

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

Date Thursday 15 November 2018

Time 6.00 pm

Venue Lees 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 3862 or email Fabiola.fuschi@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Monday, 12 November 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.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

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 11th September 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 26th June 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 11th July 2018 are attached for noting

8 Minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust (Pages 27 - 32)

The minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust meeting held on 26th June 2018 are attached for noting

9 Minutes of the Joint Scrutiny Panel for Pennine Care Mental Health Trust (Pages 33 - 36)

The minutes of the Joint Scrutiny Panel for Pennine Care Mental Health Trust meeting held on 12th July 2018 are attached for noting

10 Resolution and Action Log (Pages 37 - 38)

11 Meeting Overview (Pages 39 - 42)

12 Elected Member Safeguarding Training (Pages 43 - 44)

For the Sub-committee to receive an update on the progress of the Safeguarding Task and Finish Group and to agree next steps in relation to the development of Elected Members' Safeguarding Training.

13 Urgent Care (Pages 45 - 48)



For the Sub-Committee to participate in a workshop regarding the current status and plans for Urgent Care

14 Adult Mental Health (Pages 49 - 50)

For the Sub-Committee to review the current status and plans for Adult Mental Health including the Mental Health Concordat and 5 Ways to Wellbeing.

15 Council Motions (Pages 51 - 52)

For the sub-committee to receive an update on the progress of Health related Council motions.

16 Mayor's Healthy Living Campaign (Pages 53 - 54)

For the sub-committee to receive a status update on the Mayor's Healthy Living Campaign

17 Health Scrutiny Forward Plan

A copy of the Health Scrutiny Forward Plan will be distributed at the meeting

18 Exclusion of the Press and Public

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 (Pages 55 - 58)

For the Sub-Committee to participate in a workshop regarding plans to address Obesity

This page is intentionally left blank



HEALTH SCRUTINY
11/09/2018 at 6.00 pm

Present: Councillors McLaren and Phythian (Substitute) and Williamson

Also in Attendance:

Neil Crabtree	Head of Public Protection, Oldham Metropolitan Borough Council (OMBC)
Leanne Davis	Public Health and Wellbeing Manager, OMBC
Vicky Sugar	Strategy, Partnership and Policy Manager, OMBC
Fabiola Fuschi	Constitutional Service Officer, OMBC

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Ball, Leach, Taylor and Toor. Councillor Phythian attended as a substitute for Councillor Ball.

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**

The following public question had been submitted by Mr. James Allen on 9th September 2018:

"Diabetes times put NHS England purposes diabetes changes (this was put on NHS England news) of which I received on the 06/07/18.

I would like this board take a look at this and ask the CCG's views on this item and bring these findings to the next Health Scrutiny.

I would like to ask:

- 1) What does this mean and what affect will there be for those who have diabetes 1 and 2 in Oldham*
- 2) After this as been done, will this board be taking this forward t GM Healt Scrutiny, to see what impact on this item as and how will it affect Oldham*
- 3) When this as been done, I would like to see this as a future item for the Health and Wellbeing board.*
- 4) I ask the chairs of health scrutiny takes this on board fully at local and GM level*

I hope we can get a good response from all levels from those who are diabetic in Oldham

Yours Faithfully
James Allen

Cllr. Jenny Harrison”

The following response was provided by Nadia Baig, Acting Director of Performance and Delivery, Oldham Cares, Health and Social Care for Oldham:



“Dear Mr Allen,

Thank you for your enquiry

The article quoted relates to proposals for changes to Quality and Outcomes Framework (QOF) payments to General Practitioners.

NHS England are commencing a review of these payments in the areas outlined. The approach being used is an evidence led process to ensure the best balance is found on value for money and patient outcomes across a broad range of areas, including diabetes.

QOF forms part of the General Medical Services (GMS) contract and changes are subject to negotiations. NHS England will work collaboratively to support this process, The outcomes of this review are not yet finalised.

Oldham Cares will follow the outcome of their consultation and support our residents and care providers to implement whatever changes are made in a way which is right for the people of Oldham.

Kind regards

Nadia”

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health Scrutiny Sub-Committee held on 3rd July 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 27th March 2018 be noted.

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

RESOLVED that the minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 14th March 2018 be noted.

8 **RESOLUTION AND ACTION LOG**

With regard to the Urgent Care Strategy, the Chair of the Sub-Committee agreed with the Acting Director of Performance and Delivery Oldham Clinical Commissioning Group (CCG) to

organise a workshop in late September, early October to share information and experience around urgent care services in Oldham. The Chair would ask the CCG officer to deliver a joint workshop to include obesity.

RESOLVED that:

1. The resolution and action log be noted.
2. A joint workshop on obesity and the Urgent Care Strategy be arranged in late September, early October, via the Acting Director of Performance and Delivery Oldham Clinical Commissioning Group

9

MEETING OVERVIEW

RESOLVED that the meeting overview be noted.

10

AIR QUALITY

Consideration was given to a report of the Director of Environmental Services which sought to update the Sub-Committee on the latest developments on air quality in Oldham and across Greater Manchester. The Sub-Committee had previously reviewed this matter in January and July 2018.

The Head of Public Protection attended the meeting to present the report and to address the enquiries of the Sub-Committee.

It was explained that Oldham Council had been requested by the Government to undertake a feasibility study to develop a list of measures to reduce nitrogen dioxide exceedance on a stretch of Oldham's bypass, the A62, in the shortest possible time. The feasibility study had been completed and submitted to the Department for Environment, Food & Rural Affairs (DEFRA) at the end of July 2018. The final version of the study would be published on 5th October 2018 and it would include the work completed by other local authorities in the North West.

The shortlist of measures identified as part of the Oldham's feasibility study were outlined. However, they had been discounted on the basis of lack of deliverability. None of the measures outlined were able to achieve compliance with the required reduction in nitrogen dioxide by 2021 on the stretch of road in question. Although the measures would not be taken forward as part of the feasibility study, some of them would still be implemented locally. Other measures would be progressed by Transport for Greater Manchester (TfGM).

It was stressed that a national initiative was necessary in order to change people's behaviour and to improve air quality. Locally driven plans would naturally be very limited in their impact due to the scale of changes needed.

Some questions that had been raised previously by Members of the Health Scrutiny Sub-Committee were answered:

- It was confirmed that areas within a 50 metres radius from the road side were exposed to traffic related emissions;
- Trees and foliage had the capacity to absorb fine particulate air pollution which had an adverse effect on health.

However, position and species of trees were very important in order to reduce particulate matter.

- Air pollution reduced with height.



Oldham
Council

With regard to the approach to air quality across Greater Manchester, Members were informed that the regional feasibility study was being led by TfGM and it incorporated the Greater Manchester Air Quality Action Plan. The regional feasibility study had to be submitted by December 2018. A consultation process was currently taking place across Greater Manchester on the measures outlined in the draft regional feasibility study. A communication plan was in place to highlight the link between health and air quality and to emphasise the need for change in people's behaviour (i.e.: active travelling, cycling, use of public transport, etc.). Another proposal would be standardising taxi licenses across Greater Manchester in order to control vehicle age and gas emissions.

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

- Proposed measures to address air quality and their sustainability in the current financial climate – how could the Health Scrutiny Sub-Committee support the proposals outlined in the local and regional feasibility study? – it was explained that it was necessary to wait for TfGM's submission of the regional feasibility study, subject to the agreement of the ten local authorities in Greater Manchester.
- Clear air zones, diesel and approach taken in some European cities such as Frankfurt – It was explained that this needed to be done in conjunction with other measures so that people had choices.

RESOLVED that:

1. The summary of the outcome so far of the Oldham's local feasibility study be noted;
2. The response to the questions raised at Health Scrutiny in July 2018 in relation to the local feasibility study be noted;
3. The updates on the regional approach to air quality across Greater Manchester, being led by Transport for Greater Manchester be noted.
4. A progress report be presented in January 2019 with the view to draw the matter to the attention of the Leader of the Council and the Cabinet Members;
5. Air quality be added to the Mayor's Healthy Living Campaign with the view to have a coordinated approach to investigate the issue.

11

UPDATE ON TOBACCO CONTROL AND THE REVIEW OF THE COUNCIL'S SMOKING POLICY

Consideration was given to a report of the Public Health and Wellbeing Manager which sought to update the Sub-Committee on the Council's position on tobacco control. The report also outlined the proposed changes to the Council's current smoking

policy. This update followed a report that had been presented to the Sub-Committee in September 2017.

The author of the report attended the meeting to present the information and to address the enquiries of the Members.

It was reported that data released by Public Health England had indicated that from 2016 to 2017 Oldham's smoking prevalence rate had reduced. However, the accuracy of data could not be guaranteed as the population sample was very limited and the sample size for Oldham was not known.

Smoking prevalence in adults in routine and manual occupations had risen. Smoking at time of delivery rate had also increased. However, a Greater Manchester Smoking in Pregnancy Programme had recently been implemented. The programme worked to reduce the risks associated with smoking during pregnancy via specific interventions in groups of vulnerable women.

It was also reported that less people nationally accessed stop smoking services. Although the quality of service was good, the number of people who accessed it had reduced. Oldham Council commissioned Positive Steps to deliver a Stop Smoking Service. Although the service was part of a universal offer, it also targeted specific groups considered at high risk of inequalities.

With regard to the Council's smoking policy, the consultation on the proposal for a new smoke free policy had started. The trade unions had been consulted with the proposed changes. It had been resolved that e-cigarettes were to be treated the same as tobacco and not allowed on Council's properties. Site visits and further discussions had taken place with services which had a significant number of routine and manual occupations. However, it had been requested that a comprehensive communication plan be put in place leading up to the implementation date.

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

- Were resources sufficient to implement the new Council's smoking policy? – It was explained that Public Health needed an additional £5,000 to put in place a comprehensive communication plan to implement the new policy. Posters and leaflets needed to be displayed leading up to 1st December 2018 which would be the start date of the new policy.
- E-cigarettes as aid to stop smoking and new Council's policy – It was explained that there was no certainty that e-cigarettes did not harm health. The trade unions had asked that e-cigarettes be treated like tobacco and ban their use on Council's properties. However, the final decision would be taken by senior management.
- A progress report on tobacco control be presented to this Committee in September 2019.



RESOLVED that:

1. The current tobacco control position in Oldham be noted;
2. The update and current position concerning the review of the Council's smoking policy be noted;
3. The Chair of the Sub-Committee meet with the relevant portfolio holder to explore opportunities for match funding to support Public Health with the additional resources to deliver the communication plan to promote the new Council's smoke free policy. The Chair would report on the outcome of the conversation at the next meeting;
4. The Public Health and Wellbeing Manager prepare information for the Chair to explain the need for additional funding for promotion materials with the Cabinet Member for Health and Social Care;
5. The Health Scrutiny Sub-Committee support a commitment from the Council, its leaders and senior managers to act as role models to all staff, partners and local businesses by fully supporting the implementation and roll out of the Smokefree policy.

12

COUNCIL MOTIONS

Council had approved a motion in July 2018 in support of the recent changes in mental health services for young people in the Borough and the introduction of a toolkit "Supporting young minds through tough times - the whole school approach to emotional health and wellbeing in Oldham".

The motion requested that the Lead Cabinet Member report to Full Council on progress made on the issue in the next 12 months.

RESOLVED that the Chair of the Health Scrutiny Sub-Committee meet with the Public Health Specialist to establish ownership of this issue at Cabinet portfolio level.

13

HEALTH SCRUTINY FORWARD PLAN

Consideration was given to the Health Scrutiny forward plan for 2018/19. The Chair of the Sub-Committee informed the other members that, following a meeting with the Consultant in Public Health, the items below would be added to the forward plan:

- Oral health in both children and older people;
- Adult mental health: including Mental Health Prevention Concordat, Connect 5 – both the training and train the trainers programme and 5 ways to wellbeing;
- Public health in primary care: including working with GP clusters on transformation pilots, NHS Health Checks;
- Social isolation and thriving communities.

The Chair also informed that, as part of his Healthy Living Campaign, the Mayor intended to set up a walking group in each of the 20 wards in Oldham. This could be linked to the Daily Mile programme that had been adopted in many schools in Oldham.

RESOLVED that:

1. The addendum to the forward plan be noted.

2. The Chair ask the Mayor how the Health Scrutiny could support the walking programme as part of the Mayor's Health Living Campaign.



Oldham
Council

14

DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Health Scrutiny Sub-Committee would take place on Tuesday 23rd October 2018 at 6 p.m.

The meeting started at 6.00 pm and ended at 7.00 pm

This page is intentionally left blank



Present: Councillor Harrison (Chair)
Councillors M Bashforth, Chadderton, Chauhan and Jacques

Dr Zubair Ahmad	Oldham GP Federation
Jill Beaumont	Director of Children's Social Care and Early Help
Noreen Dowd	Executive Director of Transition
Julie Farley	Oldham Healthwatch
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Dr Keith Jeffery	Oldham CCG
John Heywood	Greater Manchester Police
Merlin Joseph	Interim Director of Childrens Services
Stuart Lockwood	Chief Executive, OCL
Donna McLaughlin	The Pennine Acute Hospitals NHS Trust
Dr. John Patterson	Clinical Commissioning Group
Charlotte Stevenson	Interim Director of Public Health
Mark Warren	Managing Director Community Health and Social Care Services (DASS)
Carolyn Wilkins OBE	Chief Executive/Accountable Officer

Also in Attendance:

Rebekah Sutcliffe	Strategic Director of Reform
Vicky Sugars	Strategy, Partnerships and Policy Manager
Sian Walter-Browne	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Jon Aspinall, Zuber Ahmed and Nicola Firth.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **ELECTION OF VICE-CHAIRS**

RESOLVED that Donna McLaughlin and Dr John Patterson were elected to be Vice Chairs.

5 **PUBLIC QUESTION TIME**

The following public question was received from Mr. J. Allen:

N.H.S launches public campaign to highlight new stronger protection around health and carer information.

On the 26th May I received this first of 3 main items from NHS England, also it is how this item going to achieve from the public, to fully understand the full aspect in what is being put forward, (the public campaign) for the people of Oldham. Also looking what others local authorities views and concerns in their own areas and taking on board items that may be helpful for Oldham.

I would like to ask:-

- 1) a. What is the concerns of the NHS, CCGs, HWB and registered social landlords on this item
 - b. With GP practices who have patient participation groups, will they be given a debate on this subject
 - c. How will this item be used to get aware to the general public of Oldham
 - d. For those people who do not use the internet get a chance to get involved in this public campaign
- 2) Will the Health & Wellbeing Board debate this item and take it on board with all its partners
- 3) If so will this be put to the public of Oldham, will there be a public consultation be taking place i.e. (through the internet and general meetings and replies from PPG groups to get a full consensus
- 4) If this is done, I would like to see a written report given so that the public voice is shown to have had a voice, also see what the outcome was.

The following response was provided:-

1) a. What is the concerns of the NHS, CCGs, HWB and registered social landlords on this item

All public sector organisations, including the NHS, CCG and Social Landlords have taken steps to ensure it is fully compliant with the GDPR regulations. The Health & Wellbeing

b. With GP practices who have patient participation groups, will they be given a debate on this subject

Patient Participation Groups are at liberty to set their own agenda's in discussion with their host practices.

c. How will this item be used to get aware to the general public of Oldham

The CCG is not planning any specific work with the public around GDPR. However it is planning to write to every household with patients registered with an Oldham GP, to notify them about arrangements for sharing patient records at the point of care.

d. For those people who do not use the internet get a chance to get involved in this public campaign.

The Chair indicated this would be further investigated and a response provided on the particular issue.

2) Will the Health & Wellbeing Board debate this item and take it on board with all its partners

The Board discussed the implications of GDPR and data sharing as an enabler to health and care integration at their development session in April (notes can be found attached to the Action log) and the feedback from this meeting is on today's agenda.

3) If so will this be put to the public of Oldham, will there be a public consultation be taking place i.e. (through the internet and general meetings and replies from PPG groups to get a full consensus)

A consultation was undertaken by the Department for Culture, Media and Sport in April and May 2017. As GDPR was implemented on 28 May 2018, no further consultation is planned either locally or nationally.

4) If this is done, I would like to see a written report given so that the public voice is shown to have had a voice, also see what the outcome was.

The responses to the Department for Culture, Media and Sport consultation were published on 7th August 2017. They can be found at the following link
<https://www.gov.uk/government/consultations/general-data-protection-regulation-call-for-views#history>

The following further public question was received from Mr. J. Allen:

12 Million people to benefit from better joined up NHS and social care

How has this affected Oldham, mainly from the NHS A & E departments down to the grass routes within Oldham

I would like to ask:-

- 1) What improvements have been achieved within Royal Oldham Hospital, also to what advantage
- 2) What feedback can the CCG give us on Primary Care throughout Oldham
- 3) Has there been any improvement in Social Care throughout Oldham in social care and nursing homes, with the financial budget they have received
- 4) Has there been any increase in the financial budget to come from central government in the foreseeable future?

The following response was provided:-

1) What improvements have been achieved within Royal Oldham Hospital, also to what advantage

Royal Oldham Hospital, along with all other Hospitals across Greater Manchester, continues to experience high levels of demand for it's A & E services. Continued effort is being taken to ensure as many people are seen within the necessary 4 hour waiting time.

The Hospital continues to work with its partners to ensure patients are aware of other services they could use to meet their needs, rather than attend A & E, as well as to

ensure as smooth as possible discharge process is in place for those who have been admitted and received care.

2) What feedback can the CCG give us on Primary Care throughout Oldham

Developments in Primary Care are discussed at the CCG Primary Care Commissioning Committee. This committee meets in public and papers are published on the CCG website. The next meeting will be on 2nd August. The latest Primary Care work programme update is attached.

3) Has there been any improvement in Social Care throughout Oldham in social care and nursing homes, with the financial budget they have received

Funding from a number of routes including the Improved Better Care Fund and the Council tax precept has been used to support Adult Social care infrastructure and ensure;

- Social Workers are funded to remain in post
- Investments in the market place which have included working with care homes to improve quality. There are no care homes in Oldham presently with a CQC rating of 'inadequate' and we are working with the homes rated 'requires improvement'
- Supporting the NHS services with safe discharges from the hospital
- Enhancing the support in extra care housing
- Supporting day services
- Short term care services
- Increasing fees to providers
- investing in home from hospital services
- Increasing reablement capacity to support hospital discharge and prevent admission

4) Has there been any increase in the financial budget to come from central government in the foreseeable future?

Much of the funding is non recurrent and we are unclear of the financial position post 2020

6 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the Health and Wellbeing Board held on 27th March 2018 be approved as a correct record.

7 ACTION LOG

RESOLVED that the Action Log from the meeting held on 27th March 2018 be noted.

DATA SHARING & INFORMATION GOVERNANCE

Consideration was given to a report that outlined the progress on data and information sharing.

The Board was informed that data and information sharing remained a critical enabler in delivering high quality joined up care for the citizens of Oldham. There had been a workshop in April that was a catalyst to confirm commitment from system leaders at the highest level to the importance of data and information sharing. A number of key actions had taken place since the workshop which were summarised into three areas; data sharing, risk stratification/ population health and Digital Strategy.

Data Sharing

The Memorandum of understanding and Alliance Agreement had been signed by all parties by end of May. This included a commitment to have appropriate detailed agreements in place and to move to a population approach to health. A data sharing agreement for Oldham Cares was in development and would be signed off by all partners by September 18.

Population Health

Agreement had been reached;

- To continue with the existing risk stratification EMIS tool
- To use our BI combined resource and clinical leadership to work with Salford to accelerate the roll out of (Global Digital Excellence Status) GDES tools into Oldham.
- To review this approach in six months' time (November 2018) and in between provide feedback through the Project Highlights Report to the Alliance Board.
- To make a bid to the Health Foundation for a BI integrated platform to support service development and data sharing at a neighbourhood level, the outcome of which would be known in late summer.

Digital Strategy

Oldham Digital Strategy was in development and would be presented to Greater Manchester Health and Social Care Partnership in July. This included the development of digital solutions to support integration and data sharing.

RESOLVED that the progress was noted and the Board would receive quarterly updates on future developments.

MEETING OVERVIEW

RESOLVED that the overview for the meeting be noted.

URGENT PRIMARY CARE STRATEGY

The Board gave consideration to a report and presentation by Dr Shelley Grumbridge on the next steps in Urgent Primary Care in Oldham.



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

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

The strategic aims were:-

Strategic Aims:

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

The primary drivers were to:

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

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

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

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



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

The Board asked for and received clarification on resources and staffing. They were informed the strategy was about joining everything together and managing situations before they became emergencies. Urgent care hub appointments would not be used to replace regular GP appointments.

The Board recognised that it was essential to ensure the needs of children were fully included and that the service needed to consider how best to support people at home rather than in hospital. Communication would be the key to ensuring people understood how to get the best out of the service.

RESOLVED that the Board noted the progress made and would receive further updates.

Population Health and Commissioning that provided an overview of activities undertaken in 17/18 towards the priorities set out in the Greater Manchester (GM) Population Health Plan.



The report covered:-

- Work to date to agree allocation of Population Health Transformation Fund monies against a number of strategic business cases and;
- Progress so far in terms of implementation of a number of early programmes of work as part of the plan.
- A forward look at future planned activities.

The Population Health Plan set our collective ambition for delivering a radical upgrade in population health; it was focused on five priority themes: The first three (start well, live well, age well) set out our approach to delivering population health consistently at scale across GM and taking the multiple opportunities across the life course to enhance quality of life. The Plan also set out our ambition to create a unified population health system across the GM economy which was organised to deliver at pace and scale. Our Plan also embraced the concept of asset-based community development and actively involving our communities as a way of doing business. The Board noted that Oldham was a pilot in many of the areas.

The report detailed the key activities undertaken in 2017/18 and the key achievements. Attention was drawn to the difference the population health plan devolution had made to everyday lives in Greater Manchester.

The Board asked for and received clarification as to how the Combined Authority linked into the other Greater Manchester Boards. They were informed that the Combined Authority had its own responsibilities and linked across Boards through the quarterly assurance meetings.

RESOLVED that the content of the report was noted and the continued implementation of the population health plan was supported.

12

UPDATE ON GREATER MANCHESTER POPULATION HEALTH OUTCOMES FRAMEWORK AND COMMON STANDARDS AND THE OLDHAM CARE OUTCOMES FRAMEWORK

The Board gave consideration to a report of the Joint Acting Director of Public Health that provided an update on the development of the Greater Manchester Population Health Outcomes Framework and Common Standards and the Oldham Cares Outcomes Framework.

In March 2017, the GM Health & Social Care Partnership agreed to a set of proposals to facilitate the creation of a unified population health system, to support the delivery of the GM Population Health Plan at pace and scale. This included a commitment to the reduction of unwanted and unwarranted variation in standards,

improvement in population health outcomes, more consistent adoption of evidence based practice, and the enhanced use of benchmarking data.



Oldham
Council

Over time, this programme had developed to incorporate 3 core elements:

- A GM Population Health Outcomes Framework (as part of a single integrated assurance process)
- GM Population Health Common Standards
- Excellence in GM Sector Led Improvement Programme

On 29th March 2018 the GM Population Health Board agreed that the Framework and accompanying online dashboard would be used in future Locality Quarterly Assurance processes and would be tested during the 2017/18 Q4 Assurance Cycle. Work was ongoing to further develop the Framework and to identify alternative means of measuring desirable outcomes.

The GM Population Health Board also reviewed drafts of the first phase of the Population Health Common Standards covering prescribed and non-prescribed core public health functions, tobacco, sexual and reproductive health and oral health, and requested that localities note the development of standards and continue engage with this work to further develop a suite of standards to help improve outcomes, reduce inequalities locally and across GM.

The Oldham Cares outcomes framework set out a range of high level outcomes based on the key changes we want to see in Oldham over the next decade. These were the headline outcomes for Oldham Cares, which the whole system would work together to deliver, in order to improve the health of the population and the way the local health and social care system operates.

The outcomes framework and supporting indicators were agreed at the Health and Wellbeing Board in March 2018 and work to develop targets and ambitions for these indicators was being progressed.

RESOLVED that

- The GM Population Health Outcomes Framework and the intention for this to be used in Locality Quarterly Assurance processes be noted.
- The development of GM common standards and continue engage with this work to further develop a suite of standards to help improve outcomes, reduce inequalities locally and across GM be noted.
- The progress to date in developing the Oldham Cares outcomes framework and the proposed engagement of commissioners, alliance

providers and health and wellbeing board members, to develop ambitions and targets for each indicator, for approval at the next meeting of the Board, be noted.

CHILDREN'S HEALTH AND WELLBEING

The Board gave consideration to a report from the Assistant Director of Safeguarding and Partnerships that set out the key aspects of Oldham's emerging strategic framework and identified the role of the proposed Children and Young People's Strategic Partnership Board to deliver the ambition of Oldham being '**a place where children and young people thrive**'.

The Board were informed that a draft framework set out how Oldham's partner agencies intended to deliver the ambition for our children and young people and identified how by working together our key organisations and most importantly our children, young people and their families could create and sustain a great future where everyone had the chance to thrive wherever they live in the Borough and whatever challenges they might face.

Alongside the high level outcomes, the framework would set out the key commitments that Oldham partner agencies would make to children and young people such as –

- Every Oldham child will be supported to have the best start in life.
- Every Oldham child will be start school ready to learn.
- Every Oldham child will be prepared for adult life through their school education.
- Every Oldham child will be have the opportunity to study at a school rated good or better.
- Every Oldham child will be supported to achieve their ambitions for post-16 education.
- Every Oldham child will be offered the necessary protection and support if and when they need it.
- Every Oldham child will be supported to make their voice heard to help design and improve children and young people's services.
- Every Oldham child will be supported to enjoy being a part of and make a difference in their local community.

It was intended the framework would also ensure alignment to the emerging GM landscape including the 10 priorities set out in the Greater Manchester Health and Wellbeing Framework for Children and Young People. The three top priorities in the GM Framework were; **early years and school readiness, mental health and resilience** and the **prevention of avoidable hospital admissions**, all of which featured in local transformation programmes.

The Children and Young People Strategic Partnership Board would bring partners together in a formal way to ensure delivery of our ambition.

The Partnership Board would oversee the progress in achieving our objectives and partners would support and challenge each other to ensure that collectively and as individual organisations our commitment to ensuring Oldham's children and young people thrive was relentless. In fulfilling its function, the Partnership Board would hold to account those thematic partnerships which had a particular area of improvement focus.

The Partnership Board would be accountable to the Health and Wellbeing Board.

The Lead Member for Children's Services would chair the Children and Young People Strategic Partnership Board and have reporting accountability to the Health and Wellbeing Board.

The Partnership Board would develop its own set of Key Performance Indicators drawn from existing KPI's across the system. Members of the partnership would play a crucial role in delivering our ambition and would represent statutory and non-statutory partner organisations.

RESOLVED that:-

- a) The Health and Wellbeing Board noted and endorsed the approach to establishing a strategic framework within which partners deliver on the ambition for Oldham to be a **'place where children and young people thrive'**.
- b) The Health and Wellbeing Board approved the proposal to establish the Children and Young People's Strategic Partnership Board.

14

SEND UPDATE

The Board gave consideration to a report and presentation updating them on the Ofsted/CQC Inspection and Progress on Written Statement of Action (WSOA) May/June 2018.

The Board were informed that in October 2017, Ofsted and the Care Quality Commission (CQC), conducted a joint Inspection of Oldham to judge its effectiveness in implementing the disability and special educational needs (SEN) reforms as set out in the Children and Families Act 2014. Although this outlined areas of strength/further improvement it was determined that a joint Written Statement of Action was submitted to Ofsted because of significant areas of weakness in the local area's practice.

A joint Written Statement of Action (WSOA) from the LA/CCG was produced with input from key partners and submitted to Ofsted on 2 March 2018. WSOA approved by Ofsted - 22 March 2018. Ofsted noted that the statement of action could be further improved by having clearer outcomes and this has been responded to.

The WSOA was published on the Oldham SEND Local Offer on 23 March 2018. In line with a WSOA the LA and CCG were

subject to joint Bi-Monthly Monitoring and Support reviews from the Department for Education (DfE) and NHS England (NHSE). 3 joint review meetings had been held in Dec18, Mar18 and May18 with DfE and NHSE to review progress against the WSOA. Further meetings were due in July 2018 and September 2018.



In October 2018 the DfE would submit a report to the Minister detailing progress within Oldham. This report would also recommend whether progress against the WSOA was sufficient for ongoing oversight from DfE and NHSE to cease. Progress would be considered under each priority.

The Board understood that the agenda around SEND was very large and the need to produce constant progress reports had diverted resources. It was hoped these could now be freed up and they were informed that initial recruitment to the service would be over and above the structure to support the necessary change and deal with the huge influx of work. Progress on SEND would be reported to the Partnership Board.

RESOLVED that the extensive improvement was noted and further updates would be received.

15

HEALTHWATCH OLDHAM WORK PROGRAMME

This Item was deferred for consideration at the next meeting.

16

DATE OF NEXT MEETING

RESOLVED that the date and time of the next Health and Wellbeing Board would be a development session and would take place at Harry Burns Suite – First Choice Homes Oldham on 24th July 2018 at 2 p.m.

The meeting started at 2.00 pm and ended at 4.05 pm

Item 03

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 11 JULY 2018 AT CHURCHGATE HOUSE

Present:

Bolton Council	Councillor Stephen Pickup
Bury MBC	Councillor Stella Smith
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
Wigan Council	Councillor John O'Brien (Chair)

Also in attendance:

Lindsay Dunn	Governance and Scrutiny Officer, GMCA
Councillor Stewart Gardiner	Cheshire East
Warren Hepolette	GM HSC Partnership
Zoe O'Neil	GM HSC Partnership
Jon Rouse	GM HSC Partnership – Chief Officer
Jackie Wardle	Derbyshire County Council

HSC/15/18 APOLOGIES

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

HSC/16/18 ELECTION OF CHAIR

RESOLVED/-

That Councillor John O'Brien be appointed as Chair for the municipal year of 2018-19.

HSC/17/18 ELECTION OF VICE CHAIR

RESOLVED/-

That Councillor Colin McLaren be appointed as Vice Chair for the municipal year of 2018-19.

HSC/18/18 MEMBERSHIP 2018-19

All members were welcomed to the GM Joint Health Scrutiny Committee and were informed of the membership of the committee for 2018-19.

RESOLVED/-

To note the membership.

HSC/19/18 TERMS OF REFERENCE

Lindsay Dunn, Governance and Scrutiny Officer for the GMCA presented members with the current terms of reference for the committee.

RESOLVED/-

To note the terms of reference for 2018-19.

HSC/20/18 DECLARATIONS OF INTEREST

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

HSC/21/18 MINUTES OF THE MEETING HELD 14 MARCH 2018

The minutes of the meeting held 14 March 2018 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held 14 March 2018.

HSC/22/18 GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLANS 2017-18 AND PLANS FOR 2018-19

Jon Rouse, Chief Officer, GM Health and Social Care Partnership, thanked members for providing him with the opportunity to present an overview of the Partnership's delivery in 2017/18 and plans for 2018/19. He recognised the important role of the Committee and encouraged members to provide judicious scrutiny and challenge as a significant amount of public expenditure was spent on health in GM with over £1m invested in the GM Health and Social Care Partnership Team.

The Committee were informed that the 2018/19 Business Plan would be presented to the GM Health and Care Board on 13 July for approval. An overview of the achievements during 2017/18 were outlined against a range of key performance standards. It was noted that Greater Manchester had delivered a strong financial performance in 2017/18 with a £89m surplus despite the significant financial challenges faced during the year across both NHS and local government sectors in line with pressures faced nationally. It was reported that mature financial relationships existed between local government and NHS organisations across GM and both Wigan and Stockport were highlighted as worthy examples of where both social care and health had achieved financial balance. It was recognised that this position may become unsustainable as there had been a requirement for local authorities to draw on reserves.

Members welcomed the encouraging financial performance and the investment in mental health but highlighted the insufficient resources for CAMHS provision in relation to ADHD for 18-25 year olds. It was acknowledged that more work was required with regard to the implementation of the mental health strategy and a roll out of more extensive crisis care would be fulfilled during 2019/20.

The emerging progress being made across a range of areas was commended along with the range of efficiencies introduced which had resulted in a robust surplus. However, the committee pointed to the challenges and gaps in the workforce and questioned if the position of doing more with less was sustainable.

It was explained to the Committee that NHS England, under its business rules for CCGs in 2017/18, required CCGs to achieve obligatory risk reserves which had contributed to the surplus. It was highlighted that in her recent speech, the Prime Minister set out the long term funding position for the NHS and confirmed an average increase in funding of 3.4 per cent in real terms each year from 2019/20 to 2023/24. Budgets for both social care and public health would be confirmed as part of the forthcoming Spending Review.

The key challenges were outlined to the Committee and it was recognised that the big challenges remain on finance and workforce shortages in key areas. The Chair explained that a key area of focus for the GM Joint Health Scrutiny 2017/18 work plan had been health and social care workforce planning. Members had requested information on the forecasted need for clinical and specialist staff in health and social care sectors and further analysis of the impact of BREXIT on recruitment.

A member raised issues surrounding the Pennine Acute Trusts overall inadequate CQC rating and subsequent borrowing which could have a budgetary impact across GM. It had been recognised that as a result of the CQC inspection, Pennine Acute had developed a stabilisation and improvement plan in order to stabilise the Trust, improve safety and quality of services provided. It had been recognised that unsafe and unreliable levels of staffing at the Trust had required an immediate investment in the workforce and as the Northern Care Alliance under the leadership of David Dalton developed, a long term approach to a balanced workforce would be established.

The Committee raised concern with regard to the number of community nurses across GM and questioned whether there were plans to develop the workforce in this area. It was confirmed that the nursing recruitment campaign was an opportunity to recruit across the whole discipline. Retention rates were also discussed and it was recognised that a model needed to be developed which addressed the requirement to provide a team based approach in order to effectively manage caseloads across the profession.

The Chief Officer highlighted that a significant challenge for the Partnership would be to ensure the increase in pace of health and social care integration including a new model of homecare as part of Local Care Organisations (LCO's) with the aim to keep people well and independent at home. It was noted that examples of best practice existed, however the neighbourhood model needed to be robust as there was still a degree of inconsistency across GM.

A summary of the business plan for 2018/19 and the delivery plan for the third year of *Taking Charge* was outlined to the Committee. It was noted that having agreed the strategy, programmes and investment plans the key focus would be on the implementation stage of improving health of all GM residents, transforming and enabling better care.

A summary of programmes to improve the health of GM residents and the transformation of care and support to enable better care were provided along with the system architecture as a result of the transformational plans.

An overview of the Theme 3 programme, Standardising Acute and Specialised Care was provided to the Committee. The services included within Theme 3 alongside the communication and engagement approach was detailed in the presentation. Members requested that in the re-configuration of hospital services, consideration was provided to the wider engagement and communication with communities in order for them to comprehend the changes taking place. The Committee discussed the utilisation of estate in localities in follow up care. It was confirmed that consolidation of assets in localities would be aligned once the clinical models emerged.

The committee were advised that further work continues with the GM Mayor to align the resources of the public service to improve health and well-being. It was proposed that the moving forward there would be significant focus on areas where significant improvement was needed; Urgent and Emergency Care (UEC), mental health and social care. It was reported that the *Devolution Difference* series of events were up and running across GM and Members requested information with regards to details in localities.

RESOLVED/-

1. To note the update provided;
2. To note the comments from the Committee with regards to engagement in the re-configuration of hospital services;

3. To provide further details of the *Devolution Difference* series in localities to all Members.

HSC/23/18 DISCUSSION OF COMMITTEE'S PRIORITIES FOR 2018/19

Members provided consideration to the Committee's priorities for 2018/19. It was proposed that the following workstreams could be incorporated into the Committee's work programme for 2018/19;

-) Digital;
-) Workforce;
-) Re-configuration of hospital services - Theme 3
-) Ambulance Services;
-) Estates.

A Member suggested that an update on the development and implementation of Local Care Organisations (LCO's) with the inclusion of comparative data would be beneficial for the Committee to receive.

Warren Heppolette, Executive Lead. Strategy and System Development, GMHSCP suggested that the priorities for consideration could reflect the areas of the Business Plan that had been acknowledged as requiring significant improvement. Additional briefings for the Committee to review were suggested for the following workstreams;

-) Urgent and Emergency Care;
-) Mental Health;
-) Social Care.

RESOLVED/-

1. That the Governance Officer update the work programme to reflect comments and include the following potential scrutiny areas –
 -) Digital;
 -) Workforce;
 -) Re-configuration of hospital services - Theme 3
 -) Ambulance Services;
 -) Estates
2. That further briefings be organised to provide additional focus on the improvement plans for, Urgent and Emergency Care; mental health and social care.

HSC/24/18 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 12 September 2018

10:00 am – 12 noon

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

Meeting of:

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: 26th June 2018

Present:

Councillor Roy Walker (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Colin McLaren (Oldham Council)
Councillor Derek Heffernan (Oldham MBC)
Councillor Ann Stott (Rochdale MBC),
Councillor Linda Robinson (Rochdale MBC),
Councillor Norman Briggs (Oldham MBC)
Councillor Raymond Dutton (Rochdale MBC)

Jack Sharp: Director of Strategy Salford Royal and Pennine Acute

Jo Purcell: Deputy Director North East Sector, Salford Royal and Pennine Acute

Nicky Tamanis: Deputy Chief Finance Officer, Salford Royal and Pennine Acute

Dean Hambleton-Ayling: Associate Director of Workforce Salford Royal and Pennine Acute NHS Trust

Ms Julie Gallagher: Principal Democratic Services Officer

Apologies: There were no apologies reported.

PAT. 18/19-01 APPOINTMENT OF CHAIR AND VICE CHAIR**It was agreed:**

1. That Councillor Colin McLaren (Oldham MBC) be appointed Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2018/19.
2. That Councillor Stella Smith (Bury MBC) be appointed vice Chair of the Joint Health Overview and Scrutiny Committee for the Municipal year 2018/19.

PAT.18/19-02 APOLOGIES

Apologies were detailed above.

PAT.18/19-03 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.18/19-04 PUBLIC QUESTIONS

There were no public questions.

PAT.18/19-05 MINUTES AND MATTERS ARISING

It was agreed:

That the minutes of the meetings held on 13th March 2018 be approved as a correct record.

PAT 18/19-06 POLITICAL BALANCE

It was agreed:

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust be politically balanced, be waived for the municipal year 2018.2019.

PAT 18/19-07 STAFFING UPDATE

Dean Hambleton-Ayling: Associate Director of Workforce Salford Royal and Pennine Acute NHS Trust attended the meeting to provide members with a workforce update. The vacancy rates for medical/dental staff and nursing and midwifery staff remain high at 12.78% and 10.68% respectively. Spend on bank, agency and locums for April was high and will continue to be a primary focus for the Trust. Turnover rates at the Trust have remained static at just over 10% and the monthly sickness absence levels have reduced to 4.5%.

The Associate Director of Workforce reported that last year's Trust wide agency spend was £44 million and planned to reduce to £34.9m in 2018/19 with a planned year end cash sum of £3.0m compared to £11.4m in 2017/18.

The Associate Director of Workforce reported that there is a robust recruitment and retention strategy in place. Visa and changes to immigration criteria has affected the ability to recruit to medical positions within the Trust. 50 further doctors will join the Trust in the next 3 to 6 months as well as 400 nurses. The Director of Strategy reported that there is a national shortage of medical doctors and nursing staff.

With regards to the referendum, the Associate Director of Workforce reported that the Trust had not seen as of yet seen an impact with regards to staffing. The Trust has commenced recruitment exercises in other areas, including the Middle East, North America and Asia in response to the national shortage.

In response to a Member's question, the Associate Director of Workforce reported that there were 764 vacancies across the Pennine Acute Trust, 342 nursing vacancies and 109 doctor vacancies.

The Associate Director of Workforce reported that the recently announced NHS 3 year pay deal, as well as benefits of holiday pay, pension contributions, professional development and training would hopefully entice staff away from agency and locum work and into the Trust.

The Director of Strategy reported that the Trust has entered into an agreement with neighbouring Trusts to only use their staff as bank staff (bank staff attract a lower premium) than agency staff.

Responding to a question from the Chair, the Associate Director of Workforce reported that Edge Hill provides additional training to support Doctors from overseas to develop professionally whilst working in the Trust. Edge Hill have reported that over 100 doctors have been unable to take up work in the UK due to visa problems.

It was agreed:

Dean Hambleton-Ayling, Associate Director of Workforce Salford Royal and Pennine Acute NHS Trust be thanked for his attendance and a further staffing update be provided at the March meeting of the JHOSC for Pennine Acute NHS Trust.

PAT 18/19-08 FINANCE UPDATE

Nicky Tamanis, Deputy Director of Finance attended the meeting to provide Members with an overview of the financial position and financial plan for Pennine Acute NHS Trust, NHSI oversight, the process to reach a more balanced position as well as details of the capital programme.

The Trust currently receives income of 661.9million pounds, 90% of income relates to patient care, activities a 5% increase from 2016/17. The Trust's expenditure includes pay costs of 440.2 million pounds, 64% of the total costs, a 7.5% increase from 2016/17, Non Pay 242.9 million pounds, 23% relates to drugs and 12% CNST.

The Trust currently has a deficit £68.9million pounds compared to £30.4m in 2017.18. Agency Spend has reduced to £34.9m in 2018/19 with a Yearend cash sum of £3.0m compared to £11.4m in 2017/18. The Trust plans to spend £32.5 million on Capital Investment projects compared to £19.7m the previous year. The Trust has maintained a Risk Rating of 4.

The Deputy Director of Finance reported that with regards to the A&E 4 Hour Target; Trusts will be expected to meet 90% by September

2018, and return to 95% by March 2019, the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period.

The Deputy Director of Finance provided further information with regards to the Trust's financial plan for 2018/19. The plan includes the following information:

- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund (PSF), with total funding of £2.45bn (up from £1.8bn currently). Access to 30% of the fund remains linked to A&E performance. A new £400m commissioner sustainability fund (CSF) will also be introduced to enable CCGs to return to in-year financial balance.
- The national eight shadow Accountable Care System sites and two devolved health and care systems are now to be known as Integrated Care Systems (ICS). ICSs are expected to prepare a single system operating plan and to work within a system control total. They are expected to move to a more 'autonomous' regulatory relationship with NHS England and NHS Improvement over time.
- There will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes.
- The two-year National Tariff is unchanged, with local systems encouraged to consider local payment reform in certain areas.

Responding to a Member's question, the Deputy Director of Finance reported that to ensure the sustainable delivery of services in the future there would be savings proposed but also some additional capital investment.

The Trust has worked with NHS Improvement to develop a sustainable financial recovery plan to address the deficit. The Director of Strategy reported that the development of the Northern Care Alliance Service Strategy will address some of the financial issues but may result in significant changes in how services are delivered.

Responding to a Member's question the Deputy Director of Finance acknowledged that the IT infrastructure will need additional investment; staff at Pennine Acute are working with colleagues at the Salford Royal, to share best practice in addition to securing further investment for IT infrastructure.

With regards to the services provided; the Director of Strategy reported that the development of the North East Sector commissioner-led strategy should help address some of the financial issues but is likely to require significant changes in how services are delivered in order to ensure clinical and financial sustainability. With regards to the services provided, the Director of Strategy said that there may be

greater centralisation of some services going forward; complex operations may be undertaken in centralised locations while assessment and out-patient appointments will be provided locally.

Responding to a Member's question the Deputy Director Finance reported that 60% of expenditure is on staffing costs, there are no plans to reduce the numbers of staff to address the financial deficit at the Trust. The Director of Strategy reported that there will be reduction in agency spend, improved recruitment and retention as well as an emphasis on reviewing the workforce, with a view to employing more nursing associates.

It was agreed:

Further detailed information in respect of the Trust financial position and work undertaken to address the financial deficit will be considered at a future meeting of the Joint health overview and scrutiny committee for Pennine Acute.

PAT 18/19-09 PERFORMANCE UPDATE

Jo Purcell, Deputy Director of Strategy, North east Sector provided members with an overview of the operational plan for 2018/19. The new plan builds on key priorities identified in the in the 2017/18 Salford Royal and Pennine Acute Operational plans whilst refreshing and realigning priorities to realise the benefits that the Group structure enables.

The plan contains information with regards to the following areas:

- Link to the GM devolution plan and locality plans
- Northern Care Alliance and STP governance
- Delivery priorities
- Activity plan
- Quality planning
- Workforce planning
- Care organisation priorities

It was agreed:

Further more detailed performance information will be presented at a future meeting of the Joint Health overview and scrutiny committee for Pennine Acute.

PAT 18/19-10 UPDATE ON THE NORTHERN CARE ALLIANCE

Jack Sharp, Director of Strategy reported that the presentation brings together and builds on considerable work undertaken by NES commissioners, in conjunction with the NCA, over the last 12 months to develop a strategy to secure clinically and financially sustainable acute services.

The presentation summarises the emerging proposals that will need to be refined and formally reviewed as part of the development of the North East Sector (NES) acute Clinical Service Strategy. In particular, it describes:

- The needs of the NES population, the existing acute commissioning Intentions and the key drivers for change within the sector
- A summary of the NES hospital sites and the associated issues that will need to be considered as the Strategy is refined
- Agreed fixed points and where decisions may be contingent on Theme 3
- The proposed approach to service transformation and cost reduction
- The agreed option appraisal framework and evaluation criteria
- The timeline and steps for finalising the NES acute Service Strategy

The Chair of the Joint Committee raised concerns that the information presented still does not pinpoint the sites and services that will be affected. The Chair asked that more detailed information be presented and that the Joint Committee is kept informed of the timescales for implementation including the details of, if required, public consultation.

It was agreed:

The Joint Committee would consider in more detail the emerging proposals for the development of the north east sector acute clinical service strategy at the next meeting, scheduled to take place in October 2018.

PAT 18/19-11 URGENT BUSINESS

There was no urgent business reported.

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING Thursday, 12th July 2018

PRESENT: Councillors Dale, S. Smith (Rochdale Borough Council), Gordon (Stockport MBC), Heffernan, McLaren, Taylor (substituting for Councillor Toor) (Oldham MBC) and Walker (Bury MBC)

OFFICERS: P. Thompson (Governance and Committee Services – Rochdale Borough Council)

ALSO IN ATTENDANCE: M. Roe (Deputy Chief Executive - Pennine Care NHS Foundation Trust), C. Parker (Executive Director – Pennine Care NHS Foundation Trust), D. Wallace (Communications Consultant – Pennine Care NHS Foundation Trust) and A. Custis (Communications Officer – Pennine Care NHS Foundation Trust).

APPOINTMENT OF CHAIR AND VICE CHAIR - 2018/19

1 The Committee considered appointing its Chair and Vice Chair for 2018/19.

Resolved:

1. Councillor Colin McLaren (Oldham MBC) be appointed Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2018/19 Municipal year.
2. Councillor Roy Walker (Bury MBC) be appointed Vice-Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2018/19 Municipal year.

Councillor McLaren in the Chair.

APOLOGIES

2 Apologies for absence were received from Councillor Booth (Stockport MBC), Councillor Howard (Rochdale BC), Councillor Peet (Tameside MBC), Councillor Toor (Oldham MBC) and Councillor Wright (Stockport MBC).

DECLARATIONS OF INTEREST

3 There were no declarations of interest.

PUBLIC QUESTIONS

4 There were no members of the public in attendance.

MINUTES

5 The Committee considered the minutes of the last meeting held 30th November 2017.

Resolved:

That the minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine care NHS Foundation Trust, held 30th November 2017, be approved as a correct record.

CQC ACTION PLAN - PROGRESS UPDATE

6 The Chair welcomed representatives of Pennine Care NHS Foundation Trust: Martin Roe (Executive Director of Finance and Deputy Chief Executive), Clare Parker (Executive Director of Nursing, Health Professionals and Quality Governance) and David Wallace (Communications Consultant – Mixed sex accommodation Programme) who addressed the meeting regarding:

- a. Quality Strategy and Improvements
- b. Mixed sex accommodation
- c. Workforce
- d. Financial planning

Quality Strategy and Improvements: The Trust received a 'requires improvement' rating from the Care Quality Commission (CQC) arising from their inspection of the Trust in June 2017. Subsequent to this a comprehensive improvement/action plan had been put into place. Of the actions for improvement, detailed in the CQC's report on the RAG (red, amber, green) rating scheme 83% were completed and therefore rated green, 11% were rated amber and on course for completion and 6% were red and still required work to address outstanding issues.

The CQC would, at some stage within the next six months, be undertaking a follow-up inspection to assess the improvement that the Trust had put into place. The Organisation was therefore preparing for this inspection and had been invited onto the NHS's Getting to Good programme to assist with these preparations. Members of the Committee referred to the Care Quality Commission's report and requested more information as to the background to the CQC inspection and more details as to how the issues raised in the report are being and will be, in the future, addressed.

The Trust was preparing a strategy to embed improvements and the process by which this was to be undertaken was that a consultation exercise had been undertaken, the results of which would be reported to the Trust's Quality Committee, for screening, then would be submitted to the Trust's Board, for approval, at its meeting on 25th July 2018.

In terms of **mixed sex accommodation** on hospital wards the Committee was informed that people living with mental illness can be treated and cared for in hospital when they were too ill to be at home or in residential care. Sometimes patients' medication, treatment and care needs changed, and they needed to be assessed in a hospital. Pennine Care NHS Foundation Trust ran this type of hospital ward for patients from a number of areas including Rochdale, Oldham, Stockport, Bury, Tameside and Glossop.

The Trust's services were often accessed in Stockport by patients from Buxton in Derbyshire and Disley in East Cheshire. Glossop and the surrounding areas of Derbyshire also accessed the facilities in Tameside.

Some of the Trust's older hospital wards currently included a mix of patients with both Functional and Organic conditions, and this in itself sometimes caused problems for staff in managing patient behaviour. The mix could also cause some distress to patients that do not have dementia – (functional patients) who may find themselves isolated.

Over recent years, there have been a number of incidents that have seriously compromised the safety of patients and caused major upset for the patients, families, carers and staff.

Due to the current way of working, the potential for more incidents continues to exist.

The Committee was informed that Pennine Care NHS Foundation Trust had found it difficult to recruit suitably qualified staff. When staffing shortages arise workers from suitable employment agencies have to be brought in. Due to the nature of a patient's condition, often 1:1 or 2:1 ratio of staff to patient is required. This is resource intensive within an already stretched service.

The Trust is currently in the process of carrying out a wide-ranging engagement, entitled: 'What Matter to You'. This will be conducted over a three stage process from July 2018 until the end of September 2018. An independent feedback report will be prepared and reported upon to a future meeting of this Committee, prior to its submission to the Trust's Board. Based on the findings of this feedback report, and the views of the Committee, a draft report on recommendations will be produced by the Trust for further consideration of the Committee.

Workforce: The Joint Committee was informed that the Trust had developed a 'People and Workforce Strategy' that had been signed-off by the Trust's Board. Various senior positions within the Trust were currently being advertised including the Executive Director of Workforce position. Across the Trust's footprint the number of vacancies had been reduced from 575 (full time equivalent positions) in April 2017 to 419 in April 2018, and a further benefit of this is the reduced expenditure on agency staff. In addition the Trust had introduced a successful 'apprenticeship scheme' which had seen 33 members of staff appointed. An aggressive marketing/advertising campaign was underway to ensure that the Trust's remaining vacancies were recruited to.

Financial planning: The Joint Committee was informed of the Trust's financial position. In 2017/18 the Trust had, for the first time, planned for a deficit – of £6.6 million. The actual outturn for 2017/18 showed an actual deficit of £2.2 million. The original financial plan for 2018/19 planned for a £11.2 million deficit, however after detailed planning and adjustments this had subsequently been reduced to £6.4 million. The Joint Committee was advised

of the announcement in June 2018, from the Government, of additional funding for the NHS in England however the trust was still waiting for details of its final settlement in this regard.

In the longer term the Trust was seeking to develop financial stability by 2021 and further details of this plan would be submitted to future meetings of this Committee.

It was noted that a considerable amount of expenditure would be as a result of the proposals to establish a psychological unit at the Trust's Ashton/Tameside site which was a high priority for the Trust.

Members of the Committee discussed the issues raised above in some detail and sought further clarification on the provision for young people who were presenting with mental health conditions and what levels of care they could expect to receive. Members sought assurances, further to earlier meetings of the Committee that employees of the Pennine Care Trust were appropriately trained to carry out the relevant tasks and in this regard the Trust was asked to present details to a future meeting of the Committee to reinforce this particular point.

In terms of informatics the Joint Committee had been advised that the Trust had an on-going five year project to fully digitise patient records. The Committee was advised that this was both a cost and labour intensive project and some additional funding from the Greater Manchester health and social care fund had been made available for this. It was agreed that a future meeting of the Committee would receive a presentation/report from the Trust's Director of Informatics by way of an update on this matter.

Members of the Joint Committee expressed a wish to have a regular dialogue with the Trust in the hope that their support could lead to improvements becoming embedded in the trust's culture. The Committee, to support this suggested that as well as regular quarterly formal Committee meetings the Members could meet (approximately half way between Committee meetings) informally to discuss issues of concern.

Decision:

It was agreed that the report be noted and that outstanding issues be referred to future meetings of the Committee for further, in-depth, discussion.

DATE OF NEXT MEETING

7 Decision:

It was agreed that:

1. The next formal meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust be held on Thursday, 4th October 2018 at Rochdale Town Hall, commencing at 10.00am.
2. An informal meeting of the Committee's membership be held with representatives of Pennine Care Foundation Trust's senior management, at the Trust's head office (225 Old Street, Ashton-under-Lyne) on Tuesday, 28th August 2018 commencing at 1.00pm.

Actions from the September meeting of the Health Scrutiny Sub Committee

	Agenda Item	Resolution / Action	Outcome of Action
September	RESOLUTION AND ACTION LOG	RESOLVED that: <ol style="list-style-type: none"> 1. The resolution and action log be noted. 2. A joint workshop on obesity and the Urgent Care Strategy be arranged in late September, early October, via the Acting Director of Performance and Delivery Oldham Clinical Commissioning Group 	Separate workshops on Urgent Care and Obesity arranged as agreed by the Chair of the Health Scrutiny Sub-committee. Urgent Care workshop scheduled as part of the Health Scrutiny meeting on 15 November.
	UPDATE ON TOBACCO CONTROL AND THE REVIEW OF THE COUNCIL'S SMOKING POLICY	RESOLVED that: <ol style="list-style-type: none"> 1. The current tobacco control position in Oldham be noted; 2. The update and current position concerning the review of the Council's smoking policy be noted; 3. The Chair of the Sub-Committee meet with the relevant portfolio holder to explore opportunities for match funding to support Public Health with the additional resources to deliver the communication plan to promote the new Council's smoke free policy. The Chair would report on the outcome of the conversation at the next meeting; 4. The Public Health and Wellbeing Manager prepare information for the Chair to explain the need for additional funding for promotion materials with the Cabinet Member for Health and Social Care; 5. The Health Scrutiny Sub-Committee support a commitment from the Council, its leaders and senior managers to act as role models to all staff, partners and local businesses by fully supporting the implementation and roll out of the Smokefree policy. 	
	COUNCIL MOTIONS	RESOLVED that the Chair of the Health Scrutiny Sub-Committee meet with the Public Health Specialist to establish ownership of this issue at Cabinet portfolio level.	
	HEALTH SCRUTINY FORWARD PLAN	RESOLVED that: <ol style="list-style-type: none"> 1. The addendum to the forward plan be noted. 2. The Chair asked the Mayor how the Health Scrutiny could support the walking programme as part of the Mayor's Health Living Campaign. 	

This page is intentionally left blank

Agenda

Oldham Health Scrutiny Sub-Committee

15 November 2018

6pm – 8pm

Lees 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) Minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust, (9) Minutes of the Joint Scrutiny Panel for Pennine Care Mental Health Trust (10) Action Log and (11) Meeting Overview	6.00pm
Items for Discussion		
10	<p>Safeguarding – Elected Members’ Training <i>Ed Francis, Assistant Director Safeguarding and Partnerships</i></p> <p>For the Sub-committee to receive an update on the progress of the Safeguarding Task and Finish Group and to agree next steps in relation to the development of Elected Members’ Safeguarding Training</p>	6.10pm 10 mins
11	<p>Urgent Care <i>Dr John Patterson, Chief Clinical Officer and Deputy Accountable Officer, Oldham Cares</i></p> <p>For the Sub-Committee to participate in a workshop regarding the current status and plans for Urgent Care</p>	6.20pm 30 mins
12	<p>Adult Mental Health <i>Gary Flanagan, Senior Commissioning Business Partner – Mental Health, Learning Disability and Dementia and Dr Keith Jeffery, GP Partner and Oldham CCG Clinical Director for Mental Health</i></p> <p>For the Sub-Committee to review the current status and plans for Adult Mental Health including the Mental Health Concordat and 5 Ways to Wellbeing.</p>	6.50pm 20 mins
13	<p>Council Motions <i>Chair</i></p> <p>For the sub-committee to receive an update on the progress of Health related Council motions.</p>	7.10pm 5 mins
14	<p>Mayor’s Healthy Living Campaign <i>Chair</i></p> <p>For the sub-committee to receive a status update on the Mayor’s Healthy Living Campaign</p>	7.15pm 10 mins
15	Health Scrutiny Forward Plan	7.20pm

16	Exclusion of Press and Public Chair	7.25pm
17	All Age Obesity in Oldham	7.26pm

Part B – Closed Session		
16	<p>Obesity <i>Katrina Stephens, Joint Acting Director of Public Health / Consultant in Public Health (Health & Wellbeing) and Julie Holt, Public Health Specialist</i></p> <p>For the Sub-Committee to participate in a workshop regarding plans to address Obesity</p>	<p>7.30pm 30 mins</p>

This page is intentionally left blank

Briefing to Health Scrutiny

Date: 15th November 2018

For Discussion

Subject:

Elected Member Safeguarding Training

Sign-off:

Merlin Joseph – Interim Director of Children’s Services (30 October 2018)

Report of:

Ed Francis – Assistant Director for Safeguarding and Partnerships

Portfolio holder:

Cllr Amanda Chadderton

Lisa Morris – Local Safeguarding Children’s Board (LSCB) manager

Summary of the issue:

Following a Task and Finish review of safeguarding training for elected members in early 2018 a new member training package was developed which brought together an overview of safeguarding of children and adults and Prevent. To date three, two hour, sessions have been delivered and evaluated.

A further review of the input to members has been requested in order to explore how the current safeguarding input can be expanded, both in terms of duration but also with regards the content to ensure it is better tailored to the scenarios experienced by members.

In order to begin this review the Health Scrutiny is being requested to approve an information gathering exercise to identify the safeguarding concerns that they are presented with in carrying out their function.

Recommendations to Health Scrutiny:

1. That the panel supports a follow up review of member safeguarding training.
2. That members be asked to consider the safeguarding scenarios that they are presented with and to provide this information to the LSCB training subgroup for consideration.
3. That the evaluations of the new training package and the outcome of the information gathering exercise be presenting to the Member Training Working Group.
4. That consideration is given to separating the current safeguarding input into individual sessions for members, giving priority for each within the member’s training calendar.

1. Report details

Following a request from Cllr McLaren to review the existing safeguarding training for elected members a small task and finish group was established in January 2018. The group considered the existing safeguarding input in relation to both children and adults against the training requirements and time capacity for members.

As a result of the group and in line with an overall review of member training a new safeguarding input for members was developed. It was agreed that the input would provide an overview of safeguarding issues to support members in their role and that any additional, more specialist training, would be accessed via the Local Safeguarding Children Board's comprehensive multi-agency training calendar.

(https://www.oldham.gov.uk/lscb/info/3/training/31/lscb_training_calendar)

Members of the group acknowledged the limited capacity within both children and adult safeguarding boards to deliver extensive, bespoke training to members and furthermore agreed that attending multi-agency training would be beneficial, allowing them to develop a wider knowledge and understanding of partner agency's roles within safeguarding.

The new session combines an overview of children and adult safeguarding along with an input relating to Prevent. It is delivered by the Assistant Director for Safeguarding and Partnerships for Children's Services, Assistant Director for Joint Commissioning and Safeguarding for Oldham Cares and the Assistant Director for Communities and Early Intervention.

To date three sessions have been delivered and approximately 35 elected members have attended. Of the evaluations received following the training, the majority have indicated that the training was both useful and relevant. Several attendees however fed back that the range of topics covered in what is a two hour session limited the opportunity for more in depth consideration and those members who have attended previous training and so already knew some of the 'basics' would have liked to be able to focus more on each particular topic.

Feedback also indicates that the training needs to be more tailored to the safeguarding concerns that are being raised specifically with members by their constituents or issues that emerge as they discharge their duties.

In order to respond to this it is suggested that members be surveyed in order to gain a better understanding of the safeguarding scenarios that they are being presented with. Upon receipt the scenarios can be considered by the LSCB training subgroup and recommendations made in relation to the format and content of the Member's input.

In order to allow each element of the current input to be explored fully it may be advisable that safeguarding children and adults and the presentation on Prevent be separated out into individual training sessions. This would need to be considered within the member's training calendar and attendance at each session would need to be considered mandatory.

By supporting Members to have a greater understanding of the safeguarding issues facing those Oldham residents at risk and the referral pathways for support and intervention, it will allow for more effective and timely responses to concerns raised, and greater scrutiny of current provision.

BRIEFING TO HEALTH SCRUTINY

Report Title: Urgent Care

**Report Author: Nadia Baig, Director of Commissioning,
Oldham Cares**

Date: 15 November 2018

Requirement from the Health Scrutiny Subcommittee:

There will be an Urgent Care session at the Health Scrutiny sub-committee on 15th November 2018.

The purpose of this session will be to

- Follow on from the update to the committee delivered on 3rd July (the development of the front end of A&E plans for the walk in service, and the development of the Urgent Care hub model)
- Update on winter planning progress for Urgent Care services in Oldham.
- Discussion with the committee about what is working well and what challenges we face (with particular reference to staffing and resources)

Background:

At the session of the 3rd July the sub-committee received the draft Urgent Care Strategy, an update on the progress with the development of services at the front end of A&E and an update on plans for the walk in service.

1.1 Development of the front end of A&E, the walk in service and the development of the urgent care hub model.

The front end of A&E service continues to support patients who arrive at A&E and require primary care services. The service is available from 11am – 11pm 7 days a week.

The walk in service remains in place and will do so until there is an alternative offer in place for patients.

Working with the cluster model for the development of services, there are plans to develop Urgent Care Hubs as an alternative to the current walk in service offer.

1.2 Winter planning process for Urgent care services

The Urgent Care partners have worked together to review Winter 2017/18 and to develop plans for 2018/19.

In 2018/19, the Urgent Care system in Oldham was under pressure with increased demand for services. The pressures were increased over the bank holiday period in December 2017.

A&E Attendances of greater than 300 per day have become routine for the Oldham Hospital site.

The plans for 2018/19 focus on the following areas

- Supply
- Capacity and
- Seasonal pressures

1.2.1 Supply

Actions include

- System resilience funding is being used to support Urgent Care services through the provision of additional beds for acute medicine and paediatrics.
- The discharge ward will include the development of frailty assessment service.
- Robust reviews of length of stay and a focus on care planning for long stay patients
- A series of Multi Agency Discharge Events to support system flow.
- A re-launch of the patient choice policy across the hospital, intermediate care and reablement.

1.2.2 Capacity

Actions include

- Incentive payments and trusted assessor arrangements in place for care homes to complete assessments within 2 hours for patients waiting to be discharged.
- Block purchasing of care home capacity
- Additional Intravenous therapy service capacity
- Rapid access step up and step down short term nursing and therapy support
- A Bed Every Night – additional communal night shelter accommodation.
- Additional primary care streaming capacity at the front end of the hospital

1.2.3 Seasonal Pressures

Actions to support system resilience over the peak festive season include

- Communications to inform residents about service availability over the festive period.

- All providers to ensure robust plans are in place for the bank holidays, extreme weather and flu.
- Escalation processes and procedures reviewed.
- Work to support provision in areas of greatest needs
- Plans to support cancellation of routine activity to support demand where required.
- Extreme weather plan in development.

1.3 Discussion

The Health Scrutiny Committee is invited to comment on the above.

This page is intentionally left blank

BRIEFING TO HEALTH SCRUTINY

Report Title: Adult Mental Health Update

Report Author: Gary Flanagan – Senior Commissioning Business Partner,
NHS Oldham CCG/Oldham Cares

Date: 15th November 2018

Requirement from the Health Scrutiny Subcommittee:

The Health Scrutiny Committee has requested review of the current status and plans for adult mental health in Oldham, including Mental Health Concordat and 5 Ways to Wellbeing.

Recommendations

The Health Scrutiny Committee will receive an update on the following mental health work programmes:

Mental Health and Wellbeing

- Overview of the prevention concordat and how, through approaches such as 5 Ways to Wellbeing and mental health literacy, it supports the wider health economy to embed mental health and wellbeing into strategic decision making in Oldham.

Common Mental Health Problems

- Developments within IAPT Plus (Improving Access to Psychological Therapies) and future requirements to enhance specialist support to people with long-term physical health conditions and perinatal mental health.

Community, Acute and Crisis Care

- Delivery of the Early Intervention in Psychosis (EIP) targets on access and NICE compliance;
- Support to people with a severe mental illness receiving annual physical health checks;
- Local and GM transformation schemes supporting crisis and acute mental health including enhanced liaison mental health in hospital and in the community, Oldham Crisis Safe Haven, and Psychological Medicine in Primary Care;
- Reducing the number of out of area placements for Oldham residents;
- Overview of the Oldham suicide prevention action plan.

This page is intentionally left blank

BRIEFING TO HEALTH SCRUTINY

Report Title: Council Motions

Report Author: Andrea Entwistle, Principal Policy Officer Health and Wellbeing

Date: November 2018

Background:

There have been no motions of business referred to Health Scrutiny from Full Council since the last time this sub-committee met.

Full Council are due to meet on Wednesday 7 November 2018.

This page is intentionally left blank

BRIEFING TO HEALTH SCRUTINY

Report Title: Mayor's Healthy Living Campaign

Report Author: Andrea Entwistle, Principal Policy Officer Health and Wellbeing

Date: November 2018

Background:

Each year, the Mayor is approached to see whether they have any particular areas of health and wellbeing they would like to actively support and raise awareness of during their term in office.

For 2018/19, Cllr Javid Iqbal will be the Mayor of Oldham. One of the themes that the Mayor has committed to supporting is increased physical activity, with a particular focus on walking.

Since the last meeting of the Health Scrutiny sub-committee, the Mayor has joined residents on an informative Oldham Historic Walk around the town centre on 6 October 2018. The walk lasted around 3 hours and gave those who participated the opportunity to learn more about the history of the town whilst being physically active.

The Mayor also participated in the Oldham and Saddleworth Memory Walk in Alexandra Park in aid of Alzheimer's Society on 13 October 2018. Residents and Oldham East and Saddleworth MP, Debbie Abrahams (in her capacity as chair of the All Party Parliamentary Group for Dementia and one of the Alzheimer Society's Dementia Friends Champions) were also joined on the walk by a number of councillors and officers from Oldham Cares. In addition to raising awareness about dementia and providing local people with the opportunity to remember their loved ones, the walk also aimed to encourage residents to be more physically active to contribute to improved health and wellbeing.

The Health Scrutiny committee will be kept updated through the year as to the activity the Mayor has been involved in to promote healthy living in the borough.

Recommendations to Health Scrutiny

Health Scrutiny sub-committee is asked to note the update and support the Mayor during his time in office.

This page is intentionally left blank

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank