these should not be routinely prescribed. The guidance was condition based and outlined at Appendix 1 to the report. Supporting people to self-manage common conditions could help reduce England's 57 million GP consultations which cost the NHS approximately £2 billion. The promotion of self-care and increasing the awareness to alternatives to making appointments would encourage patients to explore self-care in the future. The GM Clinical Standards Board had previously adopted self-care as a priority area. NHS Oldham was working with Stockport, Bury, Manchester and Wigan Clinical Commissioning Groups (CCGs).

The CCG wanted views of local patients, the public and stakeholders on the NHS England proposals before deciding whether and how the products were removed from routine prescriptions locally. Participants were asked to read supporting information and then complete the survey in order for an informed decision to be made.

NHS Oldham CCG had spent £2.2m on medicines that were available over the counter and it was recognised that much of the cost was attributable to long-term or complex conditions. Removing medications for certain conditions from routine prescriptions would release money to treat conditions such as heart disease and diabetes. The medications that were suggested for stopping routine prescription were for conditions that could be considered to be self-limiting or were suitable for self-care so that the person suffering did not normally need to seek medical advice and could manage the condition by purchasing directly over the counter.

The policy had been written following a GM-wide public consultation and was in line with guidance from NHS England.

People with minor ailments could seek the right care and treatment after being signposted to community pharmacies where over the counter treatments could be purchased. The CCG were aware that some individuals and families were unable to afford to pay for medication and as health professionals wanted to retain the power to prescribe from the list of recommended treatments as and when appropriate.

The CCG has taken into consideration the GM and NHSE consultation work, recommendations and guidance and had

begun work to engage with the public. Thirty responses had been received so far, the majority of which supported the recommendations. The engagement period would last until 1<sup>st</sup> April 2019. The responses would be reviewed by the Clinical Committee and a decision made there or at the NHS Oldham CCG Clinical Commissioning Committee.



The Health Scrutiny Sub-Committee were asked to consider if the Committee supported the principle that the local NHS should not routinely prescribe for conditions which were self-limited or deemed suitable for self-care and what mitigating steps could be put into place to reduce the impact upon individual and families who were unable to afford to pay for medication.

Members were provided with the background on the consultation undertaken by the NHS. CCGs had been asked to make local decisions outlined in the conditions. It was a long list to consider and allowed exceptions for social reasons, i.e. situations where people were vulnerable. Members were referred to the NHS England guidance and asked for their views and what allowances be made for social rationale. Members were advised that the savings to the CCG were considerable.

Members asked and it was confirmed that 30 responses had been received from the general public which had been a questionnaire. There had also been a national consultation.

Members asked if the policy applied to hospitals and concerns were expressed about hospital pharmacies and 'trapped' audiences and the prices at hospital pharmacies. Members were advised of developing formal partnership arrangements with pharmacies. Members were advised of the spend on drugs and most number of drugs. The support from the Committee on putting pressure on local pharmacists was welcomed. This could be addressed through a task and finish group approach and included in the work programme.

Members referred to change of behaviour, management of change and how information was publicised, what type of information was available in GP practices related to NHS Choices and promotion of self-care. Members were informed that information was initially shared on social media. Posters were recommended to be supplied to GP practices and pharmacies. Members queried information provided to GPs and were informed it was intended to benchmark information and that unions had also written to GPs as well as a letter from the Secretary of State. Members were informed of criteria to ensure patients were able to afford medications. It was discussed that there was some leverage with pharmacies as health care professionals as the first duty of care was towards patients.

**RESOLVED that:**

1. The principle that the Local NHS should not prescribe for conditions that were self-limiting or deemed suitable for self-care be supported.

2. A task and finish group be established to address local pharmacies and to look at how to highlight and promote changes in medication behaviour.

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## **URGENT PRIMARY CARE**

The Committee were provided an update on Urgent Primary Care from a previous presentation which had been provided in November 2018.

The Committee were provided an update on the walk-in centre. Consultation had been undertaken on different models of urgent primary care. There was not an alternative to the walk-in centre at this time. The winter had brought into focus the reconfiguration of the North East Sector and the adaptations in provisions. The members were informed that it had been a difficult winter with a significant effect on accident and emergency provision, but the level of safety had been maintained. Members were also informed of the 88% customer satisfaction level. The four hour waiting time had been difficult to achieve. Members were also informed that when demand had been analysed, 42% presented at A&E had not been from Oldham, and 14% of individuals who had attended the walk-in centre had not been from Oldham.

Members were also provided an update on the business case for the express care hub. Members were also provided an update on the 7-day access and routine primary care for those unable to access services during normal hours which provided 8000 minutes over four sites on top of general practice hours.

Members sought clarification on any expansion of the services and were informed that the funding was only for 8000 minutes over the four sites.

Members advised that they had used the 7-day service at Royton but could not find the way in. Members were informed that this feedback had not been provided before and would be investigated.

Members asked about the Integrated Care Centre and were informed of the One Oldham Estate review. Members sought and received an update about the service hours of the ICC. Members raised the issue of waiting times at A&E and the use of call-out doctors. Members were informed of the Urgent Care Review and that this will come back to a future meeting. Members were informed that the '111' helpline was used more in the North West than anywhere else. Members were also informed that out-of-hours capacity problems were due to decisions beyond the CCG's control and issues were being resolved.

Members commented on the experiences of this winter and lessons to be learned. Members were informed of the unbalanced demand with the number of ambulances and the problems with flu. Another review was pending for the Winter 2019/20.

Members were informed of the IT situation, i.e. access issues and compatibility of systems. Progress had been made with every practitioner being able to access data. Members were informed of issues related to GDPR and the need for a data sharing agreement.

**RESOLVED that:**

1. The progress made on the implementation of the new model of Urgent Primary Care be noted.
2. An update be provided in six months' time.
3. Out-of-Hours Access to the Royton Medical Centre be reviewed.

15 **COUNCIL MOTIONS**

The Committee were provided an update on Council motions.

**RESOLVED** that the update on Council motions be noted.

16 **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Committee gave consideration to an update on the Mayor's Healthy Living Campaign.

The Mayor continued to explore opportunities to role model and promote increased physical activity as part of his mayor duties. The Mayor continued to walk regularly and raise awareness of the benefits of walking.

The Committee were informed of upcoming events which included a Triathlon on 28 April 2019, the feasibility of hosting a Charity 10k run and Cycling Colour Blast.

**RESOLVED** that the update on the Mayor's Health Living Campaign be noted.

17 **HEALTH SCRUTINY FORWARD PLAN**

Consideration was given to the Health Scrutiny Forward Plan for 2018/19.

The Committee were also provided an update on the All Age Obesity/Oral Health and Obesity in Secondary Schools.

The Committee noted the outcome of the discussion on the outcome of the public consultation on the proposed IVF changes.

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

18 **DATE AND TIME OF NEXT MEETING**

**RESOLVED that** the date and time of the next Health Scrutiny meeting to be held on Tuesday, 2<sup>nd</sup> July 2019 at 6.00 p.m. be noted.



The meeting started at 6.00 pm and ended at 8.03 pm

