Health and Social Care Scrutiny Panel

In person in the Salford Suite, Civic Centre, Chorley Road, Swinton, M27 5DA

1st December 2021

Meeting commenced: 10:00am
Meeting ended: 11:33am

Present in Person

Councillors Samantha Bellamy, Paula Boshell, Tanya Burch (in the chair), Jim Dawson, Jim King, Arnold Saunders, Irfan Syed, Peter Taylor and John Warmisham.

Co-opted member J Ahmed.

In Attendance in Person

Carol Eddleston	Democratic Services

In Attendance via MS Teams

Steve Dixon	Chief Accountable Officer Salford CCG
Gillian Mclauchlan	Deputy Director of Public Health

Members of the Public

None

1. Welcome and Introductions

2. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Karen Garrido, Margaret Morris and Jake Rowland.

3. Declarations of Interest

There were no declarations of interest in any of the items on the agenda.

4. Minutes of the Meeting Held on 3rd November 2021

The minutes of the meeting held on 3rd November were approved as a correct record subject to the addition of 'one' under Members of the Public in attendance.

5. Matters Arising

Meeting held on 1st September 2021 - Minute no 5. Update on NHS Reforms –

It was noted that the panel had not yet received a diagram/graphic representation of the new structure as requested.

Mr Dixon was asked to arrange for something to be provided in time for the next meeting.

6. Update on NHS Reforms

Steve Dixon, Chief Accountable Officer of Salford CCG provided the following update:

- Health and Care Bill was still going through the legislative process. It was currently at its second reading in the House of Lords and not expected to be passed before 15th January at the earliest.
- Changes were expected to be implemented by 1st April which was already quite tight and any delay to the bill's passing would inevitably have implications on implementation.
- Model Constitution had been received from the national team which showed what the Greater Manchester Integrated Care Board (GM ICB) would look like. It set out the minimum membership and the proposed membership of the board.
- The ICB was the statutory organisation which would receive delegation from NHS England and the money would flow from the national team into the ICB.
- GM had written out to stakeholders, including Salford City Council, asking for comment on the proposed membership of the ICB.
- From GM perspective the main changes were around recruitment and how the board posts were being filled.
- The Chair of the GM ICB had been announced as Sir Richard Leese.
- The recruitment process for the Chief Executive started in September but it had been announced in October that no appointment had been made and that the post would be readvertised.
- The consultation process had now started with senior management of the ten CCGs, the Greater Manchester Partnership and the Shared Service. All staff had been guaranteed employment from 1st April apart from the Executives and Governing Body members.
- GM had started the process to fill the executive team of the ICB. There were three statutory roles to which it was hoped to recruit by the end of December: Director of Nursing, Medical Director and Director of Finance. The rest of the senior leadership structure had yet to be released but it was anticipated that the recruitment process for those remaining posts would run from January to March.
- In terms of Locality arrangements for Salford, there were currently joint integrated commissioning arrangements between the CCG and the Council, with a pooled budget of around £6m and joint decision making on that fund. From 1st April the CCG would no longer exist and the ICB would be in place so what this meant for Salford locality was currently being worked through, including how joint decisions would be made.
- There were four workstreams working on particular details of the Salford arrangements:
    - Governance – there was a proposal on what a Salford Locality Board for Health and Care, and the various sub-groups, would look like. There had been conversations about which organisations would be members of that board, how voting would operate and who the voting members would be. This programme was being overseen by the Transition Board which was not a decision-making body but which made recommendations to statutory organisations. The recommendations would go through decision making at the Council as well as at other organisations in Salford such as Salford Royal and Greater Manchester Mental Health (GMMH).
    - People – what people and teams were required in the Salford locality to ensure that its arrangements were effective, including for quality improvement and assurance.
    - Money – to make sure that there was a pooled budget and clear arrangements on how the financial risk was to be managed and what was to be done in the event of overspends. This was all currently based on assumptions, as neither the CCG's nor the Council's funding settlement for 2022/23 was likely to be known before January.
    - Collaboration – how different organisations would come together to look at service redesign or service improvements. This would be a group of providers – GP practices,

Salford Royal, GMMH, Salford City Council – coming together to look at how services interacted, how they needed to be reshaped and redesigned to be responsive and how they needed to operate at a neighbourhood level.

All of those worksteams would come forward into a single Health and Care Operating Model by the end of December, with shadow Health and Care locality arrangements running from January prior to becoming fully operational from 1st April.

The chair invited questions and comments from members and the following were raised:

- Did interviews actually take place for the post of ICB Chief Executive and was the latest recruitment round likely to lead to a delay in implementation of the ICB?
  - Interviews did take place. It was anticipated that the post would be re-advertised within the next week or so. The process for recruitment to the rest of the structures was not being held up in the absence of a Chief Executive. However, some direction from Chief Executive would be required and some of the decisions which would need to be taken by the Chair and the Chief Executive, including on the appointment of the rest of the executive team, may be stalled between January and March.
- With reference to Mr Dixon's earlier mention of 'overspends' was there a feeling of pressure in the system?
  - 2021/22 started with a level of financial risk as some of the budgets were known to be overspending, with pressures on Children's Services, Adult Services and Social Care Services. The budget of around £600m was signed off with a savings plan and it was hoped to balance the plan at the end of the financial year so there were underlying pressures in the services and budgets. The size of the financial challenge at the start of 2022/23 would not be known until the financial allocations were confirmed. As part of joint decision making decisions would need to be made on where to make savings or on invest to save initiatives.
- Sir Richard Leese would be stepping down from all of his roles with Manchester City Council and the GM Combined Authority in order to allow him to take on the chair of the GM ICB.
- Was there to be any further community consultation on the review and reorganisation of services and were community groups being involved?
  - This was essentially a NHS structural reorganisation and people should not notice any negative difference but in fact should start to see a positive improvement as a result of integration. Mr Dixon did not believe that there was to be any consultation, nor that there was any obligation for formal consultation with community groups, but he would look into what plans were being put in place for communications and engagement which were important.
- To whom would the Locality Board and the ICB be accountable? Would there be any level of scrutiny?
  - The GM ICB would be a statutory organisation of NHS England and accountable to NHS England. Salford Locality Board for Health and Care would be a joint committee of the Council and the Integrated Care Board. The ICB and the Council would delegate some decision making into the Locality Board although that was yet to be ratified by the Council. The Locality Board would therefore be jointly accountable to the ICB and the Council and consequently subject to scrutiny by this panel [the Health and Social Care Scrutiny Panel].
- Was there a role for private business on the ICB?
  - In terms of what was being consulted on there were no proposals for members from private business or industry. The minimum membership was the Chair, the Chief Executive, the Medical Director and the Directors of Nursing and Finance. There was a seat for a voting member from the VSCE sector, between two and five non executive directors (independent) and a minimum of three voting member seats from partner organisations (Council and NHS providers).

- How would NHS England work with all the other boards set up across the country and how would members of the community be able to scrutinise? The new structure would potentially make things even more disparate rather than bringing them together. Much of the money would be controlled by central government. How could proper scrutiny and overview at a local level be achieved?
    - Decisions taken by the GM ICB would still be subject to scrutiny by the Greater Manchester Health Scrutiny Committee. Money would flow into Salford and Salford would make local decisions on how best to use that money. People and neighbourhoods first, not Greater Manchester first, was absolutely embedded in the locality operating model.

The chair thanked Mr Dixon for his comprehensive update and asked if it would be possible to have a brief written summary of the update that he would be presenting to future meetings so that members could be better prepared in advance of the meeting.

RESOLVED, THAT:

1) Mr. Dixon be thanked for his comprehensive and informative update, and
2) A brief written update summary be provided in advance of future meetings.

7. COVID-19 Update

The Deputy Director of Public Health gave a verbal update on COVID-19 and highlighted the following:

- Current situation
    - There had been many outbreaks in Salford schools, initially in secondary schools and then in primary schools. It was believed the peak in schools in Salford had now passed. Salford was above average in terms of cases across GM but lower than the average nationally.
    - All parts of the health and care system were currently very pressured but hospital admissions remained fairly stable and there had been no deaths for a number of days.
- Omicron
    - This new variant was first detected in South Africa on 24th November and Public Health colleagues were working very closely with the National Health Security Agency. So far one case had been confirmed in Liverpool and it was anticipated that there would be cases detected in Salford.
    - All cases would be tracked using the S gene failure marker to identify any cases of Omicron. Any new variant could change the shape and size of the pandemic and it was not yet known what impact Omicron would have but it reinforced the fact that nobody was safe until everybody was safe.
    - It would be another two to three weeks before there was a better understanding of the effect on severity of illness, response of current treatments and any reduced effectiveness of current vaccines.
    - Early indications were that it was more transmissible than Delta and could become the dominant variant globally.
    - Principles of face coverings in enclosed spaces, limiting contacts and staying at home if feeling unwell remained vital.
    - The main army of defence was the vaccine. There were still many people in the city who had not come forward for their vaccinations and work was ongoing to understand what the barriers were for those individuals. All over 18s were now eligible for their booster and 12 – 15 year olds would be offered their second dose or booster by the end of January. This equated to an extra 100,000 vaccinations to be offered by Salford by the end of January which was a huge undertaking.

- New regulations had come into force the previous day requiring the use of face coverings in shops, barbers and on public transport. Hospitality was excluded from this at the moment.

The Deputy Director of Public Health responded to questions and observations from members as follows:

- Was Omicron going to be treated in the same way as previous variants in hospital settings and were there plans to try and isolate infected patients in a bid to contain and control infections?
  - Evidence of the impact of Omicron was not yet known and, for now, it was being treated in just the same was as previous variants. The situation globally was being monitored and at the current time South Africa was seeing higher rates of hospitalisation but the country as a whole had lower rates of vaccination than the UK so it was not a like for like comparison.
- What percentage of the population of Salford was currently vaccinated?
  - It was amongst the lowest rate across GM (approx. 74% for first dose and approx.. 70% for second dose) but lower uptake tended to be seen in cities, including Liverpool and Manchester, where younger populations had not been coming through the door for vaccinations.
- The anti-vax movement seemed to be growing in Salford, with a presence on Clarendon rec and outside schools. What were we doing to try to combat the anti-vax messages?
  - A programme, run by NHS England, had been set up to put PCSOs in schools where vaccinations were being delivered and to try to understand what the issues were.
- The logistics of delivering all these extra vaccinations by the end of January were significant, how would it be achieved?
  - Experience in the winter of 2020/21 showed that people did not want to get vaccinated just before Christmas. Not everybody had to have had their vaccination by the end of January but they had to have been offered it by then. Logistically it would not be possible to vaccinate everybody by that time.
  - Vaccination centre information would be publicised on the national portal and the Spirit of Salford helpline had capacity to book people on.
  - It was important to get the comms right so that our residents were clear about where they could go and when they would be called up for their jabs.
  - The logistics around children were slightly more complicated as not everyone say in the same year group in the same school received their first (or second) jab on the same day.
  - Enforcement of face coverings was the responsibility of Greater Manchester Police and would be difficult given that the requirement to wear them had previously been removed, unlike in some other countries in Europe where face coverings had been required throughout the pandemic.
- There were some pockets of resistance within certain communities but it was right not to shut down the economy and to minimise the impact on mental health.
  - Public Health was working closely with community groups to try to understand and remove barriers and different models were being used including pop-ups and drive throughs. Experience showed that it took at least three weeks to build up relationships with community leaders.

RESOLVED, THAT:

1) the comprehensive update be noted,
2) all those concerned be thanked for their hard work in the ongoing comms and vaccination programme, and
3) elected members continue to work with their communities to encourage take up of vaccinations.

8. Draft Salford Public Health Annual Report 2020/21

The draft Annual Report 2020/21 had been brought to the panel so that members had an opportunity to provide comments and ask for any amendments ahead of it being presented to Cabinet on 14th December.

The Deputy Director indicated that she would be happy to take observations and questions on the draft report.

- Life expectancy appeared to be stalling and the gap between Salford and England as a whole widening; Salford had the highest per centage across GM of adults who smoked, and cancer rates were not reducing even though four in 10 were avoidable – were these things connected and was there a case to be made to concentrate on some of the core issues that were leading to these figures, such as smoking and inactivity.
- There was indeed a connection and the reasons for these statistics needed to be looked at. The Locality Plan set out how it was intended to improve life expectancy. One in three citizens in Little Hulton smoked. 80% of lung cancers were caused by tobacco. The city had really good 'Stop smoking' offers in place but more needed to be done to create smoke free areas in the city. A national strategy was due on tobacco and the council was developing a Tobacco Harms Alliance which would need to be a cross city, whole system approach, with broad representation, including current smokers, to look at the barriers to stopping smoking. If was known that it could take one person up to 20 attempts to stop before they were successful. There was work ongoing with Regulatory Services about illicit tobacco and tobacco control. The Deputy Director of Public Health would be happy to report back to the panel on progress.
- There had been a rise across the city in addictions, including alcohol, substance misuse and gambling. What plans were there to address these issues?
    - The Public Health team had essentially been fully deployed on COVID-19 related activities and had not had the chance to commission services but there would need to be a transition year to look at what had emerged in the last two years and what needed to be done to best support our residents in respect of all forms of addiction moving forward.
- Obesity continued to be a significant issue and needed to be included as an area of focus. There were already a number of 4-5 year olds coming to school who were obese.
    - A lot of people had become far less active during the pandemic and one challenge was how to encourage people to get out of the door and to look at prevention in the first place. Girls in particular tended to become less active and involved in sports when they hit their middle teenage years. A whole city approach was required to encourage people to increase activity in their daily lives, such as walking to the shop or gardening.
- Many people with a dual diagnosis of a mental health issue and addiction or an eating disorder found themselves in a difficult situation as it was as a result of their mental health problem that they were eating more or taking drugs or drinking, but they had no access to mental health services whilst they were seeking treatment for alcohol or eating disorders. This needed to be looked at.
    - Dual diagnoses often went hand in hand and more did indeed need to be done to look at how pathways and services worked more closely.
- Could something more be done with schools to address increasing levels of obesity or to try to get more resources into schools to get children more active.
    - Work was ongoing with schools about increasing activity and oral decay.
- Excess deaths in Salford seemed to be higher than in the rest of England. Would it be possible to get a fuller analysis of this so that we could lobby government on the need for additional resources and funding?

- There was to be a national task force to look at obesity and national disparities, in re cognition of the fact that more deprived areas tended to have a lower life expectancy.

The chair commented that it may be helpful to invite somebody who had come out of an addiction to come to share their experiences with the panel.

The Deputy Director confirmed that an update on tobacco could be presented at a future meeting. A great deal of capacity still needed to be dedicated to COVID-19 and there needed to be discussions around what other issues such as addiction and obesity, would need to be prioritised for the next 12 months, and she would discuss with the Director what it was feasible to bring to a future meeting.

It was agreed that these items would be added to the abeyance list on the work programme.

RESOLVED, THAT:

1) The Deputy Director of Public Health be thanked for responding to members' observations and questions on the draft Annual Report;
2) All those concerned in the work underpinning the report be thanked for their hard work and commitment to improving the health and life expectancy of the city's residents, and
3) Updates on the work to tackle tobacco, addiction and obesity be added to the abeyance list on the work programme.

9. Work Programme

The chair observed that it was difficult to get feedback on previous deep dives but this did not mean that the panel should not undertake further deep dives in the future. She invited suggestions from the panel as to what topics they would like to see coming forward.

The panel asked that they be updated at the next meeting on what had happened to deep-dive reports which had been produced in the last three years, including whether they had been presented to Cabinet and, if so, what Cabinet's response had been. A good deal of work had gone into previous deep dives and it would be disappointing to think that the reports and recommendations were not being given wider consideration.

It was acknowledged that this was perhaps common to all scrutiny panels and it would therefore be helpful to have a discussion on the matter at the afternoon's meeting of the Overview and Scrutiny Board.

Councillor Warmisham suggested it would be timely for the panel to look at fair access to health services for Salford's BAME communities and refugees, particularly ahead of the new Greater Manchester ICB coming online later in the year.

It was confirmed that Democratic Services support would not be required.

RESOLVED, THAT:

A task group comprising Cllrs Boshell, Dawson, Syed (chair), Saunders, Warmisham and Mr Ahmed undertake a deep dive into fair access to health services for Salford's BAME communities and refugees.

10. Date and Time of Next Meeting

Wednesday 2nd February 2022 at 10:00am.