

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

Date Tuesday 1 September 2020

Time 6.00 pm

Venue Virtual meeting

https://www.oldham.gov.uk/info/200608/meetings/1940/live_council_meetings_online

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 Kaidy McCann at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Kaidy McCann or email constitutional.services@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 Wednesday, 26 August 2020.

4. FILMING – This meeting will be recorded for live and/or subsequent broadcast on the Council’s website. The whole of the meeting will be recorded, except where there are confidential or exempt items and the footage will be on our website. This activity promotes democratic engagement in accordance with section 100A(9) of the Local Government Act 1972.

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 Toor, McLaren (Vice-Chair), Alyas, Byrne, Hamblett, Ibrahim, Akhtar (Chair) and Cosgrove

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 - 10)

The Minutes of the meeting of the Health Scrutiny Committee held on 7th July 2020 are attached for approval.

6 Urgent Care Review (Pages 11 - 18)

7 Multi-agency Early Help Strategy (Pages 19 - 28)

8 Council Motion - Ban on Fast Food and Energy Drinks Advertising (Pages 29 - 66)

9 Council Motion - Chatty Checkouts and Cafes (Pages 67 - 70)

10 Health Scrutiny Committee Work Programme 2020/21 (Pages 71 - 82)

11 Date and Time of Next Meeting

The next meeting of the Health Scrutiny Committee is scheduled to take place on Tuesday, 13th October 2020 at 6.00 p.m.



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 7th 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 28th 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 8th October 2019 and 23rd 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 12th 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;



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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.

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.

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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 11th 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 7th 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.

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

The Committee was reminded that, at a meeting of the Council held on 10th 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 3rd 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.



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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.

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DATE AND TIME OF NEXT MEETING

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

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

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Report to HEALTH SCRUTINY BOARD

Urgent Care Review

Portfolio Holder: Nicola Hepburn, Interim Director of Commissioning and Operations, Oldham Cares

Officer Contact: Mike Barker, Chief Operating Officer for Oldham CCG & Strategic Director of Commissioning for Oldham Council

Report Author: Megan Ward, Senior Commissioning Business Partner, Urgent Care

01.09.2020

Purpose of the Report

The report was requested by Health Scrutiny following a number of changes made to services within urgent care as a result of the Covid-19 Pandemic. This report seeks to assure members that provision of urgent health care in the community has been maintained, and the offer to Oldham residents is improved. It also highlights the national mandates which have created the need to redesign some services and it sets out our intention to engage with residents when possible.

Executive Summary

Covid-19 is the single most disruptive event facing global healthcare economies, and as such remains at the top of the UK Governments National Risk Register (NHSE 2020). The World Health Organisation has declared we are in a pandemic.

All systems are revising operating frameworks for managing the current global healthcare crisis. The frail and elderly with an underlying condition are at the greatest risk and remain the top risk of the UK Cabinet Office and NHS England. Fears of the virus are especially well-founded when it comes to this high risk group.

The national mandate required us to prevent all walk-in's to primary healthcare settings and open a Covid Assessment Centre. Oldham was one of the first in the nation to set up the Covid Assessment Centre. We did this by redesigning the Walk-in-Centre and using the workforce from this and other parts of the Urgent Care system.

A digital element was also implemented at the same time which meant that the service could support care home residents by offering clinical consultations using equipment provided to them. The IT infrastructure set up allows for access to a patient's GP record, which means a patient receives more holistic care.

Oldham is redesigning the unscheduled care strategy in partnership with our Health and Social Care colleagues, and is still under development.

Recommendations

Oldham CCG are presenting this report in order to inform and update members of the work taken place in order to best support our residents and patients throughout the pandemic. Scrutiny is asked to note work undertaken so far, the future direction of travel and plans to involve the public.

Urgent Care Update

1 Background

1.1 Walk in Service Consultation

The Walk in Service at the Integrated Care Centre opened in November 2009, to provide additional urgent primary care access and stop patients going to the Emergency Department (ED) who could be better cared for outside hospital.

In October 2017 a consultation took place with Oldham residents to better understand what the population would want to see if the Walk in Service at the Integrated Care Centre (ICC) were to close. The consultation highlighted the following points:

- It appears to have generated ‘new’ demand – i.e. patients who would otherwise have self-managed their minor ailments at home, seen their local pharmacist or waited to see their own GP have decided to go to the Walk in Service instead
- It attracts a significant number of patients who live outside the borough of Oldham.
- It is used disproportionately by patients who live near the town centre or who are registered with a GP practice based in or near to the Integrated Care Centre - disadvantaging patients living further away.
- A lack of bookable appointments and, at times, long waits to be seen.
- It is not linked into the clinical systems of either patients’ own GPs or the hospital, leading to fragmented care and the need to repeatedly take medical histories.
- A lack of access to diagnostic systems such as x-rays and blood tests, and additional support such as community services, mental health teams, the voluntary sector, housing etc.
- And perhaps most importantly it has not solved the issues it set out to fix – many patients still have difficulty seeing a GP urgently and ED continues to be used by patients who could have been treated in primary care.”

The outcome of the consultation, decided by the CCG Governing Body in January 2018 was to move forward with the closure of the Walk In Centre and instead move forward with a new system offering bookable appointments for urgent primary care closer to home.

However, at the onset of the pandemic, this decision was still to be implemented as development work was still ongoing and a review was underway.

2 Current Position

2.1 Response to Covid-19 Pandemic

In response to the Covid-19 pandemic, health & social care organisations were required to rapidly develop services to support their residents in accessing and receiving the right care whilst the nation was learning to manage in a new and changing environment.

CCG’s were mandated in many areas of their response to Covid-19; one of which was the instruction to immediately set up a Covid Assessment Centre (“hot” site), and to stop walk-in primary care facilities. Also in response to Covid there was a need for the hospital to have as much space in ED as possible. At the hospital’s request, we moved

the Out of Hours service out of the hospital and into the ICC and relocated the GP working in ED into the Covid Assessment Centre. We were required to cease walk-in appointments at the WiC and so used the same workforce plus extra from IGP Cares in the Covid Assessment Centre.

2.2 Redesign of the Walk in Centre (WiC)

On March 29th 2020 the WiC was closed and the Covid Assessment Centre was opened in its place – just moved to the lower ground floor of the ICC in order to meet Infection Prevention Control (IPC) requirements. The Centre needed to be able to respond to the patients who were ill with Covid-19 symptoms but did not need to be in hospital.

Because of social distancing requirements and lock-down measures, video consultation was needed to protect vulnerable patients who were shielded and face to face consultations were only offered where necessary. Consultations were only available by appointment, but these appointments were offered within 2 hours of referral to the centre.

As the designated “hot site” it was required to see suspected/confirmed Covid Primary Care patients face to face when the guidance was to keep GP practices as “cold sites”. The development was clinically led both from a CCG perspective and from within the service itself ensuring that pathways and facilities were effective and in line with national guidance.

Oldham was one of the first areas in the country to open their Covid Assessment Centre, which was acknowledged in national and local press, and reflects the speed in which we worked.

2.3 Addition of the digital element

At the same time as setting up the Covid Assessment Centre, the digital aspect of the centre was also created. This was originally part of the CCG’s commissioning intentions, but was in early stage of planning when Covid arrived.

Oldham has historically had a high number of care home residents who attend the ED compared to other areas, plus a high number of frail elderly patients who re-attend and get re-admitted repeatedly. The intention before Covid was to provide a digital service which could offer clinical assessment and treatment to residents easily, quickly and link into other services in order to prevent the resident going into hospital or having to leave their home. It is well evidenced that a frail person going into hospital can suffer further (ie becoming weaker, dementia progression, falls etc) than if they had stayed in their own home.

The digital aspect needed to be accelerated in order to support Care Homes, Primary Care and other HCP’s – it was vital that the centre had access to the necessary digital technology and patient records.

The digital element was introduced extremely quickly alongside the Covid Assessment Centre and the two were set up at the same time, using the same workforce, estates and IT systems. The multidisciplinary workforce flexed between the two services according to demand.

As part of the digital offer, care homes were provided with smart phones in order to conduct AccuRX (video) consultations with the clinicians and their residents. These

phones were also used for AccuRX consultations with the residents' GP practice when needed. Pulse oximeters, blood pressure monitors and urinalysis sticks were also provided for care homes to use during consultations. Weekly webinars are held with CCG clinical directors and care homes in order to support them to use the equipment and access support for their residents.

2.3 Covid Assessment Centre and Digital element merge into "Oldham Clinical Digital Hub"

The Covid Assessment Centre now sees any patient face to face – not just those who have Covid symptoms (any digital Health Care Professional referrals that need to be seen face to face, patients attending ED for a non-emergency complaint etc) therefore we have re-named the centre in the ICC as the "Oldham Clinical Digital Hub" for the time being – which includes the Covid Assessment Centre.

2.4 The Oldham Digital Clinical Hub benefits

The Oldham Digital Clinical Hub offers a multidisciplinary workforce including GP's, nurses and allied health professionals. The Oldham Clinical Frailty Lead is based within the hub and liaises with the hospital discharge hub, care homes and community health and social care in order to best support or frail population.

The digital hub has direct links with community health and social care services, End of Life services and ED. We have provided smart phones to secondary care (ED, ACU, paediatrics, Dr Kershaw's Hospice, and urgent urology) to enable hub clinicians to access specialist advice and guidance from a secondary care clinician if they need it, and also enable the secondary care clinicians to join video conference calls via AccuRX with the patient and hub clinician should it be required.

The IT infrastructure that has been mobilised in the lower ground floor of the ICC also means the clinicians are able to access a patient's GP records, which wasn't available to them in the WiC. This gives the patient a much better experience and enables a consultation with a clinician to be more efficient and effective.

2.5 Accessing the Oldham Digital Clinical Hub

To access the hub, a patient needs to be referred to the hub by either their GP, another health or social care professional, or ED. We are working with the provider and NHS 111 to enable patients who contact 111 to be able to be booked into the hub if an appointment at their own GP practice isn't available.

An appointment will be provided to the patient within 2 hours. At present, the hub sees Oldham patients only, which allows them to respond quickly.

A direct number has been provided to care homes in order for them to access support for their residents easily.

3 **Key Issues for Overview and Scrutiny to Discuss**

3.1 NHS ambition - care closest to home

The NHS Long Term Plan sets out plans to provide care closer to home and identifies specific requirements around urgent (2-hour) response in the community to prevent unnecessary emergency hospital admissions and speed up discharges from hospital. Community rapid response within 2 hours will be fundamental to supporting the Urgent

and Emergency Care by Appointment model (see 3.2), facilitating access to urgent care closer to home.

The Oldham Clinical Digital Hub meets the care closer to home requirement by:

- offering video consultations with patients in their own home or a community setting at a time convenient to them
- For patients who cannot or do not want to access care this way, a telephone or face to face visit in the hub based at the ICC is available.
- Care homes have been provided with smart phones and equipment to enable them to access clinical care for their residents without moving them from their home.
- The IT infrastructure in the hub means that a clinician can see a patients' GP record, write in the record and GP's can flag to the hub if they have any patients they are concerned about out of GP hours.
- The IT will also enable the hub to book patients directly back into their GP practice, and ED will be able to book patients who attend inappropriately into their GP practice or the Digital Hub.

3.2 Urgent and Emergency Care by Appointment

In January 2020, prior to the Covid-19 crisis, the Greater Manchester Urgent and Emergency Care Board were focused on a large programme of work to improve the way that people receive urgent care, advice or treatment, to make sure they got this in the right place at the right time. The final stages of the programme planning were superseded by the Covid 19 crisis response during March.

As the NHS starts to recover, services resume and we begin our long process of living with Covid-19, this work has become a top priority.

Crowded Emergency Departments (EDs) can no longer be the norm, due to the risks this poses of spreading the Covid-19 virus. People who do not need to be there should not be, to help those who do need to, be seen as quickly and safely as possible.

During lockdown there was a significant reduction in emergency department attendances. In Greater Manchester this was around 60% lower than for the same period last year. A national analysis of emergency care data during this time has shown that the reduction was largely down to people with minor issues not turning up.

It is unclear if they sought out other NHS services instead, but there are other services available which can support them more safely than ED or, if they do need to visit an ED, an appointment can be booked to save them waiting.

In Oldham we are working alongside partners as an unscheduled care system to set up the capability to book people time slots to attend urgent and emergency care services, including in EDs, directing them to the correct service to meet their needs. This is both nationally and GM mandated.

3.3. Oldham's Unscheduled Care Strategy

Oldham CCG are currently reviewing the unscheduled care system in Oldham and redesigning it in order to meet national, GM and local standards. The learnings and repercussions for healthcare from Covid-19 will be taken into account within the design. The need for care closer to home at a setting that best suits their need at the most appropriate time is driving this work, but is not completed yet.

4 Key Questions for Health Scrutiny to Consider

-
- 4.1 What issues does Scrutiny feel we need to take account of in reviewing unscheduled care?
 - 4.2 Are there any issues specifically pertinent to Oldham's diverse communities that we need to take account of?
 - 4.3 How does Scrutiny wish to be kept informed of developments?

5. **Links to Corporate Outcomes**

5.1 Improved services and outcomes for our population

- Deliver the actions to improve the quality, outcomes and performance of services.
- Commissioning services that meet the needs of the population we serve.

System Reform and Transformation

- Develop our strategy, framework and approach to co-design with the local community.
- Accelerate the pace and scale of delivery of new models of care and transformation.

Engagement, Partnerships and Effectiveness

- Strengthen and embed robust processes to engage with the local community, ensuring that their views and experiences directly influence CCG priorities, plans and delivery.
- Develop and strengthen the partnerships we need to improve health and health services for our population.
- Ensure that the necessary internal systems, processes, constitutional and governance arrangements are in place to enable the CCG to deliver its duties and responsibilities.

6 **Additional Supporting Information**

6.1 Evidence Base

GM frailty charter

Local assessment of GM CAS and response to Covid
JSNA 2020

The Long Term Plan (2019).

NHS Planning Guidance (20/21).

NHS Oldham CCG Operational Plan 2019/20.

Oldham Clinical Commissioning Group Urgent Care Strategy: 2017/18–2020/21.

Deloitte (2020) Global Health Care Outlook

7 **Consultation**

- ### 7.1
- When a global pandemic was declared on 12 April 2020, we had to act quickly to ensure new services were put in place and existing services remained safe for patients and staff. In some cases, these temporary changes were put in place virtually immediately in response to national guidance.

This pressing need meant we weren't able to involve local people in decision making as we usually would. Now we are over the initial peak of infections, our thoughts are turning to the future. Some of these temporary changes may revert back to normal at some point,

some may stay as they are now permanently, and some may change again into a completely new arrangement for the future.

Although the future model of unscheduled care in Oldham will have to conform to the national mandates outlined above, there is still considerable scope to 'Oldhamise' it to make sure it works as well as possible for all our communities. For this reason we want to undertake further engagement to build and update on our 2017 Urgent Primary Care Consultation.

Many of the face to face methods used in that consultation are no longer open to use due to Covid. However, we intend to share our ideas and seek views from the public using a mix of video-meetings, a survey and inviting residents to write or call with their thoughts. A synopsis of the comments and a response showing how we have taken them into account in the final design will be published for all to see.

8 **Appendices**

8.1 Examples of patient journeys and Case Studies using the Oldham Clinical Digital Hub



Report to Health Scrutiny Sub-Committee

Development of Early Help

Portfolio Holder:

Cllr Amanda Chadderton,
Cabinet member HR and Corporate Reform

Officer Contact: Gerard Jones, Managing Director Children and Young People

Report Author: Bruce Penhale, Assistant Director Family Connect
Ext. 4196

1 September 2020

Purpose of the report

The report provides the Health Scrutiny Sub-Committee with an update on the development of the early help offer for children and families in Oldham, and the connections to other areas of activity including place-based working. It also highlights linkages to a range of other work relating to prevention and early intervention in the Borough.

Recommendations

The Committee is recommended to note the update on the developing approach to the multi-agency early help offer, and to contribute views on how to further strengthen this.

Development of Early Help

1. Purpose of the report

1.1 This report provides the Health Scrutiny Sub-Committee with an update on the development of the early help offer for children and families in Oldham, and the connections to other areas of activity including place-based working. It also highlights linkages to a range of other work relating to prevention and early intervention in the Borough.

2. Early Help

2.1 Working together to safeguard children (2018) is the statutory guidance for inter-agency working to safeguard and promote the welfare of children. This recognises that providing early help is more effective than reacting later in promoting the welfare of children. It defines early help as *“providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.”* This includes addressing parental issues such as poor mental health, drug and alcohol misuse and domestic abuse which impact upon the lives of children in the family.

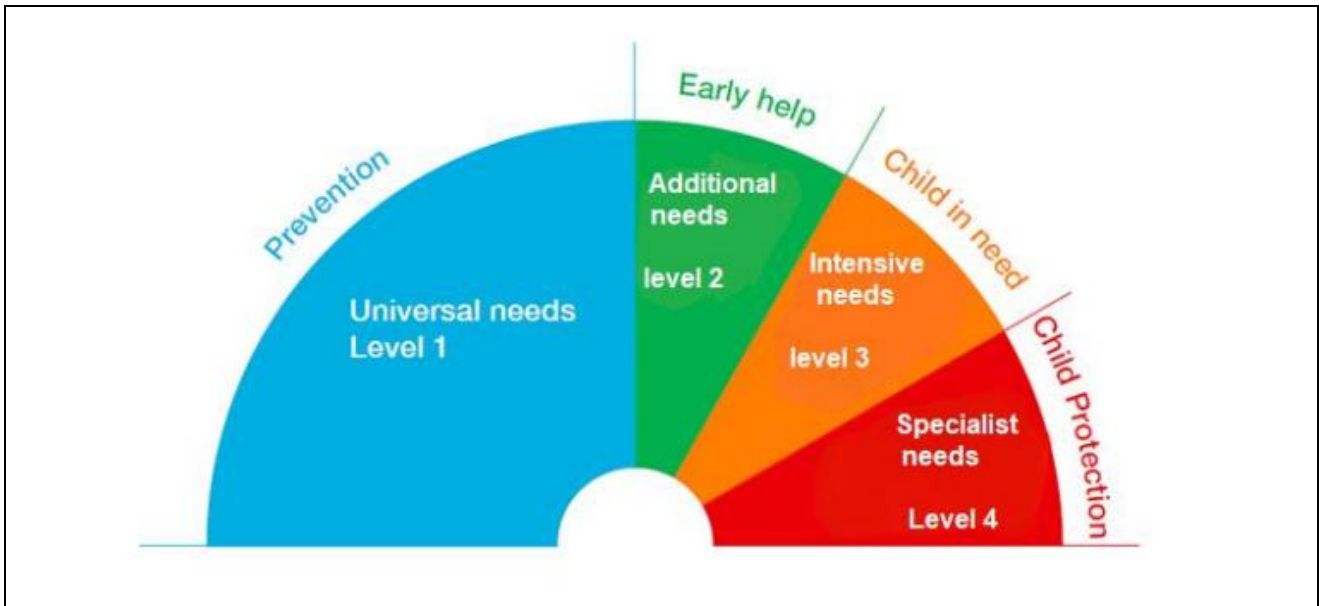
2.2 Working together highlights the need for local organisations and agencies to work together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of their need for early help;
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to promote outcomes for the child.

2.3 In every area the safeguarding partners need to publish a threshold document which sets out the local criteria for accessing help and services. The continuum of need from the Oldham document is shown below. The full document is on the Safeguarding Partnership website at: <https://www.olscb.org/cms-data/depot/hipwig/Effective-Support-and-Help-Framework-2019.pdf> There is an early help offer at all levels of need, but providing support earlier, and at lower levels of need, is crucial in reducing the impact of adversity on children’s lives and the likelihood of problems escalating. The levels are:

- Universal - Level 1: The needs of children are met by universal services such as schools, healthcare services, leisure and community services which are readily accessible to all, as well as the love, care and protection from parents and carers;
- Additional - Level 2: Children with additional needs that can be met by support, which may only be short-term, but if ignored could lead to an escalation of need;
- Intensive – Level 3: Children who have multiple and complex needs requiring a multi-agency response with a lead professional. This is the level that may require Children’s Social Care to undertake a S17 Child in Need assessment.

- Specialist – Level 4: Children with acute needs requiring statutory, high level intervention. This could be due to safeguarding issues including child protection concerns where there is actual or likely significant harm. This will require Social Care to undertake a S17 Children in Need assessment or S47 enquiries.



2.4 The diagram below, highlights how early help is everyone’s business, and the range of organisations contributing to this at different levels.

The Early Help System



3. Oldham Family Connect

- 3.1 The earlier work on Oldham Family Connect resulted from an identified need to strengthen the support offer for targeted support for children and families at levels 3 and 4 of the continuum of need – preventing the need for social care intervention, working alongside social workers to improve the effectiveness of interventions and supporting step-down from social care intervention to reduce the likelihood of needs re-escalating. This gap was reflected in the numbers of contacts to children’s social care, and the rate of re-referral of children who had previously been subject to social care intervention.
- 3.2 Oldham Family Connect was therefore concerned with strengthening the offer at this level of need for children and families, aligned with a move to place based working.
- 3.3 Linked to this, there was also a need to simplify the support offer for targeted support at higher levels of need, and also to provide a clearer differentiation of the offer for children and families from that for adults without children.

Current targeted support offer

- 3.4 The Early Help service part of the offer was established in April 2015, and resulted from the recommissioning of a range of services to deliver a better integrated offer based on an approach of multi-skilled key workers supporting a whole family. This included Parent Support Advisers, the CAF Team and Community Outreach Team. A range of budgets were brought together to support this, but with the largest contribution from Public Health. At this time there was a single Health and Wellbeing Directorate which included both children’s and adult services, and the Early Help services were established as an all age offer. However, in practice the teams predominantly work with families with children, as well as a smaller number of adults without children (around 15% of cases in 2019).
- 3.5 In relation to adults, the Early Help service provides targeted prevention and early intervention support which contributes to Care Act 2014 responsibilities to prevent or delay the development of needs for care and support and to reducing needs that already exist, in order to promote the well-being of individuals.
- 3.6 The targeted early help support offer at different levels is summarised below:
- The Family Support Team in children’s services support families work alongside social workers to support social care interventions, or to support step-down from social care. The team has 11 FTE case workers plus a supervisor.
 - The Early Help Intensive casework team in the Council work with individuals or families where needs are becoming more complex, and issues identified as becoming longer term and entrenched. The family / individual may have already accessed a lower level of Early Help support. The team comprises 13.5 FTE caseworkers plus two supervisors.
- Support will typically be provided in relation to multiple issues to help families / individuals to address issues and put strategies in place to manage them. At this level of support families typically feel unable to resolve issues themselves, and need support to manage these. The support may include addressing issues such as risk taking behaviour by children and young people, involvement in crime and school exclusions, as well as concerns about the impact of domestic abuse, substance misuse and parental mental health on the family.

Support is usually provided for up to 6 months, with workers supporting around 8 families at any time who would each be worked with three times per week. The team work with families alongside, or stepping down from social care, as well as families just below the level of social care intervention.

- Positive Steps Early Help casework support is delivered at both Low and Medium level, though as demand has risen, this is increasingly only at Medium level. The service is delivered by a team of 35 case workers, organised in three teams each with a manager.

This is a commissioned service which provides caseworker support for 3,500 individuals and 4,000 through group and community activity across the range of issues. As well as Early Help casework, the service delivers a range of other interventions including health checks, smoking cessation and promotion of the two year old offer.

Medium level support is provided for families that are becoming more complex and when their needs cannot be met by universal services alone and the family would benefit from additional targeted support to improve their circumstances to stop an escalation in needs. The service provides practical support to help families/individuals to either address issues or to put strategies in place to manage them. Issues may be interconnected, for example the family may have issues in managing children's behaviour alongside problems with parental mental health, and these will impact on each other. Scores for key issues on the Early Help Assessment may typically be in the range 6-8, and the family might have lower scores on multiple issues, or score highly on one or two key issues.

- The Early Help Development team in the Council build the capacity of universal services and other partners to provide Early Help support. They provide advice and training to partners, for example around Early Help Assessments, leading or supporting Team Around the Family meetings and developing the skills and confidence of partners to support families themselves rather than escalate to other services. Every school has a named Development Worker. They also undertake casework – unpicking issues with families, working with other partners to support families and completing short interventions. The team includes a Mental Health Care Navigator for young people to assist children and young people not accepted for support by Healthy Young Minds to access alternative mental health support.
- Within the NHS, some GP practices in Oldham have Focused care practitioners who work with the patient's household around wider issues impacting on their health. They assess need and work with health and community contacts to provide practical support.

3.7 These are part of the much wider early help offer, and the Reform team led in reviewing the prevention and early intervention offer in order to inform the approach to recommissioning the all-age Early Help offer (the service currently delivered by Positive Steps described above).

4. Developing the multi-agency early help offer

4.1 During 2020 there has been a rethink of the approach to Oldham Family Connect. This has reflected a recognition of the need to consider the multi-agency early help offer to children and families at all levels of need, rather than simply focusing on changing the support offer at the intensive level. In order to address outcomes such as improving the number of under fives achieving a good level of development, and reducing the number of children referred or re-referred to social care, there is a need to address the early help offer across the whole system – not just particular parts of it. Strengthening the early help offer is integral to the Children’s Services Improvement Plan.

Early Help Strategy

4.2 A piece of work is therefore being undertaken to refresh the Partnership’s Early Help strategy for supporting children and families. This includes reviewing and developing the offer, and providing clarity about how this operates across the continuum of need. This includes supporting universal services in strengthening their early help offer, and improving the way in which agencies work together as a team around the family. This will assist in reducing the need to make referrals for targeted early help support.

4.3 A multi-agency Early Help strategic group has been established which is developing this work. Some of the key principles are:

- Early help is everyone’s business (not just the teams delivering targeted early help support);
- Providing the earliest possible help - delivering help when it is needed by those best placed to provide this (usually those who are already working closely with families and know them well);
- Minimising transfers of children and families between services;
- Focus on outcomes for children and on the voice of the child;
- Use of a restorative approach which provides both challenge and support, and is built upon good communication and development of strong relationships between children, parents and professionals. Naming the issues and being able to verbalise emotion supports the development of trust, and positive behaviour change;
- An asset based approach which builds upon strengths, and focuses upon building the capacity of families to be in control of their own lives.

4.4 The refreshed strategy will be agreed by the partnership in late 2020. As part of the process, further service mapping is being undertaken in order to identify ways in which the service offer can be developed, including consideration of opportunities for achieving outcomes in a more cost effective way – contributing to addressing the budget pressures faced by the Council and other partners.

4.5 The project is no longer being described as Oldham Family Connect, as this was only focused on one part of the Early Help offer rather than thinking about the multi-agency offer as a whole.

Targeted early help services

-
- 4.6 As part of the wider development, it is intended to reorganise the targeted early help services within the Council. At an intensive support level there will be separate services for adults without children, and for families with children. This reflects the need to provide an offer for adults with complex dependencies e.g. those with multiple problems around issues such as mental health, substance misuse, insecure housing / homelessness, offending or anti-social behavior and self neglect.
- 4.7 In relation to intensive support for families with children, it is proposed to reorganise the Council early help and family supports into place based teams in line with the development of the district model. These teams will provide support for families at the edge of social care involvement, alongside social care and stepping down following social care involvement. They will also provide support to other services in districts in delivering the early help at lower levels of the continuum of need. As part of this, there will be arrangements in each district for partners to come together (with the consent of families) to discuss how to best meet the needs of families where needs are likely to escalate without support.
- 4.8 Schools will be a key partner in these multi-agency arrangements, and Stockport Council has been providing peer support under a Department for Education social care innovation programme relating to their Team Around the School model.
- 4.9 To support partnership working around children and families in the five districts, there is a need for governance arrangements which will enable partners to come together to agree priority outcomes for children and families - informed by evidence of need in the area - and to plan how they will work together to address these. This could potentially be achieved by adapting the role of the Children's Centre District Advisory Boards.

Commissioned Early Help offer

- 4.10 There are a wide range of commissioned services delivering early help support for children and families. One key commission is the all-age early help offer, currently delivered by Positive Steps as described at 3.6 above. This is currently being recommissioned, with the new service scheduled to go live on 1 January 2021. The health promotion and smoking cessation elements of this have now been split out into a separate commission to provide a greater focus in delivering the different elements of the offer. Within the specification, the new provider of the targeted early help support will need to align their services to the developing model of district working.

Inter-connected activity

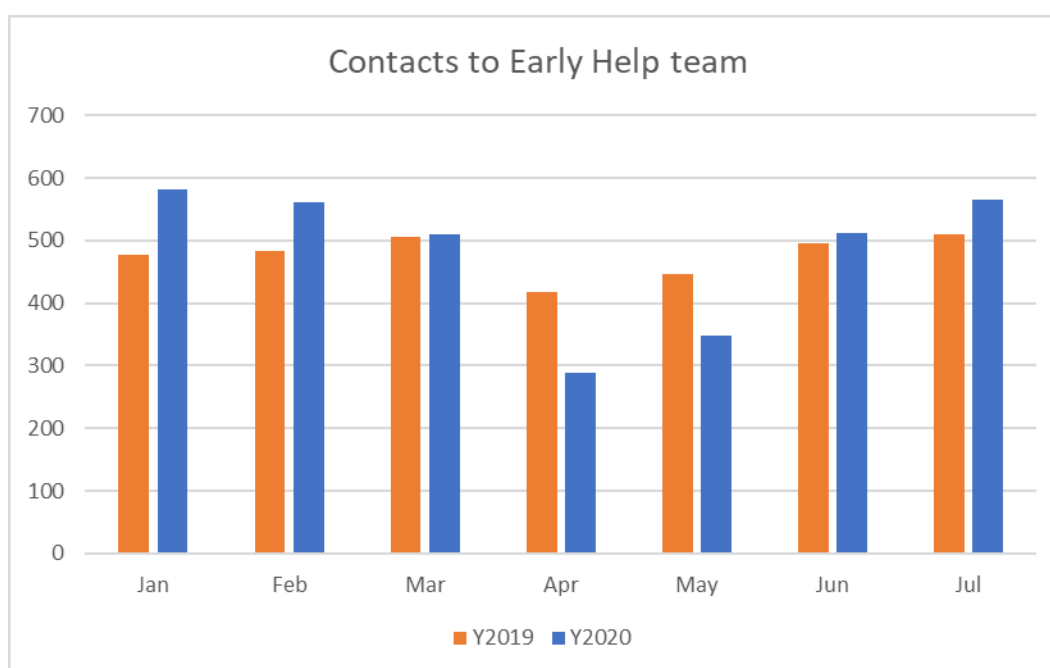
- 4.11 The development of the early help offer is closely connected to a number of other pieces of work. These include:
- review of the partnership continuum of need document. This will not alter thresholds (which are set out in the Working Together guidance), but will provide greater clarity and guidance;
 - recommissioning of the Right Start contract over the next 18 months which relates to the delivery of health visiting and school nursing services and the operation of children's centres;
 - implementation of the Early Years strategy;

- review of the parenting offer;

4.12 There is also ongoing systems development within the Council to help improve the responsiveness of the service. As part of this, an integrated children's front door is being created within the MASH which is bringing together children's social care and early help staff to work more closely together as a combined team in responding to safeguarding concerns and requests for support relating to children and families. Staff have already been brought together, and IT system changes are being implemented to support this, including moving Early Help casework into the Mosaic social care system in October. These changes will support improvements in the service provided to children and families.

5. Impact of Covid on demand for Early Help

5.1 The figure below compares numbers of contacts to the Early Help team in the MASH seeking support for children / families and adults without children. This includes those seeking mental health support for children and young people from Healthy Young Minds and referrals to Independent Domestic Violence Advisers which are also processed by the team.

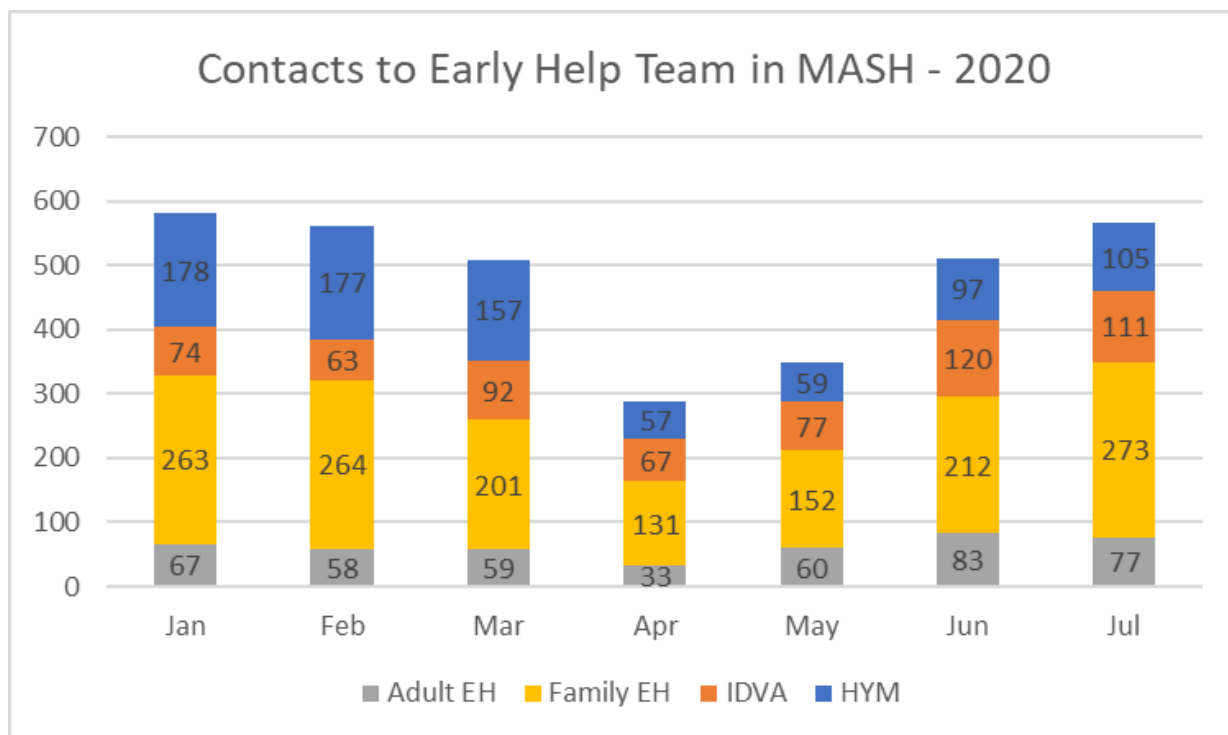


5.2 As the figure shows, prior to the onset of measures in response to Covid in mid March, numbers of service requests were higher in 2020 than in 2019. Demand for support was then lower relative to 2019 during April and May, but has since increased. The majority of contacts are initiated by professionals so that, for example, children not being in school reduces the likelihood of requests for support for children and families. In June and July numbers of contacts were higher than in 2019. A significant increase in demand for children's services is anticipated in September when schools are fully reopened.

5.3 It is important to recognise that these figures do not include support delivered by the community hubs during Covid. These have particularly provided support around access to food, but have also addressed a range of other issues. Some staff from targeted early help

teams have been supporting this area of work. A lot of work has also been undertaken in partnership between social care, education and health to ensure that professionals have continued to have direct contact with the most vulnerable children.

- 5.4 The figure below provides a more detailed breakdown of the contacts through the MASH Early Help team during 2020 showing how contacts in relation to different types of support has changed. There has been reduced demand for all types of service during the Covid period.



6 Key Issues for Health Scrutiny Sub-Committee to discuss

- 6.1 The report has summarised work in relation to the development of the early help offer for children and families, explaining the shift in focus from Oldham Family Connect to the development of the multi-agency early help offer with a strong commitment across the Partnership to make early help everyone's business.
- 6.2 There are a wide range of inter-connected areas of activity relating to this, including the development of the district model across a range of services.
- 6.3 The Partnership faces significant challenges in improving outcomes for children in the context of the current budget challenge facing the Council and other partners, and the impact of Covid on communities in which there are already high levels of disadvantage. A key issue is how more effective partnership around delivery of the early help offer can help to achieve this.

7 Recommendations

- 7.1 The Committee is recommended to note the update on the developing approach to the multi-agency early help offer, and to contribute views on how to further strengthen this.

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Report to HEALTH SCRUTINY COMMITTEE

Council Motion – Ban on Fast Food and Energy Drink Advertising

Chair:

Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services

1st September 2020

Reason for Decision

A Council Motion 'Ban on Fast Food and Energy Drink Advertising' has been referred to the Health Scrutiny Committee for consideration before the Motion is considered in detail by the Council.

Recommendations

The Health Scrutiny Committee is invited to consider the information presented within the submitted report and determine a way forward with regard to further consideration of the Motion.

Council Motion – Ban on Fast Food and Energy Drink Advertising**1 Background**

- 1.1 At the meeting held on 7th July 2020 the Committee received a detailed report on matters raised in a Council Motion “Ban on Fast Food and Energy Drink Advertising” that had been referred to the Committee for consideration. This report had been delayed from the meeting of the Committee originally scheduled in March 2020. The submitted report also noted that the Public Health team had planned to put forward a proposed Healthy Weight and Physical Activity Strategy. This had also been intended for submission to the March 2020 meeting of the Committee but had now been placed on hold due to Public Health’s need to concentrate on mandated services on response to Covid-19, this requirement and its implications being further considered in the Work Programme report on the July 2020 agenda. The proposed Strategy contained an action relating to the restriction of unhealthy food adverts and the planned multi-agency delivery of the strategy would support some of the intentions of the Council Motion.
- 1.2 In discussion at the meeting of the Committee held on 7th July 2020, Members discussed whether certain matters might benefit from a Greater Manchester-wide consideration. Members further noted that the proposed new Healthy Weight and Physical Activity Strategy 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.
- 1.3 The Committee resolved on 7th July 2020 to give a consideration to the Motion, alongside the proposed Strategy at the next meeting. To this end the following papers are appended –
- Appendix A – the report presented to the Committee on 7th July 2020
 - Appendix B – the draft Strategy “Healthy Weight and Physical Activity Strategy” as prepared for submission for consultative purposes to the meeting of the Committee in March 2020.

Members are asked to note that the draft Strategy “Healthy Weight and Physical Activity Strategy” was drafted in the pre-Covid period and will need to be re-visited to reflect policy changes over this period and any new or enhanced focus on obesity related issues. Members will be aware that the Public Health work programme remains focused on the immediate response to the Covid-19 pandemic and should note that there is no current timescale set for the review of the draft Strategy. As such, the appended draft Strategy should be regarded as ‘indicative’ rather than being a document presenting firm proposals.

2. Council Motion – Ban on Fast Food and Energy Drink Advertising

- 2.1 The Council Motion, including preamble, read as follows –

“Council notes that:

- Fast food contains high level of fats, salt and sugar and energy drinks often contain high levels of caffeine and sugar.
- Excessive consumption of these products contributes to obesity, tooth decay, diabetes, gastro-intestinal problems, sleep deprivation and hyperactivity.
- The Royal College of Paediatrics and Child Health predicts half of all children in the UK will be overweight or obese by 2020.

-
- The Mayor of London banned all fast food advertising on publicly-controlled advertising spaces across London’s entire transport network.
 - Sustain and Foodwatch recently published a report ‘Taking Down Junk Food Adverts’ which recommends that local authorities regulate adverts on public telephone boxes and that the Advertising Standards Authority should be able to regulate advertising outside nurseries, children’s centres, parks, family attractions and leisure centres.

As a local authority with a statutory responsibility for public health, Council believes that it should do all that is possible to discourage the consumption of fast food and energy drinks.

Council therefore resolves to:

- Ask the Chief Executive to write to the Chief Executive of Transport for Greater Manchester asking TFGM to impose a ban on the advertising of fast food and energy drinks on publicly owned poster sites etc across the Greater Manchester transport network.
- Ensure that fast food or energy are not advertised on any hoarding or within any building owned by this Council including large advertisements on bus stops.
- Ensure that such products are not sold to children or young people on any of our premises.
- Ask our NHS, social housing, voluntary and private sector partners, including the Mayor of Greater Manchester, to make a similar undertaking.
- Ask the Chief Executive to write to the relevant minister requesting the recommendations of the ‘Taking Down Junk Food Adverts’ report be adopted as government policy as soon as possible; copying in our local members of Parliament to seek their support.”

2.2 Considerations in respect of the Motion are presented in the report that is attached as Appendix A. The draft Healthy Weight and Physical Activity Strategy, the status of which is considered in paragraph 1.3 above, that includes some linkages to the Council Motion and the submission of which was requested by the Committee, is attached at Appendix B.

3 Conclusion

3.1 In line with the resolution of the Committee at the meeting held on 7th July 2020, the Committee is invited to consider making a reference to Council in respect of matters raised in the Motion “Ban on Fast Food and Energy Drink Advertising”

4 Financial Implications

4.1 No financial implications for the Council have been identified in relation to this Committee’s consideration of the Motion. However, any recommendation of the Committee that has potential financial implications for the Council would require a consideration by the Cabinet.

5 Legal Services Comments

5.1 Any legal implications arising are considered within the body of the report.

6 Co-operative Agenda

6.1 The Motion as submitted presents options that could enable the Council to promote a common approach to the advertising and sale of fast food/HFSS with the intention of contributing to the reduction of childhood obesity.

7 **Human Resources Comments**

7.1 There are no Human Resources implications associated with this report.

8 **Risk Assessments**

8.1 There are no particular risk issues associated with this report.

9 **IT Implications**

9.1 There are no IT systems implications associated with this report.

10 **Property Implications**

10.1 There are no Property Implications associated with this report.

11 **Procurement Implications**

11.1 There are no Procurement Implications associated with this report

12 **Environmental and Health & Safety Implications**

12.1 There are no Environmental and Health & Safety Implications associated with this report.

13 **Equality, community cohesion and crime implications**

13.1 There is evidence (referenced in appendix A) that young people from deprived areas are more likely to consume HFSS products, have increased exposure to HFSS advertising and have a poorer awareness of health conditions associated with overweight and obesity.

14 **Equality Impact Assessment Completed?**

14.1 No

15 **Key Decision**

15.1 No

16 **Background Papers**

16.1 There are no background papers as defined by Section 100(1) of the Local Government Act 1972 to this report.

17 **Appendices**

17.1 Appendix A – Report to Health Scrutiny Committee, 7th July 2020 – ‘Council Motion – Ban on Fast Food and Energy Drink Advertising’

17.2 Appendix B – Draft ‘Healthy Weight and Physical Activity Strategy’

APPENDIX A

Report to HEALTH SCRUTINY COMMITTEE

Council Motion – Ban on Fast Food and Energy Drink Advertising

Chair:

Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services

7th July 2020

Reason for Decision

A Council Motion 'Ban on Fast Food and Energy Drink Advertising' has been referred to the Health Scrutiny Committee for consideration before the Motion is considered in detail by the Council.

Recommendations

The Health Scrutiny Committee is invited to consider the information presented within the submitted report and determine a way forward with regard to further consideration of the Motion.

Council Motion – Ban on Fast Food and Energy Drink Advertising

1 Background

1.1 At the meeting of the Council held on 11th September 2019 the Council referred the following Motion to the Overview and Scrutiny Board –

“Council notes that:

- Fast food contains high level of fats, salt and sugar and energy drinks often contain high levels of caffeine and sugar.
- Excessive consumption of these products contributes to obesity, tooth decay, diabetes, gastro-intestinal problems, sleep deprivation and hyperactivity.
- The Royal College of Paediatrics and Child Health predicts half of all children in the UK will be overweight or obese by 2020.
- The Mayor of London banned all fast food advertising on publicly-controlled advertising spaces across London’s entire transport network.
- Sustain and Foodwatch recently published a report ‘Taking Down Junk Food Adverts’ which recommends that local authorities regulate adverts on public telephone boxes and that the Advertising Standards Authority should be able to regulate advertising outside nurseries, children’s centres, parks, family attractions and leisure centres.

As a local authority with a statutory responsibility for public health, Council believes that it should do all that is possible to discourage the consumption of fast food and energy drinks.

Council therefore resolves to:

- Ask the Chief Executive to write to the Chief Executive of Transport for Greater Manchester asking TFGM to impose a ban on the advertising of fast food and energy drinks on publicly owned poster sites etc across the Greater Manchester transport network.
- Ensure that fast food or energy are not advertised on any hoarding or within any building owned by this Council including large advertisements on bus stops.
- Ensure that such products are not sold to children or young people on any of our premises.
- Ask our NHS, social housing, voluntary and private sector partners, including the Mayor of Greater Manchester, to make a similar undertaking.
- Ask the Chief Executive to write to the relevant minister requesting the recommendations of the ‘Taking Down Junk Food Adverts’ report be adopted as government policy as soon as possible; copying in our local members of Parliament to seek their support.”

1.2 Following a further referral from the Overview and Scrutiny Board to this Committee, the Health Scrutiny Committee at the meeting held on 7th January 2020 resolved that a report on the Motion be submitted to the next meeting.

2 Considering the Motion

2.1 Obesity is a recognised and complex public health problem that requires action across society, including the food and drink industry, local and national government and the voluntary sector. While it may be that not all fast food is unhealthy, it can be high in

calories, saturated fat and salt, plus low in fibre, fruit and vegetables. If obesity – a leading cause of ill health and premature death – is to be reduced, the factors that influence food choices must be addressed. Restrictions on the advertising of unhealthy foods might be one route to encourage more informed choices as to diet and therefore be one route to reduce obesity. A summary of the evidence base on High Fat, Salt and Sugar (HFSS) Food Advertising, prepared by the Public Health Team, is attached as Appendix 1 to this report.

- 2.2 The Mayor of London introduced a ban on 'junk food advertising across London's public transport network with effect from February 2019, looking to remove posters for food and drink high in fat, salt and sugar, and any new advertising bookings would be subject to that policy. The Policy seeks to reduce children's exposure to junk food advertising, but also empower Londoners to make healthier food choices. The Policy was not without critics, the Advertising Association raising concerns that commuters could suffer due to reduced advertising revenues and considering that the ban would have "little impact on the wider societal issues that drive obesity" and that the UK already had "the strictest rules in the world when it comes to advertising high fat/salt/sugar foods" which meant under-16s could not be targeted. However, reports have quoted Transport for London (TfL) as indicating that large advertisers had confirmed they would continue to advertise products that are not too high in fat, salt and sugar on the TfL network under the new rules (BBC News, 25th February 2019). Issues have arisen with regard to implementation, insofar as 'unexpected' food items were caught in the ban definition, with further criticism on costs following in the media (City AM, 27th June 2019). The relevant part of the Transport for London (TfL) advertising policy, and related guidelines are attached at Appendix 2 to this report which also note that a review of the approach is to be undertaken in spring 2020.
- 2.3 Transport for Greater Manchester (TfGM) have indicated that they are keen to support efforts to reduce childhood obesity in GM, have engaged with the Mayor's Office, have undertaken their own assessment of the London ban and other policies imposed by transport and local authorities, and engaged with the advertising industry to gauge their views on the impact of the ban. Concerns highlighted or issues for consideration include the fact that TfGM's estate/advertising inventory is proportionately smaller than TfL's and so a similar ban would have less impact, that the ban does not necessarily impact on other commercial activities such as in TfL's leased estate, that the advertising of HFSS might be deflected to unrestricted sites nearby thereby negating the impact of a ban, the issues of unexpected foods being either caught in the ban or falling outside it arising from the use of Public Health England's nutrient profile scoring system, and that TfGM's current advertising contracts do not allow for imposition of additional restrictions on advertising categories.
- 2.4 TfGM are giving a careful consideration of their contribution to reducing childhood obesity while minimising the impact on revenues and the impact on the levy. For example, revenue from an advertising contract linked to bus shelters plays a crucial role in offsetting the cost of bus shelter replacement and minimising the impact on the levy. TfGM are however exploring increasing the HFSS advertising exclusion zone near schools and establishing a ring-fenced fund (contributed by advertising revenue) to support GM activities to tackle childhood obesity. Engagement with the advertising industry has raised awareness of a media fund of free advertising space available to the public sector to promote healthy living initiatives; TfGM are intending to apply to this fund for TfGM marketing campaigns that promote healthy living and to promote this to the Districts.
- 2.5 The Sustain and Foodwatch report is available here - http://www.foodactive.org.uk/wp-content/uploads/2019/04/Taking_Down_Junk_Food_Ads.pdf The Project leading to the published report had sought to investigate the breadth of the advertising of foods and

drinks with HFSS in public spaces, to share successes and barriers to challenging such advertising, and to produce guidance to assist local areas in challenging HFSS in public spaces. The published report considered the obesity epidemic, obesity and HFSS marketing, TV and online marketing and outdoor advertising, before considering the current regulatory landscape for outdoor advertising, including the Government's Childhood Obesity Plan, the Advertising Standards Agency (ASA) and local authority powers to regulate advertising practices. As guidance, the report included successes and failures in challenging HFSS advertising near to schools, in other settings with a high audience of children, within the Council's control (including Transport Authorities), and in other notable settings through the ASA regulatory regime.

- 2.6 The Report concluded with nine recommendations, two each to national and local government, and five to the ASA and the Committee of Advertising Practice (CAP).
- 2.7 Relevant to the Motion, the recommendations to Government were that –
1. Government needs to tighten restrictions on in-store advertising, which would include the area immediately surrounding stores, which the ASA does not adjudicate on. This could be as part of their proposed changes to in-store promotions (consultation ended April 2019), or if not, as part of future policy.
 2. Local government needs to be given more powers, and help to better understand existing powers, to impose restrictions to meet local priorities. The proposals to close the planning loophole on public telephone boxes will help but may serve to shift the advertising to different settings. Further, councils should be given powers to restrict the type of advertising on public telephone boxes
- 2.8 Although not referenced in the Motion, the recommendations to local government are also pertinent to this report –
8. Local government public health teams should lodge complaints on suspected breaches of CAP Codes on advertising of HFSS products to under-16s to the ASA Complaints process, where adverts are placed in settings with a high footfall of children and young people (not just primary and secondary schools), in order to provide a body of evidence in relation to how companies are currently exploiting existing loopholes in the rules.
 9. Councils could mirror the Greater London Authority's Healthier Food Advertising policy across settings over which they have control, as a few London boroughs are proposing, and introduce rules which ensure public advertising spaces are only used to healthier products and eating habits, and therefore pre-approves food advertising campaigns in line with this policy. And where they do not control them but have some financial stake, they could seek to influence these contracts.
- 2.9 For completeness, the full set of recommendations are included at Appendix 3.

3. **The Council's position**

- 3.1 With regard to ensuring that fast food or energy (drinks) are not advertised on any hoarding or within any building owned by this Council and that such products are not sold to children or young people on any of our premises, the Head of Strategic Estates and Facilities Management has advised that no such advertising or sales are conducted on the Council's estate.
- 3.2 It is noted that this is the Council's 'direct' estate and like the TfL position above does not reflect the Council's managed/leased estate etc. For example, the Council's advertising agreements prohibit political, religious and tobacco advertising, and any changes to the current position might impact on income.

3.3 With regard to the public health dimension, the reduction of obesity levels is a key area of work between public health and a range of colleagues across the local authority, health service and other sectors and services. The Public Health team had planned to put forward a new Healthy Weight and Physical Activity Strategy for agreement until this was placed on hold due to the need to concentrate on mandated services on response to Covid-19. The proposed Strategy would contain an action relating to restricting unhealthy food adverts. The Strategy delivery would be overseen by a multi-agency steering group and the Health and Wellbeing Board, providing an excellent opportunity to share the Council's approach with other partners and encourage them to sign up to do the same. These actions would support one of the intentions of the Council Motion and the recommendations of the Public Health Team at paragraph 3 to Appendix 1 which themselves are supportive of recommendations 8 and 9 in the Sustain and Foodwatch report.

4. Options available to the Committee

4.1 The Health Scrutiny Committee is invited to consider the information presented within the submitted report and determine a way forward with regard to further consideration of the Motion.

4.2 In considering their options, issues the Committee may wish to consider in light of the information presented in the report include -

- whether it is appropriate to make a recommendation to Transport for Greater Manchester to ban advertising of fast food and energy drinks (or HFSS as termed in the Sustain and Foodwatch report) in light of information submitted;
- whether, in support of the objective of tackling childhood obesity, the Sustain and Foodwatch report "Taking Down Junk Food Ads" should be shared with the Council's partners as part of an encouragement to adopt a similar ban on advertising and sale of fast food and energy drinks/HFSS;
- whether the recommendations to government to tighten restrictions on in-store advertising, which would include the area immediately surrounding stores, which the ASA does not adjudicate on and to give local government more powers, and help to better understand existing powers, to impose restrictions to meet local priorities can be supported and recommended to Council.

4.3 However, in light of current circumstances, the Committee may wish to defer consideration for say six months to allow a re-assessment of Public Health priorities and workloads, for example in relation to the Healthy Weight and Physical Activity Strategy, and the further implications of the proposals within the Motion.

5 Financial Implications

5.1 No financial implications for the Council have been identified in relation to this Motion. However, any recommendation of the Committee that has potential financial implications for the Council would require a consideration by the Cabinet.

6 Legal Services Comments

6.1 Any legal implications arising are considered within the body of the report.

6 Co-operative Agenda

6.1 The Motion as submitted presents options that could enable the Council to promote a common approach to the advertising and sale of fast food/HFSS with the intention of contributing to the reduction of childhood obesity.

8 **Human Resources Comments**

8.1 There are no Human Resources implications associated with this report.

9 **Risk Assessments**

9.1 There are no particular risk issues associated with this report.

10 **IT Implications**

10.1 There are no IT systems implications associated with this report.

11 **Property Implications**

11.1 There are no Property Implications associated with this report.

12 **Procurement Implications**

12.1 There are no Procurement Implications associated with this report

13 **Environmental and Health & Safety Implications**

13.1 There are no Environmental and Health & Safety Implications associated with this report.

14 **Equality, community cohesion and crime implications**

14.1 There is evidence (referenced in appendix 1) that young people from deprived areas are more likely to consume HFSS products, have increased exposure to HFSS advertising and have a poorer awareness of health conditions associated with overweight and obesity.

15 **Equality Impact Assessment Completed?**

15.1 No

16 **Key Decision**

16.1 No

17 **Background Papers**

17.1 There are no background papers as defined by Section 100(1) of the Local Government Act 1972 to this report.

18 **Appendices**

18.1 Appendix 1 - High Fat, Salt and Sugar Food Advertising: a summary of the evidence – paper prepared by the Public Health Team.

Appendix 2 – Transport for London advertising policy and guidance (extract related to High Fat, Salt and Sugar food advertising).

Appendix 3 – Recommendations of the Sustain and Foodwatch report 'Taking Down Junk Food Adverts'.

High Fat, Salt & Sugar Food Advertising: a summary of the evidence

1 Introduction

Consumption of unhealthy food high in fat, salt or sugar (HFSS) is linked to a wide range of health problems including obesity. Consuming too much sugar-containing food and drinks can lead to weight gain, which in turn increases the risk of heart disease, type 2 diabetes, stroke and some cancers. It is also linked to tooth decay - both excess weight and tooth decay are associated with deprivation in England.¹

Food and beverage marketing is one of the factors driving the upward trend in global obesity rates among children and there is an extensive body of research indicating children's exposure to this type of marketing, much of which promotes food and beverages of low nutritional quality, influences their dietary preferences, purchasing behaviours, and consumption patterns.² Existing evidence also shows that children are more susceptible to such adverts as they encourage increased consumption of such food items among them.³

Some local authorities in England, notably London, have banned advertising of junk food in public spaces to reduce children's exposure to such adverts. This review aims to provide evidence to inform plans to restrict or ban outdoor adverts of unhealthy food products within Oldham.

2 The evidence base

2.1 Exposure to HFSS adverts and their consumption

In 2015 it was estimated that the advertising industry spent £178 million on non-broadcast HFSS advertising while only 1.2% of the entire broadcast advertising expenditure was dedicated to promoting fresh vegetables.⁴

A 2019 UK study⁵ found that young people from the deprived areas of the UK were more likely to consume a range of HFSS products, report increased exposure to HFSS advertising and have a poorer awareness of health conditions associated with overweight and obesity.

A 2016 World Health Organisation (WHO) review found the following:⁶

- Marketing communications of transnational food and drink industries influence the dietary behaviours of young people and contribute to energy-dense and nutrient-poor diets, increased risks of unhealthy weight gain and negative health outcomes
- Children have a biological preference for sweet and salty tastes and infants and young children younger under 5 years are considered especially vulnerable to marketing practices that promote sugary and salty food and beverage products
- Children's recognition of branded food logos increases with age and overweight children are more likely to recognize the brands of fast food restaurants than those of other food and beverage products
- Children who recall branded unhealthy food and beverage products have stronger preferences for such products compared with those who do not
- Children's knowledge of unhealthy food and beverage products increases their obesity risk

- Adolescents aged 12–18 years have more discretionary income than younger children and are uniquely susceptible to a digital marketing landscape that normalizes unhealthy food and beverage products.
- Such marketing is also associated with materialistic values and aspirational lifestyles that often have harmful impacts among young people

A review by Cancer Research UK found that:⁷

- Seeing one extra broadcast HFSS advert/ week predicts consumption of 350 extra HFSS calories/week
- Young people report eating 30 HFSS items per week, but only 16 portions of fruit or vegetables. The estimated calorie intake from the HFSS products amounts to approximately 6,300 calories/week, equivalent to 30-40% of a young person's weekly guideline amount.
- Young people from deprived backgrounds have significantly worse diets than young people from more affluent backgrounds

2.2 Progress made in restricting advertising to children in the UK

From 1 April 2007 Ofcom TV scheduling rules to restrict HFSS adverts to children were phased in with the final phase coming into force on 1 January 2009 banning all such adverts from children's channels. An Ofcom review in 2010⁸ found that the intervention was effective in reducing children's exposure to unhealthy food adverts. Compared with 2005, in 2009:

- children saw around 37% less HFSS advertising (i.e. a reduction of 4.4bn impacts);
- younger children (4-9-year olds) saw 52% less (3.1bn impacts); older children (10–15-year olds) saw 22% less (1.4bn impacts);

In July 2017, new rules for advertising of HFSS products in non-broadcast environments were introduced by the Committee of Advertising Practice (CAP) with compliance monitored by the Advertising Standards Authority (ASA),⁹ the self-regulatory body of the advertising industry in the UK, based on the industry's code of practice.¹⁰

A Government consultation on further HSFF advertising restrictions based on actions contained in the Childhood Obesity Action Plan (Chapter 2) ended in June 2019 and awaiting analysis.¹¹ This included proposals for stricter controls to non-broadcast media (social media, website advertising etc.) and restrictions on price promotions and placement of unhealthy food and drink. It has however been observed that the plan did not include outdoor advertising of less healthy food and drink, through billboards, trojan telephone boxes and bus stops.⁹

2.3 Effective interventions

- The WHO recommends that settings where children and adolescents gather, and the screen-based programmes they watch, should be free of unhealthy foods and sugar sweetened beverages.⁶
- A Canadian study showed industry self-regulation has limited impact on improving healthfulness of advert contents and recommended mandatory regulation.¹²
- Evidence highlights the impact of healthy food advertising:¹³
 - Healthy, anti-obesity, and mixed food advertising reduces intakes of total calories, fat, sodium, and carbohydrate
 - Anti-obesity, healthy, and mixed food advertising increases the probability of selecting more healthy items and fewer unhealthy items from a menu

- Healthy food advertising has a stronger impact than anti-obesity or mixed food advertising
- A systematic review shows that: ¹⁴
 - Cartoon media character branding can positively increase children's fruit or vegetable intake compared with no character branding use.
 - Familiar media character branding can be more powerful influence on children's preferences, choices and intake of less healthy foods compared with fruits or vegetables.

3 Recommendations

- The proposal to restrict or ban outdoor advertising of unhealthy food adverts in public spaces locally should be accompanied by measures to promote healthier options.
- To support the implementation of the policy it is recommended that where breaches of CAP Codes on advertising of HFSS products to under-16s are identified these are reported to the ASA.

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TfL advertising policy**Revised guidelines effective February 25, 2019** (extract)**2. Required standards for approval of advertisements**

(p) it promotes (directly or indirectly) food or non-alcoholic drink which is high in fat, salt and/or sugar ('HFSS' products), according to the Nutrient Profiling Model managed by Public Health England. It is for the advertiser to demonstrate (in case of any doubt) that any product is not HFSS, and/or that an advertisement is not promoting HFSS products, and/or that there are exceptional grounds. A set of guidelines is available which provides more details of how this aspect of the policy is implemented.

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TfL Ad Policy: Approval Guidance Food and Non-Alcoholic Drink Advertising**1. General Principles**

- 1.1 The UK Nutrient Profiling Model (NPM) is widely used and has been subject to rigorous scientific scrutiny, extensive consultation, and review. Furthermore, the scoring system it uses balances the contribution made by beneficial nutrients that are particularly important in children's1 diets with components in the food that children should eat less of. It has therefore been concluded that the NPM model is the best way of identifying food that contributes to child obesity. Such food and non-alcoholic drink is not only purchased directly by children but is bought for them by others.
- 1.2 Guidance on how to identify whether a product is considered HFSS under the NPM is available here.
- 1.3 The outcome of any reviews or revisions of the NPM will be taken into consideration.

2. Practical exceptions

- 2.1 The NPM allocates points on the basis of the nutrient content of 100g of a food or non-alcoholic drink and does not differentiate between products on the basis of typical portion size or manner of consumption. TfL recognises that adoption of the NPM could lead to unintended consequences, in that some products that are not believed to make a contribution to child obesity could become restricted. Advertisements for food and non-alcoholic drink that is considered HFSS under the NPM may be considered for an exception by TfL if the advertiser or their agent can demonstrate, with appropriate evidence, to TfL's satisfaction, that the product does not contribute to HFSS diets in children.
- 2.2 Where an exception is granted by TfL:
 - Copy should not suggest that the product/s are 'healthy', given their overall HFSS rating;
 - Copy should be presented in a way that is targeted at adults and adult settings; and
 - Copy must comply with TfL's overall advertising policy and copy guidance.
- 2.3 This process is detailed further at Appendix A, which demonstrates the areas that TfL may take into consideration when assessing requests for exceptions.
- 2.4 A review of this approach will commence in spring 2020.

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3. **Advertisements featuring only non-HFSS products**
- 3.1 These would normally be approved but would still need to comply with other sections of TfL's Advertising Policy.
4. **Advertisements featuring only HFSS products**
- 4.1 Where a proposed advertisement features only food and/or nonalcoholic drink which is rated HFSS, such copy would be rejected, unless a practical exception has been agreed by TfL as per paragraph 2.1 of this document.
- 4.2 It is therefore recommended that, before committing to advertising production, advertisers should discuss their eligibility with TfL's agents.
5. **Advertisements where there is a range of food/nonalcoholic drink featured, some of which is HFSS**
- 5.1 The advertising of HFSS products is unacceptable under the policy, so a range or meal could not feature them e.g. fish, chips and peas could only be advertised if all products were non-HFSS, unless a practical exception has been agreed by TfL as per paragraph 2.1 of this document. This would also apply to any meal settings being shown, including those for restaurants, aggregator platforms and delivery services.
- 5.2 It is the responsibility of advertisers and their agents to verify the status of the products featured using the NPM.
- 5.3 Where an HFSS product is featured incidentally (e.g. it is only partially visible or is indistinguishable, from other non-HFSS products) TfL or its agents may agree to its inclusion in copy if it is satisfied that the image does not promote the HFSS product.
6. Advertisements where no food or non-alcoholic drink is featured directly but the advertisement is from or features a food and/or non-alcoholic drink brand
- 6.1 This may include:
- advertisements where the brand's logo is included but no products, e.g. a brand values campaign.
 - directional signage to a store, app or website;
 - promotional advertising which is price led but features no products e.g. '50% off everything' or similar;
 - advertising about a business or its performance; and
 - Sponsorship of an event or attraction by a food or non-alcoholic drink brand.
- 6.2 Food and non-alcoholic drink brands (including food and drink service companies or ordering services) will only be able to place such advertisements if the advertisement promotes healthier options (i.e. non-HFSS products) as the basis of the copy.
- 6.3 Where a logo from a food or non-alcoholic drink brand is featured incidentally TfL or its agents may agree to its inclusion in copy if it is satisfied that the image does not promote HFSS food and/or nonalcoholic drink.
- 6.4 Where advertisers are uncertain about the classification of proposed copy under these guidelines, they should discuss this with TfL's sales agents.

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7. **Advertisements where food and non-alcoholic drink is shown ‘incidentally’ i.e. it is not the subject of the advertisement but is included (or implied) by visual or copy:**
- 7.1 HFSS products should not be promoted by being featured in advertisements for other products. It is the responsibility of advertisers and their agents to verify the HFSS status of the products featured using the NPM.
- 7.2 Where a food or non-alcoholic drink item is featured incidentally and does not relate to a specific identifiable product which can be assessed for its HFSS status, advertising copy may be rejected by TfL or its agents on the basis that the advertisement promotes the consumption of HFSS foods.
8. **Advertisements where food and non-alcoholic drink is referenced in text, through graphical representations or other visual representation.**
- 8.1 HFSS products should not be promoted through references in text, graphical images or other visual representations of food and nonalcoholic drink. Where a food or non-alcoholic drink item is featured in this way and does not relate to a specific identifiable product which can be assessed for its HFSS status, advertising copy may be rejected by TfL or its agents on the basis that the advertisement promotes the consumption of HFSS foods.
9. **Indirect promotion of HFSS food and/or drink**
- 9.1 Where a product is non-HFSS but falls within a category covered by PHE’s recommendations for sugar or calorie reduction, the product should always carry a prominent product descriptor to help differentiate it from non-compliant products (e.g. where an advertisement features a non-HFSS pizza or burger, the image should be accompanied by prominent text that names the specific product and retailer).
- 9.2 Children should not usually be shown in advertisements for products which are compliant in a category which is covered by PHE’s recommendations for sugar or calorie reduction.
10. **Portion sizes**
- 10.1 The NPM model is based on nutrients per 100g of a product, rather than recommended portion size. Advertisers should always ensure that they promote products in portion sizes which encourage healthy eating. For products that are non-HFSS but fall within a category covered by PHE’s recommendations for sugar or calorie reduction, the product should be displayed as a single portion, unless agreed otherwise by TfL or their agents.
- 10.2 If advertisers and agencies are unsure about how to interpret this, or any other aspect of these guidelines, we would encourage them to get in touch with TfL so that we can work together on a solution and avoid submitted copy requiring changes or being rejected.

END

Sustain and Foodwatch report – ‘Taking Down Junk Food Ads’**Recommendations****National Government**

1. Government needs to tighten restrictions on in-store advertising, which would include the area immediately surrounding stores, which the ASA does not adjudicate on. This could be as part of their proposed changes to in-store promotions (consultation ended April 2019), or if not, as part of future policy.
2. Local government needs to be given more powers, and help to better understand existing powers, to impose restrictions to meet local priorities. The proposals to close the planning loophole on public telephone boxes will help but may serve to shift the advertising to different settings. Further, councils should be given powers to restrict the type of advertising on public telephone boxes

For the Advertising Standards Agency (the ASA) and Committees of Advertising Practice (CAP)

3. The ASA should consider any area where children congregate to be unsuitable for HFSS advertisements, which we believe should include nurseries, children’s centres, parks, family attractions and leisure centres. These additional locations should be incorporated into Outsmart’s database which is used by the outdoor advertising industry to search for permitted sites to advertise HFSS products, and which currently only restricts by proximity to schools.
4. We recommend that the 100m measure is reviewed, partly to clarify if this is measured as the crow flies and where it is measured from e.g. the school entrance. More importantly we think this distance should be increased to reflect the distance that children travel to reach schools, and at the very least this distance should be reviewed on the basis of evidence, rather than relying on an arbitrary distance decided by the advertising industry.
5. The ASA should remove the application of a 25% audience threshold for outdoor advertising, recognising it is impossible to enforce with evidence in this context. It should instead focus on implementing meaningful restrictions (such as other recommendations listed here) that aim to eliminate or significantly reduce children’s exposure to HFSS product advertising in all outdoor settings frequented by children.
6. The ASA must have, and use, powers to levy fines on any company (the brand owner, the immediate marketing agency or the company that physically places the advert) whose advertisement breaks the rules more than once in 3 years. Any advertisement that has the same circumstances of a previously adjudicated complaint, should go straight to compliance.
7. The ASA should be more transparent in publishing and publicising the names of all companies that have been in breach of the rules, not just those that have been subject to investigation and a formal ruling. Where the case has been informally resolved or dealt with through compliance, more information should be published and publicised on the nature of the breach/complaint.

Local Government

8. Local government public health teams should lodge complaints on suspected breaches of CAP Codes on advertising of HFSS products to under-16s to the ASA Complaints process, where adverts are placed in settings with a high footfall of children and young people (not just primary and secondary schools), in order to provide a body of evidence in relation to how companies are currently exploiting existing loopholes in the rules.
9. Councils could mirror the Greater London Authority’s Healthier Food Advertising policy across settings over which they have control, as a few London boroughs are proposing, and introduce rules which ensure public advertising spaces are only used to healthier products and eating habits, and therefore pre-approves food advertising campaigns in line with this policy. And where they do not control them but have some financial stake, they could seek to influence these contracts.

APPENDIX B

Members are asked to note that the draft “Oldham Healthy Weight and Physical Activity Strategy” was drafted in the pre-Covid period and will need to be re-visited to reflect policy changes over this period and any new or enhanced focus on obesity related issues prior to consultation. The Public Health work programme remains focused on the immediate response to the Covid-19 pandemic and there is no current timescale for the review of the draft Strategy.

OLDHAM HEALTHY WEIGHT AND PHYSICAL ACTIVITY STRATEGY 2020 – 2025

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1 Introduction

Overweight and obesity are a major public health challenge globally and in the UK obesity levels are increasing - it is estimated 60% of the population would be clinically obese by 2050.¹

Overweight and obesity are a complex problem with many drivers, including our behaviour, environment, genetics and culture but the tendency to develop weight problems is influenced mainly by the balance between food energy intake on one hand, and energy expenditure through the body's metabolism and physical activity on the other.

Overweight and obesity, also referred to as excess weight, can significantly influence the development of serious health conditions such as cancer, coronary heart disease, type 2 diabetes, and vascular dementia, and can significantly reduce life expectancy.²

This Healthy Weight and Physical Activity Strategy is informed by the Oldham Locality Plan for Health and Social Care Transformation 2019-2024 which sets out our vision to make Oldham a place where improved health and wellbeing is experienced by all, and where the health and wellbeing gap is reducing.

The strategy takes a collaborative approach, focusing on prevention and early intervention, and reducing health inequalities, which are key themes within the 2019 – 2024 Oldham Locality Plan.

2 Context of the strategy

2.1 What is excess weight?

Excess weight in children and adults is categorised into 'overweight', 'obese' and 'morbidly obese', and the unit measure is the Body Mass Index (BMI).

Excess weight in children is calculated based on the BMI taking into account the child's age and gender. Table 1 shows the weight classifications used by the National Childhood Measurement Programme (NCMP). Children over the 85th centile are considered overweight and those over the 95th centile, obese.

Table 1: UK National BMI percentile classification for a child*

Classification	BMI Centile
Underweight	≤ 2 nd
Healthy weight	2 nd – 84.9
Overweight	84.9 – 94.9
Obese	≥ 95 th

**The thresholds are those conventionally used for population monitoring and are not the same as those used in a clinical setting where overweight is defined as a BMI equals or greater than the 91st but below the 98th centile and obese is defined as a BMI equals or greater than the 98th centile.*

Table 2 shows adult BMI classifications based on NICE Guidance.³ Excess weight is equivalent to BMI of 25 or higher.

Table 2: NICE BMI classification of overweight and obesity in adults

Classification	BMI Centile
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	30.0 – 39.9
Morbidly obese	>40

2.2 What is Physical Activity and Inactivity?

The World Health Organisation (WHO) defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling, and engaging in recreational activities.⁴

Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week.⁵ The 2019 [UK Chief Medical Officers' Physical Activity Guidelines](#) recommend that each week, children and young people achieve an average of at least 60 minutes per day of moderate and

vigorous physical activity (MVPA), adults should accumulate at least 150 minutes of moderate intensity activity; or 75 minutes of vigorous intensity activity (see Table 3 for details).

Table 3: Summary of 2019 UK Chief Medical Officers' Physical Activity recommendations

Age group	Guidance
Toddlers (1-2 years)	Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better.
Pre-schoolers (3-4 years)	Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate to vigorous physical activity.
Children and young people (5-18 years)	Children and young people should aim to be physically active for an average of at least 60 minutes of MVPA per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.
Adults (19-64 years)	Each week, adults should accumulate at least 150 minutes (2½ hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.
Older adults (65 years or older)	Each week older adults should aim to accumulate at least 150 minutes of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits.

2.3 National context

2.3.1 Unhealthy weight

Population obesity levels are on the increase nationally. The Foresight Report¹ estimated 60% of the adult population would be clinically obese that by 2050, with those from poorer communities and minority ethnic backgrounds being affected significantly more. It is also estimated that 7.1% of deaths are attributable to elevated BMI in England and Wales in 2014 amounting to an average of 12 years lost by an individual.⁶

In England:

- 10.0% of boys in Reception are obese compared to 9.4% of girls.⁷
- 22.5% of boys in Year 6 are obese compared to 17.8% of girls.⁷
- 1.0% of Reception year children are underweight compared with 1.4% among Year 6 children.⁷
- Children from most deprived backgrounds are more likely to be overweight or obese:⁷

- Reception: 27.2% of those from the most deprived areas are overweight or obese compared with 17.3% from the least deprived areas
- Year 6: 41.5% of those from the most deprived areas are overweight or obese compared with 24.1% from the least deprived areas.
- 62.0% of adults are overweight or obese.⁸
 - 68.3% of men are overweight or obese compared to 55.4% of women
 - People from Black ethnic groups (72.8%) are most likely to be overweight or obese while Chinese (34.5%) least likely.
 - Those from most deprived areas are most likely to be overweight or obese (67.4%) while those from the least deprived are least likely (56.4%).

2.3.2 Physical inactivity

The proportion of physically active adults have remained static at around 66%* over the recent past (2015/16 – 2017/18) in England.⁹ Insufficient physical activity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally¹⁰ and a 25% decrease in physical inactivity could lead to 1.3 million global deaths prevented annually.¹¹

In England:

- 46.8% of children aged 5-16 years undertake the recommended minimum of 60 minutes physical activity a day.¹²
 - 51% of boys are physically active compared with 43% for girls.
 - Those from low income families are the least likely to be active (42% compared with 54% in those from most affluent families).
 - Children and young people with a disability or long-term health condition are more likely to be less active than those without.
 - Children and young people from Asian and Black ethnic backgrounds are the most likely to be less active.
- 63.2% of adults aged 16 years or older undertake at least 150 minutes of activity a week.¹³
 - 65% of men undertake at least 150 minutes of physical activity a week compared with 61% of women.¹³
 - Disabled adults are twice as likely to be physically inactive compared to non-disabled adults (41% are inactive in those with disabilities compared with 20% in those without).¹³
 - Minority ethnic groups have lower physical activity participation rates – this is most marked among Bangladeshi and Pakistani women.¹⁴
 - 11% of Bangladeshi and 14% of Pakistani women reportedly undertaking the recommended amounts of physical activity compared to 25% in the general population.

* % doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed (19+).

2.4 Why is unhealthy weight and physical inactivity an issue?

2.4.1 Health impact

- Excess bodyweight is an important risk factor for developing cardiovascular disease and type 2 diabetes.¹⁵ Persons with obesity are also more likely to develop joint problems (osteoarthritis),¹⁶ as well as complications following surgeries.¹⁷
- Obese individuals are more likely to experience bullying, low self-esteem, perception of poor body image, anxiety and depression all of which could lead to impaired social interaction.¹
- Years of life lost associated with being overweight is estimated to be 3.3 years. For those obese or severely obese the loss in life expectancy is estimated to be 5.6–7.6 years for men and 8.1–10.3 years women aged 20–29 years.¹⁸
- Being underweight is associated with nutritional deficiencies, weakened immune system, fertility problems,¹⁹ and coronary heart disease.²⁰
- Physical inactivity is the principal cause for approximately 21–25% of breast and colon cancer burden, 27% of diabetes burden and approximately 30% of ischaemic heart disease burden.¹⁰

2.4.2 Economic impact

- The overall cost of excess weight to the wider UK society is estimated to rise to £37.2 billion by 2035 and 49.9 billion by 2050 from £27 billion in 2015.^{1,21}
- The estimated NHS cost attributed to managing excess weight is forecast to rise to £8.3 billion in 2025 and £9.7 billion in 2050 from 6.3 billion in 2015.^{1,22}
- Lack of physical activity costs the UK around £7.4 billion a year including over £0.9 billion to the NHS.¹⁴

2.5 Unhealthy weight in Oldham

In tandem with national trends, the burden of excess weight and related health problems are on the increase in Oldham.

2.5.1 Unhealthy weight in Oldham children

There has been an overall increase in the proportion of Reception year and Year 6 children who are overweight or obese in Oldham. 2018/19 National Child Measurement Programme (NCMP) data²³ shows:

- 23.4% of Reception year children are overweight or obese compared with the regional and national averages of 24.4% and 22.6% respectively.
- 37.4% of Year 6 children are overweight or obese compared with the regional and national averages of 35.9% and 34.3% respectively.
- 1.2% of Reception year children are underweight compared with regional and national averages of 0.8% and 1.0% respectively.
- 1.4% of Year 6 children were underweight compare with regional and national averages of 1.1% and 1.4% respectively.

2.5.2 Unhealthy weight in Oldham adults

The 2017/18 Active People Survey²⁴ estimates showed that 67.1% of adults aged 18 years or older in Oldham have excess weight (i.e. they are either overweight or obese), compared with the England average of 62.0%. There has been a year-on-year increase between 2015/16 and 2017/18. There are no estimates available for underweight among adults in Oldham.

2.6 Physical inactivity in Oldham

The [Sports England Active Lives Survey](#) shows that in Oldham:^{12,13}

- 29.7% of children aged 5-16 years are physically active[†] compared with 43.3% in England.
- 56.0%[‡] of adults aged 16 years or older are physically active (compared with 63.2% in England), more than 10 percentage point reduction from 2015/16 figure of 61.6%.

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[†] 2017/18 data reported as there were no data for Oldham for the 2018/19 survey

[‡] 2018/19 data from the adults' survey

3 Vision and Delivery

3.1 Our vision

- Oldham will be a place where both the environment and our services promote and support health and wellbeing, encouraging and enabling everyone to be physically active and eat well in order to achieve and/or maintain a healthy weight.

3.2 Delivery themes

3.2.1 Theme 1: Thriving communities which enable and encourage people to be physically active and eat well and promote health and wellbeing.

3.2.1.1 Why is Theme 1 important

- Community norms and culture play an important role in existing patterns of participation in programmes and are important factors to consider in developing interventions and strategies to increase physical activity and healthy weight.²⁵
- Co-production involving local communities can promote resilience, autonomy, save time and resources, and improve efficiency.²⁶
- Community participation in programmes can:^{27,28}
 - Improve access to services, make services more relevant and culturally appropriate.
 - Help mobilise community resources and energy, develop more holistic and integrated approaches.
 - Contribute to better decision making and ensure ownership and sustainability of programmes, and actively empowering communities.

3.2.1.2 Strategic objectives (Theme 1)

- **Develop community capacity to promote, encourage and support healthy eating, healthy weight and physical activity**
 - **Examples of what is happening already**
 - **Sports England Local Delivery Pilot** in Glodwick & Failsworth to promote physical activity among residents.
 - **Get Oldham Growing** which aims to support residents to be more active and get involved in food growing
 - **Oldham Walking Network**, a group of individuals from various organisation, with an aim to promote walking within their organisations.
 - **Holiday Hunger Project** which provides healthy meals for children during school holidays
 - Thriving Communities Social Action Fund Projects e.g.
 - BAME Project promoting physical activity
 - WiFi NW Project running cooking courses

- Street Angels providing hot meals for the homeless and reducing social isolation
 - Community-led weight management support such as ***Slimming Without Women***.
 - Organised physical activity sessions e.g.
 - parkruns and junior parkruns operating every week in the borough
 - Daily Mile initiative which encourages children to run or jog for 15 minutes every day in their primary and nursery schools
 - Park & Environmental services organises health walks and planting activities for wellbeing
- **What we will do in addition**
 - Increase reach of and participation in existing local programmes and reduce inequalities
 - Use learning from the Local Delivery Pilot to continue developing community capacity to support physical activity
 - Develop more community growing spaces through Get Oldham Growing and Northern Roots
- ***Ensure the best start in life for all children and young people growing up in Oldham***
 - **Examples of what is happening already**
 - Promoting healthy infant feeding practices e.g.
 - UNICEF Baby Friendly Accreditation in the community settings (Health Visiting and Children's Centres) to promote best infant feeding practices
 - Breastfeeding support groups (Baby Bistros) and Breastfeeding Welcome schemes
 - Healthy weaning sessions in Children Centres promoting introduction of healthy food to infants
 - Healthy Start programme: a government-funded scheme to support low-income families feed their infants healthily
 - Sport through Play (SPLAY) for under-5s to promote physical activity skills among young children. The programme aims to teach physical literacy skills to children in preparation for primary school.
 - Stay and Play sessions in Children's Centres: These are interactive sessions for parents/carers and their toddlers incorporating physical activities into learning and play
 - StoryWalk being delivered by Oldham Library. This programme combines physical activity with book-related activities and provides children with opportunities to develop literacy skills while playing and undertaking healthy outdoor physical activities.

- Subsidised Parent and Baby swim sessions in all OCL pools plus “Bumps & Beyond” pre- and post-natal exercise classes at Royton Leisure Centre.
- **What we will do in addition**
 - Maintain UNICEF BFI Accreditation in community settings ([Sustainability standards and the Gold Award](#))
 - Achieve UNICEF BFI Accreditation in the maternity setting
 - Improve the uptake of breastfeeding and healthy weaning services and Stay and Play sessions in Children’s Centres
 - Improve uptake of the Healthy Start programme
- ***Raise awareness, promote and encourage healthy eating, healthy weight and physical activity***
 - **Examples of what is happening already**
 - Participation in national and regional campaigns e.g. National Breastfeeding Awareness Week, Sugar Smart and Change4Life.
 - Sports Development Department work in schools promoting health through termly health messages linked to national campaigns
 - **What we will do in addition**
 - Develop Oldham version of GM That Counts campaign
 - Develop a communications plan to amplify national campaigns in Oldham e.g. National Obesity Awareness Week
 - Organise Oldham Walking Festival annually
 - Annual Pharmacy campaign schedule to include promotion of healthy weight and physical activity

3.2.2 Theme 2: Encourage and support Oldham residents to achieve and maintain healthy weight and increase levels of physical activity

3.2.2.1 Why is Theme 2 important?

- Maintaining a healthy weight can prevent 14% of cancer-related deaths in men and 20% in women²⁹ and reduce the chances of one developing type 2 diabetes and heart problems.
- Being physically active can:³⁰
 - Reduce risk of stroke and other vascular events by 20% to 35%
 - Reduce risk by 30% to 40% lower risk of metabolic syndrome and type 2 diabetes
 - Reduce risk by 40-50% of developing colon cancer and breast cancer by 20%
 - Reduce the risk for depression and dementia by 20% to 30%
 - Reduce the risk of falls by 30% and that of hip fracture by 36% to 68%.
- In Oldham obesity and physical inactivity levels are higher than national average.

3.2.2.2 Strategic objectives (Theme 2)

- **Ensure an integrated offer of health promotion and support across all services to enable and encourage residents maintain healthy weight and be physically active**
 - **Examples of what is happening already**
 - Weight management programmes provided by Slimming World and Weight Watchers for people who want to lose weight and do not have underlying health problems
 - Specialist weight management service provided by ABL for people with obesity and complex health problems
 - Positive Steps / Early Help service provide support and advice on healthy eating, healthy weight and being active
 - Oldham Community Leisure (OCL) provide a wide range of physical activity opportunities at 5 leisure centres across Oldham. The service been awarded a Silver Customer Engagement Award.
 - GP Exercise Referral Scheme support residents who have existing health problems and referred to OCL.
 - FRESH and FRESH MINDS programmes in primary schools promote physical activity and mental health.
 - **What we will do in addition**
 - Commission an integrated all-age weight management service for adults and families
 - Develop preventive services to promote healthy weight and physical activity among the pre-school population
 - Develop pathways and improve access to physical activity and weight management services
 - Monitor outcomes for residents supported by our services to ensure the services are meeting their needs and reduce unwarranted variations in outcomes.
- **Workforce development to ensure staff have the skills, knowledge and confidence to engage people in conversations about weight, food and physical activity**
 - **Examples of what is happening already**
 - Delivering Making Every Contact Count (MECC) which enables health and care workers to engage people in conversations about improving their health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing.
 - Health Literacy Training to improve staff confidence in engaging clients in behaviour change discussions.

- Oldham Primary Schools Health Champions scheme which supports children and young people to become health promotion advocates within schools
- **What we will do in addition**
 - Consistently promote weight management services and opportunities to be physically active and eat well using a range of print and electronic media
 - Develop workforce skills and knowledge to ensure effective conversations with residents about healthy weight and physical activity.

3.2.3 Theme 3: Create an environment that makes being physically active and eating healthily the easier choices

3.2.3.1 Why is Theme 3 important?

- Environmental factors can discourage people from becoming more active, e.g.:⁴
 - fear of violence and crime in outdoor areas
 - high-density traffic and poor air quality
 - lack of parks, pavements and sports/recreation facilities.
- The WHO recommends that policies to increase physical activity should ensure that:⁴
 - physical activity is promoted through activities of daily living;
 - walking, cycling and other forms of active transportation are accessible and safe for all;
 - workplace policies encourage physical activity;
 - sports and recreation facilities provide opportunities for everyone to do sports.
- Having a healthy diet which includes daily consumption of recommended amounts of fruits and vegetables can reduce risk of cancer-related deaths by 30% to 35%,²⁹ and the occurrence of myocardial infarction by 13.7%.³¹
- Children living in areas surrounded by fast food outlets are more likely to be overweight or obese.³²
 - Fast food outlet density in Oldham ranks 43rd highest among 326 local authorities in England[§].³³
- Fruit and vegetable consumption levels in Oldham levels are lower than national averages.
- 34.8% of 5-year-olds in Oldham have dental decay compared with 23.3% national average.

3.2.3.2 Strategic objectives (Theme 3)

- **Improve the provision of healthy and sustainable food and drink across Oldham**
 - **Examples of what is happening already**
 - Community Fridge project: This is a food waste reduction project which mainly obtain perishable food, which would have been sent to landfill, from local supermarkets, refrigerates them for use by local residents.

[§] National average not available.

- Sustainable Food Cities Bronze Award achieved: The award recognises and areas taking a joined-up, holistic approach to food and achieving significant positive change on a range of key food health and sustainability issues.
 - Community-based programmes to improve access to fresh food and vegetables and green spaces e.g. Get Oldham Growing, Holiday Hunger Project, vegetable growing programmes in schools.
 - Healthy school meals provided by the Education Catering Service has received several awards including the Silver & Gold [Food for Life Served Here Excellence Award](#)
 - Early years healthy eating award scheme which recognises healthy eating practices in early years' settings.
 - **What we will do in addition**
 - Develop a new strategic plan food for Oldham, and work towards obtaining Sustainable Food Cities Silver Award
 - Develop more community growing spaces through Get Oldham Growing and Northern Roots
 - Explore banning junk food advertisements across council-owned advertising sites
 - Support growth in local food enterprise with a focus on high quality, healthy food
 - Ban high-sugar drinks in vending machines across all OCL managed Council Leisure Centres
- ***Develop a built environment and public open spaces that encourage active travel and healthy eating***
 - **Examples of what is happening already**
 - Supplementary Planning Document (SPD) to limit concentration of fast food outlets
 - Positive Cycles' "Bike Back to Work" scheme (delivered by Positive Steps)
 - Having a workplace travel plan is a mandatory condition for business planning applications
 - Delivering GM Active Neighbourhoods project in at least one area in Oldham
 - **What we will do in addition**
 - Ensure increasing physical activity and healthy eating are key considerations in our approach to 'Creating a Better Place'
 - Review the current SPD to better support planning application decisions relating to fast food outlets and other food selling premises.
 - Develop **Streets For all Strategy**
 - Embed Active design principles in local plan e.g.:
 - Reengineer streets to give continuous footpaths/street for all B-network

- Make terraces more pedestrian friendly
 - Improve cycling routes for walking and cycling
 - Deliver the Oldham Bee Network/Made to Move proposals
 - Maintain high quality parks and open spaces and create the UK's largest urban farm and eco-park: 'Northern Roots'
- ***Develop healthy workplace schemes to encourage physical activity and healthy eating among staff and residents***
 - **Examples of what is happening already**
 - ***Fit for Oldham:*** Fit for Oldham Campaign uses the NHS 5 ways to mental wellbeing and will focuses on 4 main areas;
 - Leadership
 - Working Environment
 - Healthy Behaviours
 - Work-life Balance
 - Oldham Council Cycle to Work scheme which provides facilities to support cycling e.g. bicycle repair and packing; shower
 - **What we will do in addition**
 - Implement the Government Buying Standards for Food and Catering Services
 - Establish healthy workplace accreditation scheme for employers and local businesses to sign up to and include specific healthy workplace categories in workplace/business award schemes.

4 How do we know we are making a difference?

4.1 Governance

The implementation of the strategy will be supported by an action plan which will be monitored by a Healthy Weight and Physical Activity Strategy Steering group and reviewed annually. The Steering Group will be accountable to the Oldham Health and Wellbeing Board via Thriving Communities and Health Improvement Programme (TCHIP) Board.

4.2 Population Outcomes

To assess the impact of the strategy we will monitor the outcomes listed below which are components of the national Public Health Outcomes Framework. These would be supplemented by locally collected data based on specific local initiatives in the action plan.

4.2.1 Healthy nutrition outcomes

- Breastfeeding initiation
- Breastfeeding at 6-8 weeks
- Proportion of the population meeting the recommended '5-a-day' at age 15
- Average number of portions of fruit consumed daily at age 15
- Average number of portions of vegetables consumed daily at age 15
- Percentage who eat 5 portions or more of fruit and veg per day at age 15
- Proportion of the population meeting the recommended '5-a-day' on a 'usual' day (Adults)
- Average number of portions of vegetables consumed daily (adults)
- Average number of portions of fruit consumed daily (adults)

4.3 Physical activity outcomes

- Percentage with a mean daily sedentary time in the last week over 7 hours per day at age 15
- Percentage physically active for at least one hour per day seven days a week at age 15
- Percentage of physically active adults
- Percentage of adults cycling for travel at least three days per week
- Percentage of adults walking for travel at least three days per week

4.4 Excess weight outcomes

- Child excess weight in 4-5-year olds
- Child excess weight in 10-11-year olds
- Percentage of adults (aged 18+) classed as overweight or obese

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Report to HEALTH SCRUTINY COMMITTEE

Council Motion – Chatty Checkouts and Cafes

Chair:

Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services

1st September 2020

Reason for Decision

An action within a Council Motion 'Chatty Checkouts and Cafés' has been referred to the Health Scrutiny Committee for consideration.

Recommendations

The Health Scrutiny Committee is invited to note the referral and the initial actions taken in response.

Council Motion – Chatty Checkouts and Cafés**1 Background**

1.1 At the meeting of the Council held on 17th June 2020 an action from a Council Motion ‘Chatty Checkouts and Cafés’ was referred to the Health Scrutiny Committee.

1.2 The preamble to the Motion read –

“Social isolation impacts on personal mental health and physical health. This also has a negative impact on the community. Councillors should be committed to looking at innovative ways of addressing this issue. This commitment must form part of Oldham Borough aspiring to be an Age-Friendly local authority.

Council notes that:

- In the UK the Chatty Café Scheme (<https://thechattycafescheme.co.uk>) has been established with 900 participating outlets so far offering opportunities for customers to converse at Chatter and Natter Tables. Costa Coffee has become the scheme’s first national partner.
- The Pub in the Hub scheme is offering support to public houses joining the scheme.
- In the Netherlands Chatter Checkouts have been introduced in supermarkets, dedicated lanes where interaction between the customer and staff member is purposefully expected to take longer as conversation performs part of the transaction.
- Local authority run premises, such as libraries, leisure centres, and the local markets; health centres and hospitals run by the NHS; and pubs, cafes, shopping centres and retail parks run by business partners have potential to host such schemes.
- Operators of supermarkets and other retailers in the borough may wish to establish Chatter Checkouts, maybe at quieter times of the trading week.
- There will be many people suffering from mental ill-health from the isolation of lockdown measures following the Coronavirus Pandemic.”

1.3 The action referred to the Committee (resolution 2 of the Motion) reads

“The Health and Scrutiny Board *sic* be asked, in consultation with Age UK Oldham and District Teams, to:

- i) Examine the practicalities of introducing Chatter and Natter Tables in Council premises.
- ii) Identify where they could be established.
- iii) Identify how referrals to such provision might form part of social prescribing”.

1.4 Noting that social prescribing forms part of the Thriving Communities programme, the action has been referred to the Thriving Communities Programme Manager for initial consideration. The action is to be considered alongside other activities in line with other priorities which Covid-19 is presenting and a report to a future meeting will be programmed into the Committee Work Programme.

2 Financial Implications

2.1 There are no financial implications arising associated with this report.

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- 3 **Legal Services Comments**
- 3.1 There are no legal implications arising associated with this report.
4. **Co-operative Agenda**
- 4.1 The action identified within the Motion proposes an action that might be taken forward across the public, private and community sectors to address issues of social isolation.
- 5 **Human Resources Comments**
- 5.1 There are no Human Resources implications associated with this report.
- 6 **Risk Assessments**
- 6.1 There are no particular risk issues associated with this report.
- 7 **IT Implications**
- 7.1 There are no IT systems implications associated with this report.
- 8 **Property Implications**
- 8.1 There are no Property Implications associated with this report.
- 9 **Procurement Implications**
- 9.1 There are no Procurement Implications associated with this report.
- 10 **Environmental and Health & Safety Implications**
- 10.1 There are no Environmental and Health & Safety Implications associated with this report.
- 11 **Equality, community cohesion and crime implications**
- 11.1 There are no equality, community cohesion and crime implications associated with this report.
- 12 **Equality Impact Assessment Completed?**
- 12.1 No
- 13 **Key Decision**
- 13.1 No
- 14 **Background Papers**
- 14.1 There are no background papers as defined by Section 100(1) of the Local Government Act 1972 to this report.
- 15 **Appendices**
- 15.1 None

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Report to HEALTH SCRUTINY COMMITTEE

Health Scrutiny Committee Work Programme 2020/21

Chair:

Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services Officer

1st September 2020

Purpose of the Report

For the Health Scrutiny Committee to review the Health Scrutiny Committee Work Programme 2020/21.

Recommendations

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2020/21.

Health Scrutiny Committee Work Programme 2020/21

1. Background

- 1.1 Overview and Scrutiny Procedure Rule 4.1 requires each Overview and Scrutiny Committee to prepare and maintain a Committee Work Programme.
- 1.2 The Health Scrutiny Committee Work Programme presents the issues that the Committee will be considering and scrutinising during the 2020/21 Municipal Year. The 2020/21 Work Programme covers the issues to be discussed at each meeting, issues and actions arising, matters identified for consideration at workshops or in task and finish groups, and other matters that have been identified as issues for possible consideration.
- 1.3 The Committee's area of interest covers health, social care and public health functions and the implications of the Covid-19 pandemic on work programming and the consideration of Committee business was considered briefly in the report to Committee in July 2020. It was noted at that time that the Public Health had a focus on mandated functions meaning that public health-related business had been identified in the Work Programme as 'pending' until such time as a re-assessment was made of public health activities going forward. The Public Health team's position was reviewed in July and the outcome of such considerations is reflected in the appended Work Programme.
- 1.4 The Health Scrutiny Committee Work Programme has been updated to reflect the outcomes of the Committee meeting on 7th July 2020 and is attached for consideration and noting.

HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2020/21

PART A - COMMITTEE MEETINGS SCHEDULE

Date of Meeting	Agenda Item	Summary of issue and Anticipated Outcome/Resolution	Lead Officer(s)	Notes
Tuesday, 7 th July 2020	Healthwatch – End of Life services Review	To provide comments on the findings and draft recommendations of the Healthwatch review of palliative and end of life services in Oldham prior to the conclusion and sign-off of the report.	Ben Gilchrist Interim Manager, Oldham Healthwatch	<p>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.</p> <p>A copy of the final report, incorporating the inputs of the Committee, was forwarded to Committee Members on 4th August 2020.</p>
	Safeguarding Adults Update	To receive an overview presentation of adult safeguarding arrangements and services in Oldham	Jayne Ratcliffe Deputy Managing Director Health and Adult Social Care Community Services Hayley Eccles Head of Strategic Safeguarding	<p>RESOLVED that</p> <ol style="list-style-type: none"> 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.

	Council Motion - Ban on Fast Food and Energy Drinks Advertising	To consider and, if appropriate, make recommendations to Council in respect of the Council Motion	Mark Hardman Constitutional Services	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.
	Council Motion – Making a Commitment to the UN Sustainable Development Goals	To consider and, if appropriate, make recommendations to Council in respect of the Council Motion	Jonathon Downs Corporate Policy Lead	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.
	Thriving Communities and Health Improvement Update	To receive an update on the Thriving Communities Programme	Peter Pawson Thriving Communities Programme Manager	RESOLVED – that the report be noted.
	Overview and Scrutiny Annual Report 2019/20	To receive the draft Annual Report	Chair Lori Hughes Constitutional Services	RESOLVED that the Overview and Scrutiny Annual Report for 2019/20 be commended to Full Council.
Tuesday 1 st September at 6.15pm	Multi-agency Early Help Strategy	To consider emerging proposals on the development of a multi-agency Early Help Strategy across all levels of need	Bruce Penhale, Assistant Director Communities and Early Intervention	Formerly listed as ‘Oldham Family Connect’. The proposed Strategy is intended to present a wider key message that early help is everyone’s responsibility.
	Urgent Care Review	Due to changing circumstances, the CCG consider there is a need to reconsider the review proposals	Mike Barker Strategic Director Commissioning/ Chief Operating Officer	An item was listed previously for consideration in July 2020.

		and the associated proposals for engagement.	Dr Shelley Grumbridge Oldham CCG Governing Body Member Nicola Hepburn Director of Commissioning Operations	
	Council Motion - Ban on Fast Food and Energy Drinks Advertising	To consider and, if considered appropriate, make recommendations to Council in respect of the Council Motion.	Mark Hardman Constitutional Services (Katrina Stephens Director of Public Health)	Motion referred to this meeting by Committee, 7 th July 2020
	Council Motion - Chatty Checkouts and Cafés	Initial consideration of a referred action contained in the Motion.	Mark Hardman Constitutional Services	Motion referred to this Committee from Council, 17 th June 2020
Tuesday 13 th October 2020	Health and Adult Social Care Services	Further update on the progress of Health and Adult Social Care Services integration. To also include an update on the transfer of Pennine Care community services to Northern Care Alliance that took place in January 2019.	Mark Warren, Managing Director Community Health and Adults Social Care (DASS)	Update on integration agreed by Committee, 7 th January 2020 as possible development session for September 2020 (and rescheduled)
	Primary Care Review and Strategy	Further update on progress of the Primary Care Review and Strategy.	Mike Barker Strategic Director Commissioning/ Chief Operating Officer Nicola Hepburn Director of Commissioning Operations	Agreed by Committee, 7 th January 2020 for September 2020 (and rescheduled).
	Oldham Royal Hospital and Local Acute	Report on the position of the Royal Oldham Hospital in the context of local NHS Acute Trust re-organisation.	Mike Barker Strategic Director Commissioning/Chief Operating Officer	Agreed by Committee, 7 th July 2020

	Services - Update			
	Immunisations	Report on Immunisations (including the Flu Programme).	Katrina Stephens Director of Public Health	Item brought forward from the list of pre-identified Public Health items (see below)
Tuesday 8 th December 2020	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	Mark Warren, Managing Director Community Health and Adults Social Care (DASS)	Previously listed as an 'outstanding issues/possible topic' item.
Tues 26 January 2021				
Tuesday 16 th March 2021	NHS Health Check Programme	Further update on the NHS Health Check programme, to also include progress on work undertaken to seek common standards on data recording.	March – July 2021 Katrina Stephens, Director of Public Health	Agreed by Committee, 7 th January 2020. Acknowledged that consideration was dependant on available information and item may be considered in July 2021

NOTE

The Committee will receive periodic reports providing an update on activity in respect of the Mayor's Healthy Living Campaign.

Each meeting of the Committee will receive an update in respect of the Committee's Work Programme.

The work of the Public Health Team has shifted substantially due to COVID. Other than mandated services the majority of other work is temporarily on hold in order that COVID work can be prioritised. A re-assessment of what could be brought back on line, including a consideration as to what might be able to be brought to the Committee and in what timescale, was made in July. In brief, the majority of work remains paused, with the exception of immunisations and a report on this topic can be brought to the October meeting. The position of the Public Health Team will be reviewed periodically going forward. The following confirms other Public Health items listed previously on the Committee work programme.

	Public Health Annual Report	To provide the Committee with an overview of the Public Health Annual Report	Katrina Stephens, Director of Public Health	Listed initially for a Development Session in January 2020; proposed consideration in March 2020 delayed.
	Healthy Weight and Physical Activity Strategy	To consider giving support to the Strategy and related actions.	Katrina Stephens Director of Public Health Gabriel Adboado Consultant in Public Health Medicine	This report has linkage with/was to have been considered in conjunction with the Council Motion report re Ban on Fast Food and Energy Drinks Advertising. Listed initially for March 2020.
	All Age Oral Health Improvement	To receive an update in respect of the programmes and strategies targeted at improvements in oral health across communities in Oldham and to consider giving support to ongoing actions and interventions.	Katrina Stephens Director of Public Health Mike Bridges Public Health Specialist	Listed initially for March 2020.
	Health and Wellbeing Strategy	To consider and review the Health and Wellbeing Board's proposed priorities and objectives for the Health and Wellbeing Strategy and to provide comments to the Board's working group that is to develop the Strategy.	Katrina Stephens Director of Public Health	Listed initially for July 2020. Date of consideration will be led by the Health and Wellbeing Board's consideration of Strategy development.

PART B - ONE OFF MEETINGS, WORKSHOPS AND TASK AND FINISH GROUPS

The Committee is asked to note the following proposed and progressing workshop and task and finish groups and consider progression/prioritisation of the issues at a future meeting as resources permit.

	Over the Counter Medicines Review	Task and Finish Group.		Issue identified by Committee, March 2019. An initial scoping meeting convened but cancelled. The issue and possible scheduling would need to be further discussed with the CCG before seeking confirmation of progression from the Committee.
Page 79	Continuing Healthcare – Equality and Choice Policy	Following a workshop in October 2019, to receive detailed information regarding complex cases (demographic profile, types of care being provided, budget information) and a summary of consultation findings, to hold a further workshop to receive the results of the consultation and implementation of the newly commissioned service	Helen Ramsden, Interim Assistant Director of Joint Commissioning	Planned consultation through community groups was unable to proceed and the issue will need to be picked up as part of the recovery plans. Current priorities are at an operational level, working through the relocation of staff as they have been supporting other nursing priorities and then catching up with those who may have been Continuing Health Care eligible through this period, once the pausing of activity (via a national directive) is lifted. An updated timescale will be provided in due course.
	Infant Mortality and Child Death	Task and Finish Group		Raised as an issue of concern from the Oldham in Profile, Business Intelligence Report April 2019 - Children and

				Young People's Health and Lifestyle: Rates of infant mortality (under 1 year old) are higher than national levels (6.2 per 1,000 for Oldham, 3.9 per 1,000 for England).
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PART C – OUTSTANDING ISSUES/POSSIBLE TOPICS FOR CONSIDERATION

	Smoking and Tobacco Control	To consider local provision and initiatives	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	If the Committee is minded to consider this topic, it will be scheduled in line with the Public Health work programme.
	Sexual Health Integrated Service	Tri-borough (Oldham, Rochdale and Bury) contract re-tender	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	It has been proposed to delay the retender for 12 months. If the Committee is minded to consider this topic, it will be scheduled accordingly.
	Greater Manchester Fire and Rescue Service	To outline the current performance, position and initiatives of GMFRS in the Oldham area.	Val Hussain, Borough Manager: Bury, Oldham & Rochdale, GMFRS	If the Committee is minded to consider this topic, it is suggested that the presentation focus be on the contributions of GMFRS to health and scheduling be undertaken in consultation with GMFRS.
	Talking About Dying: A Review of Palliative and End of Life Care in Oldham	To receive an update in respect of the recommendations arising from the Healthwatch Oldham	Oldham Healthwatch	Consideration agreed by Committee, July 2020. Date (no earlier than December 2020) to be determined following presentation of recommendations to decision making bodies.

	Making Safeguarding Personal	Consideration of anonymised cases	Hayley Eccles Head of Strategic Safeguarding	Consideration agreed by Committee, July 2020. Date/format of consideration to be determined.
	Covid-19	Health and social care implications arising, including identified health inequalities.		Consideration agreed by Committee, July 2020. Detailed issues to be determined
	Oldham Children and Young Person's Alliance	To provide the committee with an overview of the priorities of the Alliance and progress made since its establishment	Gerard Jones, Managing Director Children Elaine Devaney, Director of Children's Social Care	Item listed previously for consideration in March 2020. Discussions ongoing with partners and item to be re-scheduled.

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