

**HEALTH SCRUTINY**  
**07/07/2020 at 6.00 pm**



**Present:** Councillor Akhtar (Chair)  
Councillors Toor, McLaren, Alyas, Byrne, Hamblett and Ibrahim

Also in Attendance:

Ben Gilchrist	Interim Manager, Oldham Healthwatch
Dr Henri Giller	Independent Chair, Oldham Safeguarding Adults Board
Jayne Ratcliffe	Deputy Managing Director Health and Adult Social Care Community Services
Hayley Eccles	Head of Strategic Safeguarding
Peter Pawson	Thriving Communities Programme Manager
Mark Hardman	Constitutional Services
Lori Hughes	Constitutional Services

1           **APPOINTMENT OF VICE CHAIR**

**RESOLVED** that Councillor McLaren be appointed Vice Chair of the Health Scrutiny Committee for the 2020/21 Municipal Year.

2           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Cosgrove.

3           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4           **URGENT BUSINESS**

There were no items of urgent business received.

5           **PUBLIC QUESTION TIME**

There were no public questions received.

6           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting of the Health Scrutiny Committee held on 7<sup>th</sup> January 2020 be approved as a correct record.

7           **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST**

**RESOLVED** that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust held on 28<sup>th</sup> January 2020 be noted.



8 **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE ACUTE HOSPITALS NHS TRUST**

**RESOLVED** that the minutes of the meetings of the Joint Scrutiny Panel for Pennine Acute Hospitals Trust held on 8<sup>th</sup> October 2019 and 23<sup>rd</sup> January 2020 be noted.

9 **MINUTES OF HEALTH AND WELLBEING BOARD**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 12<sup>th</sup> November 2020 be noted.

10 **END OF LIFE SERVICES REVIEW**

The Committee was advised that Healthwatch Oldham had undertaken an End of Life Review to gather the experiences of families and carers who have supported a family member through palliative and end of life care in Oldham. The review had been triggered by the highlighting of issues faced by carers supporting loved ones at the end of their life, comments about the lack of community bereavement support, mixed feedback from families accessing palliative and End of Life (EOL) care, and an increase in the number of Do Not Attempt Resuscitation (DNAR) complaints.

The Review had been undertaken between July and December 2019 and sought feedback from the general public, from families with experience of supporting a family member at the end of their life, and from professionals involved in EOL care and support. The detailed responses arising from the consultation, along with the key findings, were fully detailed in the Healthwatch Oldham report "Talking About Dying: A Review of Palliative and End of Life Care in Oldham", a copy of which was appended to a submitted report. The Healthwatch Oldham report made thirteen detailed recommendations aligned under the Greater Manchester Health and Social Care Commitments which sets out what individuals with palliative and end of life care needs can expect across Greater Manchester and provides a baseline to measure the quality of care provided in Oldham. The Committee was advised that Healthwatch Oldham had also recently concluded a DNAR survey: while there had been a number of positive experiences reported, a number of more serious areas of concern had been highlighted which would add weight to the training recommendation within the Report.

Ben Gilchrist of Healthwatch Oldham invited the Committee to consider the Report and to provide any comments or observations as to the findings and draft recommendations prior to the formal conclusion and sign-off of the report. The following matters were considered accordingly in respect of the recommendations –

Recommendation 6 – Hospice at Home – further to a query concerning the reliable access to pain relief 24 hours a day and the prescribing and supply of such medication, while it was understood medication would be administered by the District

Nursing service, clarification as to the intentions behind the recommendation, including prescribing, would be sought;

Recommendation 8 - Crisis Care - further to a comment that promotional information in respect of EOL care needed to also be culturally sensitive as well as available in a range of languages, it was acknowledged the recommendation did not capture the detail and this would be looked at to make sure the issue was brought out more. Ben Gilchrist undertook to refer a query to colleagues as to any consideration of the recommendations of a previous Voluntary Action Oldham study into the experiences of the Asian community;

Recommendation 11 – Training – A Member referred to an occasion they were aware of where carers for an individual with a DNAR notice in place had called an ambulance but then attempted resuscitation on the advice of the 999 service. It was acknowledged that the circumstances highlighted not only a training need, but the need for electronic records, for clarity across services as regards to status etc.;

Recommendation 13 – Bereavement Support – Further to a query as to whether the Bereavement Support Team would comprise professionals or volunteers, the extent of training etc, the Committee was advised that the recommendation was concerned with the availability of bereavement support in general, and it would be for each provider to consider what was available and what was needed.

A Member commented generally, but with particular reference to Recommendations 4 (Communications) and 11 (Training), that there should be a requirement for additional communications with, and training for those dealing with EOL issues in respect of, patients with Special Educational Needs and Disabilities/ Aspergers. It was accepted this was an important point to bring out and that Healthwatch Oldham always sought to ensure that training and recommendations put forward presented an holistic approach.

Addressing the recommendations in general when considering religious and cultural needs, the Chair noted as an example that for Muslims a funeral should be held as soon as possible, meaning that individuals needed to be released as soon as possible to the family. Noting the respective roles of the Coroner and GPs, an example was reported where an arrangement with a local GP practice had failed due to the absence of the GP at the time of death. The points raised were acknowledged and a focus to highlight religious and cultural practices, and the impact on service delivery, would be considered.

The wide ranging and comprehensive nature of the recommendations was noted, and the extent to which they were deliverable in current circumstances was queried, including whether there had been any exercise to match resources from the current EOL services. The Committee was advised that

Healthwatch Oldham recognised the challenging environment and always tried to develop recommendations and focussed solutions reflective of local circumstances. For example, Recommendation 1 (Co-ordinated care) reflected existing health and social care working in the five clusters to build on the wider integration model. With regard to training, it was known that services had workforce development arrangements and Healthwatch would look to these being adapted accordingly, meaning that the training proposal should be or be close to cost neutral.

The highlighted use of acronyms in the report was acknowledged and this would be addressed before publication.

With regard to a query relating to the timeline for taking the Review report forward, the Committee was advised it was hoped to formalise and publish the final Report by the end of July. Due to current circumstances there was a need to make specific plans to present the recommendations to the various decision making bodies over the course of the remainder of the year. As such, it was unlikely that any update to the Committee could be made before the year end. The Chair asked for the final draft of the Healthwatch Oldham report to be circulated to Members of the Committee and thanked Healthwatch for the undertaking of the Review and the presentation of the draft Report.

**RESOLVED** – That the comments of the Committee be commended to Healthwatch Oldham for their consideration, and Healthwatch Oldham be thanked for the undertaking of the Review and for the presentation of the draft Report to the Committee.

11

## **SAFEGUARDING ADULTS UPDATE**

The Committee received a presentation with contributions from Dr Henri Giller, Independent Chair of the Children and Adult Safeguarding Partnerships; Jayne Ratcliffe, Deputy Managing Director Health and Adult Social Care Community Services; and Hayley Eccles, Head of Strategic Safeguarding addressing an overview and context of Covid-19 and of Partnership assurance processes in relation to adult safeguarding, the Children and Adult Partnership response to Covid-19 across Social Care, Health and the Police, and an update on the Children and Adult Partnership business plan.

The recent organisational and managerial changes impacting on the Adults Strategic Safeguarding Service were reported, it being noted that the Service had maintained core delivery while going through both redesign and the delivery of a proactive response to Covid-19. The emerging risks impacting on adults safeguarding were highlighted, together with the interventions being made to mitigate against these risks. Statistical data as to aspects of adult safeguarding was presented, including an analysis comparing the period February – May in both 2019 and 2020, it being noted that there had been an increase of 248 referrals in 2020 over the respective period in 2019.

The work of the wider Adults Services in support of care homes during the Covid-19 pandemic and the financial implications presented by Covid-19 were considered. In the short to medium term it seemed almost inevitable that the Council would need to consider some form of financial support for those care homes with a financially unsustainable level of vacancies. Without support, there could be a wave of closures, meaning a movement of residents creating a serious risk of spreading infection and the potential for wider health and wellbeing risks which could fall within safeguarding adults criteria. Alongside this, there were a number of concerns about carers and the associated risks and mitigations were highlighted.

Returning to the structure of the Adult Strategic Safeguarding Service, the Committee was reminded that an Adult Safeguarding Review completed in 2019 had made 22 recommendations and was advised of progress made in establishing a Strategic Safeguarding Service which included a Board Business Unit to support the Board and sub-groups, introducing Strategic Safeguarding Leads, a revised Deprivation of Liberty (DoLS) function, and a small team of specialist Safeguarding practitioners to provide a link between practice and strategic activity. Work to achieve the objective of making safeguarding personal was highlighted, and an opportunity for Members to further consider a number of randomly selected, anonymised cases was offered. The process undertaken for developing the Oldham Adults Safeguarding Board's Business Plan for 2020/21 was outlined and the key priorities for the forthcoming three months highlighted. A brief outline of the risks and the associated mitigations to address those risks associated with connected work being undertaken by the Oldham Clinical Commissioning Group and by Greater Manchester Police locally was also presented.

A Member noted reference to the number of outstanding DoLS cases, referred to a previous presentation by the Managing Director of Health and Adult Social Care Community Services who had reported on pending legislation to introduce a simplified process and queried how the backlog of cases was to be addressed. The Committee was advised that the simplified procedures had now been anticipated for 18 months, to the extent that relevant training had been undertaken. However, the date for implementation had now been put back by government a number of times. With regard to the outstanding DoLS cases, these were reviewed for urgency and new systems, including agreed referrals and the triaging of cases, were contributing to a robust action plan to address these over the coming six months.

In response to a query as to whether and when the Service could be considered as getting to good, it was noted that the ability and willingness of the Service to challenge itself would develop the service and it was important to ensure that people considered the service provided to be good, as was suggested by feedback reported previously in respect of the making safeguarding personal objective. Responding to a query as to



the hosting of a website for the safeguarding service, it was confirmed this would be hosted on the Council's website.



**Oldham**  
Council

An update of the position concerning care homes and Covid-19 was requested. While 38 homes in the Borough had reported cases, only three care homes were now reporting positive cases which reflected on the hard work undertaken by all partners in response to the challenge.

In concluding remarks, the Chair of the Safeguarding Boards noted and commented upon the hard work which had been undertaken to get the Service to its current position, a Member suggested that the presentation or similar detail should form part of the elected Member Development Programme, and the Chair expressed thanks on behalf of the Committee for the presentation made to the Committee.

**RESOLVED** that

1. the presentation of the work of the Adult Safeguarding Service and the Oldham Adult Safeguarding Board be noted;
2. the Committee give a further consideration to the randomised safeguarding cases highlighted in the presentation.

12

**THRIVING COMMUNITIES AND HEALTH IMPROVEMENT UPDATE**

The Committee was reminded that the Oldham Plan 2017-22 sets out the Oldham Model for delivering tangible and sustained change through a focus on inclusive economy, thriving communities and co-operative services. To accelerate the Thriving Communities element and deliver the common objectives for health and social care integration - Oldham Cares - £2.69m had been agreed from the Greater Manchester Transformation Fund as part of the Health and Social Care transformation fund to support Greater Manchester devolution.

The Thriving Communities Programme was a three year programme focused on building on the strengths and support groups in the voluntary, community, faith and social enterprise sector; supporting people earlier in the care pathway; and driving the shift to earlier intervention and prevention by helping residents make better life choices and not progressing into higher levels of need. The programme would deliver £9m+ of reduced demand in the health and care system thereby reducing pressure on both primary and acute care as well as delivering wider benefits to Oldham residents in improving their general physical and mental health and wellbeing.

Some projects in the Programme had been paused so efforts could be made to support the Community Bronze response to the COVID-19 pandemic. For example, the Thriving Communities team worked with Council colleagues and partners to mobilise the Coronavirus Emergency Need Helpline and related support; to produce a bespoke database to record

referrals from the helpline into the Place Based Hubs; to support processes for the collection and delivery of medication; and to develop prototypes for the testing of hard to reach groups in respect of the National Contact Tracing Service.

Notwithstanding, some work had continued to progress and was advised in the submitted report. For example, the Social Prescribing network which bridged the gap between medical care and the community had maintained interactions by phone or an online alternative, and the five projects supported by the Social Action fund to address loneliness as well as physical and mental health issues had each responded and adapted based on the nature of the project and their individual organisational circumstances.

Noting that while entry into social prescribing provision could be made by phone, much information and access was available via websites and email, a Member queried the progress being made to ensure digital inclusion. While the use of digital means of communication in Oldham had been externally recognised during the Covid-19 response and noting comments of Members about access in the community, it was acknowledged that further work was needed in this area. A Member further commented that advice around isolation during the Covid-19 lockdown had not been communicated to all those affected, and while personal access to medication had been resolved by a local chemist, expressed concern at the position other individuals might have been placed in. Further to this issue, the Committee was advised that the operation of the Helpline would continue to be reviewed and would continue if there was demonstrable demand for support such as access to medication.

**RESOLVED** – that the report be noted.

13

### **COUNCIL MOTION - BAN ON FAST FOOD AND ENERGY DRINKS ADVERTISING**

The Committee was reminded that, at a meeting of the Council held on 11<sup>th</sup> September 2019, the Council had referred a Motion Ban on “Fast Food and Energy Drinks Advertising” to the Overview and Scrutiny Board. The Overview and Scrutiny Board had, at a meeting held on 7<sup>th</sup> January 2020, in turn referred the Motion to the Health Scrutiny Committee for consideration.

The Committee received a report which presented a summary of the evidence base on High Fat, Salt and Sugar (HFSS) Food Advertising prepared by the Public Health Team; background to the Mayor of London’s ban on fast food advertising on the London transport network that was referenced in the Motion; some initial views of Transport for Greater Manchester in respect of the possible introduction of a scheme similar to London’s; the recommendations of a report ‘Taking Down Junk Food’ prepared by Sustain and Foodwatch; and observations of the Director of Public Health and the Head of Strategic Estates

and Facilities Management in respect of matters referenced in the Motion.



In consideration of item, Members discussed whether certain matters might benefit from a Greater Manchester-wide consideration. Members further noted that a proposed new Healthy Weight and Physical Activity Strategy developed by the Public Health Team would link to certain aspects of the Motion and it was suggested that the Director of Public Health be asked to consider submission of the Strategy to allow a full consideration of the Motion.

**RESOLVED** that the Motion be considered at the next meeting of the Committee and the Director of Public Health be asked to consider submission of the proposed Healthy Weight and Physical Activity Strategy for consideration alongside the Motion.

14

### **COUNCIL MOTION - MAKING A COMMITMENT TO THE UN SUSTAINABLE DEVELOPMENT GOALS**

The Committee was reminded that, at a meeting of the Council held on 10<sup>th</sup> July 2019, the Council had committed Oldham to the 17 Sustainable Development Goals (SDGs) set out at the United Nation's 2030 Sustainable Developmental Agenda "as far as it is practicable and within its power and resources" and had called for a report to be made to both this Committee and the Overview and Scrutiny Board .

The Committee received a report, considered previously by the Overview and Scrutiny Board at a meeting held on 3<sup>rd</sup> March 2020 and commended to the Council accordingly, highlighting how Oldham was championing and implementing the SDGs, providing an overview of the work that is being undertaken across the Council to support this.

**RESOLVED** that the work being undertaken in Oldham that contributed to the ambitions of the UN's Sustainable Development Goals be noted and the submitted report be commended to Council.

15

### **OVERVIEW AND SCRUTINY ANNUAL REPORT 2019/20**

The Committee gave consideration to the Overview and Scrutiny Annual Report for 2019/20.

The Annual Report outlined the purpose of overview and scrutiny, the roles and responsibilities of the three scrutiny Committees, and a summary of the work undertaken by the overview and scrutiny function in 2019/20. This included the overview and scrutiny of key plans and strategies, internal and external consultations, monitoring of services, motions referred to scrutiny by Full Council and the work of task and finish groups.



**RESOLVED** that the Overview and Scrutiny Annual Report for 2019/20 be commended to Full Council.



**Oldham**  
Council

16

### **HEALTH SCRUTINY FORWARD PLAN**

The Committee gave consideration to the proposed Health Scrutiny Committee Work Programme for 2020/21, outlining those issues which would be considered by the Committee during the municipal year.

With regard to the programmed business, it was noted that the work of the Public Health Team had shifted substantially to a focus on mandated services due to COVID-19. A re-assessment would be made in July as to what could be brought back on line, including a consideration as to what Public Health business might be able to be brought to the Committee and the likely timescales. In such circumstances, it was considered that details of the re-assessment might be the subject of a report, or be included in an updated work programme, at the next meeting of the Committee. Further to other issues highlighted in the work programme, it was considered that the Committee should receive an update report on the position of the Royal Oldham Hospital in the context of local NHS Acute Trust re-organisation.

**RESOLVED** that –

1. the Health Scrutiny Committee Work Programme 2020/21, as presented, be noted;
2. the Director of Public Health report to the next meeting of the Committee on the re-assessment of Public Health business and the scheduling of business to this Committee;
3. the Committee receive a report on the position of the Royal Oldham Hospital in the context of local NHS Acute Trust re-organisation.

17

### **DATE AND TIME OF NEXT MEETING**

It was noted that the next scheduled meeting of the Health Scrutiny Committee would be held on Tuesday 1<sup>st</sup> September 2020 at 6.00 pm.

The meeting started at 6.00pm and ended at 8.30pm.