

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 18 September 2024

Present: Councillor E, Fitzgerald (in the Chair)
Councillors J Grimshaw, R Brown, C Boles, J Lancaster,
L Ryder, N Frith, R Gold and M Rubinstein

Also in attendance: Councillor T Tariq (Cabinet member for Health and Adult Social Care) Will Balndamer (Executive Director, Health and Adult Care), Adrian Crook (Director of Adult Social Care and Community Commissioning) Adam Webb (Chief Operating Officer Healthwatch Bury) Kat Sowden (Senior Responsible Officer for Workforce) Dr Cathy Fines (Associate medical Director)

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

Apologies for Absence: Councillor M Walsh and Councillor D Duncalfe

HSC.11 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.12 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.13 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 16th July 2024 were agreed as an accurate record.

To be recorded that Councillor Gold be the third member representative from Bury Council to be a member of the northern care alliance Scrutiny Committee

There were no matters arising.

HSC.14 PUBLIC QUESTION TIME

There were no public questions.

HSC.15 MEMBER QUESTION TIME

There were no public questions.

HSC.16 HEALTHWATCH UPDATE

Will Blandamer, Deputy Placed Based Lead and Executive Director of Health and Adult Care, provided an overview of Healthwatch and its role in supporting Bury Health Scrutiny. He emphasized that Healthwatch is a partnership organization that provides recommendations rather than acting on these matters directly. Will highlighted the importance of Healthwatch in supporting the local community.

Healthwatch Annual Report

Adam Webb, Chief Operating Officer for Healthwatch Bury, presented three reports during the meeting. The first report was the annual report, which addressed issues identified and resolved over the past year in both the Bury locality and the network of 10 Greater Manchester Healthwatch organizations. Key subjects included using patient experiences to inform regulatory and council bodies about serious problems in care homes, supporting people with sexual health services, improving digital health literacy in Bury, and enhancing patient communication methods as part of the intermediate care redesign process. The report also outlined the priorities and plans for Healthwatch Bury in the coming year.

Members of the committee were invited to ask questions. Councillor Jo Lancaster inquired about the number of people who had reached out to Healthwatch and requested a breakdown of their concerns. Adam Webb agreed to provide this information in a future report, either as an agenda item or circulated to members.

Councillor Boles asked about the council's actions on Healthwatch's recommendations, specifically regarding setting up helplines for prescription-related queries. Councillor Tariq responded that Healthwatch Bury has a strong relationship with the local authority. The response to recommendations depends on the relevant service and part of the system involved. There is a consultation process, and input from the relevant service is considered before Healthwatch conducts studies and findings. Recommendations are agreed upon on a case-by-case basis.

Will Blandamer added that Healthwatch is integrated into the locality, being part of various boards such as the locality board, delivery board, and mental health programme board. These boards reflect on Healthwatch reports and consider the recommendations. Will confirmed that there is no formal reporting system where reports are sent back to Healthwatch to advise on actions taken by the council. Instead, updates from Healthwatch are relied upon to determine whether recommendations have been implemented. Will noted that not all recommendations from Healthwatch can be implemented due to various reasons.

Discussions were had around the NHS app being not easy to use, there was a response for this explaining that the NHS doesn't work the same for everybody as each GP practice uses the app differently and ensured that given the recommendation its looking into ensuring that all GPs offer the same app access.

Report on Prescription Services

The report on prescription services by Healthwatch Bury aimed to explore patient experiences with the prescription process. The objectives were to identify key issues and local good practice examples, assess the usability of digital platforms like the NHS app, and provide recommendations to improve the prescription process and patient

satisfaction. Data collection involved community group visits, engagement activities, and one-on-one interviews, with 122 questionnaire responses collected.

Several respondents highlighted poor communication between GP surgeries and pharmacies, leading to confusion and delays in getting prescriptions approved. The responses indicated that recommendations such as exercise, social prescribing, and other holistic health approaches are still not widely used. Additionally, 38% of respondents did not use the NHS app, citing technical difficulties and poor integration across NHS trusts. Despite these issues, the majority of respondents (65%) reported being either very satisfied or satisfied with their initial contact, suggesting general contentment with interactions with healthcare professionals.

The report included six recommendations to address the issues raised, aimed at improving the process of issuing, supplying, and monitoring prescriptions. This review comes at a time when the 'Pharmacy First' policy will impact the capacity and delivery capabilities of pharmacies. As patient-led ordering is being phased in, it is important to consider the findings of the report in implementing these changes.

Councillor Michael Rubinstein asked a question around capacity for pharmacists given the over subscription of pharmacies already, recommendations around looking into the process as to how the waiting systems are holding people up was discussed. Looking at other schemes where members of the public may not need to attend the pharmacies. Will Blandamer addressed that community pharmacists are under pressure but are looking to ensure that services are offered that are required.

Discussions were had around the issues of prescriptions coming from the GP practice to the pharmacies electronically as there are many reasons that this process can end up not being as smooth as you would hope. Some of these issues come from things such as getting access to certain medications, with alternatives having to be prescribed.

Adrian Crook, director of adult social care added advice to anybody needing help or advice regarding prescriptions speak to their GP practice who will put them through to their community pharmacist who can assist with prescribing medication.

Discussions were held around Pharmacy first this being a national model rolled out in Bury. Pharmacy first can prescribe for seven conditions. Discussions carried on around prescription medication being different from what is prescribed to what is given.

It was agreed:

- The reports be noted
- To bring a statistics report from Healthwatch in the future
- Medical optimisation team to come back to a future meeting
- Healthwatch to bring breakdown of why members of the public contact 793 people reached out and what they contacted for

HSC.17 WOMENS HEALTH UPDATE

Dr Cathy Fines provided a brief overview of the Women's Health Hub scrutiny report. It was presented to the committee that these hubs operate within the community, often bridging the gap between primary and secondary care. Originating from the 2022 Women's Health Strategy, the Women's Health Hub will be operational from October 1, 2024, at Fairfax Medical Centre on Sundays, ensuring that patients on waiting lists receive appointments.

The Women's Health Hubs offer intermediate care, providing services more advanced than those typically found in primary care but not necessarily requiring secondary care referrals. These hubs do not need to be specific buildings; they can utilize digital resources for virtual triage or consultations, or existing facilities like GP surgeries or community centres. The goals are to:

- Deliver care closer to home
- Improve patient experience
- Address health inequalities
- Reduce pressure on secondary care and waiting lists

Adam Webb, Chief Operating Officer from Healthwatch, also presented an overview of the Healthwatch report. This report aimed to understand the experiences of women in the community regarding health and social care throughout their lives in Bury. It examined whether women have access to the right information at the right time to make informed decisions.

Councillor Fitzgerald invited questions from the members. Councillor Tariq thanked Adam and Dr Fines, while Councillor Frith emphasized the importance of the report and the ongoing work. There was a discussion on how residents would be informed about the opening times and availability of the hubs. Dr Fines responded that initially, the priority would be to see patients who have been waiting the longest. After the first month, GPs will be able to refer patients.

Councillor Boles inquired about harmonizing the IVF offer across the Greater Manchester Integrated Care Partnership. Dr Fines explained that while the offer is consistent across the 10 Greater Manchester localities according to NICE guidelines, the number of cycles varies.

A discussion on access to IVF for same-sex couples revealed that the same guidelines apply to both same-sex and heterosexual couples. Councillor Ryder asked if the services would be available to younger girls, to which it was confirmed that all members of the public could access the service. Adam Webb added that there were mixed responses from women about being consulted, with many feeling relieved but some hesitant due to the sensitive topics discussed.

Councillor Jo Lancaster raised concerns about funding and acknowledged the hard work involved in setting up the women's hubs. Discussions about funding are ongoing, with amounts yet to be determined. Dr Fines noted that many other services across the borough could be utilized.

Councillor Fitzgerald highlighted that while women statistically live longer than men, they are more likely to live with long-term illnesses or disabilities. There was a discussion on whether education would be integrated into the Women's Health Hubs to ensure consistent delivery of information. Dr Fines responded that all GP practices should have the same knowledge and provide the best advice. The Women's Health Hub aims to be a one-stop shop for services,

with primary care access through GP practices. A menopause service was also discussed, to be delivered by the Live Well service within the local authority.

Agreed Actions:

- The report was noted.
- Prescriptions for HRT will be revisited by the committee at a later date

HSC.18 WORKFORCE UPDATE

Kat Sowden Senior Responsible Officer for Workforce attended the meeting to present a workforce update, Kat advised that since last being at scrutiny steps have been made to implement what was presented previously to the committee. Advised that the workforce strategy has been organised under six key areas encouraging partners to take ownership of each of these key areas, these being:

- Good Employment Charter
- Equality, Diversity, and Inclusion
- Growing our Workforce
- Workforce Wellbeing
- Workforce Integration
- Developing the Workforce

Adrian Crook Director of adult social care and community commissioning added to what Kat spoke about the highlight to the committee that Bury are the first locality in greater Manchester to have an integrated workforce strategy, and expressed to the committee that this is to be shown extremely beneficial with recruitment and retention in adult social care.

A question from Councillor Boles around the SEND inspection identifying a need for training was discussed and a response was given that a strategic workforce strategy was being developed to assist with SEND. Integrated workforce is working across both adult and children's services to work out if a similar workforce integrated strategy could be developed across services.

Discussions were had around how has the strategic workforce strategy has been received has the outcomes improved. The element of the strategy received a white up by the local government association. The drop out rate has reduced. Recruitment costs have decreased, Bury flex has been set up to reduce agency costs.

It was agreed:

- The report was noted
- LGA Best practice report be shared with the committee

HSC.19 HEALTH INEQUALITIES REPORT

Jon Hobday Director of Public health presented an overview of the Health Inequalities presentation, the Greater Manchester Health model was discussed this being an initiative based upon the Kings fund the four areas looked at are wider determinants of health, behaviours and lifestyle, public service reform and place based and person centred approaches. The idea is to address inequalities effectively is to be working in all four of those key areas.

The inequalities are addressed through the:

- LET'S Do It corporate strategy
- Development of Health and Wellbeing Board
- Development of the health inequalities position paper
- Development of performance framework for health and well being board which identifies progress against inequalities
- Delivering a range of work across the four key areas.

Initiatives developed to improve health inequalities within the locality are.

- Alcohol licensing matrix
- Swap to stop
- Supporting childhood immunisations
- Reducing coronary heart disease
- Working well vanguard
- Greater Manchester's Working Well Early Help (WWEH)

A discussion was held around how targeted can you go with targeting specific areas based upon different areas of poverty and health inequality. Jon explained that areas of deprivation are more likely to have lower life expectancy and poorer health expectancy. Looking at different data sets it allows the council to target specific areas and allows it to be able to target certain wards and neighbourhoods. This allows the service to be able to triangulate data and target specific areas of need.

There were discussions around a medical centre being used for child immunisations and there was a question around whether it was targeted due to the specific area, it was confirmed it was an informed decision based upon community outreach in the area along with vaccination rates in the area so this was able to be identified through various factors. It was advised that it was advertised through various avenues within the community.

A further discussion around health inequalities looking at the areas that are the key issues for health inequalities these being coronary heart disease, chronic liver disease, these factors being linked to each other around alcohol, smoking and obesity. These high impact areas have primary focus for health inequalities and require focus for better health results.

It was Agreed:

- The report be noted
- Bring back to the committee around outputs

HSC.20 URGENT BUSINESS

Councillor Elizabethan Fitzgerald provided an update on the GMCA Health Scrutiny Committee. Mark Fisher, Chief Executive of NHS Greater Manchester, discussed the current situation, highlighting a £400 million deficit and a decline in population health, with high levels of disadvantage and acuity. Performance issues were also noted. An improvement plan for NHS England is being developed, with NHS England agreeing to run a £175 million deficit this year.

The fit for the future consultation will continue until the end of the calendar year. Feedback from residents includes a desire for better system and financial management, waste reduction in medications, a shift towards prevention, and resolution of workforce issues.

The lack of sustainable capital investment over many years is a significant issue, not just revenue. Only one scheme, North Manchester, is included in the new hospital scheme. There are opportunities for other hospitals, but restrictions in capital rules and treasury limitations prevent investment. There is a need for more flexibility in working with the government, including investment in innovation.

Greater Manchester mental health trust A new team has been created, but there are challenges and many changes needed. There is a desire to reform the children's social care market.

The waiting list has improved, with Greater Manchester now representing 7% of the UK population's waiting list, down from 14% last year. There has been an increase in appointments, with 250,000 extra dental appointments and 1.5 million more GP appointments compared to last year.

Addressing health inequalities remains a key approach, with a focus on working with communities and moving towards prevention. Councillor Fitzgerald asked about reallocating funds from hospitals to prevention, which is part of the plan.

There was a presentation on obesity, highlighting multiple drivers such as poverty, food deserts, busy lives, food options, mental health, stress, lack of knowledge, and sedentary lifestyles. Addressing obesity will require both government policy and local action. Greater Manchester has higher obesity rates and more deprivation areas compared to the rest of England. Questions were raised about supporting communities and children and promoting exercise. It is anticipated that healthy life expectancy will become a future government target.

It was agreed:

1. That GMCA updates become a standing item going forward

COUNCILLOR E FITZGERALD

Chair

(Note: The meeting started at 7.00 pm and ended at 9.30 pm)

