

**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 16 September 2021

**Present:** Councillor T Holt (in the Chair)  
Councillors J Grimshaw, M Hayes, K Hussain, C Tegolo,  
S Walmsley, C Birchmore, R Brown and T Pilkington

**Also in attendance:** Will Blandamer - Executive Director of Strategic  
Commissioning, Simon Neville – Northern Care Alliance, Jon  
Hobday – Public Health Consultant

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor S Haroon, Councillor J Lewis and Councillor  
A Simpson

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**HSC.1 APOLOGIES FOR ABSENCE**

Apologies for absence are listed above.

**HSC.2 DECLARATIONS OF INTEREST**

Councillor Pilkington declared an interest in the Northern Care Alliance transaction update due to being employed by Manchester Foundation Trust.

**HSC.3 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 22<sup>nd</sup> July 2021 were agreed as an accurate record.

There were no matters arising.

**HSC.4 PUBLIC QUESTION TIME**

There were no public questions.

**HSC.5 MEMBERS QUESTION TIME**

There were no members questions.

**HSC.6 COVID-19 UPDATE**

Will Blandamer, Executive Director provided an update on Covid-19.

Case rates continue to be around 300 in 100,000. It is too early to tell if children returning to school at the start of September have had an impact on case rates. Case rates in Bury are similar to the England average, which is considered as high.

There continues to be 25-30 patients with Covid-19 at Fairfield General Hospital and a number of Bury residents in other hospitals. Sadly, 3 more Bury residents died last week, from Covid-19.

Vaccination rates in Bury were explained:

- There has been an 81.7% vaccination uptake for a first dose of the vaccine in cohorts 1-12, which is positive.
- There is over an 85% first dose vaccination uptake in the over 50 year olds.
- There has been a 62.6% first dose vaccination uptake within the 18-29 year olds.
- The uptake from the younger cohorts in Bury is lower than expected, particularly within the 16-17 year olds. Insight work is being completed to understand the motivations and reasons for not taking the opportunity of the vaccines, with work being carried out with colleges to try to improve this.
- 95% of the people who should have received a second dose of the vaccine, have done, which is positive.
- Plans are being made to deliver the booster programme and the delivery mechanisms are being considered for the 12-15 year olds vaccination programme.

Will Blandamer invited questions and comments from the committee members.

- Councillor Grimshaw questioned what will happen to staff who work within care homes if they refuse the vaccination.

Will Blandamer explained that the vaccine is compulsory for staff within care homes. The uptake with the vaccination programme in care homes in Bury is the best in Greater Manchester. Staff who are reluctant to be vaccinated are not allowed to work in care homes.

- Councillor Tegolo questioned if Covid-19 data can be broken down to the areas within Bury.

Will Blandamer explained that information is available at a neighbourhood and locality level, cases are reasonably consistent across the borough.

Pop up clinics are being provided in areas of low uptake of the vaccine. Six community pharmacists within Bury have agreed to support the delivery of the vaccination programme.

- Councillor Tegolo questioned how the vaccination programme for 12-15 years will be delivered.

Will Blandamer explained that it will be primarily delivered through schools. It is hoped that all 12-15 year olds will be vaccinated before the October half term.

- Councillor Birchmore questioned if younger age groups are being hospitalised with Covid-19.

Jon Hobday explained that there had been no specific information to suggest a shift in age range; those who are hospitalised, are predominately over 60 years old.

- Councillor Tegolo questioned if the 3 people that had recently died of Covid-19, had been double vaccinated.

Will Blandamer explained that the Council and the CCG do not hold that information.

## **HSC.7 NORTHERN CARE ALLIANCE - TRANSACTION UPDATE**

Simon Neville, Transaction Director at the Northern Care Alliance provided an update on the transaction.

In 2016, the Salford Royal Trust was invited to advise and operate services for the Pennine Acute Trust. The Pennine Acute Trust was rated as an inadequate trust by the Care Quality Commission and the Salford Royal Trust was rated as an outstanding trust. In 2017, the Northern Care Alliance was established, which consisted of the Salford Royal Trust and the Pennine Acute Trust.

In 2019, the Pennine Acute Trust's, Care Quality Commission rating had improved to 'good'. The improvement suggested that the model was making a difference to patients and could help other struggling organisations in the future. It was decided that the model needed to be consolidated and integrated further. It was decided that by operating across a larger footprint, the Northern Care Alliance would be able to invest more in digital innovations, that can further drive both quality and productivity gains.

As a part of the consultation, it was agreed that there should be a single hospital service for the city of Manchester, it was agreed that the North Manchester General Hospital component of the trust will be consolidated into the Manchester University Foundation Trust. The Pennie Acute Trust had developed some integrated services across its hospitals such as joint clinical services across Fairfield General Hospital and North Manchester Hospital. It was decided, to ensure the services remain sustainable and safe for patients, the transition would be completed in two phases.

On 1 April 2021, North Manchester General Hospital was separated from the rest of the Pennie Acute Trust. The second phase of the merger is planned to happen on 1 October 2021 where Oldham, Rochdale and Bury Care Organisations will join the Northern Care Alliance. During the interim period, Salford Royal Trust has continued to provide services from Bury, Oldham and Rochdale hospitals, pending the formal merger.

The transactions are being delivered in order to:

- Help support and complement local integrated healthcare plans
- To better meet the population health needs of local communities
- Strengthen community support
- Deliver more care closer to home
- Maximise the use of estates on the Pennine Acute Trust footprint

- Support acute hospital services
- Strengthen the delivery of both acute and community-based services

To conclude the transaction, the NHS Improvement Oversight Committee agreed that the transaction should go ahead. A letter was received from the Secretary of State who was in agreement with the transaction and was prepared to dissolve the Pennine Acute Trust. Letters are due to be issued to staff to formally notify them of the change and the date of change. Staff members have been through a consultation process.

Beyond 1 October 2021, services will not change. There is a series of service level agreements between Manchester Foundation Trust and the Northern Care Alliance that underpins the separation of services but keeps them in the form that they already are. There will be changes going forward, those service agreements will gradually be unravelled over the next 2 years in a way that doesn't destabilise services. Indications of where the changes need to take place have been identified, if any of the changes require the relocation of a service it will be subject to a consultation. Patients should not see any changes in the services that they have currently.

Scrutiny arrangements are being discussed; going forward the Northern Care Alliance are keen to maintain their links with local scrutiny committees and proactively engage with local authorities to focus on developing services in each locality.

Simon Neville invited questions and comments from the committee members.

- Councillor Birchmore questioned who will deal with patient complaints.

Simon Neville explained that patient complaints will get dealt with locally. The Local Care Organisations of Bury, Rochdale and Oldham have the capacity and competence to deal with governance issues. The agreed governance arrangements are broadly driven by which site clinicians are working from. Clinicians are clear which governance arrangement they are operating under.

Will Blandamer explained that the CCG has a good working relationship with the management team at Fairfield General Hospital, which is responsible for both acute services on the site and community services.

- Councillor Pilkington questioned if patients would notice the difference with their care once the transaction has been finalised.

Simon Neville explained that patients should not notice a difference with their care.

- Councillor Pilkington questioned if provisions based at North Manchester General will be built across the Northern Care Alliance sites in the future.

Simon Neville explained that if a service is operating effectively and is in a convenient location for the population, then there would be no need to provide it elsewhere. Over time the Northern Care Alliance may choose to invest in

equipment to deliver services in Bury, Rochdale or Oldham rather than referring patients to North Manchester Hospital, but these are decisions for the future.

- Councillor Holt questioned if there was a need for the ICT investment.

Simon Neville explained that the Pennine Acute digital systems were underinvested which resulted in poor performance and consequences for patients, in terms of delays. The Northern Care Alliance are spending around £20 million this year to stabilise the Pennine Acute system. The next phase will be to integrate with the Salford Royal Trust and provide a better digital system.

- Councillor Tegolo questioned if it would be the patient's choice to attend a certain hospital.

Simon Neville advised that it would be the patient's choice, this could be discussed with your GP for any hospital referral.

- Councillor Tegolo questioned if there was an appeal to work at certain hospitals.

Simon Neville explained since the Northern Care Alliance was formed some of the hard to fill vacancies in Bury, Oldham and Rochdale have been recruited to. Generally, people want to work in successful organisations, there are far less vacancies now across the whole group, than in 2016.

Simon Neville explained that being digital is important as this makes more of an attractive working environment.

- Councillor Holt questioned if staff agree with the transaction.

Simon Neville explained that to most staff it is a change of name. It was explained that staff members think the organisation is better now than it was. The transaction is more of an interest to regulators, than staff members working in the service.

## **HSC.8 BURY'S APPROACH TO TACKLING OBESITY**

Jon Hobday, Public Health Consultant provided information on how Bury is tackling obesity.

Obesity was described as a huge public health issue due to the financial costs and the years of life lost over the population. Poor physical health and mental health are linked to obesity. Over the last 6 decades the changes in how people live have contributed to obesity, due to changes with jobs being less physical, transport, food availability and food density that increases an obesogenic environment.

Obesity doesn't affect groups equally and causes significant inequalities. People who are in the most deprived groups are significantly more likely to be overweight and obese and are twice as likely to go into hospital as a result of an obesity related condition.

Statistical information was shared on the percentage of adults and children who are classified as overweight or obese.

In Bury, 63% of adults are overweight or obese which equates to 84,000 adults. 34.9% of year 6 aged children and 23.6% of reception aged children are classed as overweight or obese; an obese child is more likely to grow into an obese adult.

A map was shared showing where the inequalities are within Bury, the most deprived areas show the highest levels of overweight and obesity.

Addressing the issues of obesity was described as complex. The vision is to create the healthy choice being the easiest choice by encouraging a positive food environment and a positive physical environment.

It was explained how Bury is supporting people who are overweight and obese and the activities that are available to reduce inequalities in physical activity.

The work that is being done to address food inequalities, as part of the food strategy was explained.

The next steps that are taking place to tackle obesity in Bury are:

- To continue to create a whole systems approach to working collaboratively for the implementation of the physical activity and food strategies.
- Build on existing successes and continue to strengthen delivery and engagement.
- Utilise new funding streams and refocus existing resources and provision following the pandemic to build on innovation and reduce inequalities particularly targeting those most affected by Covid-19 and those with the highest levels of inactivity and the poorest diets.

Jon Hobday invited questions and comments from the committee members.

- Councillor Walmsley raised concerns about the levels of obesity in the reception and year six cohorts. Concerns were raised in relation to the inequalities of obesity within the areas of Bury. Councillor Walmsley questioned what work had been done on the Bury's food strategy to tackle the number of takeaways. Discussions took place around take away outlets and challenging planning decisions.

Jon Hobday explained that Francesca Vale who leads on the food strategy is liaising with the planning department to create a supplementary planning document.

- Councillor Tegolo questioned what the exercise and referral programme does.

Jon Hobday explained that this is an adult service, aimed at people with a range of medical conditions, that will benefit from losing weight. A GP can refer to the BEATS service who can put together a structured exercise programme which will take into consideration their medical conditions and review goals.

- Councillor Tegolo questioned if a child would be referred to the G.P through the healthy weight programme.

Jon Hobday explained that the family would be signposted to resources and information as it would be too resource intensive to refer families to a particular service.

- Councillor Birchmore raised issues around parents who rely on convenience foods due to time constraints and raised issues around people who are relying on food banks, where donated foods tend to be less nutritious.

Jon Hobday explained that it was important to look at environments outside of the home such as in schools, ensuring children are physically active and they have a healthy school meal. It was explained work can be done with parents in terms of healthy eating and physical activity, to make small changes that could make a difference to the family.

- Councillor Hussain explained the dark kitchen concept where a portion of an industrial kitchen is rented out to businesses who produce food for delivery. It was suggested that this is happening in other areas and questioned if this was happening in Bury.

Jon Hobday explained that he hadn't heard of this concept and suggested that he will look at this to make sure that it does not impact on communities.

- Councillor Hussain questioned if there was anything that could be done to tackle the perceptions of young people who think fast food is interesting compared to home cooked food.

Jon Hobday explained that the perception of fast foods being interesting is due to expensive marketing.

- Councillor Walmsley asked if there was statistics that explained the link of alcohol intake to adult obesity.

Jon Hobday explained that he does not have these statistics. Sarah Turton the lead for substance misuse has been exploring different models of working in relation to alcohol licences. A model that Leeds Council is using was explained, which works out statistics based on postcodes looking at alcohol related harm.

- Councillor Birchmore raised a point about the importance of local green space for physical activity.
- Councillor Brown raised a point about the importance of eating home cooked foods.
- Councillor Holt questioned how to communicate the message of healthy eating and physical activity to families.

Jon Hobday explained that there is ongoing work with communities such as getting peers to explain to others how they do something, using their own experiences as examples.

- Councillor Holt asked for more information on the Food Partnership.

It was explained that the Food Partnership is a meeting chaired by Councillor Simpson. Francesca Vale, Community Nutritionist is the Lead Officer for the meeting. There are numerous partners that attend the meeting such as health colleagues and colleagues from community services.

**It was agreed:**

1. Councillor Walmsley, as the Chair of Licencing would like to look at what Leeds Council are doing in terms of alcohol licencing, with a view to replicate the model in Bury.
2. Obesity to be added to the work plan. The Health Scrutiny Committee to work positively with the licencing and planning departments, to tackle fast food density in Bury.

**HSC.9 GREATER MANCHESTER INTEGRATED CARE SYSTEM UPDATE**

Will Blandamer provided an update on the Greater Manchester Integrated Care System (GM ICS).

It was explained that an NHS England consultation took place in November 2020 and a White Paper was published in February 2021, proposing the disestablishment of Clinical Commissioning Groups (CCGs). The legislation was presented to the House of Commons in July 2021, subject to the legislation being approved, there will be no more CCGs in the country from 1 April 2022. There will be an aggregation of CCGs transferred into an Integrated Care System (ICS), in Greater Manchester all 10 CCGs will be a part of the GM ICS.

The Council has worked closely with the CCG, as the agency in the borough that is responsible for commissioning health and care services. There are joint appointments between the Council and the CCG to enable integration.

The ICS legislation focuses on removing barriers for integration, improving data sharing, removing competition and promoting collaboration. It has a focus on population health and health outcome values for taxpayers and refers to health inequalities. It contains new powers for the secretary of state to have direction over some hospital reconfiguration proposals.

Greater Manchester has been essentially working as an ICS for the last five years, with strong working partnerships between health and social care and the voluntary sector. The legislation describes the balance of doing things once at a higher level such as at a Greater Manchester level and also operating locally and at neighbourhood levels.

There is a significant body of work taking place across Greater Manchester to plan for the closures of the CCGs and the creation of the GM ICS.

Key elements of the operation model were explained. At the moment, monies from the NHS services come through the CCG, in the future monies will come through the GM ICS. Bury remains committed to combine the money from the



NHS and Council budget, which brings political leadership and clinical leadership together, to try and spend the health and care budget in the borough once. There is still lots to understand in terms of financial flows and what the partnership arrangements will look like in the borough. All CCG staff below board level will transfer to the GM ICS as a new organisation, most staff members will be deployed back into Bury to continue to work on transformation programmes. Bury is committed to maintain partnerships with other organisations to focus on population health and gain better service outcomes for residents.

Bury's objectives from the locality plan was shared with the committee. The objectives outlined that the solution to making the health and care system sustainable, is to support residents to be well, independent, and connected.

A chart was shared that showed the health, care and wellbeing partnership system. A Locality Board is being created to set strategy and hold a budget for health and care. Money will come into the Locality Board from the GM ICS and the Council. The Locality Board will feed into the Integrated Delivery Collaborative Board which will create the conditions for integrated neighbourhood working. The Health and Wellbeing Board is a standing commission to focus on health inequalities.

The timeline of the GM ICS was explained:

- There is a process in place to recruit to the IC Board Chair and Chief Executive posts.
- From October 2021 the GM ICS will be operating in shadow form.
- In December 2021, all Integrated Care Board appointments will be made. This will form the leadership team for the new organisation.
- Up until March 2022, work will continue at pace to prepare for the creation of the new Integrated Care Board and Integrated Care Partnership.
- It is planned that staff will move into the new organisation from 1 April 2022. From April those staff that transfer will have a new employer but there is work to be done to develop the GM and locality functions. It is expected that colleagues will experience minimal changes on 1 April 2022.

Will Blandamer invited questions and comments from the committee members.

- Councillor Pilkington questioned what the advantages or complications are for Bury, as the CCG and Bury Council have already merged operationally, operating under one Chief Executive.

Will Blandamer explained that in Bury there are joint senior leadership appointments and integrated teams which is an advantage in understanding our place and the way we work. The ability to create opportunities to build joined up teams has been positive. There is still work to be done in terms of the financial flows. A main concern for Bury is not to lose focus on delivering integrated, quality services which focus on prevention, early intervention, and health inequalities.

- Councillor Tegolo questioned if there would be a consultation on the locality plan.

Will Blandamer explained that the locality plan was produced in 2019 and was subject to a lot of consultation including workshops and public engagement. There has been a refreshed plan created with some of the learning which has been developed throughout the pandemic, integration, and a focus on inequality.

- Councillor Hussain asked for the reasons why the GM ICS is being created, questioning if it was based around efficiency savings or the system being more Manchester centric.

Will Blandamer explained that it is not a Greater Manchester proposal, it is national legislation that Greater Manchester is implementing. The purpose of the ICS is to reduce some of the competition and move towards a model of collaboration; it is not about a reduction in efficiency saving. There is work being completed on the governance structure to ensure that the GM ICS has locality working at its heart, so it isn't dominated by Manchester centric. It is important to continue to make sure the governance of the ICS plays due consideration to all localities.

- Councillor Grimshaw questioned what will happen with the Chief Executives for the 10 authorities, once the GM ICS is established.

Will Blandamer explained that Bury has a situation where the CCG and the Council have a joint Chief Executive, which is the same in other parts of Greater Manchester. The employment commitment for CCG staff does not include executive level roles, including the Chief Executive.

There needs to be a focal point of health and care in each locality and there is a proposal in the guidance document about place-based leads. There is further work to complete around the understanding on who the place-based lead is and what it means for staff members who are jointly appointed. The management structure is a matter for the incoming Chief Executive of the GM ICS.

- Councillor Brown referred to an article in a newspaper which described the system as not working in Greater Manchester, in terms of performance data on health care integration. It was questioned if the GM ICS could overcome the problems.

Will Blandamer explained that the article was referring to comments on the model of the health and care devolution. Greater Manchester was challenged on some of the key performance indicators and did not deliver as well as it should have done. Although there were some key ambitions of the health and care devolution programme where Greater Manchester did make a significant difference such as public health, school readiness, mental health, and physical activity.

Greater Manchester was described as a complex health and care system, it was thought that it would be unlikely to resolve some of the endemic challenges in a short period of time. The metrics described should not dissuade Bury to drive a closer integration of health and care services, and focus on prevention, and better-quality outcomes from hospital services through Fairfield General Hospital and North Manchester Hospital.

**It was agreed:**

1. The refreshed locality plan be added to the Health Scrutiny Committee work programme.

**HSC.10 URGENT BUSINESS**

The Health Scrutiny work programme was discussed.

**It was agreed:**

1. The next Health Scrutiny meeting should focus on mental health including addiction and treatment for addiction, elective care and an update on the Persona proposed savings.

**COUNCILLOR T HOLT**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 9.20 pm)**