HEALTH SCRUTINY
07/01/2020 at 6.00 pm

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

Also in Attendance:

Councillor Chauhan	Portfolio Holder for Health and Social Care
Mark Hardman	Constitutional Services Officer
Katrina Stephens (item 10)	Director of Public Health
Vicki Gould (item 10)	Programme Manager Public Health
Anna Tebay (item 10)	Public Health Specialist
Mark Warren (item 11)	Managing Director, Community Health and Adult Social Care Service
Debra Ward (item 11)	Transformation Programme Manager
Dr John Patterson (item 12)	Chief Clinical Officer, Oldham Clinical Commissioning Group (CCG)
Nicola Pemberton (item 12	Associate Director of Commissioning, Oldham CCG
Mark Drury (item 12)	Head of Public Affairs, Oldham CCG

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

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 meeting of the Health Scrutiny Committee held on 3rd September 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 meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust held on 15th October 2019 be noted.

7 **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE ACUTE HOSPITALS NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Acute Hospitals Trust held on 18th July 2019 be noted.

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

RESOLVED that the minutes of the meetings of the Greater Manchester Joint Health Scrutiny Committee held on 10th July and 11th September 2019 be noted.

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

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 24th September 2019 be noted.

10 **NHS HEALTH CHECKS PROGRAMME - UPDATE**

The Committee received a report presenting an update on delivery in Oldham of the NHS Health Checks programme, a national health risk assessment programme looking to help prevent vascular disease, including heart disease, stroke, diabetes and kidney disease. Patients aged 40 to 74 years not already diagnosed with one of these conditions or not in receipt of certain prescriptions (the 'eligible population') are invited every five years to have a health check to assess their risk of developing one or more of these conditions. The Health Check gave a personalised risk of developing a heart or circulation problem in the next 10 years and provided tailored advice and management plans to lower the risk, which may include improving physical activity levels, dietary advice, prescribed medicines for cholesterol or blood pressure, and support to stop smoking. Introduced in 2013, the programme was now to run to 2023 and the Committee was advised of research indicating national outcomes of the programme.

Locally, on completion of a health check risk assessment, feedback and advice on achieving and maintaining healthy behaviours is given. If necessary, the individual is directed to either a health improvement intervention, referred to their GP for clinical follow up, or referred to secondary care. Those at high risk of cardiovascular disease are placed on disease registers and clinically managed through their GP practice. During the first five year programme Oldham had moved from one of the lowest performing local authorities to being an example of good practice, and between 2014/15 and 2018/19, 45.4% of Oldham's eligible population had taken up the offer of a health check. While slightly below the England average, this was one of the top performances by a Greater Manchester authority. Performance had dipped in 2018/19 due to GDPR and a new provider being required in-year, but 2019/20 figures were expected to be representative of Health Check performance when these became available.

Local outcomes of the Health Check Programme were reported, and it was advised that 348 cases of diabetes, chronic kidney disease, hypertension, coronary heart disease or atrial fibrillation, or as being morbidly or super-morbidly obese which could now be managed through primary care and/or health improvement services had been identified over five years.

Going forward, the key focus would be on improving the outcomes from the programme, including higher numbers of appropriate patients put onto care pathways for diagnosed conditions and better and earlier condition management. Other activities would include work to increase referrals to support services, including social prescribing and to health improvement services such as smoking cessation, weight management and alcohol support, and to also identify common mental health conditions to support timely referrals. The submitted report also reflected on wider public health work undertaken with primary care and work progressing in this area.

Members sought clarification on data presented, asking whether the data available extended to indicate measures such as male/female, age profiles, by ethnic group etc that might enable specific targeting; whether there was data as to how many individuals took up follow up treatments after Health Checks; and how the 348 conditions identified compared with outcomes in other areas. It was noted that the figures presented were either mandatory or, in the case of outcomes, just illustrative of the local outcome. While some data was collected from GP practices this was often variable: some work had been undertaken to seek common standards and this would be implemented from April 2020.

Further queries from Members were considered as follows –

- with regard to responding to referrals, it was acknowledged that the offer was strong in some areas, such as smoking cessation, but less strong in others such as weight management. Work to address this, and to enable widening of the Health Check offer to include certain mental health issues, was being looked into;
- while acknowledging that younger people might have hidden health conditions, it was advised that the age range of 40-74 years was set by a national programme through which GP surgeries received money for each Health Check undertaken;
- a small number of pharmacies were involved in the programme, but as this relied on access to medical records further pharmacy based provision would be dependent on local GPs. It was, however noted that there were a number of ‘healthy living’ pharmacies talking about lifestyle issues;
- it was confirmed that people found clear on a first Health Check would receive an invite to a further Check after five years, and that those who did not respond to invites were followed up and remained eligible.

RESOLVED that -

1. the performance of the NHS Health Check programme be noted and support be given to the work being undertaken to improve the quality of the programme and to ensure that it reaches those most at risk of long term conditions; and
2. a further update on the NHS Health Check programme, to also include progress on work undertaken to seek common standards on data recording, be submitted in 15-18 months.

11 **INTEGRATING COMMUNITY HEALTH AND ADULT SOCIAL CARE SERVICES**

The Committee received a report presenting an update on the integration of community health and adult social care services delivered by the Community Health and Adult Social Care Service (Community Service) which held the commissioning responsibilities for all the statutory adult social services ensuring all requirements of the Local Authority including safeguarding, are enforced and also provided leadership for and operation of all the adult community health and statutory social care services operating in the Borough delivered through an alliance of several employers. The Community Service was a critical mechanism to realising the shared vision for the wider health and social care economy and it was therefore essential that the service is focussed on wellbeing and prevention, enabling people to regain independence whilst targeting long-term support at those people with the most complex needs.

The emphasis for Phase 2 of integrating community services has therefore been focused on design and implementation of an integrated community service that would enable practitioners to focus on supporting people in their communities, avoid acute interventions and long-term community service dependency, reinforce a new culture of self-care, place and strength-based support, drive financial and demand efficiencies, and deliver better outcomes for residents and the economy as a whole. The high level care and support pathway that it was envisaged would deliver this vision was illustrated, and support to provide a clear understanding of where the organisation needed to be to deliver this vision was being sought.

Alongside this work, the following were key areas of development –

- Community enablement – to design and deliver an enablement model that building on the partially integrated crisis enablement team and further improve the referral pathway into enablement services;
- Embedding integration – developing and embedding standard operating procedures for the integrated neighbourhood community teams;
- Adults Targeted Model – designing and implementing a model for prevention and resident engagement to support people to self-care;

- Streamlining governance and decision-making – while ensuring that the governance arrangements and requirements of each of the organisations involved were still met; and
- Operational reform of services with known high risk concerns to ensure that we have strong and stable services are in operation ahead of transforming them to meet the refocused vision.

Other work being undertaken was the review of community health contracts transferred from Pennine Care Foundation Trust to the Oldham Care Organisation following recognition that the specifications were out of date, and the implementation of a redesigned safeguarding adults system.

A Member queried how changes to service delivery are communicated to service users and what feedback was received. It was accepted that more work on communication needed to be done, in part because information governance and data sharing issues needed to be resolved, and in part in developing an identity for the new structure which Phase 2 would seek to resolve.

The role that the North West Ambulance Service (NWAS) might play within this service model was queried. Members were advised that early work seemed to be going well, NWAS being made aware of the community enablement provision and the quick responses possible, and they were keen to work with and develop this model.

Noting the complexity of the issue of integration generally, a Member made reference to the agreed development of a glossary of health and social care terms at the Development Session held on 15th October 2019 (and reflected in the submitted Committee Forward Plan elsewhere on the agenda). In this regard it was suggested that future submissions might contain some explanation of the boxes within the organisational and governance structures at Appendices 2 and 3 to the submitted report, and show how the diagrams at paragraph 3.5 to the submitted report emphasising a shift to self-care, preventative and place-based practice approaches, and at paragraph 4.1 illustrating the Community Health and Adult Social Care Services high level care and support pathway, related to those organisation and governance structures. In this regard, the Director advised that efforts to simplify were being made and invited the Chair and Vice Chair to join him and the Strategic Director (Commissioning) to contribute to a piece of work in this regard.

With regard to the projected Adult Social Care overspend, there was an acknowledgement that budget availability was not going to change soon and so service redesign was about managing resources effectively and identifying different ways of working. Going forward, there would be a consideration of funding availability, what the Service can do within that funding in terms

of care delivery and how this might be enhanced, including a consideration of different patterns of demand across different geographical areas. The split of the five geographical areas was advised. Within the geographical areas, no particular approach had been made to Parish Councils, but leading Members were being kept updated on progress.

A Member suggested that references to older people needing care because of falls tended to presume a fall within the home, querying whether any record was made of falls on footpaths and whether Highways were notified accordingly. Confirmation as to whether falls data was recorded in this way could not be given, but the issue raised would be considered further.

RESOLVED that

1. the update on the integration of Health and Adult Social Care Services be noted; and
2. a further update on the progress of Health and Adult Social Care Services integration be provided to the Committee in a Development Session to be provided in/around September 2020.

12 **REVIEW OF PRIMARY CARE**

Further to Minute 13(2) of the meeting held on 3rd September 2019, the Committee received a presentation providing the requested update, noting that the review now more broadly addresses the future of all of General Practice in Oldham, rather than just urgent primary care. Work had commenced to develop a Primary Care Strategy that would identify priorities to address the known challenges in primary care which, despite those challenges, continues to improve and in the main was working as planned to reduce inequalities and improving health outcomes. However, a new model of Primary Care is required to provide assurance as to the sustainability of the primary care offer, with a strong workforce who have manageable workloads that is able to meet the needs of the population and demands on the system. Work was also going progressing on a new assurance framework for General Practice in Oldham with a focus on both clinical quality and practice governance.

The presentation noted that the NHS Five Year Forward View set out the case for change in healthcare and that Oldham CCG aimed to enable general practice to play an even stronger role at the heart of more integrated out of hospital services. Key themes considered were

- addressing the increasing demands of an aging population and raised patient expectation and the service variations that arise due to the different contractors providing services;
- sustaining a competent and motivated workforce and addressing the issue of a local aging workforce
- the need for integrated approaches to address the complex contracting and funding arrangements within primary care;

- the Walk-in Centre Review findings;
- potential future services to deliver alternative urgent care services to deliver ambulatory care services and Long Term Condition management to support reductions in out-patient activity.

Work was also required to update and understand where each Primary Care Network (PCN) was against the PCN Maturity Matrix. The Matrix was designed to support network leaders, working in collaboration with systems, places and other local leaders within neighbourhoods, to work together to develop individual Networks and support groups of Networks to collaborate in the planning and delivery of care across a number of roles.

Further to the presentation, the Committee was asked note that the health system was now in a similar position with regard to supply and demand that had existed at the time of the last review of GP contracts in 2014, and that the position of being able to offer people an appointment within two weeks had generally been lost. While the situation was at saturation point nationally, Oldham did well on some metrics, a point not recognised by people.

A Member noted that the problem of people attending A&E unnecessarily continued, querying whether this was down to people not understanding a system which, while in transition, remained complex. The issue, and the complexity of addressing it, was acknowledged, with it being clear that it took several years to educate people to access health care at the appropriate point. The large numbers contacting practices on a Monday was another issue which, while impacted on by levels of Universal Credit take-up, relative deprivation etc, was an indicator that work needed to be done about appropriate use of not just A&E, but of urgent care centres, GPs, the 111 telephone service etc. Such work was ongoing but again it would take some time for patient education to take effect.

The information available to patients to inform their decision making was queried. The Committee was advised of the NHS national programme around Right Choice which relied, to an extent, on GP surgeries and it was conceded that coverage might be patchy. It was suggested that 'telling' people what to do might not have impact, but that signposting, consistency across websites etc might be a better way forward. At this time, attendance at A&E might be seen as a lack of confidence in and/or knowledge of the other offers.

Referring to figures provided from the Walk in Centre Review concerning the number of unregistered patients attending, it was queried whether anything was done to address this. The Committee was advised that the issue had been recognised and the system would incentivise registration and action was being taken to address this issue.

A Member queried the implications for future delivery of a new model of primary care from practices based in outdated and/or sub-standard buildings. While acknowledging that this could be a barrier to change, the Committee was asked to note that, other than in some particular circumstances, practices could not be forced to move. The CCG had had some success in achieving some practice moves in a cost efficient manner: some funds were available locally and work would be ongoing to raise the benefits of moving with other, specific practices.

Noting the report that Oldham had achieved delivery of a seven day service but this was not being taken up fully, it was suggested that not enough had been done to publicise the offer. Reference was then made to patients attending practices to book appointments rather than phoning, noting that many people seemed to consider it difficult to get through to practices by phone and attending in person appeared a more sure way of getting an appointment. The Committee was advised that the telephone systems contract lay with another NS organisation, but that Oldham practices were on a rolling programme for new systems. There was also a development programme to better equip staff to be increasingly public facing.

A Member queried the implications of patients not attending appointments and action taken in this regard. The Committee was advised that the facility for practices to send text reminders was universally available and it was likely that most practices used the facility. It was suggested that if non-attendance was eradicated patients could possibly be seen up to one week sooner.

RESOLVED that –

1. the presentation from Oldham CCG relating to the review of Primary Care be noted; and
2. a further update on progress of the Primary Care Review and Strategy be submitted to this Committee in September 2020.

13 **COUNCIL MOTIONS**

Members were advised of a Motion which had been referred from the Council meeting held on 11th September 2019 to the Overview and Scrutiny Board which had, at a meeting held on 22nd October 2019, further referred the Motion to this Committee.

The Motion read as follows –

“Ban on Fast Food and Energy Drinks Advertising

“Council notes that:

- Fast food contains high level of fats, salt and sugar and energy drinks often contain high levels of caffeine and sugar.

- Excessive consumption of these products contributes to obesity, tooth decay, diabetes, gastro-intestinal problems, sleep deprivation and hyperactivity.
- The Royal College of Paediatrics and Child Health predicts half of all children in the UK will be overweight or obese by 2020.
- The Mayor of London banned all fast food advertising on publically-controlled advertising spaces across London's entire transport network.
- Sustain and Foodwatch recently published a report 'Taking Down Junk Food Adverts' which recommends that local authorities regulate adverts on public telephone boxes and that the Advertising Standards Authority should be able to regulate advertising outside nurseries, children's centres, parks, family attractions and leisure centres.

As a local authority with a statutory responsibility for public health, Council believes that it should do all that is possible to discourage the consumption of fast food and energy drinks.

Council therefore resolves to:

- Ask the Chief Executive to write to the Chief Executive of Transport for Greater Manchester asking TFGM to impose a ban on the advertising of fast food and energy drinks on publicly owned poster sites etc across the Greater Manchester transport network.
- Ensure that fast food or energy are not advertised on any hoarding or within any building owned by this Council including large advertisements on bus stops.
- Ensure that such products are not sold to children or young people on any of our premises.
- Ask our NHS, social housing, voluntary and private sector partners, including the Mayor of Greater Manchester, to make a similar undertaking.
- Ask the Chief Executive to write to the relevant minister requesting the recommendations of the 'Taking Down Junk Food Adverts' report be adopted as government policy as soon as possible; copying in our local members of Parliament to seek their support."

Members of the Committee were provided with a copy of the Sustain and Foodwatch report 'Taking Down Junk Food Adverts' that was referenced within the Motion.

RESOLVED - that a report be submitted to the next meeting of the Committee.

14 **HEALTH SCRUTINY FORWARD PLAN**

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

15 **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, 28th January 2020 at 6.00 pm be noted. This meeting will be a Development Session.

The meeting started at 6.00 pm and ended at 8.13 pm