



**HEALTH SCRUTINY**  
**20/03/2018 at 6.00 pm**

**Present:** Councillor McLaren (Chair)  
Councillors Goodwin, Toor and Williams

Also in Attendance:

Michelle Bradshaw	Bridgewater Trust
Oliver Collins	Principal Policy Officer
Mark Drury	NHS
Tracey Harrison	Joint Commissioning for People (Health & Social Care)
Lori Hughes	Constitutional Services
Mark Warren	Director, Adult Social Care

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor 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 30<sup>th</sup> January 2018 be approved as a correct record.

6           **MINUTES OF THE JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE FOR PENNINE CARE  
FOUNDATION TRUST**

**RESOLVED** that the minutes of the Joint Health Overview and Scrutiny Committee for Pennine Care Foundation meeting held on 30<sup>th</sup> November 2017 be noted.

7           **MINUTES OF THE JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE FOR PENNINE ACUTE  
HOSPITALS NHS TRUST**

**RESOLVED** that the minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust meeting held on 3<sup>rd</sup> October 2017 be noted.

8           **GM HEALTH AND SOCIAL CARE PARTNERSHIP  
MINUTES**

**RESOLVED** that the minutes of the GM Joint Health and Social Care Partnership meeting held on 13<sup>th</sup> October 2017 be noted.

9           **GREATER MANCHESTER JOINT HEALTH SCRUTINY  
COMMITTEE**



**RESOLVED** that the minutes of the GM Joint Health Scrutiny meeting held 8<sup>th</sup> November 2017 be noted.

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

**RESOLVED** that the minutes of the Health and Wellbeing Board held on 12<sup>th</sup> December 2017 be noted.

11 **MEETING OVERVIEW**

**RESOLVED** that the Meeting Overview for the meeting held on 20<sup>th</sup> March 2018 be noted.

12 **RESOLUTION AND ACTION LOG**

**RESOLVED** that the resolutions and actions from Health Scrutiny Sub-committee meeting held on 30<sup>th</sup> January 2018 be noted.

13 **URGENT PRIMARY CARE**

The Sub-Committee gave consideration to a report which provided an update on the outcome of the recent public consultation on the future model for urgent primary care in Oldham and subsequent decisions taken by the Clinical Commissioning Group (CCG) Governing Body on the implementation of the changes. An Equality Health Impact Assessment had been conducted which identified the most likely differential impact being upon people with disabilities or low incomes who may be adversely affected by the change of location of services.

The case for change was outlined in the report. Greater Manchester Devolution encouraged both innovation and financial support to bring about clinically led change across health and social care which included urgent primary care. This was reinforced by national NHS England guidance.

The options outlined considered were Option WI (Walk In) and Option HU (Urgent Care Hubs). Both options were set out in detail in the prospectus. It was noted that 58% of the 2,493 consultees had expressed a preference in the main survey for Urgent Care Hubs as opposed to 42% which wished to retain a Walk-In Service.

The CCG's Governing Body had agreed to proceed with the proposal for a number of Urgent Care Hubs located around Oldham which offered bookable urgent treatment appointments with core characteristics outlined in the report as well as additions to the original proposal.

Members sought and received clarification a definition of urgent care. Members also sought clarification ensuring the availability of phone lines, retention of walk-in alongside urgent care and how that was managed, the impact on accident and emergency and communications. Members were informed that phone lines would trip through and would not get lost in the system. The walk-in appointments would be addressed by the hubs. Communication was recognised as a key point. Members commented about the walk-in centre and limited times which

added pressure on Accident & Emergency. Members were informed that clusters would need to target times and were also informed that the out of hours GP services would still be available.

Members raised that the key to success was communications to the wider community. Members were informed when the time was appropriate, changes would be promoted and sustained. This was also recognised as a significant piece of work. An update would be provided to the governing body next month.

**RESOLVED that:**

1. The update on the future model on urgent primary care in Oldham be noted.
2. An update on the timeline for implementation be brought to the next meeting of the Health Scrutiny.

14

**INTEGRATED CARE ORGANISATION**

The Sub-Committee gave consideration to an update on the progress of the development of the Integrated Care Organisation and the work to develop the five integrated cluster teams. The integration of front-line services aimed to provide quality co-ordinated care within a community setting to residents as and when needed. It was hoped that this model would alleviate the extreme pressure which was seen at the Royal Oldham Hospital A&E Department.

Members were informed that the development was linked to the National and Greater Manchester picture. Members were informed about the integrated care model, consolidation of funding and local workforce plan. Financial challenges were also highlighted. Adult social care had been redesigned in Oldham which featured two elements in the new locality care: Commissioning and Provider. NHS and Council funding would be pooled under a S.75 agreement and services would be brought together through a phased approach over the next three years. Members were informed of the single line management and working arrangements across the five clusters. Residents would be supported locally through coordinated care services. A key issue was a common IT infrastructure for staff to facilitate one care plans for residents.

Members asked how performance and services would be monitored. Members were informed that this was a key issue as the NHS had its own performance monitoring performance standards with a range of indicators as did social care. Divisional management teams would review performance and this would form part of the governance arrangements. Every management meeting would be summarised with key messages to staff.

Members asked about the challenge of recruiting qualified staff. Members were informed that keeping qualified staff was difficult, however, the service would continue to make Oldham an

attractive place work and provide options under the service delivery plans.

Members commented that the outcome would be a health service providing services to those who needed them, and were informed that this was linked to the Thriving Communities agenda which was aligning work with cluster models with residents through early help.

Members commented that there was an ongoing need to monitor progress and understand the direction of travel as well as the transition from Phase 1 to Phase 2. Members would be informed when team meetings would be held and be invited to attend.

**RESOLVED that:**

1. The update and progress made in the development of the Integrated Care Organisation be noted.
2. A further update be received by the Health Scrutiny Sub-Committee in the new Municipal Year.

15

**BRIDGEWATER NHS TRUST**

The Sub-Committee gave consideration to an update from the Bridgewater NHS Trust which included:

- The implementation of the Right Start Service;
- Performance Reporting and emerging outcomes; and
- The impact of the Trust's CQC inspection findings and subsequent action plan on the Right Start Service in Oldham.

The aim of the service was to tackle a number of key early childhood outcomes through the delivery of a number of statutory functions which were:

- Health visiting mandated visits
- Healthy child programmes 0-5 and 5 – 19
- Children's Centres

And outcomes:

- Child Development at 2 – 2.5 years
- Prevalence of breastfeeding at 6 – 8 weeks
- Improvement following a package of care delivered at universal/universal plus
- Take up of 2 year old entitlement.

Members were informed of the range of indicators on expected level of development which included: communication; gross motor; fine motor; problem solving and personal/social development. A case study was outlined to members and also informed that data was being refined that could track children who had problems before school. Oldham was leading across Greater Manchester which was a testament to the Council.

Members asked where referrals came from and were informed that this was through a range of places which included children's centres, audiology, nurseries and health services.

Members asked about the focus on parenting and were informed that every child had visits from health visitors which were critical. The assessment in using the Ages and Stages Questionnaire (ASQ) were parent led by educating parents on developmental milestones.

Members asked if percentage information was available for each ward and that the details could be shared with district teams. Members were informed that ward level information was shared at local advisory boards and members were encouraged to participate in the boards.

Members asked about work with parents who did not have English as a first language. Members were informed that bilingual workers in the service were used as well the interpreter's service and also followed best guidance. Children were started in their mother tongue and it was noted that this service was highlighted in the SEND report as an area of good practice. All assessments were carried out in the home language which was valued by the inspectors.

Members noted the quarterly percentages and were informed that percentages were approximate the same per quarter and the four quarters for the year equated to the birth rate. Members asked about patterns emerging across the wards. It was confirmed that patterns had emerged and an analysis would be completed and included in the end of year report.

Members asked about the implementation of the restructure and were informed that this was almost complete. The HR process was ongoing and staff had moved into the districts.

The Bridgewater Trust had also been subject of a trust wide CQC inspection and had developed an action plan which addressed the identified areas of concern. Members were informed that there was nothing specific to Oldham in terms of the action plan but another inspection was due.

**RESOLVED that:**

1. The update on the implementation of the Right Start Service, Performance reporting and the impact of the CQC inspection findings on the Right Start Service be noted.
2. The annual summary be reported to Health Scrutiny in June 2019.
3. A summary of figures for the 2018 be circulated as part of the Work Programme at the meeting in July 2018.

into the provision of child safeguarding provision in the borough. Two focus areas had been identified which were:

- Development of a more engaging and practical core safeguarding training package for elected members; and
- Continued development of the multi-agency offer.



Key actions were identified in the report.

The follow-up meeting was due to be re-arranged. Members agreed to receive a written update and that a further meeting be arranged in the new municipal year.

**RESOLVED that:**

1. The updated on the Children's Safeguarding Task Group be noted.
2. A written update be provided to the Task Group.
3. A further meeting be organised in the new Municipal Year.

17

**MAYOR'S HEALTHY LIVING CAMPAIGN**

The Sub-Committee gave consideration to an update on the Mayor's Health Living Campaign.

The Sub-Committee were informed that a meeting had been arranged with the incoming Mayor to discuss themes during his term of office.

**RESOLVED** that the update on the Mayor's Healthy Living Campaign be noted.

18

**COUNCIL MOTIONS**

There were no Council motions related to Health to be noted.

19

**2018/19 FORWARD PLAN**

The Sub-Committee gave consideration to the Oldham Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year.

Members referred to the future agenda item on Tobacco Control and asked that the use of shisha and e-cigarettes be included. The Annual Public Health Report would also be included on the work programme.

**RESOLVED that:**

1. The Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year be noted.
2. The suggestions made by the Health Scrutiny Sub-Committee members be included on the 2018/19 Work Programme.

The meeting started at 6.00 pm and ended at 7.51 pm