

***HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda***

Date Tuesday 11 September 2018

Time 6.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Fabiola Fuschi at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Fabiola Fuschi Tel. 0161 7705151 or email Fabiola.fuschi@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 6 September 2018.
 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Ball, Leach, Taylor, Toor, Williamson, McLaren and Phythian (Substitute)

Item No

- 1 Apologies For Absence
- 2 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

5 Minutes of Previous Meeting (Pages 1 - 8)

The Minutes of the Health Scrutiny Sub-Committee meeting held on 3rd July 2018 are attached for approval.

6 Minutes of the Health and Wellbeing Board (Pages 9 - 18)

The minutes of the Health and Wellbeing Board meeting held on 27th March 2018 are attached for noting

7 Minutes of the Greater Manchester Joint Health Scrutiny Committee (Pages 19 - 24)

The minutes of the Greater Manchester Health Scrutiny Committee meeting held on 14th March 2018 are attached for noting

8 Resolution and Action Log (Pages 25 - 26)

9 Meeting Overview (Pages 27 - 28)

10 Air Quality (Pages 29 - 32)

11 Update on tobacco control and the review of the Council's smoking policy (Pages 33 - 38)

12 Council Motions (Pages 39 - 44)

13 Health Scrutiny Forward Plan (Pages 45 - 46)

14 Date and Time of Next Meeting

The next meeting of the Health Scrutiny Sub-Committee will take place on Tuesday 23rd October 2018 at 6 p.m.



HEALTH SCRUTINY
03/07/2018 at 6.00 pm

Present: Councillor McLaren (Chair)
Councillors Ball, Leach, Taylor and Toor

Also in Attendance:

Councillor Iqbal	Mayor OMBC
Nadia Baig	Oldham CCG
Donna McLaughlin	The Pennine Acute Hospitals NHS Trust
Dr. John Patterson	Clinical Commissioning Group
Dr Shelley Brumbridge	Oldham CCG
Nicola Firth	Oldham Care Organisation
Rosie Barker	Service Development & Support Manager (Waste Management)
Sian Walter-Browne	Constitutional Services

1 ELECTION OF CHAIR

The meeting was opened by the Constitutional Services Officer who asked the Sub-Committee to nominate a Chair for the duration of the Municipal Year 2018/19.

RESOLVED that Councillor McLaren be elected Chair and Councillor Ball be elected Vice Chair of the Health Scrutiny Sub-Committee for the duration of the Municipal Year 2018/19.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Williamson, Rebekah Sutcliffe, Vicky Sugars and Katrina Stephens.

3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

4 URGENT BUSINESS

There were no items of urgent business received.

5 PUBLIC QUESTION TIME

There were no public questions received.

6 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meeting held on 20th March 2018 be approved as a correct record.

7 **MINUTES OF THE GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP**

RESOLVED that the minutes of the Greater Manchester Health and Social Care Partnership meetings held on 19th January 2018 and on 16th March 2018 be noted.

8 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY MEETING**

RESOLVED that the minutes of the Greater Manchester Joint Health Scrutiny meeting held on 10th January 2018 be noted.

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

RESOLVED that the minutes of the Joint Health Overview and Scrutiny for Pennine Care Foundation Trust meeting held on 13th March 2018 be noted.

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

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 23rd January 2018 noted.

11 **ACTION LOG**

RESOLVED that the Action Log be noted.

12 **MEETING OVERVIEW**

RESOLVED that the Meeting Overview be noted.

13 **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Mayor, Councillor Iqbal, attended for this item and consideration was given to a report of the Corporate Policy Development Officer on the Mayor's Healthy Living Campaign.

Members were informed that the main area that had been chosen by the current Mayor to promote and support the health and wellbeing agenda in Oldham was to promote physical activity, with a particular focus on walking.

The aim would be to raise the awareness of already existing groups, or establish new local community led walking groups, aimed at getting those who did no or very little physical exercise started in an easy and local community setting.

The Mayor outlined events coming up and indicated he would personally be participating as much as he could.

RESOLVED that:-

1. The report on the Mayor's Healthy Living Campaign 2018/19 be noted
2. An update report would be submitted to a future meeting
3. The Sub-Committee extended its support to the Mayor.

URGENT CARE STRATEGY

The Sub-Committee gave consideration to a report from Nadia Baig, Acting Director of Performance and Delivery, on the next steps in Urgent Primary Care in Oldham.



The purpose of the Urgent Care Strategy was to set out, in a single document, the future plans for commissioning and developing urgent care across Oldham to ensure it is effective, affordable and sustainable. Whatever the urgent need was, and in whatever location, the aim was to ensure that the population had access to the best care from the right person in the best place and at the right time.

The strategy document set out and defined the vision and strategic aims for urgent care in Oldham. It included a detailed description of current services including activity, quality and performance. The strategy finished by describing commissioning principles, priorities for system change, defining 'what good looked like' to drive outcomes-based commissioning and suggested metrics for monitoring system change and development.

The strategic aims were:-

Strategic Aims:

- 1. To provide better support for self-care.*
- 2. To help people with urgent care needs get the right advice in the right place, first time.*
- 3. To provide highly responsive urgent care services outside of hospital, so people no longer choose to queue in A&E.*
- 4. To ensure that those people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.*
- 5. To connect all urgent and emergency care services together around place (population of 30-50k) so the overall system becomes more than just the sum of its parts. (Integration and transformation)*

The primary drivers were to:

- Achieve 91% towards the 95% 4 hour wait standard by March 2019
- Reduce A&E attendances by 24% by 2021
- Reduce non-elective admissions by 14% by 2021

The strategy set out the following priorities for change over the next three years:-

“Our priorities for change across the urgent care system over the next three years are:

- Move to a more proactive management of long term conditions and those at risk of hospitalisation by taking a population approach



- More actively promote self-care and make it much easier for patients to access high quality, reliable information and services
- Ensure primary care – in hours and out of hours services – is the service of choice for patients to meet their urgent care needs
- Incorporate 111 direct booking into the 7 Day Service
- Develop options locally for patients to access an “urgent care hub” in each GP Cluster with enhanced skills to manage long term conditions and cases which currently present to hospital.
- Continue to reduce ambulance conveyance rates
- Develop community pharmacies into urgent care providers
- Reduce ED attendance rates and 999 calls for urgent conditions
- For urgent mental health care, achieve parity with physical health care
- Develop a paediatric urgent care pathway, at cluster level
- Develop a frail elderly urgent care pathway dovetailed with a population health approach to falls prevention at cluster level
- Consider prioritisation of services by need to tackle health inequalities
- Create a business intelligence platform to analyse and understand the impact of the wider determinants of health at a neighbourhood level.”

The Sub-Committee asked for and received clarification on several areas. They were informed that follow-up appointments could make the best use of resources by referring patients to the correct clinicians, not just their GP. There was awareness that poverty was a major factor and the Strategy was being formulated to offer a high level of service to those who needed more help with access. Working in different ways could avoid the current disadvantage. An example was given as to how homeless people could access the service by removing barriers. Concern was expressed about the proposed cluster areas and Members were assured that no final decisions had yet been made on these and the walk-in centre would not close until all Oldham residents had access to an Urgent Care Hub.

The Sub-Committee proposed that a workshop be set up to share information and experience that could help shape the Strategy and asked that this be open to all Councillors

RESOLVED that:-

1. The Sub-Committee noted the progress made and would receive a further update within six months.
2. A workshop be set up in September 2018 to share information and experience, to which all Councillors would be invited.

15

AIR QUALITY

Consideration was given to a report from the Service Development & Support Manager (Waste Management) that provided an update on a report received by the Sub-Committee at its meeting in January 2018.

That report clarified that the government had mandated 29 local authorities, including 7 districts within Greater Manchester, to undertake comprehensive feasibility studies, assessing a wide range of options, to identify solutions to specific local issues as soon as possible. Oldham was not required to undertake this study, but it had been agreed that all 10 districts in Greater Manchester would be included.

This work had been progressed, led by Transport for Greater Manchester (TfGM), and in April 2018 Oldham had been identified in a subsequent wave of local authorities at risk of not meeting the nitrogen dioxide pollution levels on specific road links by 2021. A ruling was made that each authority must produce a plan to achieve compliance as soon as possible.

In order to meet the timescales, Oldham's feasibility study was be restricted to the stretch of road identified in the directive. A shortlist of measures had been drawn up and were being modelled to establish which, if any, would make that stretch of road compliant.

The deadline for submission was the end of July and the Sub-Committee would be updated on progress at its next meeting. An update would also be provided at that meeting on the wider TfGM regional work, for which the deadline was December 2018.

The Sub-Committee received clarification that the Council could bid for funding to implement the proposed measures. How funding would be allocated was not yet clear and an update on this would be provided in future.

The Sub-Committee received clarification on a recent report that indicated planting trees of certain types could reduce pollution. This was a measure that would be considered, as the right trees in the right places could make a significant difference. The dispersal area was approximately four metres, and people walking or living very close to a road were the most affected.

RESOLVED that the Sub-Committee noted the progress made and would receive a further update at its meeting in September.

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PENNINE ACUTE CQC INSPECTION

Consideration was given to a report of the Director of Nursing/Acting Chief Officer, Oldham Care Organisation, that provided the Sub-Committee with an update following the recent

publication of the Pennine Acute NHS Trust CQC report in March 2018.



This included:-

- The development of an overarching action plan submitted to CQC by 11th April 2018
- The development of local action plans in each of the NE sector Care Organisations
- Assurance and monitoring within Care Organisations and Sub-Sub-Committees in Common
- Greater Manchester monitoring of the Trust-wide Improvement Plan

The Sub-Committee were informed there had been continuous improvement and that, following an “inadequate” rating in 2017, the Trust rating had improved to “requires improvement”. It was noted that maternity services at The Royal Oldham Hospital had improved from “inadequate” to “good”. The Sub-Committee was referred to the tables within the report that illustrated the level of achievement.

Clarification was provided as to the date of the next inspection, which was expected within twelve months. It was explained that the inspectors could come in at any time and could choose whether to inspect specific areas or undertake a full inspection. Further detail was provided on staffing issues, where funds had been earmarked to address the identified shortfall. Areas such as procurement were also being looked at to identify how to make them more efficient. The number of agency staff used had been reduced and agencies that provided staff at NHS rates were being used where possible.

RESOLVED that the Sub-Committee noted the progress made and the current approaches being taken.

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COUNCIL MOTIONS

The Sub-Committee gave consideration to two motions that had been considered by Council on 28th March 2018.

Youth Council Motion

This concerned vaping and the use of e-cigarettes. The Youth Council had concerns that vaping was becoming an attractive activity for young people. They believed this was in large part due to the advertising and promotion of e-cigarettes and vaping that they believed targeted young people.

The Youth Council felt more needed to be done to prevent vaping from being seen as fun, acceptable and a ‘cool’ thing to do and wished to see the same controls on vaping as there were on tobacco products. They would like to see advertising banned, plain packaging controls in place and point of sale restrictions. They believed these restrictions on the promotion of vaping

would further reduce the likelihood of people taking up vaping and in turn smoking.

The Chief Executive was requested to write to the minister of Health and to ask for these restrictions to be put in place for vaping products.

Motion of Opposition Business

A motion was moved in relation to the issue of childhood obesity and the contributory factor of the easy availability to children of unhealthy takeaway food.

Some local authorities had adopted Supplementary Planning Document and Local Plans that include a prohibition on new fast food takeaways within 400 meters of local schools (a buffer zone) and the Council was asked to request the Planning Sub-Committee to:-

“investigate the desirability and practicality of:

- Introducing a prohibition on new takeaways within a 400 metre buffer zone as part of the Local Plan; Council shall also contact all schools within the Borough to seek reassurances they:
- Enforce a ‘stay-on-site’ policy at lunchtimes;
- Ban the delivery of takeaways to the school gates for collection by pupils; And ask them to do so; if they do not.”

The Council had referred the motion to the Overview and Scrutiny Board and the Sub-Committee gave consideration to the draft response. The Sub-Committee noted that information was being gathered from a wide range of sources and discussions were underway to consider a workshop on tackling overweight and obesity issues as part of the Health Scrutiny work programme. Consideration of the desirability and practicality of restricting new takeaways could form part of the agenda for such a workshop.

The Sub-Committee were informed that most Oldham schools had a “stay on site policy” during breaks/ lunch times for safeguarding reasons, and many offered a varied healthy option menu for snack and meal choices. The Education Catering Service provided high quality, high nutritional healthy options to 78 primary schools, which had been recognised nationally (Gold Food for Life Catering Mark and the prestigious Best OF Organic Market – BOOM award), and served circa 13000 meals per day.

Most schools did not allow the delivery of takeaways to the school gates, and this would be confirmed at the next primary and secondary head teacher meetings. All schools would be asked to implement a ban if one was not already in place.

RESOLVED that:-

1. The content of the Youth Council motion and the Council's resolution be noted.
2. The content of the Opposition motion and the draft response to the Overview and Scrutiny Board be noted.
3. Consideration would be given to the possibility of incorporating the issue of obesity into the proposed workshop in relation to the report on Urgent Care at Item 14 of this agenda.

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FORWARD PLAN

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

RESOLVED that: The Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year be noted.

The meeting started at 6.00 pm and ended at 7.27 pm

Present: Councillors Harrison, Heffernan and Moores

Independent Members: Dr Zuber Ahmed, Jill Beaumont, Noreen Dowd, Siobhan Ebdon, Jax Effiong, Julie Farley, DCI Jim Faulkner, Dr Keith Jeffery, Merlin Joseph, Stuart Lockwood, Donna McLaughlin, David Smith, Katrina Stephens, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh

Also in Attendance:

Oliver Collins	Principal Policy Officer
Lori Hughes	Constitutional Services
Barbara Mulvihill	Project Manager - Information Management
Rebekah Sutcliffe	Strategic Director of Reform
Stephen Woods	GM Shared Services (NHS)

1 **ELECTION OF CHAIR**

RESOLVED that Councillor Moores be elected Chair for the duration of the meeting.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chauhan, Councillor Price, Dr. Patterson, Chief Supt Evans, Dan Lythgoe and Jon Aspinall.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

Dr. Zuber Ahmed declared a pecuniary interest at Item 16, Pharmaceutical Needs Assessment by virtue of his ownership of a pharmacy. Dr. Ahmed left the room and took no part in the discussion or voting thereon on this item.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health and Wellbeing Board held on 23rd January 2018 be approved as a correct record.

7 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meeting held on 30th January 2018 be noted.

8 **ACTION & RESOLUTION LOG**

RESOLVED that the Action Log from the meeting held on 23rd January 2018 be noted. **Page 9**

MEETING OVERVIEW

RESOLVED that the overview for the meeting be noted.

OLDHAM CARES OUTCOMES FRAMEWORK

Consideration was given to a report of the Director of Public Health which outlined the development of a set of supporting indicators for the Oldham Cares Outcomes Framework. The high-level outcomes for Oldham Cares, as outlined in Appendix 1 of the report, and the proposed approach to develop a set of supporting indicators had been agreed at the January meeting. Further work had been undertaken and a proposed list of supporting indicators for Oldham care was set out in the report.

Each outcome required supporting indicators which were a range of specific measures which demonstrated the achievement (or otherwise) of the outcome. Each outcome framework would be supported by a maximum of 30 indicators.

An initial long list of indicators had been compiled from the three national outcomes frameworks and Oldham's investment agreement with the Greater Manchester Health and Social Care Partnership. This consisted of over 300 indicators. Using the principles as outlined in Section 2.1 of the report the list was reduced to a medium list of approximately 65 indicators. Following a discussion with a group of stakeholders a refined list of 28 key indicators was produced as outlined at Appendix 2 of the report.

The Board were informed of work that was ongoing for consideration of other collected data. High level outcomes set the framework for commissioning. There were significant challenges in the health and wellbeing of the borough, there were recognised areas where more development was needed. The number of areas and the attempt to group some topics was discussed. There was differential effort in parts of the borough and in some areas of the borough to get to the national average would have an impact on the overall picture. It was recognised that organisations had their own performance frameworks which would contribute to the aggregate.

The Board raised concern on the mental health areas and GP health checks.

The Board would be updated when the list had been refined and brought back to the June meeting.

The Board sought clarification on the vaccination target which was 72.9% and it was clarified that the national target was 75%.

The Board raised that in terms of supporting indicators that vulnerable children was absent. What could be commissioned would be discussed under JSNA.

RESOLVED that:

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1. The proposed supporting indicators for the Oldham Care outcomes framework be agreed.
2. A further report be received at the next Health and Wellbeing Board meeting which described the proposed targets and reporting arrangements for the outcomes framework.

11

PENNINE ACUTE CQC INSPECTION UPDATE

Consideration was given to a report which provided an update on the Care Quality Commission's (CQC) follow up inspection of the Pennine Acute Trust in October 2017 following the initial inspection held in February and March 2016.

The CQC had based their inspection and subsequent report on five domains, i.e. was the service:

- Safe;
- Effective;
- Caring;
- Responsive to people's needs; and
- Well led.

An overview of the findings of the two inspections where improvements had been identified at the Trust was outlined at Appendix 1 of the report.

The Board were informed of the achievements of the Trust. There would be a further review across all services in the next 12 months. The focus was now on those areas which were inadequate.

The Board queried about outpatient imaging and why this had not been assessed. The Board were informed that this was not part of the review.

The Board expressed their congratulations on the work undertaken to achieve the improvements made and expressed their thanks to Pennine Acute and, especially, the Royal Oldham Hospital. The Board agreed to write to Sir David Dalton offering their congratulations.

RESOLVED that:

1. The progress and improvement made by the Trust and the continued ways to identify ways in which support could be given to the Trust and the Royal Oldham Hospital site to continue the journey of improvement be noted.
2. A letter of congratulation be written to Sir David Dalton on behalf of the Health and Wellbeing Board on the improvements made.

12

SPECIAL EDUCATIONAL NEEDS AND DISABILITY

Consideration was given to a report which provided a brief overview of the findings and an update on progress since the

SEND inspection and specifically around the five areas of weakness which had been identified.

The focus of the joint inspection carried out by Ofsted and the Care Quality Commission (CQC) was:

- Assessing the effectiveness of Oldham identifying children and young people's special educational needs and/or disabilities;
- The effectiveness of Oldham in meeting the needs of children and young people with SEND; and
- The effectiveness of Oldham in improving outcomes for children or young people who have SEND.

The areas of strength which were identified during the inspection were outlined in the report. As a result of the inspection, Oldham was required to produce a written statement of action to Ofsted and the CQC which outlined how five areas of significant weakness would be tackled. The areas were:

1. Potential non-statutory compliance
2. Effective Leadership
3. The EHC Process and Quality of EHCP's
4. Oldham's Home to School Transport Policy
5. Underachievement, Fixed Term Exclusions and Persistent Absent Levels

A draft written statement of action (WSOA) had been submitted to Ofsted. The Council was still waiting for confirmation of sign off from Ofsted.

The Board were informed of revised governance arrangements and the measures that had been put into place. The transport policy had been revised and was going through a consultation process. A data modeller had been engaged for the provision of more analytical data. Since the inspection a number of workshops with a large number of stakeholders had taken place. There had been true partnership working and the commitment was recognised.

The Board asked about the new arrangements and broader accountability and were advised that revised membership would be more inclusive, also greater scrutiny around working groups under the partnership board and the management committee would be chaired by a senior officer. Co-production with families on governance and assurance would be embedded. There had been key learning in terms of building reassurance between the CCG and the Council.

RESOLVED that:

1. The strengths and weaknesses highlighted within the SEND Action Plan be noted.
2. The actions outlined in the report and a recommendation to have a standing item on the Health and Wellbeing Board agenda related to SEND be noted.

3. The relationship between the Health and Wellbeing Board and the SEND Governance Structure be noted.



OLDHAM'S AUTISM STRATEGY

Consideration was given to a report which provided an overview of the Oldham Autism Strategy (2017-2020), the Autism Way Forward & and the Autism Strategy sub-groups, an update on what had been achieved in the first year of the Autism Strategy and recommendations for area of focus in the second year of the strategy.

The Autism Strategy had been published in January 2017 and was a three year strategy for all ages and joint between Oldham Council and the NHS Oldham Clinical Commissioning Group. A key objective was to increase awareness and understanding of autism across the borough with the ambition for Oldham to be acknowledged as an Autism Friendly Town.

The link between the SEND Inspection and the Autism Strategy was outlined in the report. There were areas of work that the Autism Strategy and SEND action plan would be done in conjunction which included Preparation for Adulthood and Joint Commissioning.

The Autism Partnership Board met every two months and four sub-groups which also met every two months. Each group had a defined action plan and included Joined Up Commissioning; Diagnosis and Post-Diagnosis Support; Getting the Right Support at the Right Time; and Better Information and Awareness.

An update on the achievements of the first year of the Autism Strategy was outlined in the report.

The Board were informed of the statutory requirements under the Act, the development of the self-assessment framework, the development of the local strategy and how this had been produced. The GM Mayor had set out the strategy for Greater Manchester. All ten CCGs and Local Authorities funded the GM Autism Consortium which Oldham hosted. The group reported to the Greater Manchester Health and Social Care Partnership Board. The consortium held local authorities accountable.

The Board were informed that the replacement lead would be a named individual and not just an organisation. The Board were informed this would be Suzannah Meakin, Had of Service Mental Health and Learning Disability, who had also been linked to the recent SEND inspection.

The Board raised the 14 recommendations and asked for the top 3 and being more succinct. The Board requested that the Autism Strategy be raised at the next Joint Strategic Needs Assessment meeting. The strategy would also be linked to the SEND wider work which was ongoing.

Employment of those with a learning disability was raised.



Oldham
Council

RESOLVED that:

1. The membership of the AWF and strategy groups be refreshed with support and backing with the implementation.
2. The appropriate time of the meetings to take place for all partners be understood with a focus on how to engage schools in the actions of the strategy which was crucial for success.
3. The review of services provided by the Co-located Learning Disability Teams be continued.
4. Due to the actions having been completed, the Diagnosis and Post Diagnosis sub-group be suspended until further notice in order to review the data against the diagnosis pathway.
5. The focus required on the Getting the Right Support at the Right Time strategy Group be acknowledged.
6. The relevant areas undertake a joint strategy needs analysis for people in Oldham with Autism to support integrated commissioning action across education, health and social care be supported.
7. The dissemination of the diagnosis flow chart which enabled the public and be aware and understand the process of autism diagnosis when published be supported.
8. The identification of schools across Oldham who could contribute to the development of the autism strategy and its ambitions be supported.
9. The identification of representatives from housing providers and partners to further develop the support that is available to people living in rented accommodation be supported.
10. The establishment of a formal working arrangement between the Autism Strategy Joined-Up Commissioning and the SEND Joint Commissioning work streams to prevent duplication and the promotion of working together be supported.
11. The continuation of providing autism awareness training to partners across Oldham with the aim of making Oldham more Autism Friendly be supported.
12. The development of more advanced autism training that focused on practitioners working with people at the complex end of autism be supported.
13. The engagement with businesses and organisations and provision of support to them on the way they could make reasonable adjustments and become autism friendly be supported.
14. The consideration of options for infrastructure investment required for ensuring Oldham was more Autism Friendly by 2020 thus fulfilling the ambition of Oldham's Autism Strategy which included the identification of a replacement lead to drive the strategy be supported.

STRATEGY

Consideration was given to the proposed outline of First Choice Homes' new health and wellbeing strategy.

The Strategic Framework for the strategy included the Vision, Mission and Values. The Strategic Objectives included Start Well, Live Well and Age Well and included the continuation of innovative work that was already in place, elements to be built upon and a range of activity that First Choice Homes wanted to initiate.

First Choice Homes, working in partnership with colleagues in Oldham and Greater Manchester, would demonstrate the potential of a housing provider adopting a population health approach for its residents, staff and wider communities in Oldham. Key actions were outlined in the report.

The Greater Manchester Housing Partnership key pledges and initial investible propositions were outlined and Oldham was the first to deliver. Investments were being made in various living services such as housing support and independent living services and with the CCG a new range of services under aid and adaptations, hospital discharge service, housing options, healthy homes and warm homes Oldham was being delivered.

The new Health and Wellbeing Strategy was outlined with the move from immediate urgent care issues towards population health improvement. One of the main areas for FCHO was to be a key partner and part of the decision making bodies. FCHO sought lead delivery of the GM Home Improvement Agency and supported delivery of the GM Population Health Plan. Specific new projects included fall preventions, domestic violence and school readiness. Data sharing was raised as a concern. FCHO was also developing their workforce development staff wellbeing programme.

FCHO had been shortlisted for an excellence award in its approach to health and wellbeing.

The Board sought clarification on the point of reduction in hospital appointments and were informed that this would be addressed under preventable hospital treatment. The Board also raised the issue of the clusters and FCHO were prepared for that discussion on integrating delivery into localities. The Board also welcomed further discussions around Looked After Children, making every contact count to address integrated teams in a non-clinical opportunity, the Mental Health Strategy Partnership, domestic violence, further exploration of children currently placed outside the borough as well as adults and further work with the voluntary sector around the Thriving Communities Hub.

The Board welcomed the report and feedback. The Council would be rolling out the Fit for Oldham Programme to more

challenging territory. Domestic violence was being addressed collectively.

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RESOLVED that the proposed outline for the First Choice Homes new Health and Wellbeing Strategy be noted.

GENERAL DATA PROTECTION REGULATION (GDPR) DATA PROTECTION REFORMS

Consideration was given to a report which outlined the reforms under the new General Data Protection Regulation (GDPR) and the implementation through the draft UK Data Protection Bill (UKDP). The GDPR comes into effect on 25 May 2018.

The key features were outlined in Appendix 1 of the report. The key elements were organisational commitment, understanding the personal data used, implementation of appropriate measures, e.g. appointment of the Data Protection Officer (DPO), reviewing private notices, security policies and breach reporting, revised contractual terms and staff training.

The Council in conjunction with its partners needed to ensure that all partners were data protection compliant in the handling of personal data, and in particular when related to health and social care, sensitive personal data was also subject to law of confidentiality.

The Board were informed of groups who were addressing various work-streams and requirements in legislation. The changes would affect everyone and provided individuals with new and enhanced rights. All contractors would need to ensure they were addressing the new legislation.

The Board raised the issue of the requirement to demonstrate outcomes as a result of interventions taken across several organisations and asked if there was a forum with an urgency route to commission in an integrated way with confidence to get the data evaluated effectively which needed to be shared. There had been an investment agreement with Greater Manchester to transform services but there was a need to demonstrate how the funding was making an impact. The Board were informed that this was linked to work ongoing at GMCA and an equivalent was needed locally to gather data across boundaries. Data protection could be used as an enabler. The Board understood the significance but also raised that data protection was used as a barrier. The Board agreed to discuss this item further as part of the next scheduled Development Session.

RESOLVED that:

1. The engagement and participation of stakeholders and business areas required to contribute/implement the data protection framework be mandated.
2. The review and implementation of changes by the Information Management Team (IMT) be supported.

3. Assurances be sought that partner organisations were taking the appropriate steps to compliance.
4. IMT being involved as a stakeholder in any integration or joint working initiatives that involved personal data handling be ensured.
5. The issue of GDPR be discussed at the next Development Session.

16

PHARMACEUTICAL NEEDS ASSESSMENT

Dr. Ahmed declared a pecuniary interest at this item by virtue of his ownership of a pharmacy. Dr. Ahmed left the room and took no part in the discussion or voting thereon on this item.

Consideration was given to an update on the Pharmacy Needs Assessment. The Health and Wellbeing Board had a statutory responsibility to publish and to keep updated a statement of the needs for pharmaceutical services for the population in its area which was referred to as the Pharmaceutical Needs Assessment (PNA). The PNA aimed to identify whether current service provision met the needs of the population and to considered whether there were any service delivery gaps.

The PNA may inform of the current provision of pharmaceutical services and any gaps related local health priorities. Where gaps were not met by NHS England, they could be considered by the Clinical Commissioning Group (CCG) or local authorities (LA). The PNA would be used by NHS England in the determination as to whether to approve applications to join the pharmaceutical list under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant area team would review the application and decide if the application met the criteria for approval.

The Health and Wellbeing Boards duties in respect of the PNA were outlined in the report as well as the purpose of the PNA and the Scope of the PNA. The report also outlined how the assessment was undertaken for the population of Oldham. The Health and Wellbeing Board had established a steering group to lead a comprehensive engagement process which informed the development of the PNA.

Taking into account the totality of the information available, the Health and Wellbeing Board considered the location, number, distribution and choice of pharmacies for each district. Based on the information available:

- No current gaps in the need for provision of essential services during normal working hours had been identified.
- No current gaps in the provision of essential services outside normal working hours had been identified.
- No current gaps in the need for pharmaceutical services specified in future circumstances had been identified.

- No gaps had been identified in essential services that, if provided either now or in the future, would secure improvements, or better access, to essential services.
- No gaps had been identified in the need for advanced services that, if provided either now or in the future, would secure improvements or better access to advanced services.
- No gaps, in respect of securing improvements, or better access, to other NHS services, either now or in specified future circumstances, had been identified.

Healthwatch asked to be involved in the review of pharmacies. The issue of taking medication into hospitals was raised. Communication between the acute and primary services was key.

RESOLVED that the Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2018 to 2021 be agreed.

17

DATE AND TIME OF NEXT MEETING

RESOLVED that the date and time of the next Health and Wellbeing Board to be held on Tuesday, 26th June 2018 at 2.00 p.m be noted.

The meeting started at 2.00 pm and ended at 3.48 pm

Item 07

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 14 MARCH 2018 AT GMCA, CHURCHGATE HOUSE

Present:

Bolton Council	Councillor Shafaqat Shaikh
Bury MBC	Councillor Sarah Kerrison
Oldham Council	Councillor Colin McLaren
Rochdale Council	Councillor Wendy Cocks
Stockport MBC	Councillor Laura Booth
Trafford MBC	Councillor Patricia Young
Wigan Council	Councillor John O'Brien (Chair)

Also in attendance:

Community Health Partnerships	Neil Grice
GMCA, Governance Officer	Lindsay Dunn
GM H&SC Partnership	Warren Heppolette Janet Wilkinson
Wigan, Wrightington & Leigh NHS Trust	Andrew Foster

HSC/08/18 WELCOME AND APOLOGIES

Apologies were received from Susan Ford, Councillor Linda Grooby (Derbyshire County Council), Councillor Margaret Morris (Salford), Councillor Gillian Peet (Tameside) and Steven Pleasant.

HSC/09/18 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to any item on the agenda.

HSC/10/18 MINUTES OF THE MEETING HELD 10 JANUARY 2018

The minutes of the meeting held 10 January 2018 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held on 10 January 2018.

HSC/11/18 GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP ESTATES STRATEGY

Neil Grice, Area Director, Community Health Partnerships provided a report which updated the Joint Health Scrutiny Committee on the work being undertaken on the Estates Programme within theme 5 of the Greater Manchester Health and Social Care Partnership Strategy 'Taking Charge'.

The Committee were provided with an update of the work that has been undertaken on estates since the formation of the GMHSCP, an outline of the emerging Estates Strategy, action plan and focus on the key workstreams which included;

-) Development of a capital financing strategy and investment pipeline;
-) Place-based masterplanning of acute sites;
-) Improving utilisation;
-) NHS office rationalisation;
-) Locality asset reviews (LAR) programme;
-) Surplus land, disposal and development of housing units;
-) GM Mapping - health and social care data mapping;
-) Develop GM wide mental health estates strategy;
-) Supporting locality strategic estates groups.

The Committee were advised that the objective of the Estates Strategy was to drive maximum value from the public estate by enabling more efficient use in order to deliver local strategic and national policy objectives.

The aims of the programme were to:

-) Provide increased economic and social value through the re-use of surplus land and property for housing and employment opportunities;
-) Rationalise the surplus estate;
-) Use property as a catalyst for service transformation and integration;
-) Efficient management and utilisation of the public estate to reduce total property running costs;
-) Support improved health and social care outcomes.

It was reported that there had been positive work in relation to the development of the capital financing strategy and investment pipeline with Local Authorities

through a revised prioritisation process addressing gaps in the pipeline. The new facility in Gorton, funded by Manchester CC was highlighted as a trail blazing example of that.

The Committee were advised that Healthier Together and major trauma represented a significant part of the GM capital investment pipeline. In 2017/18 GM was successful in bidding for capital funding from NHS Sustainability and Transformation Plans (STPs) capital and would receive up to £93m to deliver the capital requirements.

A GM Masterplanning Framework had been developed to identify opportunities for efficient and effective capital developments, improve utilisation and identify land for disposal and housing development.

It was reported that work has commenced to improve the utilisation of health and social care facilities across GM. The key objective was to optimise the use of modern, long-term, multi-use Health Centres to a target operation better than 80%. Going forward it would be important to carry out utilisation studies at acute sites to support reconfiguration and business development as well as re-visiting community sites to measure improvements in utilisation. Significant progress had been made at targeted sites which included Walkden Gateway in Salford, Ancoats in Manchester and Ashton in Tameside and Glossop. It was advised that significant improvements in utilisation had been demonstrated at these sites.

The Chair asked by what the manner the improvements in utilisation had increased in the areas highlighted. It was reported that a programme of work had commenced to rationalise NHS owned and leased estate across GM. It was advised that there was an aspirational target of 30% reduction that could achieve running cost savings in the region of £5m per annum. The Locality Asset Review (LAR) programme offered an integrated place based approach to understand the community performance and needs, public service delivery and service transformation.

It was advised that LAR's had been completed in Stockport, Bury and Withington and Burnage in Manchester. Funding was in place to roll out LAR's across the remaining localities and would be completed during 2018/19. A GM working group had been established to support the identification of surplus land and disposal opportunities. The focus of the programme was to identify land and buildings that would become surplus and progress opportunities to release land for housing or employment prospects where possible. It was reported that locality strategic estates groups were being supported across the ten localities to develop and drive the implementation of the estates strategy in their area.

The Committee offered their support for the progression of the Estates Strategy and highlighted that the reconfiguration of the estate across GM should include the reference to services and service users. It was suggested that the utilisation of the estate should be inclusive of the voluntary sector who have constraints on facilities. It was confirmed that representatives from the voluntary sector were represented in localities on the strategic estates groups.

Members expressed concern with regard to the disposal of land sold for housing and requested assurance that future developments should include affordable housing. It was advised that the aspiration of the Local Asset Reviews would be a joined up approach to reinforce economic regeneration.

The Committee regarded it imperative that health and social care facilities take into consideration transport and parking. It was advised that it was a key requirement to ensure that the estate was accessible and that public car parking and transport links were given adequate priority.

Members discussed the implementation of the estates strategy in localities and it was advised that the ten Strategic Estates Groups (SEG's) were at various stages of development in the implementation of the strategy. It was advised that Chairs of local SEG's would next meet in April and it was suggested that contact details of members of the GM Joint Health Scrutiny Committee would be provided in order to encourage dialogue between local SEG's and local health scrutiny committees.

RESOLVED/-

1. To note the progress of the estates programme to support and enable delivery of the GM Strategy Taking Charge;
2. To support the ongoing development of the estates programme including the GM Sustainability and Transformation Partnership (STP) Estate Workbook which will lay out the overall estates strategy;
3. To provide the Chairs of the local Strategic Estates Groups with the details of members of the GM Joint Health Scrutiny Committee in order to encourage dialogue between local SEG's and local health scrutiny committees.

HSC/12/18 HEALTH AND CARE WORKFORCE UPDATE

Janet Wilkinson, Director of Workforce, Greater Manchester Health and Social Care Partnership (GMHSCP), provided further information around a number of areas related to the GM Health and Social Care workforce, including implications of Brexit.

Data related to the non UK workforce for nursing and junior doctors for EU and non EU countries was presented to the Committee. The number of full time equivalents and the percentage of non UK by the total workforce was highlighted by trust across GM. This did not include data from Pennine Acute Hospitals or Salford Royal Foundation Trusts and it was confirmed that this data was available, but consent to share the data, required under information governance rules, had not been received prior to the meeting.

It was advised that progress had been made in the development of a heat map which would highlight where the greatest problems existed across GM including trigger points. It was anticipated that this would be available for consideration by the Committee at the next meeting in July.

It was reported that agency spend continued to fall, however, there high levels of vacancies which were difficult to fill remained. Agency costs had continued to decrease significantly, however the use of bank staff was above plan which reflected the need to manage workload in the face of increased demand, high vacancy levels, sickness, absence and staff turnover.

The Committee were informed that a workforce lead for primary care had recently been recruited who would work with primary care organisations to establish a measure of the whole primary care workforce.

At the last meeting, the Committee asked for information with regard to recruitment into nursing. It was advised that a Greater Manchester advertising campaign for nurses was currently being developed and part of this project would be to develop a short film and other multi – media resources to attract staff into a nursing and or a midwifery career in GM. It would also include the development of a social networking package in order to establish a constant social presence through social media channels and networks. It was considered that developing this strategy would raise the profile of the diverse career choices within the GM Nursing & Midwifery workforce, would further encourage diversity and inclusion and reflect the local population. It was anticipated that the project would attract individuals to choose to undertake training, return to the profession or apply for a job across the GM Health and Social care economy. The campaign would commence in July to coincide with the 70 year celebrations of the NHS.

Members of the Committee welcomed the update provided and discussed the issues and potential workforce problems as an impact of Brexit. More generally, members discussed the difficulties of achieving a financial balance alongside increased staff turnover and use of locum and or bank staff. The benefits of a shared staff resource across trusts to help alleviate such problems was considered.

The Chair highlighted that the Committee required assurance that staff from within EU countries would be retained and the impact across the GM health and social care workforce for any potential loss would be minimised. It was confirmed that the GM Health and Social Care Workforce Strategy was established to enable the fastest and most comprehensive improvements in the capacity and capability of the whole GM workforce (paid & unpaid) to support the achievement of the transformation ambitions as defined in the GM strategic plan and the locality plans.

RESOLVED/-

1. To note the content of the update provided;
2. To provide further analysis of the key recruitment gaps locally and provide to the next meeting of the Committee.

HSC/13/18 GM JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017-18

Consideration was given to the GM Joint Health Scrutiny draft work programme for 2017-18. In addition to the items noted in the document, Warren Heppolette, Executive Lead Strategy and System Development, GMHSCP suggested the Committee may be interested at the next meeting in receiving an update on the implementation of health and social care devolution in order to develop the workplan for 2018/19.

Members were in agreement and suggested that an overview on health and social care devolution from the Chief Officer, Jon Rouse would provide the Committee with scope to review the workplan for 2018/19 alongside any areas identified but not yet covered in 2018/19.

RESOLVED/-

To receive an update on health and social care devolution from the Chief Officer, GM Health and Social Care Partnership at the next meeting in order to develop the work programme for 2018/19.

HSC/14/18 DATES OF FUTURE MEETINGS

The GM Joint Health Scrutiny Committee will next meet on Wednesday 11 July 2018.

Actions from the July meeting of the Health Scrutiny Sub Committee

	Agenda Item	Resolution / Action	Outcome of Action
July	MAYOR'S HEALTHY LIVING CAMPAIGN	RESOLVED that:- 1. The report on the Mayor's Healthy Living Campaign 2018/19 be noted 2. An update report would be submitted to a future meeting 3. The Sub-Committee extended its support to the Mayor.	This is included on the agenda for the September meeting.
	URGENT CARE STRATEGY	RESOLVED that:- 1. The Sub-Committee noted the progress made and would receive a further update within six months. 2. A workshop be set up in September 2018 to share information and experience, to which all Councillors would be invited.	Workshop proposed to take place on 20 September. Nadia Baig, Acting Director of Performance and Delivery Oldham CCG liaising with Councillor McLaren.
	AIR QUALITY	RESOLVED that the Sub-Committee noted the progress made and would receive a further update at its meeting in September.	This is included on the agenda for the September meeting.
	COUNCIL MOTIONS	RESOLVED that:- 1. The content of the Youth Council motion and the Council's resolution be noted. 2. The content of the Opposition motion and the draft response to the Overview and Scrutiny Board be noted. 3. Consideration would be given to the possibility of incorporating the issue of obesity into the proposed workshop in relation to the report on Urgent Care at Item 14 of this agenda.	Charlotte Stevenson, Joint Acting Director of Public Health is liaising with Nadia Baig Acting Director of Performance and Delivery Oldham CCG to cover this during the workshop on urgent care (referenced above).

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Agenda

Oldham Health Scrutiny Sub-Committee

11 September 2018

6pm – 8pm

Crompton Suite, Civic Centre, Oldham

No	Item	Time
1-9	(1) Apologies, (2) Declarations of Interest, (3) Urgent Business, (4) Public Question Time, (5) Minutes of Previous Meeting, (6) GM Joint Health Scrutiny 14 th March 2018, (7) Health and Wellbeing Board 27 th March, (8) Action Log and (9) Meeting Overview	6.00pm
Items for Discussion		
10	<p>Air Quality <i>Neil Crabtree, (Head of Service – Public Protection), Oldham Council</i></p> <p>For the Sub-Committee to discuss the progress made in Oldham to address poor Air Quality.</p>	6.15pm 40 mins
11	<p>Toabacco Control <i>(Lianne Davies, Public Health and Wellbeing Manager)</i></p> <p>For the Sub-Committee to receive an update on the development and implementation of the Council’s approach to tobacco control and how it links to the GM Programme.</p>	6.55pm 40 mins
12	<p>Council Motions <i>Chair</i></p> <p>For the sub-committee to receive an update on the progress of Health related Council motions.</p>	7.35pm 10 mins
13	<p>Health Scrutiny Forward Plan 2018/19 <i>Chair</i></p>	7.45pm
	<p>Close <i>Chair</i></p>	8pm

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BRIEFING TO HEALTH SCRUTINY

Air quality: update on Oldham's local air quality feasibility study and regional approach to air quality across Greater Manchester led by TfGM

Report author: Carol Brown

Date: Tuesday 11th September

Summary

In January 2018, a report was brought to Health Scrutiny setting out the public health impacts of air pollution in the UK and describing work being done at a Greater Manchester level, through the Greater Manchester Air Quality Action Plan, to address the issue across the conurbation, including Oldham.

In July 2018, an update was provided regarding a local feasibility study Oldham had been legally mandated to carry out by central government. This piece of work directed Oldham Council to examine what measures could be taken to address nitrogen dioxide exceedances on a stretch of Oldham's bypass, the A62.

This report therefore:

- Summarises the outcome so far of Oldham's local feasibility study
- Provides a response to a number of questions raised at Health Scrutiny in July in relation to the local feasibility study
- Updates on the regional approach to air quality across Greater Manchester, being led by TfGM

1.0 Oldham's local feasibility study

- 1.1 The feasibility study Oldham Council was required to carry out was submitted to DEFRA (Department for Environment, Food & Rural Affairs) at the end of July 2018, although the study is still subject to change (see 1.6 below).
- 1.2 The feasibility study required the Council to develop a list of measures which could in theory bring about nitrogen dioxide compliance on a stretch of Oldham's bypass, the A62, in the shortest possible time.
- 1.2 The shortlist of measures that had been outlined in early July 2018 was:
 - Incentivise drivers of light goods vehicles and cars to switch to electric vehicles
 - Incentivise Oldham Council and partner staff to switch to electric vehicles.
 - Renewal, upgrading and further expansion of the electric vehicle charging point network in Oldham.
 - Improve Local Authority fleet to electric and/or low emission through a procurement policy
 - Congestion Deal traffic management (which includes a wide range of options from signal optimization to changes in speed limit).
 - Incentivise private hire vehicles (taxis) to switch to electric vehicles
 - Communications campaigns/awareness raising of health and cost benefits of different modes or around a particular community/schools and programmes to support.
- 1.3 Some of these measures were subsequently discounted based on lack of deliverability.
- 1.4 The Council was then required, by 31st July 2018, to model the remaining measures to establish whether they would actually bring about compliance on the stretch of road in question (i.e. the mandate required the Council to provide a clear evidence base that any measures taken forward would bring about the required reduction in NO_x concentrations by 2021 through detailed emissions and dispersal modelling as well as a sound evidence base for modal shift assumptions.)
- 1.5 Once modelled, none of the stand-alone measures were shown to achieve compliance on the stretch of road in question.
- 1.6 DEFRA are due to publish the final version of Oldham's feasibility study and measures on 5th October 2018, along with studies from 33 local authorities, as a supplement to the "UK plan for tackling roadside nitrogen dioxide concentrations."
- 1.7 It is important to note that whilst measures mentioned may not be taken forward through this local feasibility study (where the Council would have been legally bound to deliver them and could have been vulnerable to further

challenge if compliance was still not achieved), certain measures will still be taken forward as part of ongoing work locally (e.g. 'Improve Local Authority fleet to electric and/or low emission through a procurement policy').

- 1.8 Other measures will be independently progressed through TfGM's regional work (e.g. 'Congestion Deal traffic management'). However, some measures evidenced very clearly that a strong national lead is required because locally driven initiatives will naturally be very limited in their impact due to the scale of change needed (e.g. ('Incentivise drivers of light goods vehicles and cars to switch to electric vehicles').

2.0 Points of query regarding air quality

- 2.1 The following points of query were raised at Health Scrutiny in July 2018 in relation to Oldham's local study.

2.2 ***Method for comparing the difference in air quality between a location where there are trees and a location where there are no trees:***

Unfortunately, the amount of variables which contribute to air quality – both in terms of traffic-related factors (e.g. average speeds, proportion of different types of vehicle, congestion) and non-traffic related variables (e.g. background emissions) mean it that comparing two locations could not be done with any great degree of accuracy.

- 2.3 ***Immediate area of health risk around a road:*** Health risks associated with emissions from traffic on road naturally depend on the road in question (e.g. if a road has very little traffic, the emissions associated will be very low and there for health risks will be proportionately low). However, as a working principle and based on DEFRA guidance, it is acknowledged that from 50 metres from the roadside, air pollution is made up of background emissions only i.e. no direct exposure to traffic-related emissions. Therefore areas within a 50 metre radius of the roadside are exposed to traffic related emissions.

- 2.4 ***Height of air pollution:*** Air pollution tends to reduce with height i.e. the higher up, the lower the exposure.

- 2.5 ***Relationship between trees & air pollution:*** Studies have shown that trees close to roads can reduce particulates matter as they adsorb the particulates on their leaves, as well as reducing NOx levels. There are two main considerations regards planting trees to reduce air pollution as follows:

- **Species type** i.e. the volatile organic compounds of certain types of trees (e.g. oak) can react with the molecules of air pollution and chemical reaction gives off ozone (i.e. makes the problem worse).
- **Position** e.g. if trees are planted to form an avenue with an overarching canopy created, this creates a tunnel for the air pollution and effects dispersal.

However, the beneficial effect of trees on air quality are widely accepted and there are a range of opportunities and locations where schemes of this nature could be considered within Oldham.

3.0 Regional approach to air quality across Greater Manchester

- 3.1 The regional feasibility study being led by TfGM builds on the Greater Manchester Air Quality Action Plan, which aims to improve air quality by:

- **Reducing traffic:** for example, by encouraging travellers to switch from cars to use public transport, cycle and walk more;
- **Increasing efficiency:** improving traffic flow by reducing congestion and stop-start travel to decrease air pollution peaks and to lower emissions overall; and
- **Improving the vehicle fleet:** by encouraging the replacement of older, more polluting vehicles with newer, smaller, cleaner, lower-emission vehicles.

3.2 Actions in the Air Quality Action Plan have been divided into seven main areas:

- **Development management and planning regulation:** including standardisation of regulation and policy across Greater Manchester;
- **Freight and HGVs:** to reduce emissions associated with the movement of freight and goods by road;
- **Buses:** buses have a vital role to play in public transport. New legislation and the development of Greater Manchester's 2040 transport strategy will assist in growing bus usage and improving vehicle standards;
- **Cycling:** building on existing strategies and initiatives to encourage cycling as an attractive and convenient way to travel;
- **Travel Choices:** encouraging the public and businesses to make sustainable travel choices is essential in improving air quality;
- **Cars:** measures to reduce emissions from cars and reduce the number of vehicle trips can make real improvements; and
- **Information and resources:** education and providing information to the public, businesses and policy makers is vital in bringing air quality improvements.

3.3 The legal deadline for submission of the regional feasibility study is December 2018 and as such, each of the individual GM authorities will be required to take the proposed measures through their respective governance processes in order to meet this deadline.

3.4 The draft final version of this regional feasibility study is expected to be available in late autumn and will be taken to the relevant Health Scrutiny sub-group for further discussion on how measures impacting directly on Oldham can be supported locally.

Briefing to Health Scrutiny Date: 11 September 2018

Subject:

Update on tobacco control and the review of the Council's smoking policy

For Discussion

Report of:

Lianne Davies, 5713

Portfolio holder:

Councillor Chauhan, Cabinet Member Health and Wellbeing

Sign-off:

Charlotte Stevenson, Joint Acting Director of Public Health

Summary of the issue:

A paper was presented to Health Scrutiny on 26th September 2017 which outlined the then position on tobacco control and set out the proposed changes to the Council's current smoking policy. This was used as an opportunity to consult with Health Scrutiny on the proposed changes.

A follow-up paper has been requested and sets out the Council's current position on the tobacco control agenda and provides an update on the review of the Council's smoking policy.

Recommendations to Health Scrutiny:

Health Scrutiny is asked to:

Note the current tobacco control position in Oldham.

Note the update and current position concerning the review of the Council's smoking policy.

Support to seek match funding of Public Health's currently identified small budget of £5k to support the roll out of the new Smokefree Policy.

Support a commitment from the Council, its Leaders and senior managers to act as role models to all staff, partners and local businesses by fully supporting the implementation and roll out of the Smokefree Policy.

1. Report details

1.1 Background

- 1.1.1 On 26th September 2017 Health Scrutiny were presented with a paper which outlined the then position on tobacco control and they were consulted on the proposed changes to the Council's smoking policy.
- 1.1.2 The Council's current smoking policy was produced in July 2007 when the Health Act and accompanying regulations required all enclosed and substantially enclosed work and public places to be smoke free.
- 1.1.3 Since the implementation of the 'Smoking' policy there have been significant shifts in smoking prevalence and social norms as a result of statutory and market developments. It therefore feels like an appropriate time to review the Council's smoking policy.
- 1.1.4 SMT on the 8th May gave permission for the revised draft Smokefree Policy to proceed to consultation with the Unions.
- 1.1.5 The outcome of the consultation with the Unions has not yet been reported back to SMT, it is due to go to DMT firstly in early September.

1.2 Current Position – general tobacco update

- 1.2.1 Data released by PHE in July 2018 shows that Oldham's smoking prevalence rate has reduced from 18.8% in 2016 to 16.6% in 2017. This is the biggest overall reduction on smoking prevalence in Greater Manchester in recent years with a reduction of 5.7% since 2015.
- 1.2.2 However, it is important to know that the prevalence data are estimates from the national Annual Population Survey (APS) based on a sample of 320,000 residents across the UK. Sample size for Oldham is not known. Any estimates are best considered together with relevant confidence intervals (i.e. values between which we expect the true value to lie, with – usually 95% - confidence). Prevalence estimates for 2017 stand at 16.6% (confidence interval: 13.8 – 19.3), compared to 14.9% in England.
- 1.2.3 Smoking prevalence in adults in routine and manual occupations has risen from 27.4% in 2016 to 30.1% in 2017. This is also from the APS and so the same caution should be given in terms of data accuracy. Oldham has the second highest rate in GM behind Manchester.
- 1.2.4 The smoking at time of delivery (SATOD) rate have increased slightly in 2017 to 14.1% after staying static at 13.3% for the previous three years.
- 1.2.5 Maternity services have implemented consistent CO monitoring for all pregnant women at booking and at time of delivery, this has led to an

increase in the identification of pregnant smokers, which was to be expected. This should start to reduce with the implementation of the GM Smoking in Pregnancy programme.

- 1.2.6 Oldham is part of the first wave of the GM Smoking in Pregnancy programme which has recently become fully operational. The programme is compiled of two elements; the first is the implementation of babyclear which, is an evidence based approach, developed by the Tobacco Control Collaborating Centre (TCCC) to systematise and embed organisational change in line with NICE guidance and other policy recommendations to reduce the rates of smoking in pregnancy. It also includes a unique risk perception intervention for mums who continue to smoke at their booking scan.
- 1.2.7 The second element is a smokefree pregnancy incentive scheme which targets a defined group of vulnerable women (teenage pregnancy, living in areas of high deprivation, living in areas of high smoking rates, smoked at point of delivery in last pregnancy) living in communities where smoking rates are highest, and who would find it hardest to maintain a quit without additional support.
- 1.2.8 Oldham Council commission Positive Steps (PS) to deliver a Stop Smoking Service. The service is part of a wider Early Help offer delivered by PS.
- 1.2.9 Stop smoking support is a universal offer, however due to the nature of the Early Help offer, clients accessing the service often also fall into a target group, this combined with the decline in numbers has resulted in an agreement that PS will focus on reducing inequalities and therefore target our most at risk groups.
- 1.2.10 It has been recognised nationally that the number of people accessing Stop Smoking Services has declined, despite this Oldham's quit rate has remained consistent at 46% for the last two years, which is in line with the Northwest.

Current Position – smoking policy

- 1.2.11 Trade Unions were consulted with on 24th July with the proposed changes to the smoking policy, their response in summary was that they are 'not able to agree to this but accept that Oldham is one of a few councils not to have introduced this already. They recognise they are in a "no win situation" and that the council should do what it wishes.'
- 1.2.12 Some questions were raised about specific council buildings and it was therefore suggested that it would be helpful to have some FAQs and scenario situations to support managers with a sensible approach to enforcement during the implementation of the new policy.
- 1.2.13 It was resolved that vaping (e-cigs) is to be treated the same as tobacco, therefore also not allowed.

1.2.14 Conversations have also been undertaken with Carol Brown's Environmental Services DMT and a site visit has been conducted at Moorhey Street depot with the Operations Manager to discuss the logistics of implementing the new policy. Discussions were positive and feedback was that they are pleased to have a top down approach to smoking in the Council alongside a supportive policy.

1.2.15 Following conversations with managers across the Council particularly in areas with high routine and manual positions, it has been requested that a comprehensive communications plan be put into place leading up to the implementation date. It is worth noting that new Smokefree Policy should contribute to longer term Council savings in terms of reduced sickness absence and reduced smoking breaks.

1.2.16 The need to have a lead in period was identified with a suggested start date of 1st January 2019.

1.3 Next Steps

1.3.1 The outcome of the Trade Union consultation is to be taken to DMT followed by SMT during September, the recommendation will be to go live with the new Smokefree Policy from 1st January 2019.

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BRIEFING TO HEALTH SCRUTINY

Report Title: Council Motions

Date: 11 September 2018

Background: There has been one Council meeting since the last time the Health Scrutiny Committee met. The following health related motion was discussed and agreed at that meeting.

This Council notes that:

In March 2016 the Department of Education produced advice for school staff titled 'Mental Health and Behaviour in Schools'.

This guidance identified that:-

1. Approximately 10% of 5-16 year-olds have a clinically diagnosed mental health disorder.
2. A further 15% of 5-16 year-olds have problems that put them at risk of developing mental health problems.

Recent calls from government have called for more work to be done on supporting young people in schools with mental health difficulties and also possibly including this as an assessed component of future inspection regimes.

Council welcomes the:-

- Recent plan adopted by Oldham's Health and Wellbeing Board to transform the borough's Child and Adolescent Mental Health Services (CAMHS) by employing additional staff to bring down waiting times to six weeks.
- Employment of a specialist mental health school advisor.
- The production of the toolkit 'Supporting young minds through tough times – the whole school and college approach to emotional health and well being in Oldham

Council believes that an aspiration to ensure positive mental health and well-being in the students and staff of all of our academies, colleges and schools should be a high priority, and acknowledges the progress being made towards implementing the toolkit including a comprehensive training programme for school and college staff and governors to deliver:-

- an appropriate strategy in place
- a designated Mental Health Lead to coordinate, and monitor, the delivery of that strategy
- Mental health First Aiders in each academic year group to provide first-hand immediate support
- Mental health Peer Mentors where appropriate
- Access to mindfulness and similar programmes
- Access to professional Counsellors in the secondary and tertiary sectors

The toolkit enables every educational establishment to focus on:-

- Promoting positive mental health in all students and staff
- Training staff and peer mentors so they are aware of common mental health conditions; the signs of, and risk factors for, mental ill-health; how they might support students in crisis or otherwise in need; and the support services available to these students and their families
- Promoting self-help strategies and online resources (such as those relating to personal resilience and mindfulness) to students and staff to enable them to better manage their own mental health

Council welcomes the commitment of its staff, school and colleges in implementing the strategies and actions in 'Supporting young minds through tough times' to provide the best possible support to children, young people and staff across Oldham and resolves to ask the Lead Cabinet Member(s) provide a report back to full Council on progress made within 12 months.

RESOLVED that the Lead Cabinet Members provide a report back to full Council on progress made within 12 months.

Response from Mike Bridges, Public Health Specialist

Progress in Supporting Schools and Colleges across Oldham

The Oldham whole school and college approach to emotional health and wellbeing framework aims to promote social, emotional and mental wellbeing across Oldham schools and colleges, tackling mental health problems of pupils with more serious difficulty and provide guidance to commission safe and effective emotional health and mental wellbeing interventions or services.

The framework sets out key actions that head teachers and college principals can take to embed the whole school approach to emotional and mental wellbeing. The actions contained in the eight principles are informed by national evidence based practice and practitioner feedback on what works. If applied consistently and comprehensively across the whole school or college setting it can positively impact on:

- The cognitive development of children, learning, motivation, and sense of commitment and connectedness with learning and with school / college.
- Staff well-being, reduced stress, sickness and absence, improved teaching ability and performance.
- Pupil well-being including happiness, a sense of purpose, connectedness and meaning.
- The development of the social and emotional skills and attitudes that promote learning, success, well-being and mental health, in school/college and throughout life.
- The prevention and reduction of mental ill health such as depression, anxiety and stress. Improving school behaviour, including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence.
- Reducing risky behaviour – such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use.

Opportunity Area status has provided additional funding to employ a co-ordinator to lead and further develop the whole school / college approach to emotional health and mental wellbeing programme. Two Emotional and Mental Wellbeing Advisors will be employed to build capacity and up skill teaching and support staff to deliver robust social, emotional and mental wellbeing class room based interventions, peer support, low level interventions and develop supportive networks across all schools and colleges. The team will proactively work in partnership with the Public Health Team, Health Young Minds, Educational Psychology and Tameside Oldham and Gossop (TOG) Mind.

A multi-agency steering group has been established under the Opportunity Area Board to further develop and support the implementation of the programme. This includes representation from Oldham Council, Pennine Care Foundation Trust, MIND, Schools (Primary and Secondary), Oldham College and CCG.

Oldham Council and Oldham Clinical Commissioning Group (CCG) were successful in delivering the nationally funded Mental Health Services and Schools Link Programme, run by the Anna Freud National Centre for Child and Families. Two workshops for 3 Cohorts were delivered to 56 primary and secondary schools from Oldham. The aim of programme is for schools, colleges and mental health professionals to make changes in the way they support children and young people with their mental health. The programme is currently being evaluated, however the initial evaluation suggests that the

programme was a considerable success in strengthening communication between schools and mental health professionals, and building joint working relationships between commissioners, schools and providers as well as across council directorates.

An educational psychologist will be appointed as part of the virtual school team to build capacity to work directly with schools, carers, social workers and wider professionals to support the needs of looked after and previously looked after children. They will be leading on social, emotional and mental health (SEMH) on behalf of the virtual school head linking directly to wider work across the Council and Whole School Approach.

A review of training currently being delivered to educational settings is being scoped and led by the new Health and Wellbeing Co-ordinator with support from Public Health and School Improvement.

A pilot is running between May to July 2018 to test a systemic approach to measuring pupil wellbeing, mental health and resilience across Oldham. There are 7 primary and 1 secondary school participating in the pilot programme. The aim is to trial an approach to measuring pupil wellbeing, mental health and resilience, and to review its benefits and disbenefits to schools, particularly in relation to their ability to improve the wellbeing of pupils through SEMH interventions.

A procurement exercise has been undertaken for the provision of school staff training to deliver pilot mental health and resilience programmes in schools. 12 primary schools and 2 secondary schools have expressed an interest in the pilot. Once evaluated the aim is to offer out to all schools. Schools/Colleges/Clusters will be able to apply for additional grant funding for additional support. This could be support with a strong evidence base, or local initiatives already in place which need evaluation. This will include:

- Training programmes such as Youth Connect 5, Mental Health First Aid, Leading a Mentally Healthy School, Trauma Informed Schools / ACE's
- Counselling
- Evaluation of local initiatives e.g. from positive steps, TOG Mind, Sports Development, VCSE and other partners agencies.
- Educational psychologists – Graduated Response, Behaviour, Multi-element plans
- Therapeutic interventions, such as group work, play therapy, art therapy.
- Youth worker programmes, e.g. in particular those targeting young people at risk of disengagement due to poor mental health.

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OLDHAM HEALTH SCRUTINY SUB-COMMITTEE



FORWARD PLAN 2018-19

Date of meeting	Topic to be addressed	What	For discussion, approval, information?	Lead Officer <i>Internal if no e-mail address given</i>
23rd October	Regional Adoption Agency	12 month progress report	Discussion	Jill Beaumont
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion	Chair
	Mayors Healthy Living Campaign		Discussion	Chair
11th December				
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion	Chair
	Mayors Healthy Living Campaign		Discussion	Chair
29th	Pennine Care	Progress update for 2018	Discussion	Stuart Richardson,

January	Foundation Trust – CQC Inspection			Managing Director Mental Health stuart.richardson4@nhs.net
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion	Chair
	Mayors Healthy Living Campaign		Discussion	Chair
26th March	Council Motions		Discussion	Chair
	Mayors Healthy Living Campaign		Discussion	Chair