

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 18 January 2022

Present: Councillor T Holt (in the Chair)
Councillors J Grimshaw, S Haroon, C Tegolo, S Walmsley,
C Birchmore, R Brown, J Lewis and T Pilkington

Also in attendance: Will Blandamer, Executive Director of Strategic Commissioning
Catherine Tickle, Commissioning Programme Manager
Philippa Braithwaite, Principal Democratic Services Officer

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

Apologies for Absence: Councillor M Hayes and Councillor K Hussain

HSC.12 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.13 DECLARATIONS OF INTEREST

Councillor Carol Birchmore declared an interest in the Bury Integrated Care Partnership and Locality Plan due to currently being in a dispute with Salford CCG.

Councillor Tom Pilkington declared an interest as he was employed by Manchester University NHS Foundation Trust.

HSC.14 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 16th November 2021 were agreed as an accurate record.

Matters arising: With regards to mental health discussions at the previous meeting, it was noted that LANCuk had been rated as inadequate by a recent CQC inspection. Will Blandamer, Executive Director of Strategic Commissioning, advised that a written update regarding LANCuk could be provided outside of this meeting and a full update on mental health services would be given at the next meeting.

HSC.15 PUBLIC QUESTION TIME

There were no public questions.

HSC.16 COVID-19 UPDATE

Will Blandamer, Executive Director of Strategic Commissioning, provided a verbal update on COVID-19 and the vaccine programme on behalf of Lesley Jones.

Overview of community incidents and epidemiology:

- Case rates were decreasing with 1057 cases per 100,000 population in Bury, slightly about the national average but a decrease since the previous week.
- There had been a slight rise in the number of deaths in the previous two weeks, but rates were not near previous peak levels. This increase was expected as a result of the increased volume of incidents and admissions.
- Plan B review date was 26 January and, should measures be lessened, Bury was ready to respond to any effects of this.
- Challenges continued as well as disruptions in schools, with outbreaks expected over the next few weeks but levels then expected to come down.
- It was believed we had hit the peak and rates would continue to reduce; however, we will need to be vigilant in understanding the effects of any suspension of current guidelines e.g. in relation to face masks.

Update on vaccinations:

- Vaccination rollout had been very successful in Bury, exceeding the GM average for first and second doses, and third in GM for boosters.
- Demand was slowing and some primary care centres were being rested as a result, to allow staff time back in primary care.
- There was a continued focus on inequalities, although uptake was so high overall there was little scope for differences.
- There was a gap in 12-15 year olds being vaccinated; second dose rollout had begun this week in and out of schools, and community pharmacies were being used to encourage people to come forward in harder to reach areas.
- In response to questions from the previous meeting, it was noted that the United Reform Church in Radcliffe had been very successful as a vaccination centre, and thanks were extended to the church as well as support to help remove anti-vax graffiti.
- It was also confirmed that the Gillick competence test was a well-established principle and was being applied.

Overview of the health and care system:

- The health and care system remained under severe pressure but the effect of the omicron variant was beginning to reduce.
- The system had been holding up during the most challenging period, with exponential growth in demand over the Christmas period as well as staffing issues. This had been reflected across the country, with numerous critical incidents (to which Manchester had come close).
- Tributes were paid to frontline staff who had gone above and beyond to ensure doors remained open and patients received care.
- Significant pressures remained in primary care with regards to demand and staffing, as well as discharge pressures. Mental health and home care services were similarly suffering, with the latter coping remarkably.
- It was noted that across GM the suspension of all but the most urgent elective care was now being lifted.

Councillor Birchmore asked whether there were figures regarding those dying “of” Covid vs those dying “with” Covid and Will Blandamer undertook to come back with that information. In response to a question from Councillor Tegolo regarding their vaccination status, he advised that this information was not routinely

collected but, in response to a follow up question from Councillor Lewis, officers undertook to investigate if the information was held by secondary care.

Councillor Brown asked about further vaccination doses and Councillor Simpson, Cabinet Member for Health and Wellbeing, advised that immunocompromised people would be invited for a fourth dose but a decision had not been made about whether this would be needed more widely.

Councillor Holt queried if data was collected around why people were refusing vaccinations and Councillor Simpson advised that many people refused to share their reasons, but it was probably due to scaremongering on social media. She added that it was becoming harder to engage with unvaccinated people as there was a growing stigma around it and people were unwilling to come forward. Will Blandamer advised that work to address the gaps in young people being vaccinated was looking at these motivations to give a better understanding of the situation.

Catherine Tickle provided an update on the support given to patients waiting for elective care:

- Cancer and urgent cases were still being seen and measures were reviewed regularly to ensure impact of waiting was minimised and that any cases that became urgent while waiting were seen.
- The 'While You Wait' initiative provided information, advice and support to those waiting for elective care, directing them to social prescribing options.
- Work on the site allowed for constant improvement of the offer, including areas of focussed work (orthopaedics and urology) which would be rolled out to other areas. This ensured tailored support was provided while patients waited.

Councillor Walmsley asked that this service be made available to those not able to access online services, and asked if there was data on how long delays would be now elective care was being stood back up. Catherine Tickle responded that there was no data at the moment but it could be looked at. She advised standing services back up would take time, with a phased approach to return to business as usual, and that different groups would have different levels of delay.

Councillor Pilkington asked about the vaccine take-up by NHS staff who were now compelled to be vaccinated and Will Blandamer advised an impact assessment was being carried out and he would report back, but that in social care only a relatively small number of staff had refused the vaccine.

Councillor Birchmore asked about orthopaedic patients' need for painkillers and limited access to GPs and Catherine Tickle reported that access to GPs continued despite capacity issues. She advised that there wasn't just one approach to access care, there was a range of support available and patients just needed to be directed to where would be best for them. Will Blandamer advised that, in light of the Committee's concerns regarding GP access, Dr Cathy Fines, Chair of the CCG, was keen to listen to and speak with Councillors and as such a Member seminar was being arranged.

Councillor Grimshaw queried pharmacies not providing patients with their prescription and Councillor Simpson advised that pharmacies are private businesses so users could change pharmacy or reorder their slip from the GP.

It was agreed:

1. Figures and vaccination status regarding those dying “of” Covid vs those dying “with” Covid be provided;
2. Data regarding delays in elective care be provided;
3. The results of the impact assessment regarding NHS staff not taking up the vaccine be reported;
4. Thanks and praise to frontline staff be recorded; and
5. Will Blandamer be thanked for the update.

HSC.17 UROLOGY RECONFIGURATION

Will Blandamer, Executive Director of Strategic Commissioning, advised that urology was the treatment of problems of the female urinary system and the male genitourinary tract, including the kidneys, ureters, bladder, prostate and male reproductive organs.

He reported that the reconfiguration of urology services stemmed from the split of hospital services between Manchester University NHS Foundation Trust (MFT) and the Northern Care Allowance (NCA), which related to a small number of patients in Bury but demonstrated how the improved reconfiguration of a service could address the balance between a sustainable service with a critical mass of patients and issues regarding accessibility and access to services.

Catherine Tickle, Commissioning Programme Manager, advised that this reconfiguration represented the direction of travel for how the system could work more collectively and reflected ways of working discussed at a GM level. The advantage for Bury was that both urology sites would be run by the same organisation and so would be inherently more integrated.

Colleagues from the wider care system were coming together to look at the end to end pathway for patients and work collaboratively to develop a different way of working and of providing services. A Task and Finish Panel was reviewing pathways, delivery, inequalities, and inclusion. This multidisciplinary approach would ensure a better pathway with smoother or fewer ‘hand offs’, and Members noted there had been a real willingness for secondary care, GPs and community teams to come together and work differently, with some traditionally hospital-based services now proposed to be carried out in the community.

Councillor Walmsley queried where private practices fitted in, and Catherine Tickle advised that the desired pathway needed to be developed and validated, with providers (including private) then engaged to enable that patient journey.

Councillor Birchmore reported that urology problems were often experienced by older people and expressed concern that they would need to travel to Salford for care. Catherine Tickle responded that the number of services users affected was small, and they were currently travelling to North Manchester. The reconfiguration meant that more services would be delivered in the community to reduce the need

for patients to travel, but third sector organisations were involved to consider how travel could be supported. It was noted that this was part of the scope of the Task and Finish Panel so would be fully considered.

Councillor Pilkington asked about the alignment with other trusts to ensure same care was provided throughout the locality and to prevent "postcode lotteries". Catherine Tickle advised that CCGs and Trusts were working together to monitor the impact of the reconfiguration and how to ensure an equitable service. Will Blandamer reported that he would bring the service development strategy for the NCA to the Committee at a future meeting in order to discuss aggregation of services and the benefit of economies of scale.

Councillor Pilkington also asked what was being done to ensure GPs were aware of the different services available in order to refer patients to right area. Catherine Tickle responded that GPs were part of the system-approach to reconfiguring the service and would help shape what pathways and referrals would be available. She added that comms was a key part of any redesigned service and was part of the Task and Finish Panel's remit.

It was agreed:

1. That the service development strategy for the NCA come to a future meeting; and
2. That the contents of the report be noted.

HSC.18 HEALTH SCRUTINY TASK AND FINISH GROUP - PLANNING AND LICENSING

Councillor Holt updated the Committee on the work of the Health Scrutiny Task and Finish Group - Planning and Licensing of takeaways. He advised it had been a good meeting, and two recommendations had been agreed:

- Recommendation 1 – "Officers to create a blended Bury data system which uses data sets from both the Leeds and Tameside model to assist to inform licensing decisions"
- Recommendation 2 - "Officers of the Council will investigate potential options for ensuring health implications are taken in consideration when assessing planning applications for hot food takeaways, including the feasibility of interim guidance in the intervening period. Interim guidance will set out the Council's approach, in advance of the adoption of replacement development planning policies."

Councillor Holt reported that, unfortunately the latter recommendation would need to be a policy development and as such would have to be postponed. He advised that the Group had worked positively with planning officers and it was noted that this would be the general direction of travel, and interim measures were in place to support a healthy food environment including the role out of the healthy catering award, currently run by the climate change team, which encouraged businesses to provide healthy options.

Councillor Tegolo suggested that training on this be offered to Planning Members to encourage awareness of the issues, and Councillor Walmsley advised that there were a number of interrelated strategies which could be included to provide a wider context of how different factors were involved.

Councillor Lewis raised concerns about the potential this had to hinder businesses, particularly when growth had been affected by the impact of Covid. He advised that his preference was to encourage healthy eating through education. Councillor Simpson responded that reasons for obesity were complex and multiple strategies and policies were required to encourage people to think and act differently. She voiced her support for the reduction of takeaways near to schools, advising that, although she agreed that no one should be forced, enabling healthy choices to be easier was a positive change and should be pursued. Councillor Pilkington added that he agreed businesses should be supported, but also that healthy options should be facilitated.

Councillor Holt thanked Members for their input into this complex issue and proposed that one final meeting of the Task and Finish Panel meeting be held before the end of the municipal year.

It was agreed:

1. That a Member Development session be organised;
2. That one more Task and Finish Panel meeting be held before the end of the municipal year; and
3. That the update be noted

HSC.19 BURY INTEGRATED CARE PARTNERSHIP AND LOCALITY PLAN

Will Blandamer, Executive Director of Strategic Commissioning, presented a report regarding the operating model for the Bury Integrated Care Partnership and the refreshed Bury Locality Plan which set out the ambition for strategic reform.

Members noted that the legislation to abolish the CCG from 1 April 2022 had been delayed until 1 July 2022. CCGs currently carried the bulk of funding for NHS services in Bury, but CCG functions would be taken over by a Greater Manchester (GM) Integrated Commissioning Board (ICB). Recruitment of the leadership for that organisation had begun, with Sir Richard Leese appointed at the Chair and Chief Exec and Non-Executive Directors yet to be appointed.

Even though the CCG was being abolished, Bury was committed the Council and the NHS working together to establish a shared understanding of the needs of the borough and of budgets (including the pooled budget). Architecture for the wider integrated care system was forming, not just from the Council and CCG but including colleagues from all over the system collaborating to drive transformation. This would enable decision making structures currently working well in Bury to endure and be amplified.

Work was ongoing to build this architecture, with clarity over governance, relationships, and decision making required as well as need to ensure clinical expertise was not lost in the leadership of Bury. This was being addressed through a Clinical and Professional Senate which would support the Locality Board (which

led on strategy for the borough) and the Delivery Board (which would drive programmes of work). These groups were already operating in shadow form, and clarity over financial flows was being developed to ensure that oversight of funding for the borough as a whole was retained.

With regards to the Locality Plan, Will advised this was the strategy document setting out the aims and ambitions. A step-change was wanted, with residents in control of their own wellbeing and in control of how services were organised around them. Services would be provided close to home, joining up teams in neighbourhoods, and there would be a focus on early intervention and prevention. Retaining the best of having clinical and political leadership would enable every opportunity to collaborate with colleagues across the GM footprint to control costs through economies of scale, while ensuring Bury retained localised services to address residents' needs.

Councillor Andrea Simpson, Cabinet Member for Health and Wellbeing, advised that further investment into early intervention and prevention was needed if real change to health inequalities was to be achieved. Continuing as currently wouldn't secure a different outcome, and she hoped this change would provide the opportunity to do that. She stated that residents wouldn't see a huge change for the first few years, in order not to destabilise existing services, but that if services could be commissioned in a different way it may change the way our community worked for the better.

Councillor Lewis expressed his hesitancy about the proposals. He expressed concern that this was reliant on trust, with 10 boroughs working together but with their own interests, and believed each borough should control their own finances. Will Blandamer offered clarity that the issues regarding financial flows related to NHS spend, not Council budgets. He further advised that NHS monies already flowed to CCGs through a GM structure, so this would not be changing.

Councillor Birchmore raised a point regarding the complexity of the care system, particularly regarding independent living and institutionalised care, and stated she thought this would be worse in a bigger system.

Councillor Brown stated that there were suggestions the system was not working and queried GM involvement, stating that he suspected eventually GM would overrun localities. Will Blandamer advised that governance was important to ensuring Bury's needs were addressed. To this end, a Place Based Lead would be selected for each locality who would have accountability from GM and from the locality, as well as the authority to drive forward priorities from their borough. Local accountability and leadership were built into the model, with the Bury Locality Board and GM ICB holding each other to account. Will advised that GM was "of us" not "doing to us", and this model would help ensure a balance between some services being commissioned once throughout the GM footprint, and others commissioned locally and under local control.

Councillor Simpson advised that getting the structure right was important in ensuring Bury had a say in how things were managed. The biggest risk was around deprivation, with other GM boroughs having higher levels of deprivation and therefore possibly requiring more funding. She acknowledged that Bury was

part of GM and needed to be responsive to our partners and raise standards across the region.

Councillor Holt asked about the involvement of children's services and Will Blandamer advised that this was included in the locality plan, with opportunities being explored for health and care services to work with children's services and schools in neighbourhood.

It was agreed:

That the update be noted.

COUNCILLOR T HOLT
Chair

(Note: The meeting started at 7.00 pm and ended at 9.04 pm)