HEALTH SCRUTINY
03/09/2019 at 6.00 pm

Present: Councillor Moores (Chair)
Councillors Toor, McLaren (Vice-Chair), Alyas, Byrne and Davis

Also in Attendance:

Andrea Entwistle	Principal Policy Officer - Health and Wellbeing
Lori Hughes	Constitutional Services
Mark Drury	Oldham CCG
Helen Ramsden	Interim Assistant Director, Joint Commissioning
Laura Windsor-Welsh	Action Together

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ibrahim.

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 Committee meeting held on 2nd July 2019 be approved as a correct record.

6 **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST**

RESOLVED that the minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust from the meetings held on 21st March 2019 and 23rd July 2019 be noted.

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

RESOLVED that the minutes of the GM Joint Health Scrutiny Committee held on 13th March 2019 be noted.

8 **RESOLUTION AND ACTION LOG**

RESOLVED that the Resolution and Action Log from the Health Scrutiny Committee held on 2nd July 2019 be noted.

9 **MEETING OVERVIEW**

RESOLVED that the Meeting Overview for this meeting be noted.

10 **NORTH WEST AMBULANCE SERVICE**

The Committee were provided with information which outlined the current performance, position and initiatives of the North West Ambulance Service with additional focus on the Oldham area.

The presentation covered 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. The sectors within the Ambulance Service were defined as well as the challenges for which there was a good and improving picture. The emphasis on the service was urgent care and improving the collaboration with other partners. Quarter 1 performances for 2018 and 2019 were compared and presented continued improvements. Measures had been brought in to reduce turn around times. The Committee were informed about working in a complex environment, changes to release ambulances quicker through changing the culture of staff and creating greater capacity. Members were informed about the extra demand and how this was being addressed. Emergency department attendances were outlined for each CCG and Oldham had shown a reduced attendance at A&E. Oldham was presented with high demand and the Ambulance Services was working with Oldham to look at ways to better manage patients to release ambulances within 30 mins.

Ambulance performance was improving and the targets for the response times were highlighted to the Committee. Members were informed about the response cars located in the communities and the improvements in response to cardiac arrest and stroke incidents. The number of conveyances had been reduced but a challenge remained with ambulance turnarounds.

Members sought and received clarification regarding the use of private ambulances. The use of private ambulances was being decreased by recruitment to the full potential to reduce dependence on private providers as well as the service being modernised. The Ambulance Service was also reducing time on scene through key messages being in place and work with the crews.

Members sought clarification on the performance indicators in reducing the turnaround time and getting to emergencies, did it affect the quality of care the patient needed, was the use of the car better and whether the emergency cars had the same equipment as the larger ambulance? Members were informed that in terms of care the car had the same equipment as the large van apart from lifting equipment. Assessment of a patient did not require the large ambulance. The cars provided a vital function and did not reduce the quality. With regard to the handover at the hospital, 30 minutes was enough to discuss the patient and relay what had happened. There was always triage with the clinician on the care of the patient.

Members sought clarification on what had improved performance and what steps could be taken to further improve performance not just within the ambulance service but also other members of the team and how sustainability could be ensured? Members were informed that sustainability was a concern, crews were dispatched following key questions being asked

which had knocked 25 seconds off the cycle. There were things that could be addressed through technology. All crews now had i-tablets which could access patient records and were linked to location technology. Partnership with other services was key. Less life-threatening calls could be diverted to another provider. The Greater Manchester Health and Social Care Board was trialling links with a number of providers with funding to bring a pilot back and indicate a way forward for it to be brought in before the winter pressures.

RESOLVED that the information related to the North West Ambulance Service be noted.

11 **THRIVING COMMUNITIES**

The Committee received a report which provided an update on the Thriving Communities Programme and, in particular, the initial phase of the Social Prescribing Innovation Partnership.

The report outlined the Oldham Model whereby the Council and its partners were committed to a cooperative future and the Oldham Plan which set out the Oldham Model for delivering tangible and sustained change. The Thriving Communities element of the model would deliver the common objectives of the health and social care integration, Oldham Cares. The programme would deliver £9m plus of reduced demand in the health and care system as well as delivering wider benefits to Oldham residents around improvements to their general physical and mental health and wellbeing.

The Social Prescribing Network was highlighted which bridged the gap between medical care and the community. It was estimated that there were more than 700 community groups across Oldham delivering close to 1000 activities, events and positive interventions / support for residents. In Oldham West since January 2018 in excess of 250 people had been supported since January 2019. The network was helping people turn their lives around and work alongside existing services.

A three-year contract had been initiated in April 2019 which had been commissioned via an Innovation Partnership which was a new model of commissioning that allowed the approach to be iterated and evolved through co-production with residents and a higher emphasis on social value. A 'Care Champion' model was being tested in Cluster East which would see the development of peer networks for patients who have common illnesses attached to surgeries. Oldham residents could also directly refer themselves via the Oldham Cares website. Referrals and connections into community support had dramatically ramped up as the model was operating borough wide and three times the levels predicted in the business case.

Social Prescribing data was captured from interactions and trackers in the Social Prescribing network and work was ongoing to address obtaining timely health data. The report reflected referral sources.

Fast Grants were outlined in the report which commenced in July 2019 and would deliver £60k each year into grassroots community groups. The next phase had been launched with over 40 applications received. Members were informed about the Social Action Fund which would commission five medium-sized projects and included the Oldham BAME Consortium, Wellbeing Leisure, Oldham Play Action Group & Wifi, Street Angels and Groundwork.

The Health Improvement Workstream and Thriving Communities had agreed to merge to give a stronger voice to earlier intervention and prevention to unpick system wide issues like obesity and oral health.

Members were informed about workforce development which would develop a common way for staff to work across organisational boundaries in a strength-based way. Workforce training would be made available to community groups who could benefit.

Members were informed on the stronger focus on evidence and evaluation with the Thriving Communities index which provided insight into where positive and negative norms lay within the borough. The index was available to members. Members engagement on the programme was also outlined in the report.

The Committee were informed that five clusters went live in July and the number of referrals had increased without having to access professional help. The number at present was almost 300 from across all clusters. The number 1 reason for referral was loneliness / social isolation and the second was mental wellbeing. Alongside advocating social care transformation was good community development work and it was important that organisations had the right amount of support and development. Work was being undertaken with Community Development Workers. Investment to the sector was important. Projects had now been awarded funding and started to deliver. The governance group had now merged with public health improvement group.

Members sought clarification on the primary care referral route and referrals from social care and how residents would find out about self-referrals. Members were informed that in the pilot phase there had been conversations with residents in places such as GP offices and handed out leaflets as well as using social media. Word of mouth was also key.

Members asked that as the voluntary sector was an integral part of the scheme, how would the sector be supported as well as investment. Many organisations involved residents who were retired who provided a degree of expertise. Members asked about the use of these resources and if a meeting / workshop would assist in pulling various groups together, identify most significant issues and develop a framework. Members were advised of ongoing community work and workforce

development. Members were also informed of work undertaken with the National Lottery.

Members enquired how health and wellbeing outcomes were addressed. Members were informed data showed 157 connections and 90 different groups and organisations but needed to be careful not to overwhelm some organisations.

Members asked about support for hard to reach groups. Members were informed of link workers and work to ensure the workforce was representative of the communities and support provided by those who were bilingual, shared the same experiences as well as being approachable and accessible and how organisations worked with residents who had relationships on those communities such as key groups who supported women through a trusted relationship. A peer approach could be looked at.

RESOLVED that:

1. The progress on the Thriving Communities Programme be noted.
2. A discussion on the role of the voluntary sector with the Chair and Vice Chair be organised.

12 **CHOICE AND EQUITY POLICY**

The Committee gave consideration to a report which related to an updated Choice and Equity Policy and an outline consultation that would gather views of patients on the new policy.

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

The draft Choice and Equity Policy, which was appended to the report, set out how the CCG would implement CHC in accordance with the National Framework and took into account the legal requirement for the CCG to act efficiently, effectively and fairly. The policy would be applied to new patients (with exceptions) and, in a few cases, to existing patients whose care needs had changed considerably. The policy sought to balance the CCG's duties to the individual and to all the other patients to ensure fairness and best value.

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

not fund a placement at a care or nursing home if its fees were more than 10 percent higher than those of a suitable preferred provider.

The CCG would take account of an individual's views and wishes regarding where their care package was provided, when determining whether their case was exceptional and justified a higher cost being incurred to provide care. This would include consideration of an individual's particular reasons and family circumstances, and whether there were compelling circumstances. However, in reaching the decision the CCG must be satisfied that the proposed overall cost of the care package was 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 had been updated to ensure continued compliance with the National Framework, and Article 8 of the European Convention on Human Rights and had taken into account the implications for social care.

The CCG proposed a small scale, six-week consultation, as appended to the report, of the 232 Oldham patients who were currently in receipt of Continuing Healthcare beginning on 9 September 2019 and ending on 21 October 2019. It was aimed to finalise the policy at the CCG Governing Body meeting on 7 November 2019.

The Committee received information as to how resources were used efficiently and through a person centred approach and how the policy was applied. It was planned to put more joined up working in place. New arrangements were being implemented, quality assurance was being joined up. Consideration of services which would be funded was outlined and examples were provided. How the consultation would be undertaken and the timelines was outlined to the members.

Members sought clarification as to whom would be affected by the policy change and the ethnic background to those who were currently receiving funding. Members were informed that there could be changes to those who currently received CHC when a review was triggered and discussed through a best interest meeting. The ethnicity numbers were not available at the meeting.

Members sought clarification on the budget implications and the breakdown in conditions of those in Continuing Healthcare. Members needed a better understanding of the budget numbers and the way funding was deployed at the moment and more discussion with the advocates. Members raised the need for a degree of transition and how this was managed. Members asked about the outcome of the consultation and engagement with service users. Members requested a discussion on the outcome of the consultation and requested a workshop be arranged.

Members asked if there was an adequate number of providers. Members were informed that there was a shortage of mental health nurses and that some providers were looking to expand the services and opportunities to work across localities. There were general issues around nursing provision. With regard to care at home, Oldham had several small organisations who were committed to Oldham and were sustainable and ethical. Members were also informed that services users when they reached the age of 18 fell under different legislative framework.

RESOLVED that:

1. The updated Draft Choice and Equity Policy and outline consultation be noted.
2. A workshop be scheduled to receive further information regarding Continuing Health Care (Adults) and the initial findings of the consultation prior to implementation of the Choice and Equity Policy.

13 **URGENT PRIMARY CARE**

The Committee gave consideration to a report which provided an update on the implementation of a new model of Urgent Primary Care for Oldham.

Aspects of the proposed model had been progressed which included the establishment of an A&E primary care stream and the sharing of medical records between GPs, hospital clinicians and other health and social care professionals. However, work to establish Urgent Care Hubs had proved to be complex with a considerable amount of work required which would ensure the service would be robust and both clinically and financially sustainable. The new model would not be implemented until the CCG was confident that the service would meet clinical needs, be safe and offered an improved patient experience. An Objective Review would be undertaken to take stock of progress and consider how best to implement the model going forward. Patient safety was important when services were changed within the NHS and not be brought in unless the change provided a better experience for patients.

It was anticipated that the review would take one month to complete. The outcome of the review would be discussed with the Health Scrutiny Committee at a future meeting.

Members sought clarification on the constraints which prevented the model from being introduced. Members were informed that the modal was based around primary care and a new way of working. The model needed to be worked out and robust. It was important to ensure that the best outcomes for residents.

RESOLVED that:

1. The update on Urgent Primary Care be updated.
2. The Health Scrutiny Committee received a further update on the outcome of the review when completed.

14 **COUNCIL MOTIONS**

The Committee were advised of a motion which had been referred to them by Full Council on 10 July 2019:

"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."

The Committee discussed the motion. Overview and Scrutiny Board 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 approach agreed by the Overview and Scrutiny Board be endorsed by the Health Scrutiny Committee.

15 **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Committee received a report which presented an overview of the Mayor's Healthy Living Campaign for 2019/20.

The current Mayor would be focussing on the following health and wellbeing themes:

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

The Mayor had been using social media to promote her Healthy Living Campaign, shared information and advice on her chosen themes and details about a number of local services and organisations as part of her attendances at events. The Mayor had shared information about local and national organisations that supported mental health and also shared suggestions for the promotion and maintenance of good mental health. The Mayor had also shared advice regarding healthy nutrition and hydration to promote Healthy Eating. As part of her Early Detection and Diagnosis of Health Conditions Campaign theme, the Mayor had a health check and had shared advice regarding regular health checks and screening programmes.

Public Health officers were exploring opportunities for the Mayor to be involved in events which supported programmes which addressed 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.

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

16 **HEALTH SCRUTINY FORWARD PLAN**

RESOLVED that the Health Scrutiny Work Programme for 2019/20 be noted.

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, 15th

October 2019 at 6.00 p.m. This meeting will be a Development Session.

The meeting started at 6.00 pm and ended at 8.00 pm