

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

- Date Tuesday 18 December 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 770 5151 or email [fabiola.fuschi@oldham.gov.uk](mailto: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, 13 December 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 and McLaren

- 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 15<sup>th</sup> November 2018 are attached for approval.

6 Minutes of the Health and Wellbeing Board (Pages 9 - 20)

The minutes of the Health and Wellbeing Board meeting held on 25<sup>th</sup> September 2018 are attached for noting

7 Minutes of the Greater Manchester Joint Health Scrutiny Committee (Pages 21 - 26)

The minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 12<sup>th</sup> September 2018 are attached for noting

8 Resolution and Action Log (Pages 27 - 28)

9 Meeting Overview (Pages 29 - 30)

10 Regional Adoption Agency (Pages 31 - 44)

For the sub-committee to receive a 12 month update report on the progress made by the Regional Adoption Agency

11 Oral Health (Pages 45 - 52)

For the sub-committee to receive an overview of Oldham's response to improving Oral Health in both children and vulnerable older adults

12 Public Health in Primary Care (Pages 53 - 54)

For the sub-committee to receive an overview of Public Health activity in Primary Care, including plans for CCG Clusters and NHS Health Checks

13 Council Motions (Pages 55 - 60)

To provide the Health Scrutiny Sub-Committee with a summary of the health-related motions that were discussed and agreed by Council on 7 November 2018 and an update on the responses and actions to date.

14 Mayor's Healthy Living Campaign

Report to follow

15 Health Scrutiny Forward Plan (Pages 61 - 64)

16 Date of Next Meeting

The next meeting of the Health Scrutiny Sub-Committee will take place on Tuesday 29<sup>th</sup> January 2019 at 6 p.m.

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**HEALTH SCRUTINY**  
**15/11/2018 at 6.00 pm**

**Present:** Councillors Ball, Leach, Williamson, McLaren and Phythian

Also in Attendance:

Ed Francis	Assistant Director Safeguarding and Partnership, Oldham Metropolitan Borough Council (OMBC)
Dr. John Patterson	Chief Clinical Officer and Deputy Accountable Officer, Oldham Cares
Dan Grimes	Managing Director, Oldham Cares
Dr. Keith Jeffery	GP Partner and Oldham Clinical Director for Mental Health, Clinical Commissioning Group (CCG)
Gary Flanagan	Senior Commissioning Business Partner – Mental Health, Learning Disability and Dementia, CCG
James Mallion	Acting Consultant in Public Health, OMBC
Julie Holt	Public Health Specialist, OMBC
Andrea Entwistle	Principal Policy Officer Health and Wellbeing
Fabiola Fuschi	Constitutional Services Officer, OMBC

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Taylor and Toor. Councillor Phythian attended the meeting as a substitute for Councillor Taylor.

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 11<sup>th</sup> September 2018 be approved as a correct record.

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

**RESOLVED** that the minutes of the Health and Wellbeing Board meeting held on 26<sup>th</sup> June 2018 be noted.

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

**RESOLVED** that the minutes of the Greater Manchester Joint Health Scrutiny Committee held on 11<sup>th</sup> July 2018 be noted.



8 **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 26<sup>th</sup> June 2018 be noted

9 **MINUTES OF THE JOINT SCRUTINY PANEL FOR  
PENNINE CARE MENTAL HEALTH TRUST**

**RESOLVED** that the minutes of the Joint Scrutiny Panel for Pennine Care Mental Health Trust meeting held on 12<sup>th</sup> July 2018 be noted.

10 **RESOLUTION AND ACTION LOG**

**RESOLVED** that the resolution and action log for the meeting of the Health Scrutiny Sub-Committee held on 11<sup>th</sup> September 2018 be noted.

11 **MEETING OVERVIEW**

**RESOLVED** that today's meeting overview be noted.

12 **ELECTED MEMBER SAFEGUARDING TRAINING**

Consideration was given to a report of the Assistant Director for Safeguarding and Partnership on a new member training package that had been developed to bring together an overview of safeguarding of children and adults and Prevent (i.e.: part of the Government's counter-terrorism strategy). A further review of the training content had been requested. The Sub-Committee was asked to approve an information gathering exercise to identify the safeguarding concerns that elected members were presented with in carrying out their function.

The author of the report attended the meeting to present the information and to gather elected members' view on what additional topics should be included in the training.

It was reported that, so far, 35 members had attended the training session on safeguarding. On the evaluations received following the training, the majority had indicated that the training was both useful and relevant. However, several attendees had commented that the two hour session limited the opportunity for more in depth consideration. Those members who already had an understanding of the topic commented that they would like to focus more on particular issues. Feedback had also indicated that training needed to be more tailored to the safeguarding concerns that were being raised specifically with members by their constituents or issues that emerged as they discharged their duties.

Members would be asked to outline the safeguarding scenarios that they were presented with while discharging their function.

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

- Training sessions delivered in stages and advanced training focussing on specific safeguarding issues - It was explained that the revised training would take into consideration these requests.
- The training sessions would need to be repeated periodically – It was explained that the training sessions would be revised and delivered every so often.
- Members found helpful the visit to the MASH (Multi-Agency Safeguarding Hub) facility.
- To develop a step programme to allow members to develop knowledge and understanding of different aspects of safeguarding and issues that the community was facing and the work of other agencies.

The Health Scrutiny Sub-Group was prepared to endorse a member wide consultation exercise and to work to encourage a greater take up of the safeguarding training.

**RESOLVED** that:

1. The Sub-Committee support a follow up review of member safeguarding training;
2. Members consider the safeguarding scenarios that they are presented with and provide this information to the Local Safeguarding Children Board training sub-group for consideration;
3. The evaluations of the new training package and the outcome of the information gathering exercise be presented to the Member Training Working Group;
4. Consideration be given to separating the current safeguarding input into individual sessions for members, giving priority for each within the member's training calendar.
5. Consideration be given to the possibility of involving Group Leaders to encourage elected members to engage more readily with the revised safeguarding training package.
6. A progress report be presented to the Health Scrutiny Sub-Committee in June 2019.

13

**URGENT CARE**

Consideration was given to a progress report of the Director of Commissioning, Oldham Cares, on the development of plans for urgent primary care. The report also sought to inform the Sub-Committee of the winter planning progress for Urgent Care services in Oldham. This information followed a presentation that had been received by the Sub-Committee at its meeting on 3<sup>rd</sup> July 2018 on the draft Urgent Care Strategy.

The Chief Clinical Officer and the Managing Director, Oldham Cares, attended the meeting to present the information and to address the enquiries of the Sub-Committee.

It was reported that Accident & Emergency (i.e.: A&E) continued to support patients who required primary care services. The service was available 7 days a week from 11am until 11pm. Walk in centres continued to operate from 8am until 8pm and

they would remain in place until an alternative offer was available in the community. Work was in progress to develop Urgent Care Hubs as an alternative to the current walk in service offer. This would support urgent care demand in the community and work with a cluster model. Plans were in place to start an area pilot in Oldham in early 2019. The workforce had been identified and work was progressing on the IT element of the project. A data sharing agreement was already in place.

Another aspect of developing urgent care in the community to release pressure at A&E was the Visiting Service; this looked at a team of talents brought to residential settings to make decisions that, currently, were taken at A&E.

With regard to winter planning, the Sub-Committee was informed that, in order to manage the increased demand that had been experienced in December 2017, the plans for 2018/19 focussed on the following areas:

1. Supply: provision of additional beds for adults and children, contingency plans for Christmas and Bank Holidays, community providers supporting discharge from hospitals, weekly reviews for patients who stayed in hospital longer than seven days. Focus on alternative ways of delivering discharges and patients' choice.
2. Capacity: maintain assessment capacity and bed availability to keep pace with emergency admission. Create bed capacity in the community. Work with families to assist children at home when this was feasible.
3. Seasonal pressures: make plans for increased pressure on Mondays, Christmas and early January.

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

- Positive experience on triage and acute medical unit but care was at times inconsistent;
- Future of Integrated Care Centres (ICC) – It was explained that the Walk in Centre was not a model for the future; every neighbourhood would try to bring health and social care expertise together around the patients.
- Out of order x-ray machine at the ICC's? – It was explained that the lack of sufficient resilience would be addressed.
- Where urgent primary care services could be accessed in Oldham on Sundays? – It was explained that the seven day services moved around the various GP surgeries in the Borough. Currently, it was based in Royton.
- Access service to GP appointments – It was explained that via 111, patients could be directed to the 7 day GP surgery. This service could also be accessed at the GP receptions.
- Alternatives to A&E – It was explained that a very high percentage of patients who used A&E could have their issues addressed by pharmacists or physiotherapists.
- Significant reorganisation in progress, ability to identify work force implications – It was explained that, although the requirement for the work force was identifiable, there



was a significant shortage of GPs and nurses. Commissioners in Oldham were trying to make the job offer more attractive to avoid using agency work force to cover extra hours.

- Urgent Care Learning exercise on 6<sup>th</sup>- 8<sup>th</sup> December 2018 at Royal Oldham Hospital – It was explained that the objective of the exercise was to identify resource requirements and ability to meet the urgent care demand.
- North West Ambulance Service and issue about not being able to discharge patients at the hospital – It was explained that, in the North East, there was a different offer compared to the rest of Greater Manchester and this needed to be recognised. In the winter period, it was necessary to identify dedicated nursing support for ambulances in order to release queues.

**RESOLVED** that:

1. The progress report on Urgent Care be noted.
2. The Director of Commissioning, Oldham Cares, inform the Health Scrutiny Sub-Committee of the arrangements for the learning exercise on 6<sup>th</sup>-8<sup>th</sup> December 2018 at Royal Oldham Hospital , with a view to have two representatives from the Sub-Committee attending the session.

At this point in the proceedings, Councillor Ball left the meeting.

14

## **ADULT MENTAL HEALTH**

Consideration was given to a report of the Senior Commissioning Business Partner - Mental Health, Learning Disabilities and Dementia, Oldham Clinical Commissioning Group (CCG) – Oldham Cares on the current status and plans for adult mental health in Oldham, including the Mental Health Concordat and the 5 Ways to Wellbeing.

The author of the report, accompanied by the Oldham CCG Clinical Director for Mental Health and the Acting Consultant in Public Health attended the meeting to present the information and to address the enquiries of the Sub-Committee.

It was reported that, with regard to Mental Health, Oldham was performing well compared to the other local authorities in Greater Manchester. In the United Kingdom, one in six adults experienced a common Mental Health problem such as anxiety or depression. Researches showed that people affected by Mental Health issues, lived 15 – 20 years less than those who were not affected by this condition. Mental disorder represented 23.6% of disease burden, but only 9.6% of the NHS budget.

With regard to mental wellbeing in Oldham, it was reported that at least 3,800 children had a mental health problem. Depression and anxiety were higher than national level. Lower employment rate was reported in those with mental illness compared to the general population. Mental health problems cost the Oldham economy a significant amount of money.

Prevention was the key message. The Prevention Concordat had been signed by a wide range of partners and stakeholders to promote good Mental Health and preventing Mental Health problems. The strategy was accompanied by a set of resources to support local interventions.

In Oldham, the multi-agency leadership approach had attracted funding from the Department for Education (DfE). Programmes and initiatives underpinned by the Prevention Concordat and those funded via the Opportunity Area were outlined.

It was also reported that, currently, people with Mental Health issues who experienced a crisis in the evening, or at week-ends, or on Bank Holidays could only access A&E. As a part of the Five Year Forward View for Mental Health, Crisis Safe Heaven had been established in Oldham. The service was located at Forrest House and it was a calm and safe environment staffed with clinical and non-clinical team which provided an alternative to hospital admissions and would alleviate pressure on wards. Members of staff would work closer with social workers to address the needs of the patients.

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

- Mental Health patients with alcohol and drugs dependency and impact of Mental Health on domestic violence – It was explained that this was a complex issue as these patients needed intense support. A new provider had been commissioned in Oldham and Rochdale – Turning Point – to improve links between Alcohol and Drugs Misuse providers and Mental Health providers. With regard to domestic violence, alcohol and drugs were symptoms of underlying Mental Health issues. A project implemented in Leeds to tackle this specific issue had given positive outcomes and it would be followed in Oldham.
- Because of its complexity, Members would like to see this item in future agendas of the Health Scrutiny Sub-Committee.
- New plan to improve access and flow for patients with Mental Health problems, could current situation about workforce shortage across Greater Manchester undermine the plan? – It was explained that early identification of mental health and offer of solution as well as being creative in using the workforce (e.g.: Healthy Minds and MIND) had been included to support access to all clinical services; this was more difficult for clinical wards where Mental Health nurses were necessary. A coordinated Greater Manchester strategy would be needed to address this issue.
- Prevention and joint approach – It was explained that a significant part of the transformation work was focussing on physical health and people managing their own condition. Also an increased link between Thriving Communities and social prescribing was noted.

- Need to promote awareness and reduce the stigma – It was explained that one of the outcomes of the Five Year Forward View for Mental Health was to measure the number of people with severe Mental Health in employment. Currently, in Oldham, this figure was very low. When this improved, it would mean that the system worked.

**RESOLVED** that:

1. The content of the presentation be noted;
2. A progress report be presented in November 2019 with more information on prevention.

15

### **COUNCIL MOTIONS**

Members were informed that, at the last meeting of Full Council on 7<sup>th</sup> November 2018, two motions relating to health issues had been approved and one had been rolled over. The Sub-Committee would be informed at the next meeting if any issues in connection with these motions had been referred for its consideration.

**RESOLVED:** the information be noted.

16

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

Consideration was given to a briefing on the activities undertaken by the Mayor as part of the Mayor's Healthy Living Campaign.

**RESOLVED** that:

1. The content of the briefing be noted.
2. Support be given to the Mayor's Healthy Living Campaign during his time in office.

17

### **HEALTH SCRUTINY FORWARD PLAN**

Consideration was given to a copy of the Health Scrutiny Forward Plan distributed at the meeting.

A request was raised to include Public Health, Primary Care and some considerations on Mental Health in a future meeting of the Sub-Committee.

**RESOLVED** that the work plan for 2018/19 be noted.

At this point in the proceedings, Councillor Leach left the meeting.

18

### **EXCLUSION OF THE PRESS AND PUBLIC**

**RESOLVED** that, in accordance with Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they contain exempt information under paragraph 3 of Part 1 of Schedule 12A of the Act, and it would not, on balance, be in the public interest to disclose the reports.

19

### **ALL AGE OBESITY IN OLDHAM**

Consideration was given to a report of the Public Health Specialist on overweight and obesity, the scale of these issues in Oldham and the recent activities undertaken to prevent and address the problem.



The author of the report accompanied by the Acting Public Health Consultant attended the meeting to present the information and to address the enquiries of the Sub-Committee.

**RESOLVED** that:

1. The content of the report be noted;
2. A template be developed to outline existing and future plans to tackle overweight and obesity in adults and children in Oldham. The following information be included in the template:
  - a. Current barriers to progress;
  - b. Legal framework;
  - c. Prevention;
  - d. Joined-up approach with partners, including schools and the community, voluntary and third sector;
  - e. Comparative work of neighbouring authorities;
  - f. Publicity and promotion;
3. Links be developed with the Mayor's Healthy Living Campaign 2019/20 to promote existing and future programmes to tackle overweight and obesity in adults and children in Oldham;
4. A presentation/workshop on this theme be delivered to the Members of the Overview and Scrutiny Board by 26<sup>th</sup> March 2018 and offered to all Councillors;

The outcomes of these combined actions will identify further opportunities to address obesity to enable a paper to be submitted to Oldham Council and to Oldham Clinical Commissioning Group.

The meeting started at 6.00 pm and ended at 8.53 pm



**HEALTH AND WELL BEING BOARD**  
**25/09/2018 at 2.00 pm**

**Present:** Councillor Harrison (Chair)  
Councillors M Bashforth, Chauhan and Sykes

Jill Beaumont	Director of Community Services
Julie Farley	Oldham Healthwatch
Nicola Firth	Acting Chief Officer, Oldham Care Organisastion Northern Care Alliance
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Superintendent Daniel Inglis	Greater Manchester Police
Merlin Joseph	Interim Director of Childrens Services
Stuart Lockwood	Chief Executive, Oldham Community Leisure
Donna McLaughlin	Alliance Director, Oldham Cares
Dr. John Patterson	Clinical Commissioning Group
David Smith	FCHO
Mark Warren	Director, Adult Social Care
Carolyn Wilkins OBE	Chief Executive
Liz Windsor-Welsh	Voluntary Action Oldham

Also in Attendance:

Nadia Baig	NHS
Andrea Entwistle	Executive Support
Lori Hughes	Constitutional Services
Vicky Sugars	Strategy, Partnerships and Policy
Rebekah Sutcliffe	Strategic Director of Reform

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chadderton, Councillor Jacques, and Dr. Jeffery.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

1. The following public question was received from Mr. James Allen:

“After going through NHS England news on 29<sup>th</sup> August 2018, there were three items of interest to be looked at:

1. Backing from mental health services in Cumbria as NHS England calls for support in GP surgeries
2. NHS England on why public sector marketing isn't the private sector's 'per cousin'

3. NHS England asks GPs to house mental health therapists within practices

I would ask:

- 1(a) Will this be looked at by CCG?
- 1(b) Will this extend to all areas?
- 2) What does this item entail?
- 3) Where is the money to come from to put this into practice?"

The following response was provided:

**1a). When will this be looked at by CCG?**

Articles 1 and 3 both related to MH practitioners working in closer proximity to primary care – specifically in GP practices and better integration of mental and physical health. The CCG commissioned an 'IAPT Plus' services which is a collaborative between Pennine Care Healthy Minds and Tameside, Oldham and Glossop (TOG) Mind to deliver the stepped-care approach to psychological therapies in Oldham. It was recognised by the CCG that a service redesign was required to ensure that we deliver on the Five Year Forward View for Mental Health (FYFVMH) requirements to increase access to IAPT services and improve patient recovery. A key element of the IPAPT Plus service is the provision of 'Step 1' service run by TOG Mind – this is the delivery of drop-in and active monitoring counselling options for people, based in their GP practice. The Mind Services are running out of approximately 75% of Oldham practices and also provides an effective gateway for people who need 'core IAPT' services at step 2/3 (i.e. clinically led CBT or counselling). In addition to this, locality transformation funding has also been approved to deliver a 'Psychological Medicine in Primary Care (PMPC)' service in Oldham. This will support integrated physical and mental health care to significantly improve the quality of care for highly distressed, resource-intensive patients with complex physical health problems who 'fall through gaps' in existing services. There are a large group of underserved people in primary care with persistent physically unexplained symptoms (also known as 'medically unexplained symptoms'). This cohort require more long-term intensive support than IAPT provides. This service will be based in clusters and operate from GP practice, initially in 2 clusters as a pilot scheme, with the intention to scale to all 5 pending evaluation.

Further development of IAPT services is being looked at by the CCG and is on the 'long list' of CCG commissioning intentions. This recognises that there has to be a greater emphasis on supporting the psychological needs of people who have long term physical health conditions such as diabetes, CVD and COPD. Better integration of mental and physical health across both primary and secondary care is a key priority for the CCG and options across IAPT and other services are being explored. In Oldham we already have psychology input as part of an integrated MSK pathway and have commenced discussions with gastro leads at the Acute Trust to identify ways MH can support



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on MDTs, etc., where there may be underlying MH issues that exacerbate conditions such as IBD and can result in repeat investigations. This will support GP attendances as people will become better equipped to manage their conditions. On the basis above, Oldham can be confident that either through existing services or planned transformation work, MH therapies within primary care is becoming well established. There is always more that can be done, however, and this continues to be a priority as we plan for 2019/20.

**1b). Will this extend to all areas?**

Yes, the CCG commissions the 'IAPT Plus' model to the whole borough. The PMPC transformation scheme will initially commence in 2 clusters as it is rolled out, however, will expand to 5 if successful and can evidence positive impact.

**2) What does this item entail?**

These developments will require either mobilisation and implementation of new services in Oldham (in the case of transformation schemes such as PMPC) or elements of service design (in IAPT Plus where there will need to be a greater focus on integration with physical health and strengthened links with primary care). Alignment of MH teams to developing clusters is fundamental to ensure that MH services are embedded in primary care where appropriate and this engagement work is underway.

**3) Where is the money to come from to put this into practice?**

The CCG will need to consider any additional funding proposals associated with expansion of IAPT as part of the wider commissioning intentions, although the CCG is committed to meet parity of esteem requirements, which require that the CCG increases the proportion of spend on MH year on year at the same level (or greater) than the annual increase in the allocation for programme budgets. Any FYFVMH investment proposals will be determined first and foremost within this financial envelope, and need to be considered alongside several other MH priorities.

**RESOLVED** that the question and response be noted.

5 **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting held on 26<sup>th</sup> June 2018 be approved as a correct record.

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

**RESOLVED** that the minutes of the Health Scrutiny Sub-Committee meetings held on 20<sup>th</sup> March 2018 and 3<sup>rd</sup> July 2018 be noted.

7 **MEETING OVERVIEW**

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

8 **ACTION LOG**

**RESOLVED** that the Action Log from the meeting held on 26<sup>th</sup> June 2018 be noted.

9 **SEND UPDATE**

The Board gave consideration to an update on the Special Educational Needs and Disabilities (SEND) Inspection and progress on the written Statement of Action. The Board were informed of good news related to the direction of travel where many items has been classed as 'green'. Thanks were expressed to those who had been involved and the excellent progress which had been made. Attention was drawn to points developed and good examples of joint working and engagement between partner organisations. Both the local authority and the Clinical Commissioning Group (CCG) had made key appointments both at senior management and face to face level. EHC plans which had been examined were judged to be significantly better and the Oldham Parents and Carers had been commended. A further meeting was planned with the Department for Education.

**RESOLVED that:**

1. The progress made on the written Statement of Action and the comments from the Department for Education be noted.
2. A detailed update be provided to the Health and Wellbeing Board after the final submission.

10 **STRENGTHENING THE ROLE OF THE HEALTH AND WELLBEING BOARD AND APPOINTMENT OF SUB-COMMITTEES**

The Board gave consideration to a report which outlined a review of the Health and Wellbeing Board to ensure that it was still fit-for-purpose and not duplicating other arrangements – in particular, the establishment of new forms of governance through Oldham Cares. A number of recommendations were outlined to improve the operation of the Board to ensure it operated effectively and efficiently and to sharpen the focus of the Board by bringing the Joint Strategic Needs Assessment (JSNA) back as a foundation of the Board.

The Health and Wellbeing Board was a statutory body. Direction was sought from the Board on what sub-committees were required to support the Health and Wellbeing Board's role. There had previously been three sub-committees: Health Protection, Air Quality and the JSNA. It was proposed to merge the Air Quality into Health Protection and seek views on whether a JSNA Sub-Committee was still required. In addition, the Best Start in Life Partnership had reported to the Health and Wellbeing Board and work was currently underway to establish a Children and Young People's Strategic Partnership Board.



Members raised that as there had been significant change in personnel and the purpose of the meetings needed to be clear. The main reason previously was to promote integration. The Commissioning Partnership Board was now functioning. The Health and Wellbeing Board should have strategic oversight and make contributions. The wider alignment of business intelligence available from various organisations was raised and how to make the best use of information available.

**RESOLVED that:**

1. The operating principles for meetings and members be agreed.
2. The purpose and statutory requirements of the Health and Wellbeing Board be noted.
3. The Joint Strategic Needs Assessment be brought to the forefront of the role of the Health and Wellbeing Board be agreed.
4. The Air-Quality Sub-Group be merged into the Health Protection Group with the terms of reference as outlined in the report.
5. A review of the current arrangements of the Children and Young People's Strategic Partnership Board be undertaken in order to strengthen and build on existing arrangements.
6. Proposals be brought back related to the wider alignment of and making best use of business intelligence available.

11

**OLDHAM'S JOINT STRATEGIC NEEDS ASSESSMENT**

The Board gave consideration to an update on the current status of Oldham's Joint Strategic Needs Assessment (JSNA) and recommendations for the revision of the JSNA approach and process.

The JSNA was a process through which local strategic partners examined the current and future health and care needs of the local population to inform decision making and guide the commissioning of health, wellbeing and social care services. The scope of the JSNA was potentially vast and there was a need to plan, prioritise and agree the annual JSNA work programme to ensure it met strategic planning and commissioning priorities. JSNA arrangements were last considered in early 2017. To successfully transform the content and use of the JSNA locally commitment was required on the following principles:

- Inform and be informed by Oldham's work to establish an Integrated Care Organisation, improve population health, reduce demand and bridge the anticipated gap in health and social care finances;
- Be a shared responsibility of all Health and Wellbeing Board members with all organisations actively contributing to its development, and ensuring it was fit-for-purpose to inform strategic planning and commissioning.

- Beyond the core JSNA dataset, any reports or needs assessment produced to have a clear scope and purpose.
- A predictive approach be taken focusing on what Oldham's population would look like in the future and the services needed to meet the needs of a changing population;
- Reflect both community assets/strengths as well as their needs/'deficits', drawing on qualitative as well as quantitative data and linked to existing asset-based community development and community engagement work in the borough.
- Maximise opportunities to work in partnership with Greater Manchester colleagues; and
- Make full use of intelligence resources produced by Public Health England as well as Oldham's new Thriving Communities index.

The JSNA could operate as a formal sub-group or be a working group of Council and CCG officers. The vision for Oldham's refreshed JSNA was a web portal which provided easy access to key national and local health data. Work was ongoing to review the resources required

Best practice needed to be captured. The JSNA was in the context of Oldham Cares and it was recognised that there was work to be done to put children at the centre of the JSNA linked to having a business-like approach by connecting the work of the board to the JSNA priorities.

**RESOLVED that:**

1. The key principles for the production and maintenance of the JSNA be endorsed.
2. The form and membership of the JSNA Steering Group be agreed.
3. The request that the steering group provide a further report to the Health and Wellbeing Board by January 2019 with recommendations for the development of Oldham's JSNA, including the process for designing and updating a new JSNA website, developing new intelligence products and an outline work plan for 2019/20 be agreed.
4. The interim work being undertaken to update and refresh the content of the existing JSNA website and review of the resources needed to support the JSNA process be noted.

**NOTE:** Superintendent Inlgis entered the meeting during this item.

The Board gave consideration to a report outlined the consultation process on the potential reduction of NHS funded In-vitro fertilization (IVF) services.



Oldham CCG was aware of and committed to the fulfilment of their public involvement responsibilities under Section 14Z2 of the Health and Social Care Act 2012 and was bound by the NHS Constitution and the rights of all patients to be involved in decision processes which affect them. NHS Oldham CCG commissioned assist conception care in line with guidance from the National Institute for Health and Care Excellence (NICE). For women under the age of 40, Oldham currently funded up to 3 cycles of IVF as recommended by the NICE Clinical Guideline 156. Only 12% of CCGs now funded 3 cycles with the majority (61%) now only funding 1 cycle. NHS Oldham was under financial strain and was actively seeking to find where savings could be made. Balancing the small number of people potentially affected, but notwithstanding the large impact of childlessness on individuals, the CCG's preferred option was to fund 1 cycle only going forward which would save the local NHS an estimated £147,500 per year. The CCG would undertake public consultation on the options from 12 October to 7 December 2018. The consultation would offer all viable options (3, 2, 1 and 0 cycles funded) and set out the pros and cons of each.

The Board noted that the process of consultation with the public would be carried out through a mixture of face to face and online work. This included targeting groups known to have an interest in conception and online questionnaires would be hosted on Oldham CCG's website and also promoted via social media channels and the Health Huddle database. Consultation would be overseen by a Consultation Oversight Group.

The Board were referred to the timescale and the opportunity for debate. Services needed to be commissioned in line with the resources given. Benchmarking was carried out regularly against other CCGs. The number of IVF cycles was challenged. Oldham had a proud tradition and the CCG was aware of health tourism. All options would be outlined in the consultation. It was also planned to have three events, all interested groups to be invited as well as an online consultation with a survey and presence on social media. A consultation oversight group would also ensure due process was followed.

Members felt that due process would be followed, when living within means sometimes difficult choices had to be made. Members asked if there was a duty to carry out an Equality Impact Assessment. The Board were informed that in commissioning services, an equality impact assessment would always be carried out to look at the potential impact which generated a score. Assessments were carried out as soon as they could.

**RESOLVED** that a public consultation be undertaken by Oldham CCG on the potential reduction of NHS funded IVF cycles following due process.

13

## **HEALTHWATCH AND CITIZEN VOICE**

The Board gave consideration to a report which provided an overview of the main roles and responsibilities of Healthwatch. The role of Healthwatch Oldham was to provide an independent consumer voice for Oldham residents who used the NHS and social care services. Healthwatch Oldham needed to review the impact of its service and the way it worked in light of service redesign at both a local and GM level. The report set out the key challenges Healthwatch Oldham needed to address in the coming and how these would impact on partners. The report also sought feedback on a proposed programme of Healthwatch Service reviews.

The planned reviews between September 2018 to July 2019 were:

- Child and Adolescent Mental Health Services (CAMHS)
- Experience of Carers during hospital discharge
- 'End of Life' care and choice
- Oldham Neighbourhood and GP Clusters
- Youth People's Health Services
- Review of Care Home Provision
- Discharge to Assess and Intermediate Care
- Accessible services for the Deaf Community and People with Sight Loss
- Experiences of refugees and asylum seekers accessing primary and acute healthcare

The Board was requested to recommend five review areas.

The vision for Healthwatch Oldham was to provide an independent voice and source of information and influence for the residents of Oldham. It did this by listening, engaging and involving people in matters of health and social care to bring about service improvement and reduce health inequalities in an open, honest, transparent, confidential and approachable manner.

Healthwatch Oldham was established in 2012 with a number of statutory and discretionary functions which provided insight, information, influence and the NHS Complaints Advocacy Service. The service was delivered through a combination of forums or themed engagement events; information outreach services; one to one casework interviews; membership on decision making bodies; statutory enter and view functions; detailed service user reviews; engagement network and e-bulletins and working in partnership with voluntary, community and statutory sector services.

Healthwatch currently faced the following challenges:



- Ability to influence health and social care services; and
- Public and patient voice.

The Board were informed that many organisations had not heard of Healthwatch or had a mixed understanding of what its role was. Service reviews identified two things, where things had gone well and where improvements were needed. In other areas in Greater Manchester, Healthwatch outcomes were challenged but could not force the provider to enact recommendations. It was hoped to create a more systematic approach to the way reviews were undertaken, identify issues that would be in the public interest and JSNA would assist in this area.

Members raised the role of Healthwatch in educating the public and any meaningful data which would provide meaningful data and a good source of intelligence for inform discussions. Discussions with the Alliance Board would also be a useful tool.

Healthwatch were keen to work closely with GPs to raise their profile. In terms of safeguarding, the role of Healthwatch could not be underestimated in holding partners to account. The link to Northern Alliance issues was discussed.

**RESOLVED that:**

1. The report on the Healthwatch Oldham Work Programme be noted.
2. The following five areas were recommended for the Healthwatch to focus on:
  - 'End of Life' Care and Choice
  - Child and Adolescent Mental Health Services (CAMHS)
  - Review of Care Home Provision
  - Discharge to Assess and Intermediate Care
  - Experiences of Refugees and Asylum Seekers accessing primary and acute healthcare services
3. The findings and recommendations from the 5 review areas be brought back to a future meeting.

14

**OLDHAM CARERS STRATEGY**

The Board gave consideration to a new Oldham Carer's Strategy which had been developed for 2018-2021. The strategy was presented by the Managing Director, Community Health and Social Care Services with the Chair of a Voluntary Group and the Strategic Partnership Manager.

The Oldham Carers Partnership had directed that the strategy be co-produced with carers at all stages of its production which included the priority areas and delivery of outcomes. The Greater Manchester Carers Charter was produced (with input from Oldham Carers) and six key principles were set out to

improve the offer for carers as a whole. The six principles which formed the basis of the Oldham Strategy were:

- Early identification of carers
- Getting the right help at the right time
- Improving health and wellbeing
- Carers as real and expert partners
- Young Carers
- Carers in Employment

An extensive consultation process had taken place. The carers strongly agreed that the six principles were appropriate and their input was used to inform the content of the strategy.

The strategy demonstrated an integrated approach, local commitment, outlined the objectives and actions required to deliver outcomes and recognised that improvements in carer support would not only contribute to improved health and wellbeing for those with caring responsibilities but also help with local health and social care economy.

The Board were informed of the number of unpaid carers in Oldham. The Board were informed that voluntary groups had to be formed previously to understand entitlements and used each other for support. The plan had been developed to assist in getting the right help at the right time. The strategy needed to be acted upon with all health, council and community services to support carers. The issues faced by the young carers groups was highlighted. The six principles did not cover everything but an action plan needed to be clear.

The Chair expressed her thanks for the presentation of the strategy. The Clinical Commissioning Group also expressed their thanks and expressed how valuable carers were. Employers would need to address how the strategy would be supported through the commissioning and provision of services.

**RESOLVED** that the Oldham Carer's Strategy 2018 – 2021 be approved and the promotion and achievement on delivery of the strategy over the next three years be supported.

15

## **SAFEGUARDING**

The Board gave consideration to the updated Oldham Children's and Adult's Safeguarding Boards strategies for the period 2018 – 2021 and the annual business plans.

The strategic aims of both boards were highlighted. The aims included excellent practice being the normal, partners holding one another to account; early identification of new safeguarding issues; promotion and embedding of learning; sharing information effectively; and the public feeling confident that the vulnerable were protected. Within the three year plans there were annual action plans with structures in place for each board. Sub-groups would progress the business plans.

Children's Safeguarding Year One Priorities were outlined. Issues outside the family included: modern slavery, domestic violence strategies being in place, safeguarding needs for children in transition, understanding of trauma on children and better understanding of 'lived' experience. Priorities for adult safeguarding included needs of adults in transition; effective domestic violence strategy, making safeguarding personal, safeguarding within the context of community integration initiatives and a clear set of process of procedures.

The Board commented on the huge amount of work and received information on the benchmarking on the determination of what good looked like. The Board also received clarification on the detail behind the business plans and identification of adequate resources. The role of the two boards was to deliver on safeguarding needs. Wellbeing was another consideration. Safeguarding elements also vied with community safety, cohesion and employers. The Boards could draw attention to potential impact of activities and argue for appropriate prioritisation and resource allocations. Members drew attention to statutes and the provision of early help and partners needing to look at what could be done before the problem started and emphasised sharing. The Board asked about the audit and risk approach and links to Healthwatch and were informed that Healthwatch would take a strong position.

The Board sought clarification on the reporting and the prevention of abuse and the dates in the implementation plan. The Board were informed that the core component was to get intelligence from partners and that this was shared. Dialogues were in place. With regard to the updating of business plans, this was reported to the Council's Overview and Scrutiny Board. The two boards produced an annual plans which reflected the delivery of milestones. The Board also sought and received clarification on work with GPs and benchmarking. The Board were informed that when issues were found the system was working, that the Board received in depth data at every meeting.

**RESOLVED that:**

1. The strategic aims of both the Children and Adult Safeguarding Boards be noted.
2. The Children and Adult Safeguarding Strategies for 2018 – 2021 and the Business Plans for 2018/19 be endorsed.
3. A review on the business plans come back to a future meeting.

16

**DATE AND TIME OF NEXT MEETING**

**RESOLVED** that the date and time of the next Health and Wellbeing Board to be held on Tuesday, 13<sup>th</sup> November 2018 at 2.00 p.m. be noted.

The meeting started at 2.00 pm and ended at 4.09 pm

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## Item 03

### MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 12 SEPTEMBER 2018 AT CHURCHGATE HOUSE

#### Present:

Bolton Council	Councillor Stephen Pickup
Bury MBC	Councillor Stella Smith
Manchester CC	Councillor Eve Holt
Oldham Council	Councillor Colin McLaren
Rochdale BC	Councillor Ray Dutton
Salford CC	Councillor Margaret Morris
Stockport MBC	Councillor Keith Holloway
Tameside MBC	Councillor Gill Peet
Trafford Council	Councillor Anne Duffield
Wigan Council	Councillor John O'Brien (Chair)

#### Also in attendance:

Terri Byrne	GMFRS
Tony Hunter	GMFRS
Lindsay Dunn	Governance and Scrutiny Officer, GMCA
Warren Heppolette	GM HSC Partnership
Dave McNally	NWAS
Zoe O'Neil	GM HSC Partnership
Andy Redgrave	NWAS
Jon Rouse	GM HSC Partnership – Chief Officer
Jackie Wardle	Derbyshire County Council

#### HSC/25/18 APOLOGIES

Apologies were received from, Susan Ford (GMCA), Councillor Linda Grooby (Derbyshire County Council), Steven Pleasant (GMCA Lead Chief Executive – Health) and Councillor Sophie Taylor (Trafford Council).

## **HSC/26/18 DECLARATIONS OF INTEREST**

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

## **HSC/27/18 MINUTES OF THE MEETING HELD 11 JULY 2018**

The minutes of the meeting held 11 July 2018 were presented for consideration.

### **RESOLVED/-**

To approve the minutes of the meeting held 11 July 2018.

## **HSC/28/18 AUTOMATED EXTERNAL DEFIBRILLIATOR (AED) ACROSS GREATER MANCHESTER**

David McNally, Community Engagement & Resuscitation Manager for the Greater Manchester Area, North West Ambulance Service provided members with an overview of current Automated External Defibrillator provision across the Greater Manchester area, and work of the Community Engagement and Resuscitation Department within the North West Ambulance Service NHS Trust to increase the survival rates from a person suffering an out of hospital cardiac arrest.

This was supplemented by a presentation which provided statistics in relation to the number of cardiac arrests for the period April 2017 to March 2018. During 2016-17 North West Ambulance Service (NWS) treated 3,838 cases of out of hospital cardiac arrest (OHCA) across the North West, of these patients 65.2% received bystander Cardio Pulmonary Resuscitation (CPR) of which 9.07% survived, with the combined use of CPR and Automated External Defibrillation (AED) the survival rate was increased to 20.97%.

The importance of greater awareness and confidence in performing early CPR and the use of a defibrillator were recognised as key to improving survival rates along with the wider availability and visibility of AEDs. It was acknowledged that AEDs are life-saving items of equipment, which when used along with CPR, can enhance the chances of surviving a cardiac arrest.

Members were advised that there are 1930 Public Access Defibrillator (PAD) and 250 Community PAD sites across GM. It was further noted that there are 48 Community First Responders (CFR's) across GM who provide a vital part of care for patients right in the heart of the community giving patients life-saving extra minutes and being an extra helping hand to ambulance crews as well as a friendly reassuring face to people in their most desperate of times.

Furthermore, it was reported that NWS has integrated a smart phone activation app called 'Good SAM'. It was advised over 500 members of the Trust have this available to them when they are off duty which informs them of a known/potential cardiac arrest within a 500 metre radius allowing for early CPR to be administered and further increasing chances of survival.

It was acknowledged that there are further engagement opportunities across all partners within the Greater Manchester area, to allow knowledge to be shared to enhance further the difference the training and devices can make to the survival of people suffering an out of hospital cardiac arrest.

In support of the objective to increase the survival of people suffering an out of hospital cardiac arrest, the Committee suggested that a call for action campaign utilising social media to request the registration of existing PADs along with the promotion of the training for community first responders. It was agreed that the registration form for defibrillators would be provided to all members of the Committee to promote and share across networks and localities. It was proposed that coordination of the any promotion would be undertaken with colleagues in Greater Manchester Fire and Rescue Service (GMFRS) and the GM Combined Authority (GMCA).

The committee considered the opportunities to encourage more individuals to become community responders. A member highlighted the cost involved for arranging first aid training and it was suggested that individuals working in coaching and junior clubs/organisations across the conurbation are a resource that could be utilised to receive CPR training. It was acknowledged that first aid training provided by private companies can be expensive but community CPR training and education is delivered free of charge in partnership by GMFRS and NWS at specific events in order to develop mass awareness.

Members discussed the fear that exists with regards to using the defibrillator. It was suggested that the message that a defibrillator will not work unless a person is in cardiac arrest, therefore, you cannot hurt someone with a defibrillator should be promoted in order to raise confidence within communities.

Tony Hunter, Director of Prevention and Protection, GMFRS provided an overview of the collective work to improve the rates of survival to discharge in GM. It was reported that public service reform has improved the collaborative response across all blue light organisations and provided highlights of the work being undertaken by GMFRS in support.

#### **RESOLVED/-**

1. To support this ongoing work;
2. To increase awareness created through partnership working;
3. To provide the registration form for defibrillators;
4. Members to promote and raise awareness of the defibrillator registration across localities and networks;
5. To provide further information to members on the opportunities to engage communities to undertake CPR training.

## **HSC/29/18 LOCAL CARE ORGANISATION (LCO) DEVELOPMENT ACROSS GREATER MANCHESTER**

Warren Heppolette, Executive Lead, Strategy & System Development, GM Health and Social Care Partnership, introduced a paper which set out the approach and findings towards understanding the development of LCOs. It described the core model features that drive success, learning to date and how work will continue to increase the pace of change so all residents in GM can benefit from these models of care.

It was advised that the process has highlighted essential learning such as: the significance of integrated neighbourhood level working, a single leadership structure, clarity on permissions and accountabilities which, amongst others, are vital to successful delivery of new models of care.

The evaluation and learning from these reviews have been presented against the four key themes of an LCO. This will inform the work programme of the LCO Network for 18/19 and the continued support to move forward through revised ways of working.

The four key themes at the core of LCO development were highlighted to the Board along with the intention to gain a deeper understanding of the capability to deliver single leadership and management arrangements together with integrated governance in a place which delivers a culture for change and empowered staff at neighbourhood level.

Examples of localities where progress was being made against the four key themes were highlighted to members. It was acknowledged that further work was required to provide comparative data in order to measure performance and it was proposed that a further update which would include a dashboard of indicators could be provided to the Committee for review in March.

In support of the development of the LCO network members commented on the significance of the report for local health scrutiny committees to obtain a more thorough understanding of the development as the centre piece of transforming community based care and support. It was suggested that further case studies to emphasise what LCO development means in practice for communities and workforce would be valuable for communication.

It was acknowledged that individual case studies along with performance measures that can demonstrate the benefits of change would assist in identification and public recognition of the role of LCO's.

Members discussed the valuable role of IT support and financial constraints in adult and childrens social care to support prevention and enable conditions to be managed at home and in the community. The financial gap around adult social care funding in particular was highlighted and members were advised that GM's submission to Government ahead of the Comprehensive Spending Review would demonstrate the impact of the lack of an appropriately funded model for adult social care across the system.

## **RESOLVED/-**

1. To note the contents of this report and support the way moving forward;
2. To note the comments from Members with regard to the provision of additional case studies which could demonstrate the benefits of LCO development in localities;
3. To provide further consideration to the Committee receiving an update in March 2019 including a dashboard of indicators for performance review.

## **HSC/30/18 DISCUSSION OF COMMITTEE'S PRIORITIES FOR 2018/19**

A report was presented that set out the Committee's work programme noting it had been developed following consideration and discussion by Members at the meeting in July.

Members were asked to contact the Governance and Scrutiny Officer with any suggested items for inclusion in the work programme.

## **RESOLVED/-**

1. That the report be noted;
2. That any further suggestions to the work programme be submitted to the Governance and Scrutiny Officer.

## **HSC/31/18 DATES OF FUTURE MEETINGS**

All meetings will take place in the Boardroom at GMCA Offices, Churchgate House. Further briefing session dates will be advised separately.

Wednesday 14 November 2018	10:00 am – 12 noon
Wednesday 16 January 2019	10:00 am – 12 noon
Wednesday 13 March 2019	10:00 am – 12 noon

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**Actions from the November meeting of the Health Scrutiny Sub-Committee**

	<b>Agenda Item</b>	<b>Resolution / Action</b>	<b>Outcome of Action</b>
November	<b>ELECTED MEMBER SAFEGUARDING TRAINING</b>	<p><b>RESOLVED</b> that:</p> <ol style="list-style-type: none"> <li>1. The Sub-Committee support a follow up review of member safeguarding training;</li> <li>2. Members consider the safeguarding scenarios that they are presented with and provide this information to the Local Safeguarding Children Board training sub-group for consideration;</li> <li>3. The evaluations of the new training package and the outcome of the information gathering exercise be presented to the Member Training Working Group;</li> <li>4. Consideration be given to separating the current safeguarding input into individual sessions for members, giving priority for each within the member's training calendar.</li> <li>5. Consideration be given to the possibility of involving Group Leaders to encourage elected members to engage more readily with the revised safeguarding training package.</li> <li>6. A progress report be presented to the Health Scrutiny Sub-Committee in June 2019.</li> </ol>	
	<b>URGENT CARE</b>	<p><b>RESOLVED</b> that:</p> <ol style="list-style-type: none"> <li>1. The progress report on Urgent Care be noted.</li> <li>2. The Director of Commissioning, Oldham Cares, inform the Health Scrutiny Sub-Committee of the arrangements for the learning exercise on 6<sup>th</sup>-8<sup>th</sup> December 2018 at Royal Oldham Hospital , with a view to have two representatives from the Sub-Committee attending the session.</li> </ol>	
	<b>ADULT MENTAL HEALTH</b>	<p><b>RESOLVED</b> that:</p> <ol style="list-style-type: none"> <li>1. The content of the presentation be noted;</li> <li>2. A progress report be presented in November 2019 with more information on prevention.</li> </ol>	
	<b>ALL AGE OBESITY IN OLDHAM</b>	<p><b>RESOLVED</b> that:</p> <ol style="list-style-type: none"> <li>1. The content of the report be noted;</li> <li>2. A template be developed to outline existing and future plans to tackle overweight and obesity in adults and children in Oldham. The following information be included in the template:               <ol style="list-style-type: none"> <li>a. Current barriers to progress;</li> <li>b. Legal framework;</li> </ol> </li> </ol>	

	Agenda Item	Resolution / Action	Outcome of Action
		<ul style="list-style-type: none"> <li>c. Prevention;</li> <li>d. Joined-up approach with partners, including schools and the community, voluntary and third sector;</li> <li>e. Comparative work of neighbouring authorities;</li> <li>f. Publicity and promotion;</li> </ul> <p>3. Links be developed with the Mayor's Healthy Living Campaign 2019/20 to promote existing and future programmes to tackle overweight and obesity in adults and children in Oldham;</p> <p>4. A presentation/workshop on this theme be delivered to the Members of the Overview and Scrutiny Board by 26<sup>th</sup> March 2018 and offered to all Councillors;</p> <p>The outcomes of these combined actions will identify further opportunities to address obesity to enable a paper to be submitted to Oldham Council and to Oldham Clinical Commissioning Group.</p>	



## Meeting Overview

*Oldham Health Scrutiny Sub-Committee*

18 December 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) Health and Wellbeing Board 25 September 2018, (7) Minutes of the Greater Manchester Joint Health Scrutiny Committee, (8) Resolution and Action Log, (9) Meeting Overview	6.00pm
<b>Items for Discussion</b>		
10	<p><b>Regional Adoption Agency</b>  <i>Merlin Joseph, Director of Children’s Services (Interim) and Patsy Burrows, Head of Service Looked After Children and Care Leavers</i></p> <p>For the sub-committee to receive a 12 month update report on the progress made by the Regional Adoption Agency</p>	6.15pm 25 mins
11	<p><b>Oral Health</b>  <i>Katrina Stephens, Joint Acting Director of Public Health</i></p> <p>For the sub-committee to receive an overview of Oldham’s response to improving Oral Health in both children and vulnerable older adults</p>	6.40pm 25 mins
12	<p><b>Public Health in Primary Care</b>  <i>James Mallion, Acting Consultant in Public Health</i></p> <p>For the sub-committee to receive an overview of Public Health activity in Primary Care, including plans for CCG Clusters and NHS Health Checks</p>	6.05pm 25 mins
13	<p><b>Council Motions</b>  <i>Chair</i></p> <p>For the sub-committee to receive an update on the progress of Health related Council motions.</p>	7.30pm 10 mins
14	<p><b>Mayor’s Healthy Living Campaign</b>  <i>Chair</i></p> <p>For the sub-committee to receive a status update on the Mayor’s Healthy Living Campaign</p>	7.40pm 10 mins
15	<p><b>Health Scrutiny Forward Plan</b>  <i>Chair</i></p>	7.50pm 10 mins
16	<p><b>Close</b>  <i>Chair</i></p>	8.00pm
	<p><b>Date of next meeting</b>            Tuesday 29 January 2019, 6pm – 8pm, Crompton Suite, Civic Centre</p>	

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## Report to Health Scrutiny Sub-Committee

# Regional Adoption Agency – Annual Report

### **Portfolio Holder:**

Councillor Amanda Chadderton, Cabinet Member for Children's Services

**Officer Contact:** Merlin Joseph, Director of Children's Services (Interim)

**Report Author:** Patsy Burrows, Head of Service Looked After Children and Care Leavers

**Ext.** 5068

**18<sup>th</sup> December 2018**

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### **Purpose of the Report**

To provide Health Scrutiny Sub-Committee with an update on the Regional Adoption Agency Annual Report

### **Recommendations**

Health Scrutiny Sub-committee are asked to note the contents of the report.

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# Annual Adoption Report

2017/18



## Executive Report

## Introduction

Achieving adoption for children contributes to improving outcomes for the most vulnerable children and young people in line with priorities outlined in other Council plans.

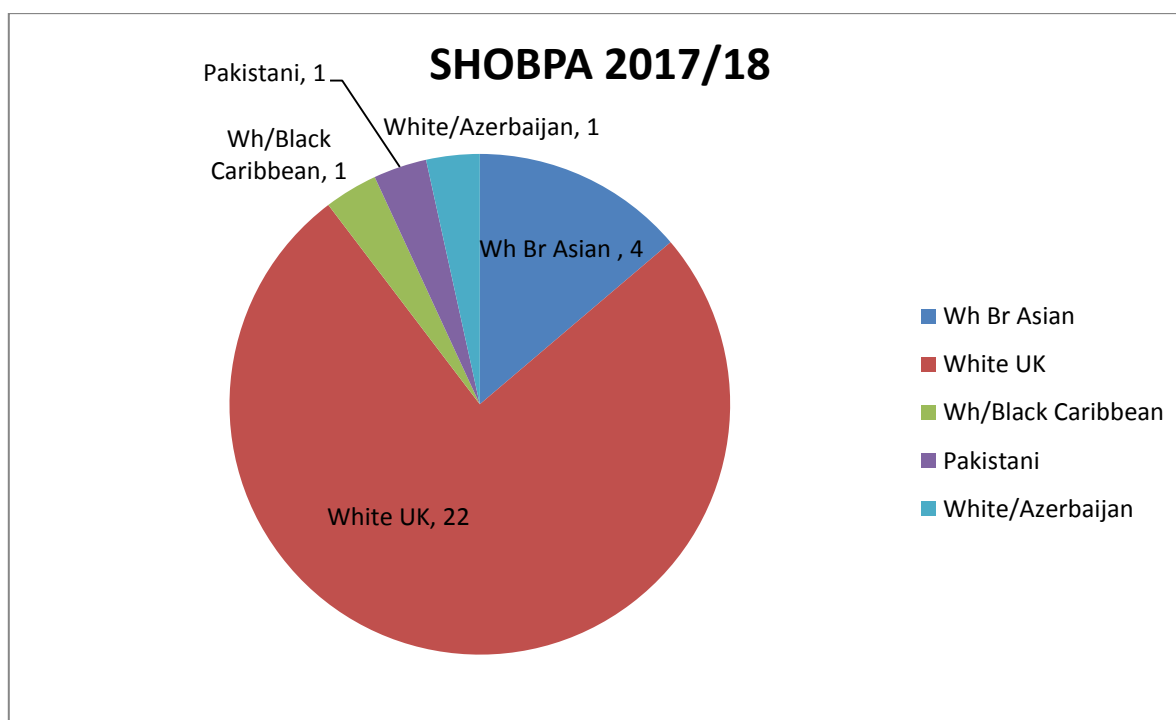
In the last half of the year there has been a significant change in the way that adoption services are delivered as Adoption Now went live on 20<sup>th</sup> November 2017. Adoption Now is a Regional Adoption Agency providing adoption services on behalf of six Local Authorities – Bolton, Blackburn with Darwen, Bury, Rochdale, Oldham and Tameside.

This report will reflect those changes. Data relating to children remains local data relating to Oldham children however, Adoption Support and Recruitment data now covers the Region.

## Adoption Agency Business – Children

### Children with an Adoption Plan

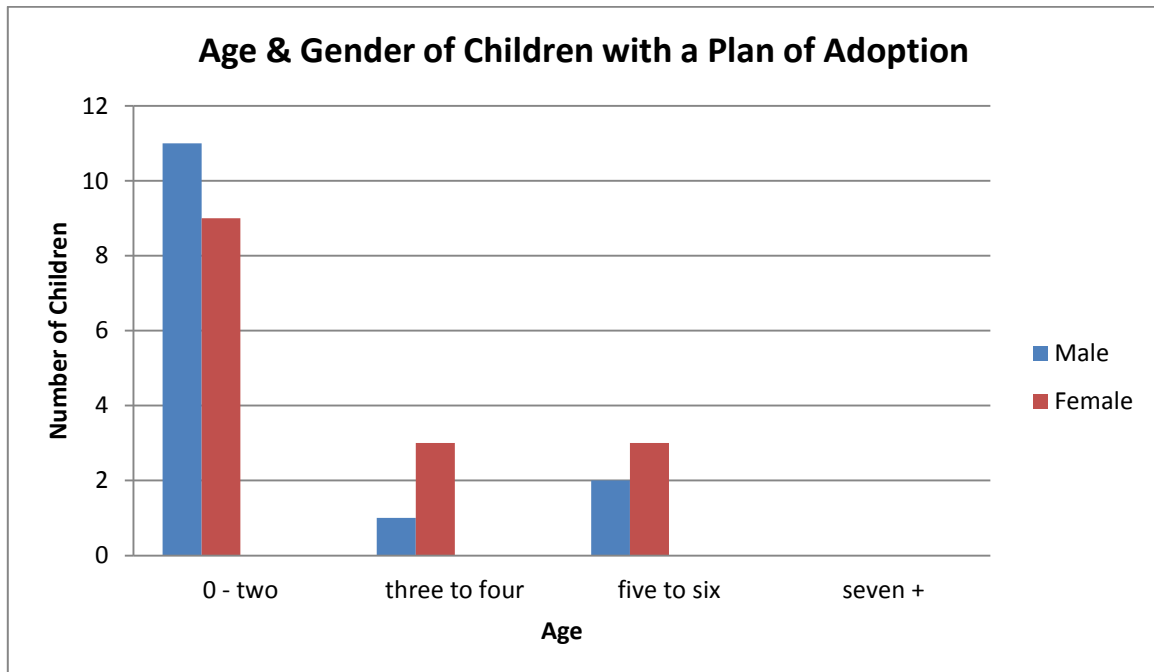
During the year 29 children have been presented to the Agency Decision Maker (ADM) for a Should Be Placed for Adoption decision (SHOBPA). Of the children with SHOBPA decisions, two were a sibling group with plans to place together and two were already in two separate concurrent placements.



The chart above shows children with a SHOBPA decision by ethnicity. Most children with a plan for adoption were of White British heritage, with those from dual heritage backgrounds being the next largest group.

The chart below shows the same group of children by age and gender. Most children were aged 2 or under; however, 5 of the group were aged 5-6 years.

Not all children with a SHOBPA decision will progress to adoption as a number of plans may run concurrently (twin- or triple-tracking). The high proportion of younger children is evidence of early permanence planning for children in Oldham.



This group of 29 children is made up of a sibling group of four, a sibling group of three, 3 sibling groups of two, and 16 single children.

In addition, there was uncertainty about future health needs for 2 of the children.

The profile of children with a plan for adoption and those awaiting a match with an adoptive family is of significance when considering Oldham’s performance in relation to the Adoption Leadership Board Scorecard key performance indicators, with older children, sibling groups, those from minority ethnic backgrounds and those with uncertainty around their future health needs being harder to place.

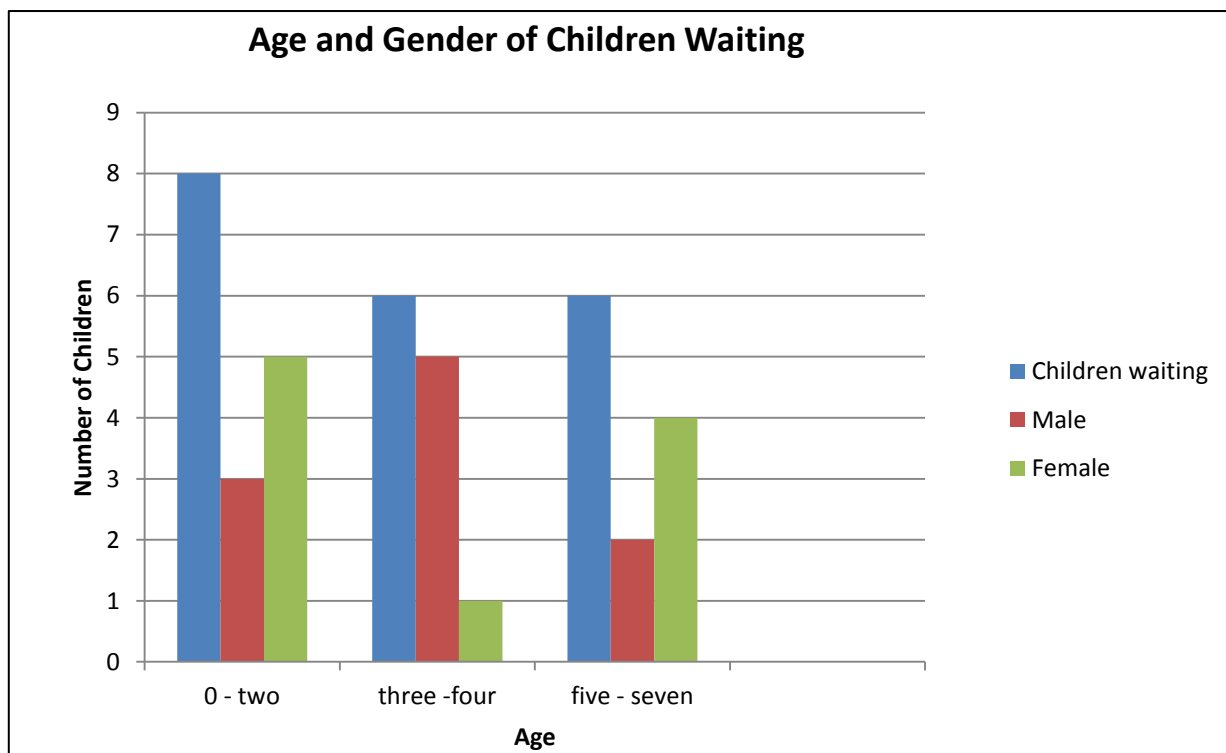
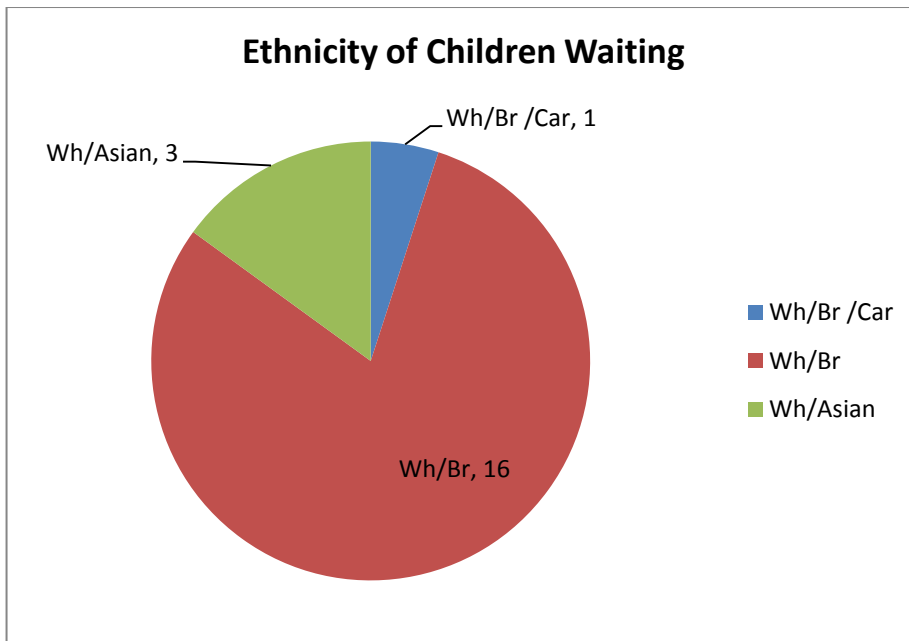
**Children Awaiting a Match**

On 31 March 2018, there were 20 children with a plan for adoption (subject to a placement order) awaiting a formal match. This included 12 children considered harder to place due to being part of a sibling group. Of the 8 single children awaiting a match, 3 were considered harder to place due to health uncertainty or ethnicity.

Most children awaiting a match were of White British heritage, with the remaining 4 children being of dual heritage.

Despite 75% of the children in this group being considered hard to match, strong potential links had been identified for 2 of the sibling groups (5 children), 6 single children had links identified, and 1 child was placed in a concurrent placement as of 31 March 2018. For the remaining 9 children, potential links were being explored or active family finding was in progress. These children are monitored via regular Adoption Tracking Meetings.

The care plan for two of the sibling groups of two is being reconsidered.



Performance in relation to the length of time children spend waiting for a match is measured in the Adoption Leadership Board Scorecard. Continued efforts to match all the children waiting is a priority and will include them being profiled at Exchange days (where adopters can come and discuss children available for adoption), and all will be invited to attend an Activity day if this is appropriate for them. These run nationally and will also be run locally by Adoption Now in the coming months.

#### Family Finding Activity

Professional links and relationships have continued to result in some positive matches, especially within those local authorities and voluntary agencies which are now part of Adoption Now. The regional placement group meeting has been redesigned and continues to operate on a monthly basis to encourage matches with local voluntary adoption agencies. Link Maker continues to be a useful tool, and children are also placed immediately on Adoption Match once a placement order is made if there are no families able to be explored from within Adoption Now.

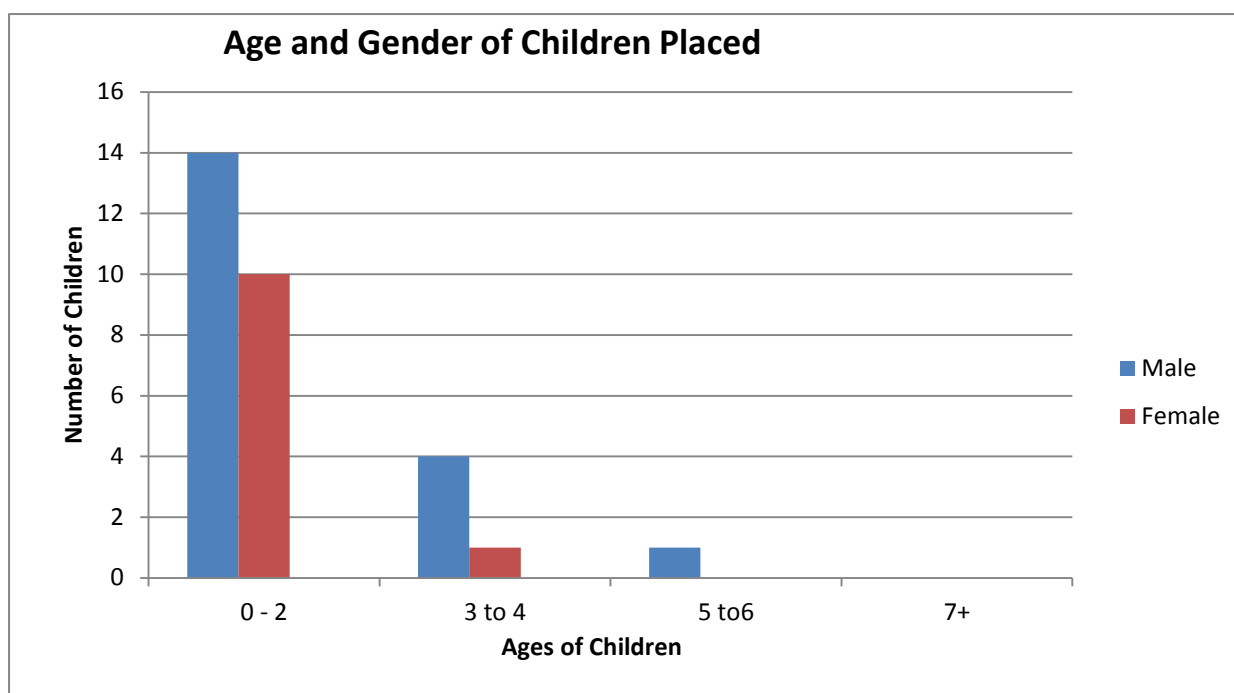


The development of Adoption Now means that families that would have been approved by the six local authorities are all part of the same organisation and are immediately available to Oldham's children. Since November when Adoption Now went live 50% of children matched have been with Adoption Now adopters. These placements do not incur an interagency fee.

### Children Placed for Adoption

30 children were placed with adopters during 2017/18. Most were White British with 5 further children of dual heritage. The group included five sibling groups of two - four sets of siblings were of dual heritage and 1 of Eastern European ethnicity.

Of the 20 single children placed for adoption, 4 of the children were considered hard to place due to age, and additional and complex health needs.



The aim is for 60% of children to be placed with RAA adopters. The practice is to search for families within Adoption Now in the first instance and then to look further afield to other local authorities, Regional Adoption Agencies or Voluntary Adoption Agencies if required.

Prior to Adoption NoW, OMBC had experienced difficulties in matching children with its own adopters, in part due to the Borough being relatively small, which increases the risk of children being identified by their birth families. As a result, OMBC has historically relied heavily on other Local Authorities and Voluntary Adoption Agencies for matches for its children.

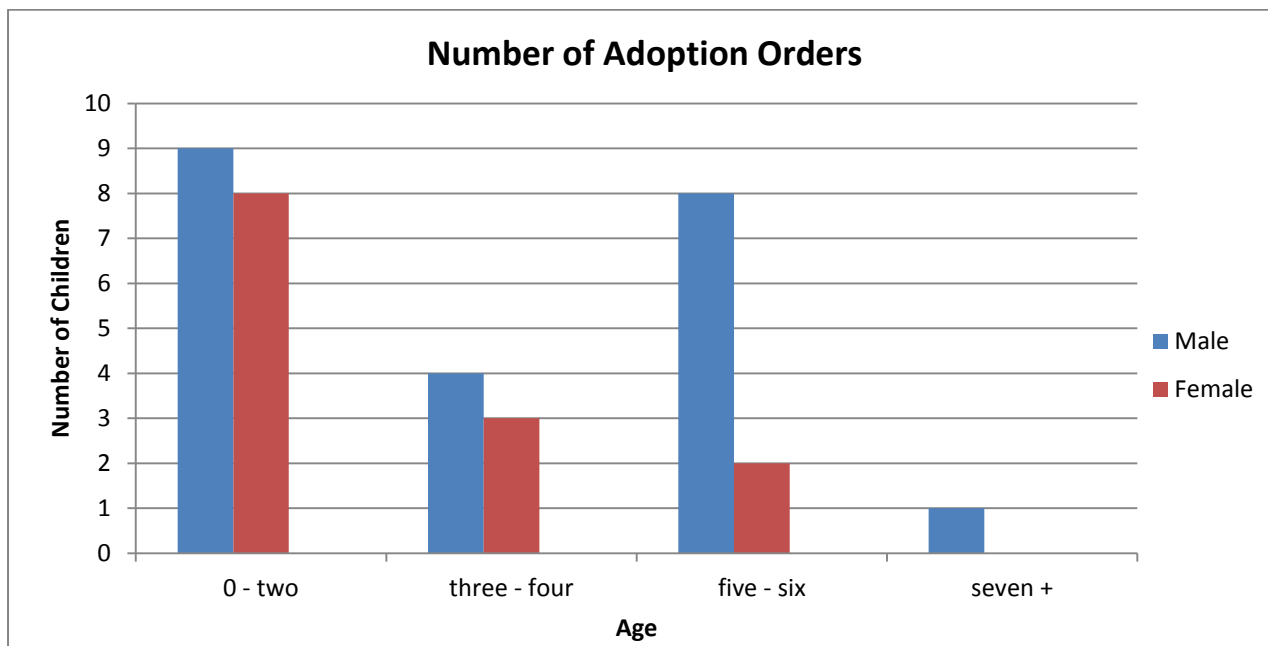
Since the launch of the RAA in November 2017 to the end of March 2018, twelve children were matched to potential Adopters. Of these some had links identified prior to, and outside of Adoption Now.

Of the 12 children matched, 2 were placed in concurrent placements while proceedings were ongoing, 7 in other Local Authorities, 1 with a VAA, and 2 within the RAA. The number of children placed within the RAA is below the 60% target, which may be explained by the fact that 4 children were siblings (2 sets of 2 siblings) and 2 children being of dual heritage.

### Children Adopted

35 adoption orders were made during the year. It is these children to whom the score card data refers.

Thirty of the children were of White British heritage, four of Asian/White UK dual heritage, and one of Black African/White UK heritage. 7 sibling groups of two and one sibling group of three were adopted within the group of 35 children.



Of the 35 children adopted, 11 were aged 5 years and above. In addition there were a number of children at the cusp of being 5 years old at the point of the Adoption Orders being granted. 6 single children were identified as having health uncertainties.

### Adoption Leadership Board Scorecard

The scorecard data for the 35 children placed and adopted within the year is as follows:

Measure		Oldham average
Placement Order to Matching (A2)	Scorecard Indicator 121 days	141 (YTD) 265 (3 Year)
Child entering care starting adoption placement (A1)	Scorecard indicator 426 days	544 (YTD) 430 (3 year)

Oldham’s performance in relation to A1 and A2 exceeds the expected timescales set out by the Government. A number of factors contributed to Oldham’s performance during 2017/18:

- 4 children were placed at home on Care Orders (subject to Placement with Parents Regulations) for significant periods prior to the children being removed and subsequently placed for adoption, which will have skewed the data
- The cohort of children adopted included a high proportion of children considered hard to place due to age, ethnicity, health needs and/or being part of a sibling group, which will have caused delay in identifying a suitable
- The high proportion of children who are considered hard to place due to age, ethnicity, health needs and being part of a sibling group will have created delay in identifying suitable adoptive families
- In 1 case, therapeutic and direct work was needed following the Placement Order in order to prepare the child for adoption, which caused significant delay

- In a further case, a child entered care in July 2013 and was placed for adoption in 2014/15 before the placement broke down. This child was successfully adopted in 2017/18, however, the length of time spent as a looked after child skews the data in relation to A1 and A2.

A focus on timescales for care proceedings will be required in the coming year to reduce the delay in progressing plans for adoption.

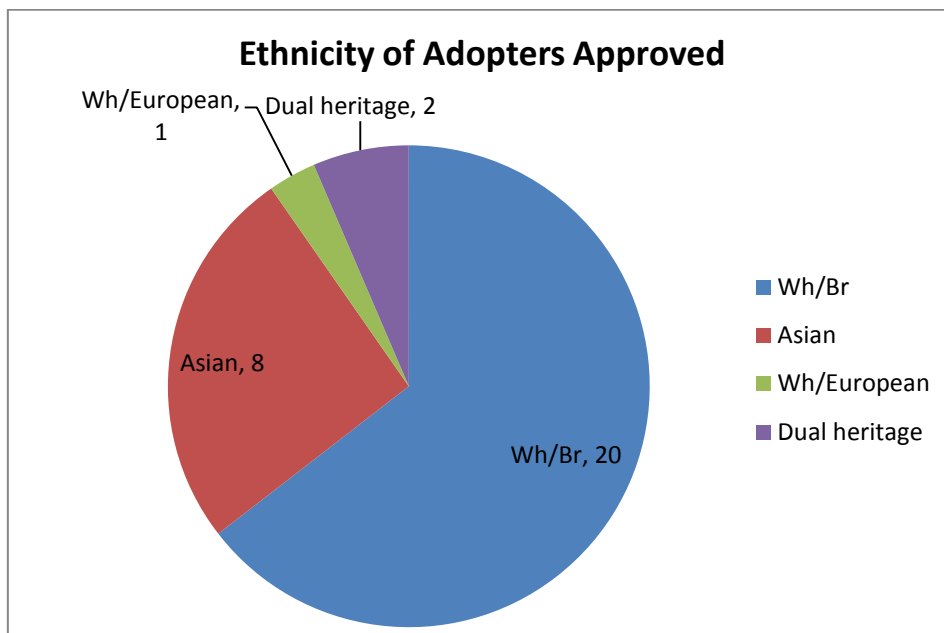
### Adoption Disruption

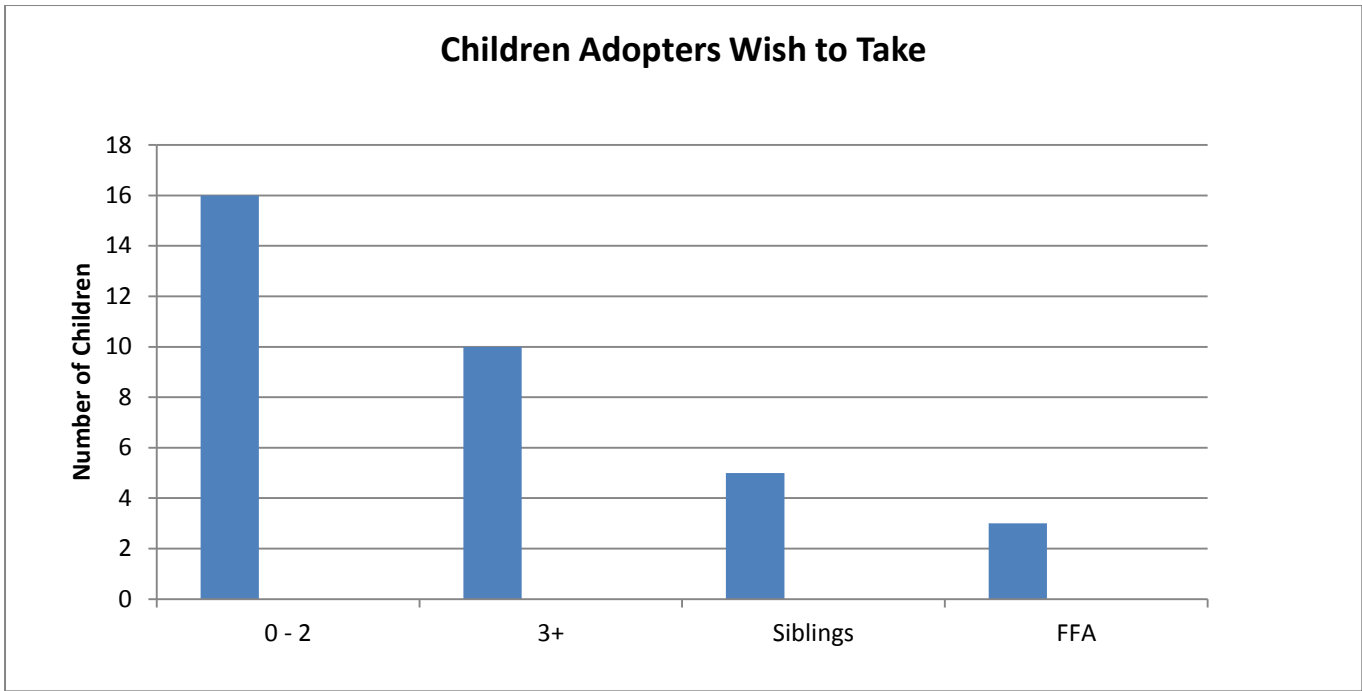
There were no adoption disruptions for Oldham children during 2017/18.

### Adoption Agency Business - Adopters

#### Adopter Recruitment

Adopter recruitment transferred to Adoption Now from 20<sup>th</sup> November 2017. Recruitment of adopters now covers a much wider geographical area. Since the 20<sup>th</sup> November, 21 adoptive families have been approved by Adoption Now. As of 31<sup>st</sup> March 2018 there were 31 adoptive families approved and available for a variety of children. The ethnicity of adopters does broadly reflect the ethnicity of children available for adoption however there are insufficient numbers being approved to meet the needs of all children across the Regional Adoption Agency.





Most of the adopters waiting were approved within the previous six months however, some have waited for a placement and this has been for various reasons. Some Asian families have waited because they specifically want to adopt young babies and there have been a limited number available. Some of the dual heritage families have wanted to wait for a child who reflects their existing family rather than take a child from a different ethnicity. Other adopters had waited a while when they transferred to Adoption now and we do know that adopters who have already waited a good while tend to be viewed more suspiciously by family finders. We are working hard to find children to place with them.

Most adopters are still wishing to take young babies with few long term concerns in relation to their wellbeing. The need is to recruit more adopters who can offer homes to older children up to the age of eight years old, those who can adopt brothers and sisters in groups of 2, 3 or 4 and those who can consider children with additional needs.

**Recruitment Activity**

Nationally there is a shortage of adopters and numbers of children available are rising again as the looked after population nationally and locally rises. This happened shortly after many adopters had had to wait for long periods as a consequence of case law that changed the practise of the courts in terms of agreeing adoption plans for children. The message to the public was and still is to some extent that there are few young children available for adoption and that numbers have fallen significantly.

The recruitment strategy of Adoption Now has been to dispel this myth going live with a campaign that visibly showed with balloons how many children there were available in this area alone.

The new recruitment team will be fully staffed by early June 2018 and recruitment campaigns are scheduled three times per year with considerable presence at local events across the six local authority areas and beyond over the summer months.

The target is to increase numbers of adopters being approved by at least 20 families per year by the end of year 2.

A recruitment strategy and annual recruitment plan exists to support the need to recruit more adopters.

## **Adoption Panels**

The adoption panels are now run by Adoption Now and there is a panel at least weekly and when demand is high five times per month. One of the panels sits in Blackburn and the others in Rochdale and Bolton. The panels consider adopter approvals, matches and de registrations from all six local authorities. In all cases in the last six months, the panel recommendations were agreed by the Agency Decision Maker (ADM).

For every panel, panel members received the papers in sufficient time to enable them to read the papers thoroughly and in all Oldham cases they had received sufficient information to consider the case and reach a conclusion. The majority of reports in relation to matches and approvals were considered to be good or excellent. Support plans were found to be appropriate to the child's needs. Timescales for approvals and matches were considered and the panel were satisfied with the explanations provided regarding any delay.

The need to improve timeliness of adopter assessments is part of the annual development plan for that service area. There is also a need to be more consistent with the matching paperwork across the six local authorities and this is also a focus of improvement activity over the coming year.

There are three panel chairs who operate across the panels. Panel members from each of the six local authority areas were pooled and many have continued to service the newly arranged panels.

## **Adoption Agency Business – Adoption Support**

### **Training and Support to Adoptive Parents**

Preparation training for prospective adopters being assessed continues to run at least once a month across the region. Adoption Now facilitate these groups. In addition Adoption Now has run preparation groups for second time adopters twice as this enables them to consider the specific issues around bringing a second child into the family. This has received positive feedback from adopters attending.

The Adoption Service recognises the value of ongoing training and support for adopters at different stages in the adoption process and their child's/children's development, to prevent family breakdown in later years and add quality of life to adoptive families. Post approval and post adoption training is now delivered by Adoption Now and is spread across the region.

During the last six months there has been a launch of adoption now which over 200 people attended from the region. There has also been training delivered for adoptive parents on E-Safety, promoting positive attachments – therapy and PACE, the developing brain and starting your adoptive family. In addition there have been coffee mornings, the continuation of a young people's group called 'Club Awesome' and the establishment of a new therapeutic toddler group to add to the ones already running (as these are very popular).

There is a plan to deliver more social type events and training in accordance with the wishes that adopters expressed at the launch event when they and young people were consulted about what they wished to see running in order to support them.

### **Post Adoption Support**

The adoption support team combines workers from across the six local authorities. Some staff had therapeutic training and there were also staff new to adoption support work. The team are based together in Bolton however, they continue to deliver services locally to where families live.

The benefits of becoming a much larger service are that it is easier to match a family's needs with staff with the relevant skills, duty can be delivered on a daily basis so families can always get in touch if they need support and it is possible to run a wider variety of support groups and training events for adopters.

The Post Adoption Support Team provide a variety of services including supporting birth parents, adoptive parents and children with contact arrangements, facilitate direct contact for a number of children with their

birth families, provide an access to records service for adult adoptees, provide assessment of need and more individualised support to those adopted children and their families who are in greater need and respond to lower level queries with advice and one off support.

#### **Adoption Support Work**

Open cases	311
Assessments completed	40
Pre order support	11
Access to Records	56

All the assessments led to a service being provided and most resulted in applications to the Adoption Support Fund for therapeutic services.

On 31<sup>st</sup> March, a total of 311 cases were open to Post Adoption Support.

In addition, birth parent support is offered through surgeries that occur weekly in each of the six local authorities. If birth parents require additional support then they can be referred to After Adoption who are commissioned to provide that independent support.

#### **Adoption Agency Business - Other**

##### **Non-agency adoptions**

There has been one adoption order made in this period and working with 6 enquiries as of March 18.

##### **Inter-country adoption**

Inter-country adoption services are rarely requested in Oldham but the Local Authority has a statutory obligation to provide or commission a service. The Borough remains part of a regional commission for inter-country adoption services provided by the Inter Country Adoption Centre.

##### **Participation of Young People**

Prior to going live Adoption Now commissioned a voluntary adoption agency to consult with young people and their views helped fashion the set-up of the new adoption agency.

Since then Adoption Now has consulted with a large group of young people at its launch event. Services being designed will be in line with their expressed wishes. Creative ways continue to be used to encourage participation from children who access post adoption support as well as those children who are awaiting adoption, especially, but not exclusively, those who are verbal.

The management team have also met with a participation officer in Blackburn to advise as to what is required for Adoption Now to acquire an investors in children award. This will be pursued over the coming year.

##### **Complaints/Compliments**

Adoption Now has not received any complaint in relation to Oldham children or families.

##### **Allegations**

There have been no allegations in the last six months.

##### **Staffing**

Over the last 6 months the service has operated with a core team of eight full time equivalent social workers, a deputy team manager and a team manager. These staff now work as part of Adoption Now and support a much larger regional service.

### **Budget**

For the Financial year 2017/2018 Oldham's income from other Local Authorities was £27,000, income from government grants totalled £27,000.

Oldham's gross interagency expenditure total is £599,438 with a net cost of £545,438.

### **Adoption Support Budget**

The operational budgets supporting adoption were transferred to Adoption Now and combined with the budgets from the other five local authorities.

Since 20<sup>th</sup> November 2017 to 31<sup>st</sup> March 2018 for Oldham children was £10,691.88.

All except £1,400 of this total has been claimed via Oldham's ASF account due to the applications being started pre RAA or just before we started making RAA applications so they have been finalised through the Oldham ASF account. The ASF money claimed via Oldham will be paid to Oldham.

All of these applications to the fund have gone to have further work with new applications to the fund since 01/04/2018 via the RAA account.

From the £5,425 figure, where the RAA have paid for interventions, £2770.34 has been for Oldham children.

The types of work that this funding has covered has included, specialist assessments, sensory processing assessments, ongoing DDP and attachment focused parenting and filial therapy.

### **Team Development**

Adoption Now hold fortnightly team meetings where staff learn together and develop practise. In addition there has been team building training in each of the work streams and training on access to records delivered by Coram BAAF. Training planned includes training in DDP, Nonviolent resistance training, GDPR training and how it affects us in adoption and therapeutic life story work training. This is a benefit of the new regionalised approach in that pooled budgets allow for staff to be better equipped to manage children and families coping with transition and trauma.

A decision was made to reserve some 'set up' budget in order to skill staff up to meet the needs of families requiring support. This should prevent escalation of difficulties and enable staff to have a better understanding of the issues facing families to ensure the correct support is offered at the correct time.

### **Development Plan for 2018/19**

A development plan has been drawn up for the coming year. The main aspects of that are as follows: -

- Recruit more adopters to meet the needs of children needing families. Targets exist around approval of adopters. The recruitment workers will be in post from early June 2018.
- Ensure that adopters and young people's views are consistently sought and that they shape development of the service.
- Work towards achieving Investors in children award placing young people's views at the centre of our service.
- Work towards achieving consistency in practise in all three work streams.
- Panels to have a better balance in terms of ethnicity on membership.
- Ensure the IT system can reliably produce accurate data.

- Improve timescales for approval of adopters so that more are approved within the six month timescales.

The progress of children who have a plan for adoption remains the responsibility of each Local Authority in the RAA. For Oldham, the priorities are as follows:

- Improve performance in relation to ASGLB KPIs, specifically to improve the timeliness of the adoption process for Oldham children through effective early permanence planning, to include children placed at home under Placement with Parent Regulations.
- Establish and embed a process to provide scrutiny and challenge to reduce the spend on interagency placements and increase the number of Oldham children placed with RAA Adopters.
- Embed a culture of support and guidance to promote effective permanence planning through monthly Adoption tracking meetings in partnership with Adoption Now.
- Identify key themes from audits and tracking meetings for dissemination across the wider Service to embed a culture of continuous service development.

Lisa Oates  
Service Manager Adoption  
3/09/18

Karen Barrick  
10/7/18



## Report to Health Scrutiny Sub-Committee



# All Age Oral Health Improvement

**Portfolio Holder:** Cllr Zahid Chauhan

**Officer Contact:** Katrina Stephens, Joint Acting Director of Public Health

**Report Author:** Mike Bridges VR, Public Health Specialist **Ext.** 4681

**18<sup>th</sup> December 2018**

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### **Purpose of the Report**

This report is to brief the Health Scrutiny Sub-Committee on all age oral health improvement activity currently being delivered across Oldham.

### **Executive Summary**

Good oral health has an important role in general health and wellbeing of individuals. Oral diseases are highly prevalent and their impact on both society and the individual is significant. Poor oral health in young children can affect their ability to sleep, eat, speak, play and socialise with other children. Although this is the same for older adults it can also affect their overall quality of life, self-esteem and social confidence.

The latest oral health survey of five-year-old children living in Oldham shows that dental decay levels have improved significantly from five in ten children (50%) having decayed, missing or filled teeth by age five in 2012/13, to three in ten children (34.8%) in 2016/17. Oral health is also an emerging public health issue amongst vulnerable older adults. The number of older adults in Oldham is increasing, with an increase in the prevalence of Alzheimer's and other dementias, which has implications for both personal oral health care and access to dental service provision.

### **Recommendations**

- To note the progress and the actions in the Pre-school Children's Oral Health Improvement Strategy.
- To support the actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care.
- Continue to support the implementation of evidence based oral health interventions and national guidance across all ages in Oldham.

## All Age Oral Health Improvement

### 1 Background

- 1.1 Good oral health has an important role in general health and wellbeing of individuals. Oral diseases are highly prevalent and their impact on both society and the individual is significant. Poor oral health in young children can affect their ability to sleep, eat, speak, play and socialise with other children. Whilst in older adults it can affect their overall quality of life, self-esteem and social confidence. Healthy teeth are essential for effective chewing and swallowing and therefore for good nutrition.
- 1.2 The Health and Wellbeing Board identified poor oral health of children under the age of five as a priority in 2013. In 2012/13 approximately five in ten (50%) five year olds living in Oldham had experience of dental decay. The latest Public Dental Health Epidemiology Programme for England, oral health survey of five-year-old children (2016/17) living in Oldham shows that dental decay levels have decreased significantly to three in ten (34.8%).
- 1.3 Tackling children's oral health is complex and inextricably bound up with issues of culture, lifestyle and deprivation. The Oldham Pre-school Oral Health Strategy 2018 to 2021 promotes initiatives and actions to tackle a broad range of inequalities in oral health, which reflect broader health inequalities. The strategy recommends whole population and behaviour change approaches in an attempt to address some of the common risk factors associated with poor oral health. The actions in the strategy involve upstream, midstream and downstream interventions based on the best available evidence that use both targeted and universal approaches. These are weighted towards communication, culture and behaviour change.
- 1.4 Oral health is an emerging issue amongst vulnerable older people. The number of older adults in Oldham is increasing, with the largest % increase in the 85-years and over age group, which has implications both for personal oral health care and for dental service provision. National data shows that dental health patterns and oral health status of older people in later life is changing across the United Kingdom. The general trend shows an increase in the retention of natural teeth which are often heavily filled and require complex dental/oral care. Alongside this, oral cancer is on the increase nationally with evidence suggesting that tobacco, not eating enough fruit and vegetables, and drinking alcohol, all increase the risk. Other non-dental factors also have an impact, such as an increase in the prevalence of Alzheimer's and other dementias and long-term conditions.
- 1.5 The two main oral diseases, dental decay and periodontal disease, share the same risk factors as other chronic diseases and conditions, such as heart disease, cancer, strokes, diabetes and obesity. A life-course approach to chronic disease development highlights the importance of early childhood factors in the development of chronic ill-health, including oral diseases.

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## 2 Current Position: Children 0 to 5 years of age

- 2.1 In 2012/13 approximately five in ten (50%) five year olds living in Oldham had experience of dental decay. The target was to reduce this rate to three in ten (34%) by 2017 which was achieved, with the rate of dental decay in the 2016/17 survey falling to 34.8%.
- 2.2 Oral health improvement interventions have been aimed at the whole child 0 to 5 year old population and at specific groups at risk of dental decay. The approach taken has focused on delivering oral health improvement activity at scale across the population with additional focus in areas and populations where outcomes are poorest. The Pre-school Oral Health Improvement Strategy embeds oral health improvement activity across the Right Start Service, School Nursing and pre-schools as well as the wider public health workforce (e.g. education, health and social care and community pharmacy) and settings.
- 2.3 The Pre-School Oral Health Improvement Strategy identifies the following high level priorities:
- Establish a culture that supports good oral health across Oldham.
  - Increase attendance at dentists where a preventive treatment can take place, including fluoride varnishing.
  - Changing the culture so that there is a reduction in the use of feeding bottles containing sugared drinks, especially at night.
  - Increasing preschool children's exposure to fluoride.
  - Increase the numbers of children who are brushing their teeth twice a day, and particularly before bed.
  - Social marketing programmes to promote oral health and uptake of dental services among preschool children and families.
- 2.4 In addition to the ongoing oral health improvement activity commissioned through the Right Start Service, the Greater Manchester Health and Social Care Partnership (GM H&SCP) have established a supervised tooth brushing programme which will be delivered across all early years settings and reception classes in Oldham. Funding for the programme is held and managed by the GM H&SCP but co-ordinated by an oral health improvement project worker working jointly with Oldham Council and the Right Start Service.
- 2.5 The high level strategy is co-ordinated and monitored by an Oral Health Steering Group chaired by a Public Health Specialist with representation from Public Health England, General Dental Practice, Communications Team, Community Dental Service (PCFT) and Oral Health Improvement (Bridgewater Community Health Care Foundation NHS Trust).

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### 3 Performance against Pre-school Oral Health Strategy

3.1 The following oral health improvement and general dental practice activity has been delivered successfully by Oldham Council, Right Start Service, NHS England Commissioners and General Dental Practices in Oldham:

- Training and update sessions have been delivered to all Right Start staff to promote consistent, accurate oral health messages as part of a healthy lifestyle.
- Free family fluoride toothpaste, brushes packs (Q1 18/19 1,892) and free flow cups are given out with oral health advice / written information at 6 – 8 weeks, 9 months and 2 year health visitor assessments. 585 free flow cups were given out at 6 – 8 weeks assessment in (Q1 18/19).
- Community midwives – Oral health advice and information packs provided for pregnant women at first antenatal visit (Q2 18/19 – 306 packs were given out).
- Postnatal – oral health packs, information and advice given to new parents on discharge from hospital, 3,000 allocated packs per year (Started May 2017, Q1 18/19 – 96 packs given out).
- Action for Sick Children Dental Play Box – oral health education sessions aimed at early years children using play, with the aim of increasing toothbrushing, reducing sugar consumption, and increasing dental attendance, provided across 100 early year settings in areas with high levels of dental decay amongst 0 – 3 year olds.
- General dental practices (primary care) – Ongoing engagement to increase application of fluoride varnish to children, including distribution of resources and oral health materials. Fluoride varnishing application across Oldham increased from 58.5% in 17/18 to 71% in Q1 2018 /19.
- There are now 82% (88 out of 107) early years settings that have a healthy eating award.
- Oldham Big Brush Campaign was delivered across pre-schools, schools and other early years settings, as well as social media and video links offering advice and support.

3.2 In the 12 month period ending the 30<sup>th</sup> June 2018 37,451 children were seen by an NHS dentist in Oldham. This equates to 63.6% of the child population and is above the England average of 58.7% of the child population but below the Greater Manchester average of 64.3%.

3.3 Of those children seen by an NHS dentist in quarter two (1<sup>st</sup> July to 30<sup>th</sup> September 2018) 71.1% (9917) received fluoride varnish treatment.

3.4 To increase the numbers of under 5s attending dental practices in Oldham where preventive treatment can take place, the following activities have taken place:

- Delivered targeted dental visits to pre-school settings in areas with high levels of dental decay through the practice buddy pilot scheme.
- Targeted oral health education visits to pre-school settings in areas with high proportions of dental decay amongst 3 year olds.
- Promoted the importance of preschool children attending the dentist for preventive treatment including fluoride varnishing, through oral health education and campaigns such as the Oldham Big Brush.
- Encouraged parents and carers to regularly visit the dentist from when a child gets their first tooth, through the Right Start team and early years settings.



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#### 4. Current position: Vulnerable Older Adults

- 4.1 Many older adults have good oral health and access to dental services, however vulnerable older adults are at risk of experiencing poor access to routine preventive oral health and expert dental care. This can lead to poor oral health outcomes and have an adverse impact on their overall health.
- 4.2 In line with NICE guidance *Oral Health Promotion in the Community (2016)* Oldham is working in partnership with Rochdale and Bury Councils to ensure that oral health is in care plans of people who are receiving health or social care support and at high risk of poor oral health. In Oldham this will be achieved by developing an oral health improvement programme involving Oldham Council, Oldham Cares, Oldham CCG, GM H&SCP, Health Education England and social care providers.
- 4.3 Activity undertaken as part of this programme will include:
- Coordinate and carry out training activities to raise awareness of oral health and links to nutrition and hydration across the borough for elderly in care homes, cared for in their own home, intermediate care and secondary Care.
  - Generate support for the implementation of interventions that will improve oral health and reduce aspirating pneumonia in care homes and hospital acquired pneumonia.
  - Generate support for oral health assessment on admission to care homes and secondary care settings.
  - Empower carers, nursing staff and individuals to make personalised oral care plans that will enhance and safeguard oral health and help improve health more generally for the elderly.
  - Deliver evidence-based programmes to improve oral health in agreed settings.
  - Monitor and evaluate the effectiveness of oral health programmes in care homes, intermediate and secondary care settings.
  - Deliver evidence-based information to improve infection control to reduce any risk of infection transfer when delivering oral health improvement techniques
- 4.4 The GM Oral health for vulnerable older people steering group along with the local oral health steering group, the providers and commissioners will work in collaboration with other networks and partnerships to:
- Link with GP clusters and Oldham Cares to look at preventative approaches when assessing frail older people.
  - Link oral health with lifestyle risks and wider determinants of health through Healthy Living Pharmacies, Making Every Contact Count and smoking cessation programmes.
  - Ensure resources to raise awareness of good oral health are distributed via community settings including libraries, sheltered housing hubs and GP practices.
  - Ensure there are mechanisms in place to alert primary care staff to signpost older people to dentist for regular check-ups and screening.

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## **5 Key Questions for Health Scrutiny to Consider**

- 4.1 Health Scrutiny sub-committee may wish to consider current activity to improve oral health and identify opportunities to further promote oral health messages and improve oral health in the borough.

## **5. Links to Corporate Outcomes**

5.1 Objective 1:

- Healthy Communities – we will work with residents and promote health, independent lifestyles.
- Best Start in Life - Support families to give their children the best start in life.
- Public Health - Run effective public health campaigns that encourage people to take more control over their own health.

## **6 Additional Supporting Information**

- 6.1 None.

## **7. Recommendations**

- 7.1 To note the progress and the actions in the Pre-school Children's Oral Health Improvement Strategy.
- 7.2 To support the actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care.
- 7.3 Continue to support the implementation of evidence based oral health interventions and national guidance across all ages in Oldham.

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## Report to Health Scrutiny Sub-Committee

# Public Health in Primary Care – Update

### Portfolio Holder:

Councillor Zahid Chauhan, Cabinet Member for Health and Social Care

**Officer Contact:** Rebekah Sutcliffe, Strategic Director of Reform

**Report Author:** James Mallion – Acting Consultant in Public Health, Oldham Council  
**Ext.** 8302

**18 December 2018**

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### Purpose of the Report

The Health Scrutiny Committee has requested review of public health in primary care including plans for CCG Clusters and NHS Health Checks.

### Recommendations

The Health Scrutiny Committee will receive an update on the following public health & primary care work programmes:

#### NHS Health Checks

- Overview of the current work being undertaken to move NHS Health Checks to a more targeted programme within primary care and a focus on quality and outcomes

#### Integrated Clusters

- Overview of progress in the different Clusters around integrated working across health & social care and the role of public health. Specifically supporting, ways of working (eg. looking at quality in specific pilots – respiratory illness/work & health; and considering different approaches to information sharing and multi-disciplinary teams) and also how to improve population health at cluster level (considering the

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data we have access to and how primary care can use that to align activity to outcomes; as well as linking in to public health commissioned services such as the Drugs & Alcohol and Sexual Health services).

### Mental Wellbeing

- Update on progress around ongoing work considering specific areas such as suicide risk as well as broader work in primary care around health literacy; Connect 5 training; and promoting the 5-Ways-To-Wellbeing.



## Report to Health Scrutiny Sub-Committee

### Council Motions

**Report Author:** Andrea Entwistle, Principal Policy Office – Health and Wellbeing  
**Ext.** 3386

**18 December 2018**

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#### **Purpose of the Report**

To provide the Health Scrutiny Sub-Committee with a summary of the health-related motions that were discussed and agreed by Council on 7 November 2018 and an update on the responses and actions to date.

#### **Recommendations**

Health Scrutiny Sub-committee is requested to note the update.

## **Council Motions**

### **1 Background**

1.1 The following health-related motions were discussed and approved at the Council meeting on Wednesday 7 November 2018:

- Tackling child hunger
- Creating a healthy and thriving Oldham

1.2 Council also discussed and approved the following Youth Council Motion:

- National Exemption for Prescriptions for Care Leavers

### **2 Current Position**

#### **2.1 Tackling Child Hunger**

This Council notes

1. that the numbers of children living in poverty continues to rise. In Oldham in 2017, 40.66% of our children lived in poverty (the 7<sup>th</sup> highest across the UK) including 62.11% of Coldhurst Ward's children, the highest rate in the UK. Government policy, including welfare reform and the impact of full service Universal Credit, underpins this increase.
2. that Oldham Council, working with many local partners, has taken steps to tackle food poverty and to ensure that children receive award winning nutritious school meals. However, during school holidays many children, especially those entitled to Free School Meals, go hungry.
3. The pilot work done by Oldham Council, If Oldham, the Food Bank and local community and church groups this summer to provide free lunches for children.

This Council believes that every child has the right to a balanced and adequate diet and resolves to support efforts to provide free lunches for those who need them during school holidays including:

1. To investigate and apply for additional sources of funding , including using District budgets where possible and appropriate
2. To research different models of tackling holiday hunger including 'Feed and Read' and 'Feeding Britain' and to put together an strategy that best meets Oldham's needs using Council and community resources such as libraries, community and leisure centres and faith buildings
3. To introduce an Oldham programme to alleviate child holiday hunger as soon as practically possible

Update – Dominic Coleman, Principal Policy Officer – Food Economy

1. To investigate and apply for additional sources of funding, including using District budgets where possible and appropriate

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- The Council, working in partnership, will look at opportunities for internal and external funding, including
    - Working with the Oldham Education Partnership and Growing Oldham: Feeding Ambition Partnership who have both jointly funded a Holiday Hunger pilot in the Summer 2018 and are committed to a provision during the Christmas Holiday 2018
    - Exploring the potential, eligibility and benefits of the Department for Education funding for Holiday Activities and Food that is expected to be launched in Spring 2019, following an initial pilot in Summer 2018
    - To connect directly as a council, and to connect eligible partners, with additional funding streams where possible an appropriate
2. To research different models of tackling holiday hunger including ‘Feed and Read’ and ‘Feeding Britain’ and to put together a strategy that best meets Oldham’s needs using Council and community resources such as libraries, community and leisure centres and faith buildings.
- The Council, working in partnership, will:
    - Research different approaches to tackling holiday hunger: including those listed. This is in addition to existing research carried out around best practice approaches across Greater Manchester – informed through Oldham’s role as the Chair of the Children and Young People sub-group for the Greater Manchester Food Poverty Alliance, as well as best practice activity from approaches in Stoke and Greenwich.
    - Develop an Action Plan for a longer term approach to Holiday Hunger that maximises the potential use of existing assets in Oldham, including the many buildings and sites in communities where provision could be increased and securing sustainable funding in the future.
3. To introduce an Oldham programme to alleviate child holiday hunger as soon as practically possible.”
- The Council, working in partnership, has developed a local Oldham programme to tackle child holiday hunger as part of a pilot during the Summer 2018 and is committed to developing a provision for Christmas Holiday 2018 that helps to feed children and families. There is a commitment, subject to securing continued funding from partnership programmes, to increase and expand on the initial pilot for the Summer 2019, and to explore how we can commit to a long term plan that alleviates child food poverty, both inside and outside of the school day.

## 2.2 Creating a healthy and thriving Oldham

Oldham Council notes:

- That good health is more than the lack of disease or illness.
- The World Health Organisation (WHO) has estimated that 13 million deaths annually are attributable to preventable environmental causes. WHO estimates that 24% of the global disease burden (healthy life years lost) and 23% of all deaths (premature mortality) are attributable to environmental quality.

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- For Oldham residents to thrive good mental, physical and social wellbeing is essential.
  - Health and wellbeing has an important relationship to income, quality employment, decent housing, access to basic services including education, physical activity, a good quality built environment, the natural environment and cultural and social fulfilment.
  - That access to affordable, quality healthy food is essential to good health. The number of environmental factors locally, such as the sale of harmful products and unhealthy food, impacts directly on health in our communities.
  - Environmental factors within Oldham have resulted in a higher than the national average number of deaths from heart disease and smoking related illness, and vast health inequalities and gaps in life expectancy between different parts of our borough
  - Of particular concern is the health of young people and Oldham has unacceptably high levels of childhood obesity, young people smoking and children with poor dental hygiene. Furthermore, low quality environments impact upon the quality of mental health

This Council believes:

1. That immediate action is required to eradicate environmental factors contributing to poor health and wellbeing of residents
2. The council and its partners has an important role to play to protect health and wellbeing of residents

This council resolves:

1. To create a Health Impact Assessment (HIA) process as a means of evidence-based policy in order to make improvements in health and wellbeing. Any policy, project or programme that does not necessarily have health as its primary objective will be subject to a robust Health Impact Assessment
2. To use this process to develop Health Improvement Zones in areas where environmental factors have a significant detrimental impact on the health and wellbeing of local communities, developing additional policies where needed e.g. Supplementary Planning Documents aimed at managing the availability of unhealthy take away food.

Update – James Mallion, Acting Consultant in Public Health:

A motion was made to full council around creating a healthy and thriving Oldham with resolutions to create a Health Impact Assessment (HIA) process and Health Improvement Zones to make improvements in health and wellbeing. Work is currently ongoing within the public health team to further identify evidence based approaches to tackling these issues and the areas of the borough most affected by health-harming environmental factors. As part of this we have undertaken scoping of approaches adopted in other parts of the country and are looking at opportunities in the council's regulatory areas to improve health. This health-focused input could identify any health impacts of proposals/applications and make recommendations for mitigations against these. We are continuing to explore options and work this up to align with existing processes and adhere to outstanding obligations the council has in these regulatory functions. Initially this is involving discussions with

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colleagues across different areas of the council (e.g. Planning; Licensing). Further progress and details will be shared in the near future.

### 2.3 Youth Council Motion

This Council notes that from the 1<sup>st</sup> April 2018 the law changed and Local Authority Children's Services must provide care leavers with support up to the age of 25 (even if they are not in education as used to be the case). This is in recognition that young people still need help and support in these early adulthood years. For most young adults that support comes from their own parents or family members, for many care leavers this support simply isn't there.

Council recognises that over the past few years the Children in Care Council have made health a priority issues and have undertaken work in this area to improve the health experiences of looked after children and care leavers. This includes:

- Creating the passport to independence that provides a comprehensive guide and information resource for care leavers including information and advice around health
- Work with the Clinical Commissioning Group (CCG) and GP practices to raise awareness of the issues facing children and young people accessing primary care.
- Addressing the CCG AGM and the Devolution Difference Conference sharing the perspective of care leavers and their health experiences.

Council notes:

- The health inequality that is facing some of the Borough's care leavers.
- Currently the cost of an NHS prescription £8.80 per item.
- For care leavers aged 19 – 25 who are in receipt of DWP benefits they are able to have free prescriptions as a national exemption criteria.
- Care leavers who are in work or in higher education are not entitled to free prescriptions.
- The Borough has 86 care leavers currently that are having to pay for prescriptions.
- Many of these young people are on low income employment via apprenticeships, or are in higher education. They do not earn a lot of money.
- With the money from their employment they are having to sustain a totally independent way of living, paying the rent, bills, transport cost and food for example.
- Many are managing on a very tight budget, where having to make a decision about paying for the medication needed or paying for food or fuel is a real choice.

Council recognises:

The Government's corporate parenting principles, Principle 1 is 'To act in the best interest and promote the physical and mental health and wellbeing of children and young people.'

- Oldham Council takes its role as a corporate parent seriously and that health and improving the health and wellbeing of Oldham citizens is a high priority for Oldham.

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- Being ill isn't something that anyone can plan for and the unforeseen cost of prescriptions is a concern and financial worry the Children in Care Council would like to see eradicated for care leavers now and in the future.
  - The cost of prescriptions is nothing compared to the health risks faced when the appropriate medication isn't obtainable at the right time.

Council therefore resolves to ask the Chief Executive to write to the Secretary of State for Health asking the care leavers until the age of 25 becomes a national exemption criteria on prescription charges.

On being put to the vote, the MOTION was CARRIED UNANIMOUSLY.

**RESOLVED that:**

1. The Chief Executive be asked to write to the Secretary of State for Health to ask that care leavers until the age of 5 become a national exemption criteria on prescription charges.
2. Options to locally fund the cost of prescriptions be explored.

Update – Merlin Joseph, Interim Director of Children's Services:

Councillor Chadderton, Cabinet Member for Children's Services has met with the Deputy Chief Executive People and Place and the Interim Director of Children's Services. The Joint Acting Director of Public Health/Consultant in Public Health (Healthcare) and the Interim Corporate Parenting Manager are currently exploring the practicalities of Oldham funding the prescriptions going forward and consideration will be given to how this sits with the wider Greater Manchester ambition for supporting our care leavers. Discussions will take place with partners and options will be presented for consideration to senior officers from Oldham Council and Oldham Clinical Commissioning Group.



# OLDHAM HEALTH SCRUTINY SUB-COMMITTEE

## FORWARD PLAN 2018-19



Date of meeting	Topic to be addressed	What	For discussion, approval, information?	Lead Officer
23 October 2018 (postponed)	Council Motions	Review of Health related motions at council and subsequent actions	Discussion ( <i>standing item</i> )	Chair
	Mayor's Healthy Living Campaign	To update the sub-committee on recent activity	Discussion ( <i>standing item</i> )	Chair
15 November 2018 (extraordinary)  6pm – 8pm  Lees Suite, Civic Centre	Adult Mental Health	To include Mental Health Concordat, Connect 5 Training and 5 Ways to Wellbeing	Discussion	Gary Flanagan, Senior Commissioning Business Partner – Mental Health, Learning Disability and Dementia <a href="mailto:gary.flanagan@nhs.net">gary.flanagan@nhs.net</a>  Dr Keith Jeffery, GP Partner and Oldham CCG Clinical Director for Mental Health. <a href="mailto:keith.jeffery@nhs.net">keith.jeffery@nhs.net</a>
	Safeguarding	To provide an update on the progress to date and proposed next steps in relation to Members' Safeguarding Training	Discussion	Ed Francis

	<b>Obesity</b>	<b>Workshop (Part B)</b>	<b>Discussion</b>	<b>Katrina Stephens</b>
	<b>Urgent Care</b>	<b>Workshop</b>	<b>Discussion</b>	<b>Nadia Baig, Acting Director of Performance and Delivery, Oldham Cares (<a href="mailto:nadiabaig@nhs.net">nadiabaig@nhs.net</a>)</b>
	<b>Council Motions</b>	<b>Review of Health related motions at council and subsequent actions</b>	<b>Discussion (standing item)</b>	<b>Chair</b>
	<b>Mayor's Healthy Living Campaign</b>	<b>To update the sub-committee on recent activity</b>	<b>Discussion (standing item)</b>	<b>Chair</b>
<b>18 December 2018</b>  <b>6pm – 8pm</b>  <b>Crompton Suite, Civic Centre</b>	<b>Regional Adoption Agency</b>	<b>12 month progress report</b>	<b>Discussion</b>	<b>Merlin Joseph, Director of Children's Services (Interim)</b>  <b>Patsy Burrows, Head of Service Looked After Children and Care Leavers</b>
	<b>Public health in primary care</b>	<b>To include plans for CCG Clusters and NHS health checks</b>	<b>Discussion</b>	<b>James Mallion, Acting Consultant in Public Health</b>
	<b>Oral Health</b>	<b>To include Children and Adults</b>	<b>Discussion</b>	<b>Katrina Stephens, Joint Acting Director of Public Health</b>
	<b>Council Motions</b>	<b>Review of Health related motions at council and subsequent actions</b>	<b>Discussion (standing item)</b>	<b>Chair</b>
	<b>Mayor's Healthy Living Campaign</b>	<b>To update the sub-committee on recent activity</b>	<b>Discussion (standing item)</b>	<b>Chair</b>
	<b>29 January 2019</b>	<b>Pennine Care Foundation Trust –</b>	<b>Progress update for 2018</b>	<b>Discussion</b>

6pm – 8pm  Crompton Suite, Civic Centre	CQC Inspection			Health ( <a href="mailto:stuart.richardson4@nhs.net">stuart.richardson4@nhs.net</a> )
	Outcome of Public Consultation on proposed IVF changes	To update the sub-committee on the outcomes of the public consultation	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares ( <a href="mailto:mark.drury@nhs.net">mark.drury@nhs.net</a> )
	Choice and Equity Policy	To update the sub-committee on the development of the policy and any subsequent implications	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares ( <a href="mailto:mark.drury@nhs.net">mark.drury@nhs.net</a> )
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion ( <i>standing item</i> )	Chair
	Mayor’s Healthy Living Campaign	To update the sub-committee on recent activity	Discussion ( <i>standing item</i> )	Chair
26 March 2019  6pm – 8pm  Crompton Suite, Civic Centre	Thriving Communities Programme	To include an update on the main programme areas including social prescribing	Discussion	Peter Pawson, Thriving Communities Programme Manager
	Urgent Primary Care	To provide an update on progress since the last update to the sub-committee	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares ( <a href="mailto:mark.drury@nhs.net">mark.drury@nhs.net</a> )
	Medication of Limited Value	To provide an update on the progress to date	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares ( <a href="mailto:mark.drury@nhs.net">mark.drury@nhs.net</a> )
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion ( <i>standing item</i> )	Chair
	Mayor’s Healthy Living Campaign	To update the sub-committee on recent activity	Discussion ( <i>standing item</i> )	Chair

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