

**HEALTH SCRUTINY**  
**18/12/2018 at 6.00 pm**



**Present:** Councillors Leach, Toor and McLaren

Also in Attendance:

Andrea Entwistle	Principal Policy Officer – Heath and Wellbeing, Oldham Metropolitan Borough Council (OMBC)
Patsy Burrows	Head of Service Looked After Children and Care Leavers, OMBC
Katrina Stephens	Interim Director of Public Health, OMBC
Fabiola Fuschi	Constitutional Services Officer, OMBC

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Ball, Taylor and Williamson.

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 Health Scrutiny Sub-Committee meeting held on 15<sup>th</sup> November 2018 be approved as a correct record.

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

**RESOLVED** that the minutes of the Health and Wellbeing Board meeting held on 25<sup>th</sup> September 2018 be noted.

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

**RESOLVED** that the minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 12<sup>th</sup> September 2018 be noted.

8           **RESOLUTION AND ACTION LOG**

**RESOLVED** that the Action Log for the meeting held on 15<sup>th</sup> November 2018 be noted.

9           **MEETING OVERVIEW**

**RESOLVED** that the today's Meeting Overview be noted.

10          **REGIONAL ADOPTION AGENCY**

Consideration was given to the Regional Adoption Agency (RAA) 2017/18 Annual Report which was presented by the Head

of Service Looked After Children and Care Leavers. The Interim Director of Children's Social Care and Early Help was also in attendance to present the information and to address the enquiries of the Committee.



It was reported that a year had elapsed since changes in delivering Adoption Services had been introduced. In Oldham, children and young people remained the responsibility of the Council, but members of staff had been seconded to Bolton Council, the host Council for the RAA, to deliver services concerning care planning, adoptive/foster parent recruitment. The Adoption Leadership Board (i.e.: the national board with the responsibility to improve performance of the adoption system in England) had introduced changes in the Adoption Services since 2008 to accelerate the process of finding a placement for children as well as recruiting adoptive families. It was reported that, nationally, the shortage of adopters had an impact on adoption performance. However, in 2017/18 Oldham had done well, outperforming England average and statistical neighbours with regard to the length of time from the point when children came into care to the time when they were placed with the adoptive families (i.e.: A1 indicator - Child Entering Care Starting Adoption Placement).

A2 indicator (i.e.: Placement Order to Matching), showed that there had been improvement compared to the previous year and Oldham was still performing better than national average and statistical neighbours, although it had missed the target. It was explained that the demographic in Oldham had to be considered when reading these statistics as there were a high number of children considered "hard to place" due to age, ethnicity, health needs and/or being part of a sibling group.

With regard to recruitment of adoptive families and adoption support, Elected Members were informed that, through the RAA, Oldham had been able to merge resources and to invest in a wider and sustained recruiting campaign; as a result, a number of adopters had come forward. It had also been possible to access increased support for adoptive families and members of staff and adopters had been able to access more training and development courses. With the RAA, Oldham could host events at no cost and place children without paying an interagency fee. It was reported that 50% of children had been placed within local authorities which were part of the RAA.

Members sought and received clarification / commented on the following points:

- Agency Decision Maker – It was explained that this was a role prescribed by the legislation for a senior manager within the organisation. In Oldham, the Interim Director of Children's Services was invested with this role.
- Adoption Leadership Board Scorecard – It was explained that this was a Government's measure on a three-year period; this specific level of detail had been required for the purpose of data analysis. In order to provide today's data, year to date figures had been extracted from the system.

- Lessons learnt from previous years – It was explained that a new service manager was in post who implemented new practices. Previously, professionals would wait for a court order before considering a placement, whereas, currently, opportunities for a placement were considered at a very early stage. Furthermore, an adoption tracker was in place to follow children from when they entered a Child Protection Plan throughout the Court process. Collaboration also led to an improvement as all local authorities who were part of the RAA had to share the same pool of adopters. The RAA could be more responsive to what professionals needed. For example, in the instance of very young babies who were likely not to return to their birth family, the RAA could look immediately at a Foster for Adoption Scheme, so that the child could stay with the same family from a very early stage. This would improve the outcome for children.
- Opportunities for fostering, was Oldham attracting foster carers from private agencies? – It was explained that Oldham had a cohort of specialist foster carers / adopters. Almost 80% of children placed with foster carers were placed with local authority foster carers. For older children, the Council used Independent Fostering Agencies.
- Placement with family of origin – It was explained that adoption would be the last resort and services would always look at the family of origin as first placement for the child; 50% of children were placed with family members, often via granting Special Guardianship.
- Monitoring placement progress – It was explained that following a placement with a family, the child would not be adopted until the Adoption Order would be in place. Therefore, until this point, a Social Worker and a Review Independent Officer would remain allocated to that child. Once the Adoption Order was in place, the adoptive family would be parenting independently. However, if necessary, post adoption support would be available.
- Activity days – It was explained that these were carefully planned; there were many exchange days during which potential adopters viewed children's profiles.
- Break down of placements – It was explained that disruptions to a placement could happen; sometimes this could be triggered by young people's attempt to get in touch with their birth family. Post adoption support services were specially trained to deal with these situations.
- Expected changes in the next 12 months – It was explained that Special Guardianship would be given more scrutiny for the benefit of children. The Adoption Leadership Board would publicise guidance to formally challenge the RAA. It would be about refining and developing mechanisms which were already in place. Previously there was an agency fee; now the focus was on mutually beneficial arrangements for all local authorities involved.

- Budget integration and benefit – It was explained that resources had been merged with the other five local authorities who were part of the RAA. This had given Oldham the opportunity to access high level training which previously was not accessible as it was very costly.

**RESOLVED** that:

1. The content of the report be noted;
2. A progress report be presented in 12 months.

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**ORAL HEALTH**

Consideration was given to a report of the Public Health Specialist which sought to inform the Sub-Committee of the progress on all age oral health improvement activity currently being delivered across Oldham. The information was presented by the Interim Director of Public Health.

It was reported that considerable attention was dedicated to children and young people's oral health as this affected their quality of life; this also applied to older adults. In Oldham, significant improvements had been registered since 2012/13 when five in ten five-year-old children had showed dental decay against three in ten children in 2016/17. It was explained that services had systematically applied evidence based oral health interventions. Oral health had been embedded in a wide range of primary care services. Teachers, Health Visitors and Early Years professionals were all involved in this process. The Big Brush Campaign had taken place to promote access to dental care. Last month, over 60% of children in Oldham had seen a dentist. The average in England was 70%. Greater Manchester funded supervised teeth brushing programmes in Early Years settings.

With regard to the new area of work represented by elderly people, it was reported that the objective was to apply learning from engaging with different professionals such as those from Intermediate Care settings in order to develop an understanding of the importance of good oral health in elderly people. This would take place via training provision, general awareness and improving pathways to secondary care.

Members sought and received clarification / commented on the following points:

- Existing issues/barriers and opportunities to reach young people – It was explained that five-year-old children were targeted as they were more receptive to change and therefore more likely to carry on healthy habits. There were opportunities to work with Youth Council to divulge oral health message.
- Other healthy lifestyle campaigns – It was explained that “five a day” was still a message within the Healthy Lifestyle campaign. However, it was still being implemented. The challenge was to find ways to support people to undertake those changes. Through the Early Years approach, school meal service in primary schools had been commended for delivering very healthy food

options for children. Secondary schools presented a greater challenge in implementing the necessary change; the school meal service was provided by private companies. It was agreed that this was an opportunity to promote the Healthy Living message in secondary schools via the Mayor's Healthy Living Campaign and the Oldham Learning Festival next year.

**RESOLVED** that:

1. The content of the report be noted;
2. The progress and actions in the Pre-school Children's Oral Health Improvement Strategy be noted;
3. The actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care be endorsed;
4. The implementation of evidence based oral health interventions and national guidance across all ages in Oldham continue to be supported.
5. A progress report on oral health be presented to this Sub-Committee in 2020.
6. A meeting be arranged with Education Services to develop an opportunity within Oldham Learning Festival in June 2019 to promote the Mayor's Healthy Living Campaign to engage with secondary schools and the Youth Council.

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**PUBLIC HEALTH IN PRIMARY CARE**

Consideration was given to a presentation of the Acting Consultant in Public Health on the role of Public Health in Primary Care and the plans for Oldham Clinical Commissioning Group (CCG) clusters, NHS Health Checks and Mental Wellbeing. The Interim Director of Public Health was in attendance to present the information and to address the enquiries of the Sub-Committee.

Members were informed that Healthcare in Public Health was a mandatory Public Health function. This entailed looking at primary prevention and seeking intervention before issues arose. Secondary prevention consisted of intervening to stop issues deteriorating. The third element was how to manage the condition. NHS Health Checks were an example of how Public Health worked with Primary Care. Health Checks were a mandatory programme commissioned by Council to GPs who would deliver it. Once every five years, people between the age of 40 and 74 years old should have a Health Check. Those who already suffered from a health condition, were not eligible for Health Checks. This service had been in place in Oldham for five years.

With regard to Public Health provision for Mental Wellbeing, it was reported that, following the Preventive Concordat, local and national plans were in place to support Primary Care services through preventative work such as the Five Ways to Wellbeing and engaging with pharmacies through the Healthy Living

Pharmacies Programmes to “Making Every Contact Count” as a tool to provide information and support on mental health. Furthermore, training resources such as “Connect 5” and “Mental Health Literacy” were available to members of staff in Primary Care to allow understanding of the issues around mental health and knowledge of the tools available to support people.

It was also reported that Integrated Clusters were made of 45 GP practices and 50,000 population per cluster. Public Health supported the clusters providing data, direct support on ongoing pilots, support for people in work who due to ill health might have to leave work. They would be identified through GP attendance.

Members sought and received clarification / commented on the following points:

- Statistics and outcome – It was explained that over 80% of the eligible population had been invited to have a Health Check; 38% had attended. In Oldham, from the start of the service provision there had been a low take up which had slowly increased in the last two years. The national focus had been on attendance rather than outcomes. There was also an issue on how a condition that had been identified at the Health Check was then managed by the patient via his/her GP. The preferred approach in Oldham would be to use a machine that gave results straightaway as people responded better when they received information immediately. The next objective would be to increase the information captured at the Health Check and work with the relevant Portfolio Holder to relaunch Health Checks in Oldham. Payment to GPs would need to be reviewed, payments should be awarded only for completed Health Checks. There was an opportunity to involve the Mayor in order to promote the take up of Health Checks amongst Oldham’s residents.
- Women’s health and mental wellbeing – It was explained that work was ongoing to reduce smoking in pregnancies. When delivering Health Checks, data was collected and analysed and specific strategies could be devised.
- Encouraging men to attend Health Checks – It was explained that offering Health Checks in venues other than GP surgeries might increase men’s attendance.
- Five Ways to Wellbeing and Voluntary Sector - It was explained that as well as pharmacies, the training was rolled out to community and voluntary groups.

**RESOLVED** that:

1. The content of the presentation be noted;
2. The Thriving Communities update scheduled for March 2019 to include an update on the role of “Making Every Contact Count” training for the Community Voluntary Sector;
3. An update on Women’s Health and Mental Wellbeing from Oldham Clinical Commissioning Group be requested for a Health Scrutiny Sub-Committee in early 2019.



4. A progress report be presented to the Health Scrutiny Sub-Committee in 12 months.

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### **COUNCIL MOTIONS**

Consideration was given to a report of the Principal Policy Officer, Health and Wellbeing which sought to inform the Sub-Committee of the health-related Council motions that had been discussed and agreed at Full Council meeting on 7<sup>th</sup> November 2018. These were:

- Tackling Child Hunger;
- Creating a Healthy and Thriving Oldham;
- National Exemption for Prescriptions for Care Leavers, this was a Youth Council's motion.

The following health-related motions were approved at Full Council on 12<sup>th</sup> December 2018:

- Sustainable Public Health Funding;
- Air Quality.

**RESOLVED** that:

1. The update as outlined in the report be noted;
2. An update be provided on the Sustainable Public Health Funding and Air Quality motions at the meeting of the Sub-Committee in March 2019.

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### **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Sub-Committee considered a progress report of the Principal Policy Officer – Health and Wellbeing on recent activities undertaken by the Mayor of Oldham in connection with the Mayor's Healthy Living Campaign to promote and divulge the message of healthy living across the Borough.

**RESOLVED** that:

1. The update be noted;
2. Continuous support to the Mayor's Healthy Living Campaign be provided by the Sub-Committee.

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### **HEALTH SCRUTINY FORWARD PLAN**

Consideration was given to the Health Scrutiny Forward Plan for 2018/19. Members agreed that the workload of the Sub-Committee was increasing consistently and ways to manage the greater workload needed to be explored.

**RESOLVED** that the Health Scrutiny Forward Plan for 2018/19 be noted.

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### **DATE OF NEXT MEETING**

**RESOLVED** that it be noted that the next meeting of the Health Scrutiny Sub-Committee would be held on Tuesday 29<sup>th</sup> January 2019 at 6 p.m.

The meeting started at 6.00 pm and ended at 7.36 pm