

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

Date Tuesday 13 October 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 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 Thursday, 8 October 2020. The question will be read out by the Chair and a response will be provided at the meeting.
 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. The cameras will focus on the proceedings of the meeting. Disruptive and anti-social behaviour will always be filmed.

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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 - 8)

The Minutes of the Health Scrutiny Committee held on 1st September 2020 are attached for approval.

6 Update on the Progress of Community Health and Adult Social Care Integration (Pages 9 - 20)

7 Report on the Position of the Royal Oldham Hospital in the Context of Local NHS Acute Trust Re-organisation (Pages 21 - 36)

8 Delivery of the Flu Vaccination Programme 2020/21 (Pages 37 - 50)

9 Childhood Immunisation Programme (Pages 51 - 58)

10 Amendment to United Nations - Sustainable Development Goals Report to Council (Pages 59 - 62)

11 Health Scrutiny Committee Work Programme 2020/21 (Pages 63 - 74)



HEALTH SCRUTINY
01/09/2020 at 6.00 pm

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

Also in Attendance:

Mike Barker	Chief Operating Officer, Oldham CCG and Council Strategic Director for Commissioning
Nicola Hepburn	Director of Commissioning, Oldham CCG
Bruce Penhale	Assistant Director in Children and Young People
Sian Walter-Browne	Constitutional Services
Mark Hardman	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Cosgrove.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health
Scrutiny Committee held on 7th July 2020 be approved as a
correct record.

6 **URGENT CARE REVIEW**

The Committee received a report providing assurance that the
provision of urgent health care in the community has been
maintained through the Covid-19 pandemic period and that the
offer to Oldham residents has been improved. A number of
national mandates which created the need to redesign some
services were highlighted and the intention of Oldham CCG to
engage with residents when possible to ensure that the
structures were responsive to Oldham's needs was advised.

A national mandate had required the CCG to prevent all walk-
in's to primary healthcare settings and to open a Covid

Assessment Centre (CAC). Previously, a consultation had been held in October 2017 to better understand what the community would want to see if the Walk in Service at the Oldham Integrated Care Centre (ICC) was to close, following which the CCG Governing Body had agreed to move towards closure of the Walk In Centre and to a new system offering bookable appointments for urgent primary care closer to home. Development work was still ongoing at the onset of the pandemic and a review of services going forward was now underway.

The Covid-19 pandemic had required all health and social care organisations to quickly develop services to enable residents to access and receive the right care whilst also learning to manage in a new and changing environment. As well as setting up the CAC and stopping walk-in primary care facilities at the ICC to allow the CAC to deal with Covid-related cases, there was a need for the hospital to have as much space in the emergency department (ED) as possible. At the hospital's request, the Out of Hours service moved from the hospital into the ICC and the GP working in the ED relocated into the CAC. As the CCG was required to cease walk-in appointments at the ICC, the same workforce plus extra from IGP Cares was used in the CAC.

The CCG's commissioning intentions had been 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, and this had been in early stages of planning when Covid-19 arrived. In light of the changes to services, this digital aspect had been accelerated to support the community and was introduced quickly alongside the CAC using the same workforce, estates and IT systems. The CAC now sees any patient face to face and the centre in the ICC has been renamed as the "Oldham Clinical Digital Hub" for the time being. The Hub offers a multidisciplinary workforce, including GP's, nurses and allied health professionals, and has direct links with community health and social care services, End of Life services and the ED. Examples of digital patient pathways were described to the Committee and examples appended to a submitted report.

A Member noted that the pandemic had shown a need for change, and that the reported changes were good for working patients and from an infection control perspective. However, Members raised a number of queries and concerns about the roll-out of digital services. Reference was made to practical experience of attempting to make contact electronically or by phone, and comment was made that older patients who, while acknowledging the risks, might prefer personal face to face consultations and would need assurance that the digital system was safe. Accessibility issues were also raised, including for those who might not have access to IT or be confident in its use and for the BAME community and other hard to reach groups. In response, it was noted that any approach proved to be 'good'

would be rolled out at pace and that there was now a better mix of digital and face to face offers. It was further noted that, in addition to the digital offer at the Hub, services over the phone were also available through a patient's own GP surgery. Issues arising with BAME and hard to reach groups had been recognised during the pandemic and work was being undertaken through the Cabinet Member for Covid issues and the Chair of the CCG Governing Body on messaging around the system. It was recognised that language issues did apply to some communities and Members' concerns regarding translation facilities would be responded to. A request was made for the Committee Chair to be included in consideration of communications issues.

A Member commented that the health service had for some time been unable to encourage people not to attend EDs unnecessarily and suggested this may have been down to an inability to explain how the system worked. In response it was suggested that Oldham's system might have been overcomplicated and the intention was to develop a simpler system for accessing health care. Part of this process was to understand why and when people accessed either their GP or the hospital, for example, as it was known that if a patient failed to make contact with a surgery after three calls they were more likely to attend hospital, work was being undertaken on telephony and operating procedures.

With regard to GP access, queries were made as to the seeking of patient feedback and of any actions the CCG could take against GP surgeries requiring attention. In response it was reported that the CCG had enforced regulatory actions and that while three surgeries were rated as 'requiring improvement', most were rated 'good'. The CCG wanted to see thriving GP surgeries but needed to be aware of patients views and expectations. Noting the ratings for GP surgeries, a Member expressed a concern that not all surgeries were holding Patient Participation Group meetings. An undertaking was given to follow up this concern.

RESOLVED – that the work undertaken to date with regard to the Integrated Care Centre, and the development of the Covid Assessment Centre and the Oldham Clinical Digital Hub, be noted, along with the intentions for further developments and the involvement of the public.

7

MULTI-AGENCY EARLY HELP STRATEGY

The Committee received an update on the development of the early help offer for children and families in Oldham and on the connections to other areas of activity, including place-based working and linkages to a range of other work relating to prevention and early intervention in the Borough.

'Working together to safeguard children' (2018) is the statutory guidance for inter-agency working to safeguard and promote the

welfare of children which recognises that providing early help is more effective than reacting later in promoting the welfare of children. Early help is defined 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” and which 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. The guidance highlights the need for local organisations and agencies to work together to identify children and families who would benefit from early help, to undertake an assessment of their need for early help, and to 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. The safeguarding partners needed to publish a threshold document which sets out the local criteria for accessing help and services and the Oldham document, available on the Safeguarding Partnership website, sets out four levels of early help offer that would be made according to the need.

Earlier work on ‘Oldham Family Connect’ arose from an identified need to strengthen the support offer for children and families with multiple or high level needs in order to prevent the need for social care intervention and to reduce the likelihood of needs re-escalating. The Early Help service part of the offer, established in April 2015, had 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. During 2020 there had been a rethink of the approach to Oldham Family Connect, considering the multi-agency early help offer to children and families at all levels of need rather than focusing on support at the intensive level. Work was therefore being undertaken to refresh the Partnership’s Early Help strategy for supporting children and families, including reviewing and developing the offer and providing clarity about how this operates across the whole range of needs. It was intended that the refreshed strategy will be agreed by the Partnership in late 2020.

The project was no longer being described as Oldham Family Connect given the wider multi-agency offer. As part of the wider development, it was intended to reorganise the targeted early help services within the Council, requiring a governance structure that would enable partners to agree priority outcomes for children and families and to plan how they will work together. Other work included the recommissioning of the commissioned early help offer, inputting into other interconnected activities, and creating an integrated children’s front door into the Multi Agency Safeguarding Hub (MASH).

Noting that the proposal would see a number of services working together, it was queried what assessment could be made as to whether this joint working was happening and what would be the role of elected Members given that they picked up

issues as part of their casework. It was acknowledged that elected Members did forward issues and concerns to the Service and this would continue. The use of the Children's Centre District Advisory Boards, or some adaptation of them, had been proposed as being bodies that might provide appropriate governance and this needed consideration against the wider roles now suggested.

The number of professionals involved in each case was queried. It was advised that this would vary dependent on the complexity of case. For example, in cases of lower need an agency such as a school might be expected to take a lead. For more complex cases there would be a need for a single dedicated worker, with multi agency support, to work directly with the child or family concerned.

Members noted the linkages to place based working and the District Advisory Boards and were advised of proposals to restructure the Early Help Team to work to particular patches. In response to queries as to the proposal to base staff centrally and how this fitted to the place based approach, it was reported that workers would spend much of their time away from the office base working with families or providing training and would have close working relationships with others covering the same areas. Experience through the Covid-19 pandemic period had brought about changes in thought as to how the service could operate, meaning there was less need for a physical base.

With regard to timescales, it was noted that the refresh of the Strategy was planned for completion by the end of 2020 and it was hoped to have the new structures in place by the end of the financial year. Members considered this might be an appropriate time at which to receive an update on progress.

RESOLVED that

1. the update on the developing approach to the multi-agency early help offer be noted;
2. an update on the refresh of the Strategy and the development and implementation of new governance and staffing structures be submitted to the March 2021 meeting of the Committee.

8

COUNCIL MOTION - BAN ON FAST FOOD AND ENERGY DRINKS ADVERTISING

Further to Minute 13 of the meeting of the Committee held on 7th July 2020, the Committee received a report inviting consideration of a Council Motion "Ban on Fast Food and Energy Drinks Advertising" that had been referred to the Committee for consideration. The consideration was based upon two appendices to a submitted report. Firstly, a report submitted in the first instance to the Committee at the meeting held on 7th July 2020 (the 'July report'), and secondly a draft 'Health Weight and Physical Activity Strategy' document, the submission of which had been requested by the Committee at

the July 2020 meeting. The Committee was advised that the draft Strategy had been compiled in the pre-Covid-19 period and would require redrafting to reflect changed circumstances and national direction before it could be resubmitted for formal consultation.

The July report had given a consideration to the Council Motion and had included a briefing on the evidence around fast food and energy drinks (or High Fat Sugar and Salt (HFSS) Foods) and which recommended that

- any restriction or ban on such advertising should be accompanied by measures to promote healthier options; and
- in support of a ban, any breach of the Committee on Advertising Practice Guidelines around advertising of HFSS foods should be referred to the Advertising Standards Agency.

The July report had further presented information in respect of the various action points of the Motion and the following issues were highlighted –

- With regard to asking Transport for Greater Manchester (TfGM) to consider an advertising ban similar to that introduced by the Mayor of London, details of the London ban, including the Transport for London (TfL) policy, and an initial view from TfGM which included noting the coverage of the London ban, the use to which TfGM's advertising revenues were put, and some possible support for the promotion of healthier options;
- With regard to the advertising or sale of fast food and energy drinks on Council property, a distinction was drawn between the Council's immediate estate where such matters were considered as being addressed, and the Council's managed or leased estate, it being noted that the equivalent TfL estate sat outside the London policy and that if the policy was extended to Council's managed or leased estate this would lead to financial implications;
- With regard to asking partners to make similar undertakings with regard to bans on sales and advertising, while this might be undertaken in isolation, the briefing paper within the July report noted that work to promote healthier options should sit alongside this. The draft Strategy had proposed a multi-agency approach, to be led by the Health and Wellbeing Board, which would provide the base from which to share the Council's experience and encourage others.

In discussion, it was suggested that the issue was one which would be very difficult to progress in isolation and that Oldham alone could make only small changes. While the intent of the Motion was good, it was suggested that it would take leadership and support across Greater Manchester to make real progress. As such, it might be more appropriate to refer the matter to the

Cabinet, rather than to the Council, to consider the extent to which work with other authorities and bodies might progress this matter, and that any referral to Cabinet should include recommendations that discussions be held between all ten Greater Manchester Leaders and that the Mayor of Greater Manchester be asked to consider running a campaign on this issue in alongside the ten Leaders.

RESOLVED that

1. the Motion be referred to the Cabinet with a recommendation that the issues raised within the Motion relating to a Ban on Fast Food and Energy Drinks Advertising be progressed on a Greater Manchester-wide basis, that the matter be raised with the Leaders of the other Greater Manchester authorities, and that the Mayor of Greater Manchester be requested to run a campaign on these issues in conjunction with the Greater Manchester local authorities;
2. the Cabinet be requested to submit a progress report on actions taken to this Committee.

9

COUNCIL MOTION - CHATTY CHECKOUTS AND CAFES

The Committee was advised that the Council, at a meeting held on 17th June 2020, had referred an action arising from a Council Motion 'Chatty Checkouts and Cafés' to this Committee. The Committee was asked, in consultation with Age UK Oldham and District Teams, to examine the practicalities of introducing Chatter and Natter Tables in Council premises, to identify where they could be established, and to identify how referrals to such provision might form part of social prescribing.

The action had, in the first instance been referred to the Thriving Communities Programme Manager for initial consideration, it being noted that social prescribing forms part of the Thriving Communities programme. The action was to be considered alongside other activities and priorities which Covid-19 is presenting and it was proposed that a report to a future meeting be programmed into the Committee Work Programme.

RESOLVED that the referral of the action arising from the Council Motion 'Chatty Checkouts and Cafés' and the initial actions taken be noted.

10

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/21

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.

Members' attention was drawn to the update with regard to the Public Health team's work programme and the intended submission of an item related to immunisations at the October

meeting; to a request to determine how to receive the agreed consideration of anonymised safeguarding cases as individuals might still be recognisable if this was held in a public meeting; and the need to reschedule the Children and Young Persons Alliance item against the planned agenda for the October meeting.

RESOLVED that –

1. the Health Scrutiny Committee Work Programme 2020/21, as presented, be noted;
2. the consideration of anonymised safeguarding cases be considered in a workshop session, provided that the nature of the consideration does not duplicate training in safeguarding already provided to elected Members.

11 **DATE AND TIME OF NEXT MEETING**

It was noted that the next meeting of the Health Scrutiny Committee was scheduled to be held on Tuesday 13th October 2020 at 6.00 pm.

The meeting started at 6.00 pm and ended at 7.35 pm



Report to Health Scrutiny Sub-Committee

Update on the Progress of Community Health and Adult Social Care Integration

Portfolio Holder:

Councillor Zahid Chauhan, Cabinet Member & Portfolio Lead

Officer Contact: Mark Warren, Managing Director and DASS, Community Health and Adult Social Care Service

Report Author: Kirsty Littlewood, Interim Assessment Director, Community Health and Adult Social Care Service

Ext. 6885

13 October 2020

Purpose of the Report

Following a report to Health Scrutiny Committee on 7 January 2020, this report provides a further update to the Committee on the integration agenda for Community Health and Adult Social Care Service.

Recommendations

Health Scrutiny Committee is invited to note the update provided and advise of dates for future updates.

Update on the Progress of Community Health and Adult Social Care Integration

1 Background

- 1.1 The Community Health and Adult Social Care Service (Community Service) formed in 2018, in response to growing local, regional and national drivers for integrated care delivery to realise economies of scale, improve quality of care and to enhance the service experience for people with health and care needs.
- 1.2 The Community Service provides support to vulnerable adults with health and care needs and consists of five partner organisations; Oldham Council (OMBC), the Northern Care Alliance (NCA), Pennine Care Foundation Trust (PCFT), Oldham Clinical Commissioning Group (CCG) and MioCare. Although described as a service, it is a collaboration of the five organisations, enabling their human, estate and financial resources to be deployed under one leadership model.
- 1.3 The Community Service is one component of an intricate place-based health and care system for the locality which consists of multiple partners, centered around five geographical areas for health and social care services, Primary Care Networks (PCNs) and place-based provision (Figure 1); enabling the alignment and complementary delivery of clinical and social models of care.

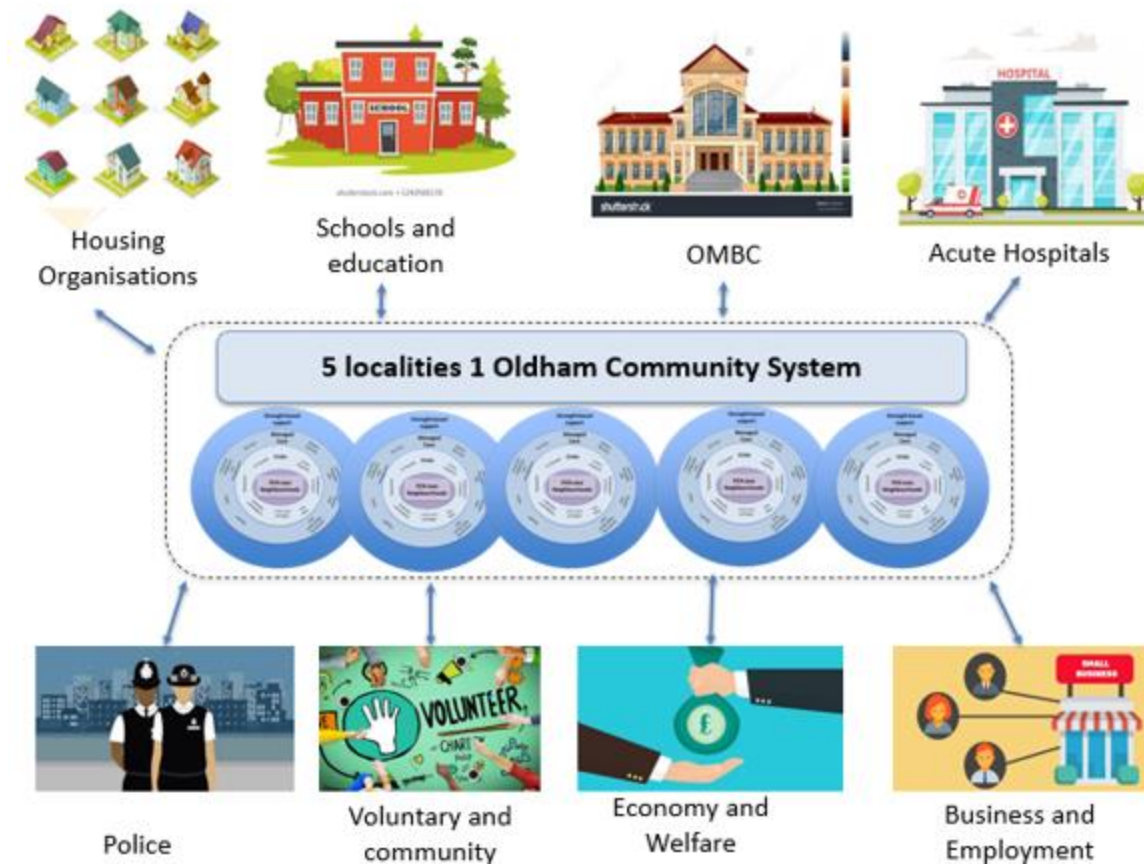


Figure 1: Intricate place-based model of health and care delivery

1.4 The Community Service is a complex and diverse organisation delivering a plethora of health and care services which includes approximately 1,450 staff, operating across seventy services and supports over 88,000 people annually; leading to a complex service directory delivered across five portfolios (Figure 2). A detailed Community Service structure is available at Appendix 1.



Figure 2: Community Service Portfolio Areas

1.5 The Community Service purpose is to complement a system-wide shared common goal to:

- Support people to live at home as independently as possible;
- Use a 'Home First' integrated flexible approach;
- Deliver services through a sustainable and efficient business model.

The model has been developed over the last two years with the purpose of integrating and joining up service delivery to the most vulnerable citizens. The service has now completed the first phase of its development and going forward a more formalised approach is required which is currently being progressed through consideration of wider integrated system model.

Response to Covid-19

1.6 During the preceding 6-months, the Community Service has primarily focused on its response to the Covid-19 pandemic, ensuring continued delivery of essential health and social care services to the borough during periods of heightened demands across the local health and care system.

1.7 Covid-19 has presented opportunities and learning to enhance the Community Service integrated model and to build back better with foundations based on system-

wide learning and connectivity. During the height of the pandemic the service provided a significant contribution collectively with partners, for the locality-wide response, including:

- *Care Home Support:* supporting care homes with direct operational care support, enhanced communications, financial support and support with testing and staffing.
- *Alternative Discharge Service the Hotel Offer:* an alternative pathway for people with very low or no ongoing care needs that cannot return home possible due to shielding family members. There are currently 5 beds available that are accessible via the discharge hub.
- *STICH:* A specific team 'STICH' (Supporting Treatment in Care Homes) was established to provide additional support to Care Homes. This multi-disciplinary team included nurses, therapists, social workers, palliative and EOLC nurses, AROs, Public Health and GPs. The offer includes a Covid-19 testing service for care home staff and residents.
- *Swabbing / Testing Services:* established swabbing services including both a drive-through and home or work visiting service that provides testing for both key workers and residents.
- *PPE:* established a process for both maintaining stock and delivering PPE to those that need it. Care providers were encouraged to maintain their own supplies with the central stock (the main store at QE Hall) being used to supplement this and provide stock to those unable to access their own supply.
- *Leadership & Workforce:* One true leadership team working together on shared objectives and goals, utilising flexible deployment of the workforce to meet constantly changing demands as quickly as possible.
- *Hospital Discharge Hub and Pathway:* established a new service, Integrated Crisis Enablement Team (ICE-T), operating over 7 days a week 8am – 8pm which included Nurses, Therapists, Social workers, MioCare staff and administration staff to receive, triage and allocate all discharge referrals within 1 hour of referral. The service is embedded within the Community Enablement model.
- *Social Work Offer:* moved to a five over seven-day service and extended core hours to 8am - 8pm. To support hospital discharge and flow in the community social work support was increased to in-reach into Butler Green and Medlock Court and led to the development of a new social work team to integrate with ICET (Integrated Crisis Enablement Team).
- *GP Clinical Support:* Working closer than ever with a wide number of local GPs to provide support, guidance and leadership in key community areas.
- *Payments to Providers:* developed plans, processes and systems to provide financial support to commissioned care providers, to ensure financial stability

within a fragile sector. Funding was facilitated through schemes and grants direct to the Council (Infection Control Grant and Covid-19 grant).

- *Enhanced Carers Offer*: completed welfare support checks for over 1,200 carers and continued to maintain our statutory duties by completing over 800 carers assessments.

1.8 As the Community Service begins to transition into the new normal operating model to deliver services whilst living with Covid, detailed recovery and transformation plans have been developed (Appendix 2) which focus the activities of the service over the longer term to recover and transition into a new 'normal' operating environment.

Factors to consider as we Build Back Better



2 Strategic Context

The Coronavirus Act 2020

2.1 In response to the pandemic, national government issued emergency legislation under the Coronavirus Act 2020, which provides a relaxation of local authority duties around the provision of care and support needs. For example, local authorities would only be under a duty to meet a person's eligible needs where not doing so would breach their human rights. The changes were brought into force on 31 March 2020, meaning that local authorities in England were able, if they deemed it necessary, to adapt their adult social care provision in line with the relaxed duties (referred to as Care Act easements).

2.2 Under the Care Act 2014, local authorities in England have a range of duties relating to assessing and meeting the care and support needs of adults and their carers. The Care Act easements, which was supported by detailed guidance, provided

clarification for local authorities on prioritising adult social care during the coronavirus outbreak. An ethical framework intended to “ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults” was also published.

- 2.3 Locally, the Community Service has not had to invoke Care Act easements, however, this continues to be closely monitored and aligned to winter preparedness arrangements. As at 30 April 2020 seven local authorities were operating under Care Act easements. However, by 3 July 2020 no local authorities were operating under easements. As part of Covid recovery and transition arrangements, both the NHS and the Department of Health and Social Care (DHSC) issued recovery and winter preparedness plans for the next phase of the response.

Phase 3 Recovery and Adult Social Care Winter Plan

- 2.4 As part of the initial response to Covid, central government issued guidance on 19 March 2020 (the *Hospital Discharge Service Requirements*) to all local authorities and Clinical Commissioning Groups (CCGs) for hospital discharge and avoidance, to minimise pressure on the acute and fast track patients into community or other alternative settings. The intention of this guidance was to maximise patient flow out of acute settings; thereby freeing up resources to provide an effective response to the Covid-19 pandemic. The new pathway included a period of indefinite funding, whereby the provision of care was free to the individual. The Community Service established the Hospital Discharge Hub and ICE-T service in response to meeting these expectations.
- 2.5 On 31 July 2020, a letter was issued by Simon Stevens, NHS Chief Executive, outlining the third phase of the NHS response to Covid-19. The letter highlighted the expectation for discharge to assess to be fully implemented, new Covid-19 funding arrangements and the expectations of health and social care partners. This letter signalled transition from the existing guidance issued in March 2020.
- 2.6 The letter was supported by further guidance which was issued by the NHS on 22 August 2020 to all NHS trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff in England. The *‘Hospital Discharge Service: Policy and Operating Model’* guidance (Appendix 3) outlined the expectations from 1 September 2020 for social care needs assessments and NHS Continuing Healthcare (CHC) assessments of eligibility to recommence; for discharge to assess to be fully implemented and for new funding arrangements for a period of 6-weeks to be adopted. It is envisioned that these arrangements will remain in place until 31 March 2021 or until such time that the guidance changes.
- 2.7 The Community Service, in response to the latest expectations placed on health and social care organisations, has ensured that it has systems and pathways in place to effectively respond to these requirements over the next 6-months, to maintain system flow and support acute provision during rising winter demand and an uncertain landscape due to increasing Covid-19 cases at local and national levels. Appendix 4 documents the self-assessment of the local health and care system to deliver on the requirements of phase 3 recovery for the NHS.

2.8 On 18 September 2020, the DHSC published the adult social care winter plan (Appendix 5) which incorporated the Government's response to many of the recommendations of the adult social care taskforce (chaired by David Pearson, Social Care Sector Task Force Lead). The winter plan and supporting guidance identified 25 core areas for social care to focus on over the next 6-months, with alignment to Phase 3 recovery arrangements for the NHS:

1. Actions for local authorities and NHS organisations
2. Actions for providers
3. Our plan for adult social care this winter
4. Preventing and controlling the spread of infection in care settings
5. Managing staff movement
6. Personal protective equipment (PPE)
7. COVID-19 testing
8. Seasonal flu vaccines
9. Safe discharge from NHS settings and preventing avoidable admissions
10. Enhanced health in care homes
11. Technology and digital support
12. Acute hospital admissions
13. Social prescribing
14. Visiting guidance
15. Direct payments
16. Support for unpaid carers
17. End of life care
18. Care Act easements
19. Supporting the workforce
20. Supporting workforce wellbeing
21. Workforce capacity
22. Shielding and people who are clinically extremely vulnerable
23. Social work and other professional leadership
24. Funding and financial support for providers
25. Care home support plans

2.9 The Community Service is currently exploring and assessing the additional expectations placed upon them (Appendix 6), to align arrangements with winter preparedness plans and ensure a health and care system-wide response and ownership.

GM Model of Integration

2.10 The GM agenda for integrated health and social care provision is continuing to evolve with a focus on delivering an Integrated Commissioning Function (ICF) and complementary Local Care Organisation (LCO) or collaboration of providers model.

2.11 There is growing consensus nationally that **Place** is the key building block for health and care integration because for most people their day-to-day care and support needs will be expressed and met locally in the place where they live.

2.12 The key building block for the future health and care system is therefore at 'place', meaning at a local authority footprint (where there is a joint strategic needs

assessment and a health and wellbeing strategy). At its core the principle for Oldham is to create an offer to the local population that will include:

- a. Everyone living in that place is entitled to access clear advice on staying well
- b. Everyone living in that place is entitled to access a range of preventative services
- c. Everyone living in that place is entitled to access simple and joined up services for care and treatment when they need it
- d. Anyone who is vulnerable or at high risk is entitled to simple, active support to keep as well as possible
- e. Everyone living in that place is entitled to expect the NHS, through its employment, training, procurement and volunteering activities, to play a full part in social and economic development

2.13 The key functional characteristics of this new approach to place and integration will be as follows:

- a. to support and develop PCNs;
- b. to simplify, modernise (including technology) and join up health and care (this includes joining up primary and secondary care where appropriate);
- c. to understand and identify – using population health management techniques and other intelligence – people and families at risk of getting left behind and to organise proactive support for them; and
- d. coordinating the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups

2.14 This new integrated health and care system will further influence and inform the Community Service future form in the coming months; including existing governance arrangements for Community Service delivery.

3 **Governance**

3.1 The Community Service continues to face challenges in how it manages the delivery of its services due to the complexity of existing governance arrangements. There are approximately 60 groups that make decisions affecting Community Services. These boards span across the Council, Oldham Clinical Commissioning Group, Oldham Care Organisation, Northern Care Alliance, and Pennine Care Foundation Trust.

3.2 The potential model of delivery via an Integrated Care Partnership (ICP) is intended to progress revised governance arrangements for the health and care system, through formal legal arrangements, which will address the challenges being faced at a Community Service level. Each organisation would still retain its employment responsibilities and clinical governance and safety requirements.

3.3 To contribute to addressing these challenges, the Community Service has developed short term recovery plans (Appendix 7) which will be assured via the interim command and control structures (Gold, Silver, Bronze) adopted in response to Covid (Appendix 8).

3.4 Over 540 community health staff are employed via the Northern Care Alliance which has strict governance controls in place to ensure safe clinical practice. The arrangements going forward will need to reflect how the clinical and statutory requirements of all the organisations can be undertaken and the organisations still held accountable both to elected members and regulators.

4 **ASC Commissioning and the Integrated Commissioning Function (ICF)**

4.1 Work continues to develop an integrated approach to health and care commissioning. The statutory functions and duties of the Director of Adult Social Services (DASS) and the Director of Children Services (DCS) will be retained. Further updates will be provided in due course.

5 **Service-Wide Challenges**

Safeguarding Approach

5.1 A redesigned safeguarding adults system with both strategic and operational components has now been implemented; with operational safeguarding delivered at a cluster level and strategic safeguarding functions delivered through the Strategic Safeguarding Service; which supports the Oldham Safeguarding Adults Board (OSAB).

5.2 The Community Service has seen a significant increase in safeguarding activity over the previous months; resulting in capacity and resource impacts for the service to respond to the number of safeguarding enquiries.

Financial Efficiencies

5.3 The Community Service is currently working through a number of budget proposals in light of the financial challenges facing the Council. Initial financial efficiencies proposals have been developed which total £5.2m.

5.4 The proposals cover workforce reductions, de-commissioning services, a reduction in low-level preventative support and adopting strengths based and assistive technologies to meet needs through more innovative solutions.

Community Enablement

5.5 The service's Hospital Discharge model, in response to central government policy changes to respond to Covid-19, has now come under a revised Community Enablement programme. The Hospital Discharge Hub and ICE-T offer a multi-disciplinary response to individuals being discharged from hospital into community or intermediate care provision. The service also provides 'step-up' support for people living in the community to avoid hospital admission.

-
- 5.6 The model for our Integrated Discharge Team (social workers based within the hospital to facilitate discharge) is being redesigned with a focus on a pull-model of delivery, to enable people to return home within their local communities.

Therapy Strategy

- 5.7 Our therapy staff have continued to deliver services and are now seeing an increase in referrals brought about through suppressed demand during lockdown. Learning from Covid-19 has highlighted the need to ensure there is a clear strategy for our Allied Health Professional (AHP) workforce which reflects new ways of whilst building a clear professional accountability framework.
- 5.8 The strategy will support the redesign of our therapy offer around community rehabilitation and include a review of 7-day provision across Community Services.

District Nursing

- 5.9 Demand continues to outstrip capacity within the District Nursing element of Community Services. A District Nursing review was conducted in January 2020, which estimated 23 additional nurses would be required to meet pre-Covid demand.
- 5.10 Pressures continue to risk in the service with recent demand varying between 115 – 125%. Agency staff have been recruited until the end November to manage risks and mitigating actions are being worked through with system-wide partners.

Proposed Community Service Structure

- 5.11 A proposed revised structure for the CHASC service which will evolve as the wider health and care system develops across GM has been designed (Appendix 9)

Supporting the Social Care Market

- 5.12 The commissioning function within the Community Service has continued to provide vital support and funding to the local care sector to stabilise the market during Covid and reduce market fragility.
- 5.13 A package of financial support to the sector was agreed by Cabinet on 7 July 2020 (Appendix 10) covering bed occupancy guarantees for care homes, paying commissioned rather than actual for home care, financial support for Covid related costs, uplifting fees in line with national guidance and making additional respite provision to enable unpaid carers to take a break.

6 Key Issues for Health Scrutiny to Discuss

- 6.1 For scrutiny to take note of the update for integration of Community Services.

6.2 For Scrutiny to seek assurance that both the statutory duties of the Council are being undertaken.

7 **Key Questions for Health Scrutiny to Consider**

7.1 For scrutiny to consider the integration position for Community Services in the context of the current strategic and operational operating environment.

7.2 For scrutiny to clarify date for further updates.

8. **Links to Corporate Outcomes**

8.1 Integration works proactively with residents and partners to promote health, independent lifestyle whilst providing the right level of care at the right time.

8.2 We aim to put social value and transformation outcomes at the heart of delivery of Community Services.

8.3 Through integration, we will reform our services which will in turn lead to better outcomes and delivery for residents.

9 **Additional Supporting Information**

9.1 None.

10 **Consultation**

10.1 Relevant parties have and continue to be engaged and involved in the integration approach for Community Services, including more recent evolving legislation, policy and guidance across finance, legal, HR and other partners.

11 **Appendices**

11.1 Appendix 1: Community Health and Adult Social Care Structure



110920 CHASC
Senior Management

11.2 Appendix 2: COVID-19 Recovery Plans Presented to Silver



CHASC COVID-19
Recovery Transition



CHASC COVID-19
Recovery Transition

11.3 Appendix 3: *'Hospital Discharge Service: Policy and Operating Model'* guidance



Hospital_Discharge
_Policy.pdf

11.4 Appendix 4: Self-Assessment to Respond to Phase 3 NHS Recovery Plans



Copy of Copy of
HCV Discharge Guid

11.5 Appendix 5: Adult Social Care Winter Plan

<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

11.6 Appendix 6: Self-Assessment for the Adult Social Care Winter Plan



Copy of ASC Winter
plan draft v4.0.xlsx

11.7 Appendix 7: Short Term Recovery Plans for Community Services (3-months)



20200918 HCRTG
Workstream Scoping

11.8 Appendix 8: Emergency Response Structures and Governance Arrangements



Covid response and
governance Aug 202

11.9 Appendix 9: Proposed Re-designed Community Service Structure



110920 CHASC
Senior Management

11.10 Appendix 10: Cabinet Report – Additional Expenditure to Support the Care Sector



Additional
Expenditure in supp

Report on the position of the Royal Oldham Hospital in the context of local NHS Acute Trust re-organisation.

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Agenda Item 7

Saving lives,
Improving lives

Patient and People Focus | Accountability | Continuous Improvement

Purpose of this deck

1. A high level update on the overall transaction and the benefits and improvements for the ROH site
2. The wider development of the ROH site
3. Next steps and plans

1.

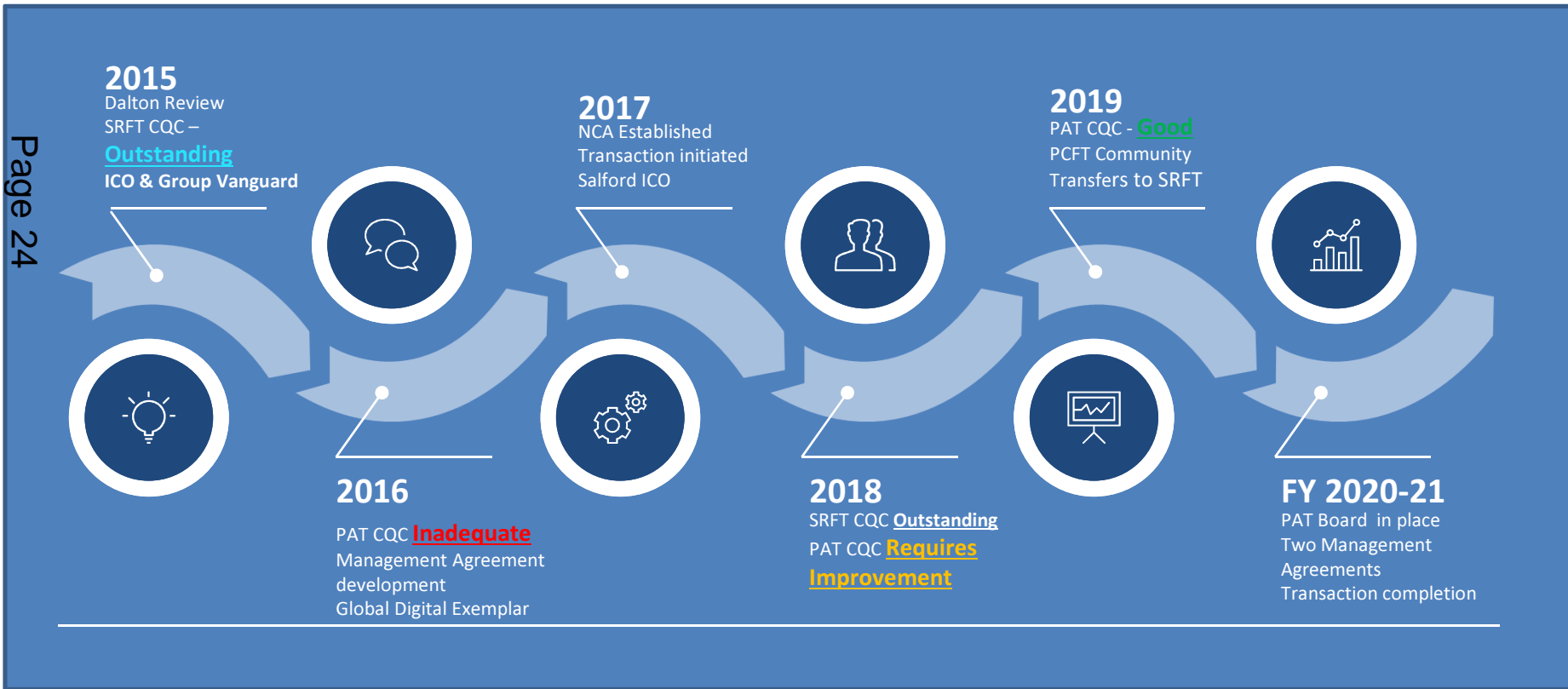
Page 23

Update on the transaction and benefits

The NCA's journey so far

There's been significant work to get us here

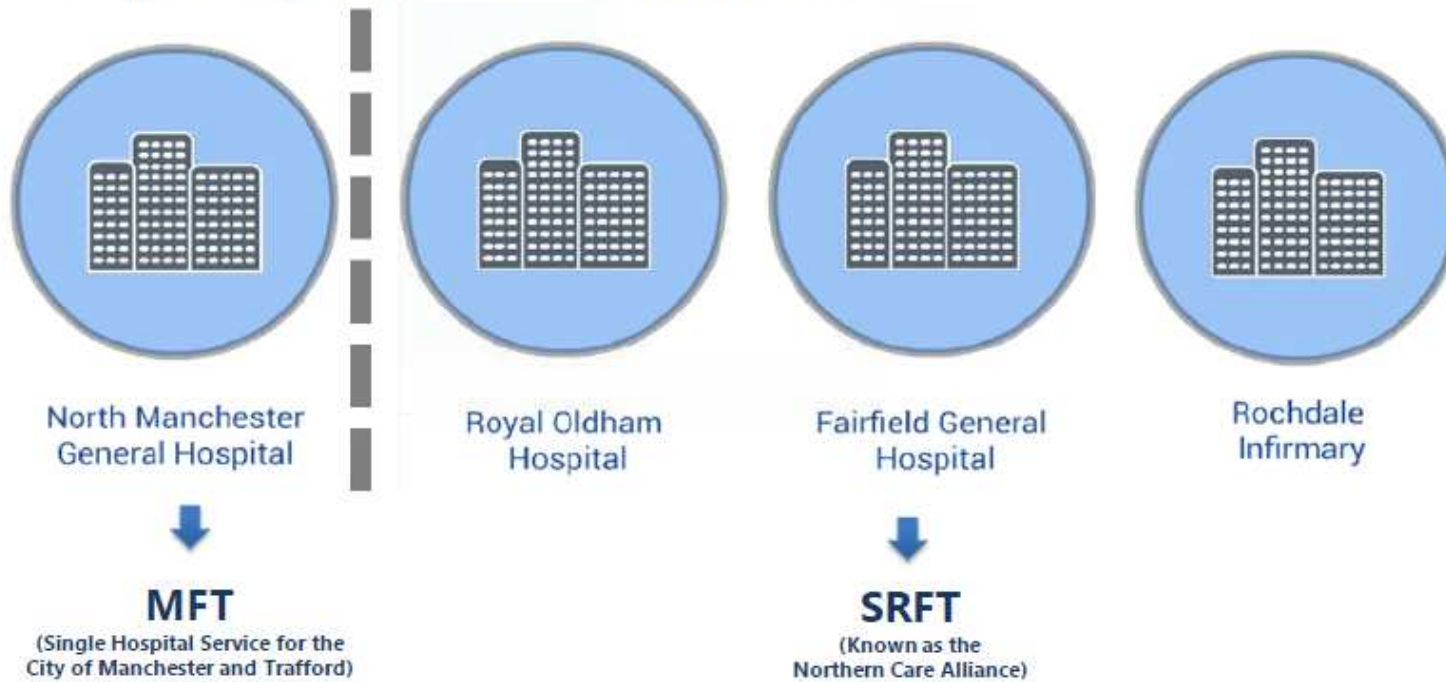
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There are two formal transactions separating Pennine Acute Hospitals Trust

- Two legally separate but intrinsically linked transactions.
- To support the future clinical, financial and workforce sustainability of acute hospital services in the NE sector and across GM.

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The Improvement has been dramatic

The CQC's assessment in September 2019 means that Pennine Acute's rating and standards of care have improved from 'Inadequate' in 2016 to overall 'Good' in just three years.

Five services at ROH were inspected. Of these 1 service was rated as outstanding, and 4 services were rated good. Across the domains of safe, effective, caring, responsive and well-led those services inspected were rated 92% good or outstanding.

Key



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Ratings for acute services / acute trust

2016

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
The Royal Oldham Hospital	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Fairfield General Hospital	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Rochdale Infirmary	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall trust	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016

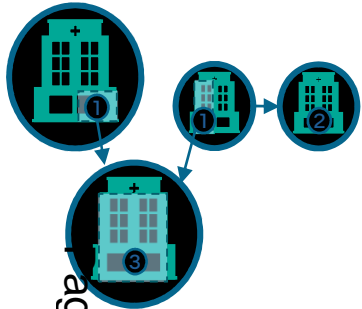
2019

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Good Feb 2020	Requires Improvement Feb 2020
The Royal Oldham Hospital	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Good Feb 2020	Requires Improvement Feb 2020
Fairfield General Hospital	Good Feb 2020	Good Feb 2020	Outstanding Feb 2020	Outstanding Feb 2020	Good Feb 2020	Outstanding Feb 2020
Rochdale Infirmary	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Overall trust	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020	Requires Improvement Feb 2020	Good Feb 2020	Good Feb 2020



The transaction will further support unlocking key improvements to patient care across Oldham

1 Reconfiguration of services across sites and populations at pace, a place based approach



- Will allow implementation and focus on our place based strategy.
- Service reconfiguration is vital for improved patient outcomes & resilience e.g. Healthier Together at ROH.
- Group model removes the boundaries that slow pace of patient improvement.
- Oldham's place based leadership allows us to work more closely within the locality to align to population health agenda.

2 Optimise investment in workforce, estates, and technology and the resulting rate of return



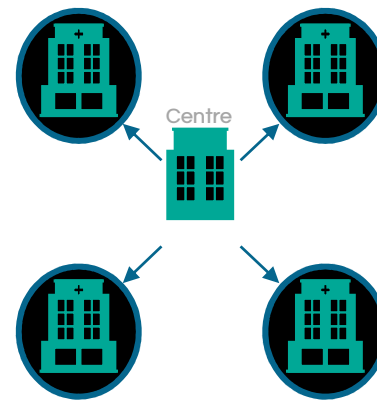
- Oldham has seen significant investment in staff development and career opportunities. Previously fragmented and spread too thin.
- Drive and enable the new digital models driven by COVID-19.
- Fixed costs of technology can be spread across more patient activity, driving needed technology improvements in Oldham.
- At scale investment in estates as seen through the ROH site developments.

3 Standard Operating Models



- Avoiding the costs of "re-inventing the wheel" and the costs of duplicated services, saves time and money.
- Innovations and technology, afforded by a group model.
- Improvements to quality of care and operating models is evidenced by Oldham's CQC report.
- Successful implementation of NASS and quality improvements.

4 Scale enables economies of scale



- Consolidation of functions and services can spread fixed costs across wider activity base.
- Providing a financially sustainable future at the ROH site as well as future investment.
- Without the transaction all sites in a deficit. The transaction will provide financial balance by 2025.

Partnerships and the importance of Place

- We will increase our focus on and positive role in each of our localities, helping local people and communities to thrive.
- Each of our areas differ and we will ensure local leaders, staff and services are better able to reflect their distinct characteristics.
- Integrated care is provided across all our localities, tailored to the local environment.
- We are a significant part of the fabric of local communities and our long-term sustainability is closely linked to the wellbeing of our populations – meaning we are an ‘Anchor institution’ in each Place, as explained to the right.

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

2.

Page 29

ROH site developments

The direction of travel for the future of the ROH site

- ROH will not only be a local general hospital but moving towards becoming a high acuity specialist centre and a designated hub for complex surgery as a result of the Healthier Together decision in 2015.
- Creating the capacity for such work will require some less complex work to be undertaken at other NCA sites.
- To have a good quality, sustainable specialist and hospital services for the future we need to continue to improve services for patients across Oldham.
- Create a system where patients are consistently receive good quality and safe treatment under the right clinical team, in the most clinically appropriate setting, first time, every time, as part of an integrated care pathway.
- Any significant service changes will be subject to commissioner-led public consultations, for which strong evidence of patient benefits and assurances around access will be critical.

Significant investment and on-going work to develop the ROH site



Healthier Together: More Complex General Surgery

- Currently with Treasury (wave 4a)
- Implementation of Healthier Together model
- Approx. £27.9m – two 24 bedded surgical wards, specialist emergency general surgery theatre, reconfiguration of theatres department



Oldham Hospital Transformation

- Wave 4b: Capacity to support commissioner strategic intent, urgent care standards and address areas of backlog maintenance.
- Approx. £87m



IM&T and Energy Schemes

- * IM&T Stabilisation – significant network and server improvement with over £20m of investment secured and sharing of global digital exemplar knowledge.
- * Over £8m invested in NMGH/ROH energy schemes
- * 20/21 GM prioritised £25m for IM&T (£11.9m) and estate funding (£13.1m)

What else is shaping the future of the ROH site

- GM plans for improving specialist services, starting with the implementation of Healthier Together.
- Development of single shared services (for inpatient care).
- Working with Oldham system leaders to develop plans for delivery health and care for the population of Oldham.
- Impact of COVID-19 and recovery plans.
- Disaggregation of NMGH site linked to the transaction.

More about the impact of COVID-19

- We acknowledge the profound consequences of COVID and how this will impact the need to work flexibly.
- We are planning and working differently from business as usual as a result of the pandemic and health care emergency.
- We have implemented IPC management and biosecurity measures which puts additional pressure on the ROH site. This is offset (in part) by moving elective pathways to other NC A sites.
- The direct costs incurred in managing COVID have been reimbursed through our central submissions, there are further and on-going costs to support recovery with a fixed non – recurrent COVID allocation to cover anticipated additional costs for the remainder of 2020/21.
- We are developing a recovery plan with partners across the Oldham system to overcome the challenges created by the pandemic.

3.

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Looking ahead

The transaction will help create significant further benefits



Partnerships in Place

- Increase local employment across the Group by 750
- Expand strength based approaches
- Achieve the safest healthcare in England
- Reduce "never" events to 0
- Integrated model of paediatric care
- Achieve GM Good Employer standard
- Contribute to GM strategy target of reducing falls
- Create job and educational opportunities for local populations across the Group

Clinical and Operational Excellence

- Development of a one-stop centre for cancer diagnoses – diagnostic access target of 99%
- Year on year reduction in unwarranted variation
- Roll out further Standard Operating Models
- Reduction in RTT (Referral to Treatment) times
- SHMI (Summary Hospital Mortality Indicator) less than 100, and in the top quartile nationally
- Reduce DNA (Did Not Attend) rates through digital systems
- Further clinical time savings through Trendcare
- Deliver 85% cancer performance

Caring For and Inspiring Our Staff

- Continue rollout of coaching approach
- Increase % of staff wellbeing reporting measures by 5%
- Reduce reported stress related absence by 10%
- Recruitment and retention strategy to reduce turnover
- Clinical workforce transformation to reduce unwarranted variation
- 10% vacancy reduction in medical and nursing posts as a result of health and wellbeing strategy
- High performance management system for operational managers

Digital, Research and Innovation

- Utilise digital technologies to automate functions where possible to improve productivity
- Stable network and infrastructure
- Digital Control Centre to support decision making and automation
- Increase Quality Improvement Programme across Sites and Group
- Embed innovation and research across specialties
- Enhance and support patient care through digital technologies such as video care and 3D printing

Sustainable Futures

- Crucial investment into sites, services, people and IM&T.
- £13.1m benefits expected for 2020/21 beyond those managed by Care Organisations.
- Estates masterplan to consolidate services to meet the need of the expanded organisation
- Consolidation of services to single sites
- Generation of savings from standardisation and rationalisation
- Bringing outsourced services back in-house
- Royal Oldham Hospital Healthier Together build

New Models of Care

- Consolidate elective activity from Salford Royal to Fairfield General Hospital – 1000 anticipated bed day savings
- Royal Oldham Hospital as GM hub for general surgery
- Standardised pathways into communities
- Development of further clinical shared services to drive further efficiencies and improve outcomes
- Development of training academies
- Consolidation of radiology, pathology and pharmacy services
- Networked critical care model

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Briefing to Health Scrutiny

Date: 13th October 2020

Subject: Delivery of the Flu Vaccination Programme 2020/21

For Information:

Report of: Annie Lowe, Gloria Beckett

Portfolio holder: Cllr Chauhan

Sign-off: Katrina Stephens

1. Summary of Issues

- 1.1 Every year flu is associated with high rates of morbidity, seasonal mortality, and increased pressures on NHS and social services.
- 1.2 Flu is a highly contagious, acute viral illness of the respiratory tract. For most healthy individuals it is self-limiting. However, vulnerable groups such as older people, the very young, pregnant women and those with underlying health conditions such as respiratory or cardiac disease, or those who are immunosuppressed, are at increased risk of severe illness and death.
- 1.3 This year COVID-19 is expected to co-circulate with flu, and those who are at increased risk from flu are also vulnerable to COVID-19. The national flu programme is therefore more important than ever to prevent illness and reduce demand on NHS services.
- 1.4 The development and implementation of the flu programme is likely to be more challenging this year in view of the disruption caused by COVID-19, and the additional safety and social distancing measures that will need to be in place.
- 1.5 This report is to brief the Health Scrutiny on the Flu programme currently being delivered across Oldham.
- 1.6 Additional key actions for 2020/2021 are:

Under 65 years in clinical at-risk groups

- A commissioned service for the homeless population of Oldham will receive their flu vaccination at our homeless shelter and Hunters Lane. Go to Doc, the provider, will be supported by public health to ensure maximum uptake. This is commissioned by NHS England (NHSE).
- Oldham Cares will work closely with district partnerships to raise awareness and increase uptake in BAME and hard to reach communities.
- Oldham Cares will work with the communications team to ensure a clear message regarding the importance of flu vaccine.
- Provision of joint sessions with public health and learning disability nurses to offer education and a flu vaccine to people attending day centres.

2-3 Year Olds

- A locally commissioned service, to vaccinate 3-year olds in nurseries attached to schools near the end of the flu season, using surplus stock of vaccine. Intrahealth will be commissioned to deliver this service.
- Oldham's approach will be to work with health visitors to raise awareness of the flu vaccine through the 2-year developmental review.

School Aged Children

- A pilot scheme with some low uptake schools where teachers are offered a free influenza voucher, to act as role models and promote the benefits of the vaccine, in order to increase uptake in pupils and lower rates of absence.
- The approach in Oldham will provide support to Intrahealth to address the challenges around the lack of returned consent forms and new porcine gelatine offer, through communications across multiple channels, especially pictorial leaflets and/or posters.
- Work with Intrahealth to develop myth-busting information for both parents and teachers surrounding flu vaccination, in a poster format, also covering COVID-19 related concerns.

Health and Social Care Workers

- Coordinate, alongside the STICH team, the community pharmacies to vaccinate residential care/nursing home staff in the home setting in one visit. As part of the Oldham approach, the employees of the first response team, frontline Community Health and Adult Social Care (CHASC) workers, and CCG/GMSS staff will be offered a flu vaccine.

- 1.7 The Health Scrutiny Committee is asked to note the additional recommended actions in order to increase flu vaccination uptake rates for 2020/2021.

2. National Flu Programme

- 2.1 Each winter the national flu programme aims to prepare for flu season through vaccinating those most at risk. The flu vaccination programme is known to be one of the most effective interventions for reducing pressures on health and social care systems, by reducing GP consultations, hospital admissions and A&E attendances.
- 2.2 Last year according to PHE data 7990 deaths were associated with flu in England, and flu remains a leading cause of death. The national flu programme saves thousands of lives each year.

- 2.3 This year several changes have been made to the eligibility criteria to expand the national flu programme. This includes those groups previously eligible:
- All children aged 2 to 10
 - Under 65 years in clinical at risk groups
 - Pregnant women
 - Aged 65 years and over
 - Residents of long-stay care homes
 - Carers
 - Close contact of immunocompromised individuals
- 2.4 With the addition of:
- Household contacts of those on the NHS Shielded Patient list. Specifically, individuals who expect to share living accommodation with a shielded person on most days over winter.
 - Children of school year 7
 - Health and social care workers employed through Direct Payment and/or Personal Health Budgets.
 - Further extension in November and December to include aged 50-65yrs subject to vaccine supply, and to be prioritised in terms of risk.
- 2.5 As in previous years, flu vaccination is also recommended for frontline health and social care workers. This should be provided by their employer as part of the organisation's policy for the prevention of the transmission of flu, to help protect both staff and those they care for.
- 2.6 For those providers who do not have established occupational health schemes, NHS England will continue to provide vaccination of frontline social care (Care Home and domiciliary staff) and hospice workers through community pharmacy or their registered general practice.
- 2.7 National targets for flu vaccination uptake are more ambitious this year due to the need to achieve maximum coverage. New targets aim for a minimum of 75% uptake across all eligible groups, and an offer of 100% to frontline health and social care workers.
- 2.8 This year, an alternative vaccine will be offered to children whose parents decline the live vaccine due to porcine gelatine contents.
- 2.9 Further changes have been made to allow community pharmacies to vaccinate both residents and staff of care homes in the home setting, as a single visit, to reduce footfall within care homes.

3. Oldham's Annual Work Programme

- 3.1 Every year in Oldham a work programme is developed to implement the national flu programme at a local level. A multi stakeholder operational flu group is established and meets twice a month. The team use an action log to record outcomes and monitor progress.

- 3.2 The programme operates under joint leadership with Oldham CCG and the GM screening and immunisations team (GM SIT). This year the flu group is chaired by the Executive Nurse at the CCG. Stakeholders include GM SIT, Local Authority, Intrahealth (commissioned to vaccinate school children), Primary Care Networks and Learning disabilities services.
- 3.3 This group reports on performance to the Governing Body in the CCG and the Health Protection Sub-group of the Health & Wellbeing Board in the council. The group endeavour to achieve national targets required by Public Health England and the Department of Health, and therefore reviewing uptake performance, and any learning from previous years is continually taken into consideration in forward planning.
- 4. Oldham's Influenza performance for 2019/2020 (see Appendix: Data)**
- 4.1 Uptake in **the 65yrs and over group** remained high at 73.4%, which is similar to previous years. This is in line with national and GM uptake figures.
- 4.2 Last season uptake in those **under 65 with clinical risk** factors fell from 54% to 49.7%. This is the lowest that uptake has been over the last 3 seasons, but remains above the national average uptake which is 44.9%
- 4.3 There was a slight increase in uptake in **pregnant women** from 51.9% to 53.1%, possibly due to work with maternity services to ensure that midwives offer the flu vaccination to pregnant women and inform GPs promptly. This is well above the national average of 43.9%.
- 4.4 Results have increased slightly in **the 2-3 years age group**, increasing from 40.9% to 42.9%. This group have the lowest uptake figures, whilst previously the uptake ambition was also lower this year it is the same as other groups at 75%.
- 4.5 Uptake of the **school aged programme** has fallen from 55.6% to 52.6%. Across all year groups the uptake percentage is below the GM and national average. The total uptake is 9% lower than GM average. However, there is wide variations across the borough (5.58%-85.44%).
- 4.6 Uptake of **health workers** has decreased across all local trusts and is lower than GM and England average.
- 4.7 Conversely, frontline **Health & Social Care Staff** who either worked for or who are commissioned by the Local Authority, have had a year on year increase in uptake but percentages remain low.

5. Oldham's Priority Actions 2020/2021

- 5.1 This year it is more important than ever to strive to achieve national targets in all at risk groups. The operational flu group within Oldham have defined 3 areas of priority; this is guided by the GM Health and Social Care Partnership. These areas are:
- the at-risk population under 65 years,
 - people with learning disabilities and
 - children aged 2-3 years.

6. Under 65 years in clinical at-risk groups

- 6.1 This year a modified approach is in place across primary care to ensure the safety of staff and patients whilst maintaining accessibility. To increase uptake in some harder to reach groups, more targeted approaches have been taken across the borough.
- 6.2 A service has been commissioned to ensure that people who are homeless have access to a flu vaccine. Go to Doc will be the provider for Oldham. The provider will offer flu vaccine at our homeless shelter at Shaw Road (A Bed Every Night) and Hunter's Lane. It is estimated that there will be 50 plus service users that will be offered the flu vaccination. The approach in Oldham will be to supply campaign materials from PHE, and to deliver directly to ABEN provision.
- 6.3 The flu vaccine will also be offered by Oldham's drug and alcohol service (Turning Point) to their eligible population.
- 6.4 People with HIV, who access services at Virgin Care will be offered the flu vaccine during clinics as an alternative to attending their GP.
- 6.5 Northern Care Alliance will offer flu vaccines to inpatients as part of the extended national offer.

- 6.6 Campaign material and those specifically aimed at Learning Disability services will be distributed in Libraries. Campaign materials will also be distributed to children's centres, life-long learning, district partnerships, day centres, care homes, homeless services, looked after children and hard to reach communities.
- 6.7 Flu champions will be rolled out in every GP practice to encourage uptake.
- 6.8 The approach in Oldham will be to ensure we work closely with district partnerships to raise awareness and increase uptake in BAME and hard to reach communities.
- 6.9 Oldham will work closely with the communications team to ensure clear messages regarding the importance of the flu vaccine being available to all.

7. Learning Disabilities

- 7.1 According to the Learning disabilities mortality review, respiratory diseases are the most common cause of death in people with learning disabilities (LD), and the flu vaccine is highlighted as an important preventative step. In Oldham, LD services will be working with primary care networks (PCNs) in order to increase flu vaccination uptake. PCNs will work with their LD link nurse to align GP records with the LD case load. This will ensure that more people with LD are known to the GPs, and therefore receive an invitation for their vaccination. PCNs and LD link nurses can also work together to increase flu vaccination uptake using measures such as reasonable adjustments to communications and access, and the nasal spray as an alternative offer.
- 7.2 This year, Pennine Care Foundation Trust (PCFT) have signed up to the GM flu vaccination programme offer, allowing the LD team to offer flu vaccinations to their clients. The team plan to train 2-3 nurses who will vaccinate individuals who are unable to access the vaccine through their GP. The trained nurses will also act as flu champions and vaccinate other employees within their service.

7.3 The approach in Oldham will be to discuss with the LD services the possibility of hosting flu events in day centres, however this will be subject to COVID-19 restrictions. Where possible, collaborative events with public health and LD nurses will be run delivering both an educational element and flu vaccination sessions at the same time.

8. Aged 2-3 years

8.1 The biggest impact in driving this year's priorities will be a targeted approach to improving uptake on the poor performance of the past 2 years' figures. (see Appendix Table 1).

8.2 Sending NHS promotional leaflets and posters to all Oldham Nurseries and Childminding services to target pre-school children.

8.3 The GM SIT team will also be targeting the lowest performing GP Practices to increase their uptake in this cohort.

8.4 GPs are the sole provider and are nationally commissioned to vaccinate all 2 and 3 year olds through an additional and enhanced service agreement in the GP contract. The vaccine is procured nationally and allocated and distributed on an eligible registered practice population basis where GPs order the vaccines that they require through the ImmForm platform. The national team will not accept any vaccine orders for this cohort from other organisations and stepping outside of this directive without prior agreement could jeopardise the national supply of vaccines.

8.5 However, the success of utilising a locally commissioned service to support General Practice in reducing uptake variation of 2 and 3 year olds and narrowing the gap across GM is an alternative model that Oldham would like to continue to build on in 2020/21. Therefore, Oldham will:

- Seek the backing of the CCG for the LA to support general practices in low uptake areas;
- In order to increase the uptake of the 3 year olds, the approach in Oldham will be to commission Intrahealth to go into nurseries attached to schools near the end of the flu season by using **surplus stock** of influenza vaccines, in order to improve uptake in this cohort.

8.6 To increase the uptake of 2 year olds, Health Visitors will raise awareness of the flu vaccine at the health visitor 2-year developmental review, and any follow-up reviews, so that parents are encouraged to go to their GPs for their vaccine. The approach in Oldham will be to distribute leaflets to Bridgewater community centre to include in the 2-years review packs.

9. Pregnant Women

9.1 Pregnant women will be able to receive the vaccine in antenatal classes and during antenatal appointments as well as at their GPs;

9.2 Myth busting information leaflet specifically for pregnant women will again be made available to all pregnant women who attend midwifery services. Oldham's approach will be to distribute these leaflets to the provider.

10. Primary School Children

10.1 Closer work with Headteachers across the borough is required to ensure engagement with the vaccination programme. This will help to contribute to a healthy school environment, reduce school absences, and indirectly protect teachers as they are less likely to catch flu from their pupils. A targeted approach with specific schools where uptake is low is therefore key and will need a coordinated approach from all partners.

10.2 Oldham's approach will also be to undertake a pilot with some of the low uptake schools who could sign up to a free influenza voucher scheme for teachers in order for them to be role models and promote the benefits of the vaccine. The scheme will be evaluated by the public health team, to ascertain whether there was a higher uptake among pupils and lower rates of absenteeism.

10.3 Other actions will include:

- Addressing the challenges faced by Intrahealth with the lack of returned consent forms whereby using events to help with completion where parents may find the forms challenging.
- providing flu information through school media channels and the community, including raising awareness of the alternative to the porcine gelatine containing vaccine,
- sending educational leaflets on flu to parents alongside consent form.
- Work with Intrahealth to provide parents and schools with myth-busting information, including information surrounding COVID-19 and flu themes.

11. Over 65s

11.1 Modified models of delivery will be used across Oldham's care homes to reduce footfall and risk of infection during the flu vaccination programme. This will involve a collaborative approach with either GP surgeries, pharmacies or STICH vaccinating whole care homes during one visit.

12. Maximising uptake in Frontline Health and Social Care Workers

12.1 All Frontline Health & Social Care Staff commissioned by the council will be eligible for a free flu vaccination funded by NHSE.

- 12.2 The Community Pharmacy Seasonal Influenza Advanced Service Framework has been amended to enable community pharmacies to vaccinate care home staff in the home setting in a single visit to increase uptake rates and offer further protection to vulnerable residents. This will need to be well coordinated and both the STICH team and Public Health will help facilitate this approach.
- 12.3 Ensuring that all NHSE promotional flu resources are sent out and utilised by Frontline Health & Social Care providers.
- 12.4 Ensure that Heads of Service promote, encourage and monitor their staff attendance at any flu sessions being offered.
- 12.5 As part of the Oldham offer, employees of the first response team, frontline CHASC workers, and CCG/GMSS staff will be offered flu vaccination.
- 12.6 In preparation, influenza vaccine awareness training will be offered to all frontline staff in Care Homes, Home Care and the hospice via Teams and hard copies of flu resources (staff posters, NHS campaign material, Myth buster Posters, information pack on 'Tips on how to increase uptake to frontline staff') will be posted in September.
- 12.7 The PHE Award Flu Vaccination Scheme will be emailed to all Health & Social Care Providers and promoted in the September.
- 12.8 All IP&C Audits will ensure that providers have an Influenza Policy and undertakes an employee immunisation risk assessment which should include influenza on all frontline/ancillary staff;
- 12.9 Partner with Comms to develop an article in Borough Life Sept Edition called 'Get your flu jab' which will include Frontline Health & Social Care workers;
- 12.10 Ensure that CHASC Heads of service promote, encourage and monitor their staff uptake of flu vaccinations.
- 12.11 There will be a requirement to explore and identify gaps on all Oldham Trust (NCA, Bridgewater and Pennine Care Foundation Trust) Health Care Workers (HCW) flu programme for 2020/21.

13. Fit for Oldham (Local Authority HR Dept)

- 13.1 This year Fit for Oldham plan to extend their offer and aim to double their flu vaccination uptake rates. Since many people are working from home this year, a blended approach is planned, offering flu vaccine vouchers to most workers, with some face to face vaccination sessions for those with restricted computer access, working in public facing roles. Those who are eligible for a free NHS vaccine, including those over the age of 50, people with pre-existing health conditions, frontline health and social care staff or pregnant individuals, will be encouraged to access the vaccine from their GP or pharmacy via a direct communications message. All other staff will be offered a vaccine from Fit for Oldham.

14. Summary Table of Key actions for 2020/2021

Action	Key Actions
1	A commissioned service for homeless population of Oldham to receive their flu vaccination at our homeless shelter and Hunters Lane. Go to Doc will be supported by public health to ensure maximum uptake.
2	Flu Champions will be rolled out in every GP practise
3	Work closely with district partnerships to raise awareness and increase uptake in BME and hard to reach communities
4	Provide joint sessions with LD nurses to offer education and a flu vaccine to people attending day centres.
5	Commission Intrahealth to vaccinate 3-year-olds who attend nurseries attached to schools near the end of the flu season, by using surplus stock of influenza vaccines.
6	Work with health visitors to raise awareness of the flu vaccine through the 2-year developmental review.
7	A pilot scheme with some low uptake schools where teachers are offered a free influenza voucher, to act as role models and promote the benefits of the vaccine, in order to increase uptake in pupils and lower rates of absence.
8	Support Intrahealth to address the challenges around the lack of returned consent forms, and new porcine gelatine offer, through communications across multiple channels.
9	Work with Intrahealth to develop myth-busting information for both parents and schools surrounding flu vaccination this year, particularly themes around COVID-19.
10	Offer the flu vaccine to employees of the first response team, frontline CHASC workers, and CCG/GMSS staff.
11	Coordinate, alongside the STICH team, the community pharmacies to vaccinate residential care/nursing home staff in the home setting.

15. Conclusion

- 15.1 Oldham has successfully managed to improve uptake of the influenza vaccination amongst its residents and frontline health & social care workers in 2019/20 through strong and dedicated partnership working. This past programme of work has enabled a good foundation on which to build on in 2020/21, through clear actions, a focus on reducing variation and planning to support even more people across Oldham next year in being protected against influenza.
- 15.2 Health Scrutiny Committee are therefore asked to note Oldham's approach of the priority groups and give their support to the additional actions.

Appendix: Data

Primary Care Programme

Table1: Influenza vaccination uptake in different risk groups in primary care, current and previous season, comparing Oldham to Greater Manchester (GM) and England. Registered GP patients (1 Sept 2019 -29 Feb 2020)

Risk Groups	2019/2020			2018/2019		
	Oldham	GM	England	Oldham	GM	England
Aged 65 or over	73.4↑	74.7	72.4	73.1	74.5	72
Aged 6 months - under 65 years in a clinical at-risk group	49.7↓	48.6	44.9	54	51.6	48
Pregnant women	53.1↑	50.2	43.7	51.9	49.8	45.2
All aged 2-3 years	42.9↑	45.4	43.8	40.9	43.8	45.4

Source: [Seasonal flu vaccine uptake in GP patients: winter 2018 to 2019](#), [Seasonal flu vaccine uptake in GP patients: winter 2019 to 2020](#)

School Programme

Table 2: Primary school aged children influenza vaccine uptake in Oldham, Greater Manchester and England (1 Sept 2019 -31 Jan 2020)

	Year Group	Region		
		Oldham	GM	England
2019/2020	Reception	56.0↓	64.4	64.3
	Year 1	54.6↓	64.5	63.6
	Year 2	55.1↓	63.5	62.6
	Year 3	52.9↓	61.7	60.6
	Year 4	52.7↓	60.9	59.6
	Year 5	50.4↓	59.3	57.2
	Year 6*	47.2	56.3	55
	All year groups	52.6↓	61.5	60.4
2018/2019	Reception	59.4	64.1	64.3
	Year 1	59.4	64.4	63.6
	Year 2	56.8	62.3	61.5
	Year 3	54.2	60.8	60.4
	Year 4	52.8	59.8	58.3
	Year 5	51.1	57.2	56.5
	Year 6			
	All year groups	55.6	61.7	60.8

Source: [Seasonal flu vaccine uptake in children of primary school age: winter 2018 to 2019](#), [Seasonal flu vaccine uptake in children of primary school age: winter 2019 to 2020](#)
GM data from 2018/2019 from Flu Briefing paper 2019/2020

Health and Social Care Workers

Table 3: Influenza vaccination uptake in health workers in local, Greater Manchester and England NHS trusts

	2019/2020	2018/2019	2017/2018
Pennine Acute NHS Foundation Trust	61.5% ↓	75.4%	78.7%
Pennine Care NHS Foundation Trust	44.8% ↓	73.5%	59.4%
Bridgewater Community Health NHS Foundation Trust	50.5% ↓	58.8%	71.5%
Greater Manchester	72.2% ↓	72.6%	69.3%
England	74.3%	68.9%	67.6%

Source: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-monthly-data-2019-to-2020>

Local Authority commissioned Health and Social Care Workers

Table 4: Influenza vaccination uptake in health and social care workers who either work for or are commissioned by the Local Authority in Oldham

Source: *Local Authority Public Health*

	2019/2020	2018/2019
MioCare Ltd	27% ↑	21%
Social Workers/ Child Health	64% ↑	56%
First Respond Team	56% ↑	55%
Care Home Staff	43% ↑	42%

National Uptake Ambitions (2019/2020)

NB: For the 2020/2021 season the national ambition target has increased to 75% across all eligible groups, and 100% offer to Health and Social care workers.

Eligible Group	National Uptake Ambition (2019/2020)
Over 65 years	75%
Under 65 years in a clinical at-risk group	≥55%
Pregnant women	≥55%
All 2-3 year olds	≥50%
Primary school children	≥65%
Health and Social Care workers	≥75%

Legends

- ↓ =met the 2019/20 target/ decrease in uptake
- ↑ =met the 2019/20 target/ increase in uptake
- ↓ =did not meet the 2019/20 target/ decrease in uptake
- ↑ =did not meet the 2019/2020 target/ increase in uptake
- ↑ =maximise uptake/ increase in uptake

Briefing Health Scrutiny

Date: 13th October 2020

Subject: Childhood Immunisation Programme

For Information

Report of: Gloria Beckett

Portfolio holder: Cllr Chauhan

Sign-off: Katrina Stephens

1 Introduction:

- 1.1 Vaccinations are the safest and most effective way of protecting individuals and communities from vaccine preventable diseases. National immunisation programmes have led to exceptional reductions in the incidence of previously common disease, and related deaths. Vaccination programmes aim to achieve a level of coverage that confers herd immunity; thereby providing some protection for individuals who are not immune. However, inequalities persist in immunisation uptake where some groups (e.g. those who live in deprived areas and certain ethnic minority groups) are less likely to be fully immunised.
- 1.2 All Oldham's universal immunisation programmes are commissioned by Greater Manchester Health & Social Care Partnership supported by the Greater Manchester Screening and Immunisation Team (GM SIT). All programmes are commissioned against a National Service Specifications (Part c of the S7a), which is outlined in Appendix 1
- 1.3 This briefing provides a performance summary to the Health Scrutiny Committee of childhood immunisations 0-5 years and the HPV programme 2019/20 and asks that it supports the continued activities outlined to improve immunisation uptake in 2020/21.
- 1.4 The seasonal influenza immunisation programme will be discussed in a separate paper.

2 National Childhood Immunisation Programme (including HPV) in Oldham performance (2019/20)

- 2.1 National childhood immunisations targets are 95% uptake except for MMRx2 and DTaP boosters reported at 5 years which are 90%
- 2.2 Oldham's uptake rates for routine immunisations measured at 1, 2 and 5 years based on the latest COVER quarterly data (Q1 and Q2 2019/20) are shown in appendix 1.
- 2.3 In summary, Oldham achieved or exceeded the uptake target for 5 of the 6 parameters.
- 2.4 It is worthy of note that nationally, vaccination counts fell at the introduction of the physical distancing measures in March 2020 compared to same period in 2019. This was followed by a rise from the beginning of April onwards which has now stabilised and is comparable to vaccination counts prior to the COVID-19 pandemic.
- 2.5 In the last school year (2019/20) 1469 boys received HPV vaccination. This was 81% of the eligible cohort of boys. Unfortunately, due to coronavirus and school closures it was not possible to offer follow up sessions in schools which would have allowed more children to receive the vaccine who may have missed the initial vaccine clinic in their school.

3 Oldham's activities to improve immunisation uptake.

3.1 Oldham Immunisation Group

- 3.2 The Greater Manchester Immunisation Board provide strategic oversight of all commissioned immunisation programmes, with a focus on improving quality, increasing uptake, and reducing unwarranted variation.
- 3.3 This oversight has been taken forward by working closely with Oldham's wider partners via a monthly immunisation implementation group (CCG, Public Health, GM SIT and trust providers and District Partnership) which reports to the Oldham Health Protection Subgroup. This group reports directly to the Oldham Health and Wellbeing Board. The immunisation implementation group has been working on pertinent local actions as follows:
- 3.4 Oldham has made concerted efforts to push the MMR vaccination to young children and BAME groups through various mediums earlier on in the year and will continue to implement the Measles and Rubella Elimination Strategy which was published earlier last year;

- 3.5 Moving forward and with the recent increase in Mumps cases, Oldham public health and GM SIT are working together to also raise awareness of the need for MMR vaccinations among young people, under vaccinated communities and health care workers.
- 3.6 Oldham will also be seeking assurance that adequate alternative immunisation service provision is in place to meet the needs of local communities, including itinerant workers and their families.
- 3.7 Communication is particularly needed to achieve vaccination coverage in hard-to-reach populations and to build trust in vaccines among those who question them therefore, communications have been sent to:
- schools on the importance of vaccinations, asking them to highlight this information to parents and to ensure that they work with our immunisations providers to support school based immunisations.
 - primary care, highlighting the importance of routine vaccinations.
 - The public via the library newsletter as well as social media.
- 3.8 School nursing have offered catch up clinics for children of school age with any missing immunisation throughout the summer holiday. This has been achieved through providing letters and phone calls to families and as a result, over 400 catch up vaccinations were administered.
- 3.9 Some additional HPV 'catch up' clinics have also been held over the summer however these are not yet included in the reported figures. The vaccination programme for 2020/21 for HPV has already started, working with schools to get sessions booked in early.
- 3.10 Sessions for school based immunisations are continuing to be booked for the catch up as we go through into autumn for all standard school age immunisations and this will be monitored by the immunisation implementation group.

4 Conclusion

- 4.1 Oldham continues to achieve or exceed the majority of the childhood immunisation targets and will continue to work with Oldham's wider partners through the monthly immunisation implementation group moving forward.
- 4.2 The Health Scrutiny Committee is asked to note the performance data contained within the briefing and support the continued activities outlined to improve immunisation uptake.

Appendix: Data

Appendix 1

12m: DTaP/IPV /Hib

✘ No Thresholds Achieved • Lower Threshold: 90%

✔ Achievable Threshold:95%

Threshold achieved and ranking are based off of the aggregate of the last 4 quarters performance.

	GM	Ntl.	FY 2020			
			Q1	Q2	Q3	
Bolton	●	5	74	93.2% ↓	92.7% ↓	93.1% ↑
Bury	✘	10	146	86.9%		
Manchester	✘	9	123	87.7% ↓	88.2% ↑	90.8% ↑
Oldham	●	4	53	94.4% ↓	94.2% ↓	
Rochdale	●	8	111	91.9% ↑	91.2% ↓	
Salford	●	7	108	91.5% ↑	90.2% ↓	92.4% ↑
Stockport	✔	2	38	95.5% ↓	94.5% ↓	94.4% ↓
Tameside	●	6	96	92.3% ↓	90.4% ↓	93.6% ↑
Trafford	●	3	45	94.8% ↑	96.0% ↑	
Wigan	✔	1	30	95.0% ↑	95.7% ↑	95.9% ↑
GM	●			92.2% ↑	91.4% ↓	92.9% ↑
North	●			93.5% ↑	93.3% ↓	94.0% ↑
National	●			92.0% ↑	92.1% ↑	92.7% ↑

12m: MenB

✘ No Thresholds Achieved • Lower Threshold: 90%

✔ Achievable Threshold:95%

				FY 2020		
				Q1	Q2	Q3
Bolton	●	5	74	93.4% ↓	93.3% ↓	93.4% ↑
Bury	×	10	135	88.0%		
Manchester	×	9	124	88.5% ↓	88.9% ↑	90.6% ↑
Oldham	✓	4	39	95.3% ↑	94.8% ↓	
Rochdale	●	6	77	95.9% ↑	93.2% ↓	
Salford	●	8	109	92.2% ↑	90.6% ↓	92.5% ↑
Stockport	✓	3	37	95.9% ↑	94.2% ↓	94.8% ↑
Tameside	●	7	86	92.6% ↓	91.9% ↓	94.3% ↑
Trafford	✓	2	29	95.1% ↑	96.7% ↑	
Wigan	✓	1	24	95.2% ↑	95.7% ↑	96.2% ↑
GM	●			93.0% ↑	92.1% ↓	93.1% ↑
North	●			93.9% ↑	93.9% ↓	94.4% ↑
National	●			92.2% ↑	92.3% ↑	92.9% ↑

24m: DTaP/IPV /Hib

✗ No Thresholds Achieved ● Lower Threshold: 90%

✓ Achievable Threshold:95%

		GM	Ntl.	FY 2020		
				Q1	Q2	Q3
Bolton	✓	4	57	96.2% ↑	95.7% ↓	93.8% ↓
Bury	×	10	138	90.4%		
Manchester	●	9	118	92.3% ↓	92.4% ↑	91.9% ↓
Oldham	●	7	95	93.4% ↓	92.7% ↓	
Rochdale	●	8	100	92.8% ↓	95.0% ↑	
Salford	●	6	93	94.8% ↑	93.3% ↓	93.6% ↑
Stockport	✓	2	31	96.6% ↓	95.9% ↓	95.8% ↓
Tameside	●	5	88	93.5% ↓	94.5% ↑	94.4% ↓
Trafford	✓	3	52	94.8% ↓	94.2% ↓	
Wigan	✓	1	19	96.1% ↓	96.4% ↑	96.1% ↓
GM	●			94.3% ↓	93.9% ↓	93.9% ↓
North	●			95.1% ↑	94.7% ↓	95.0% ↑
National	●			94.2% ↑	93.5% ↓	93.8% ↑

24m: MMR

✗ No Thresholds Achieved • Lower Threshold: 90%
 ✓ Achievable Threshold:95%

				FY 2020					
				Q1	Q2	Q3			
Bolton	●	6	62	92.6%	↓	92.4%	↓	92.2%	↓
Bury	✗	9	103	89.7%					
Manchester	✗	10	122	85.4%	↓	86.5%	↑	86.7%	↑
Oldham	●	4	50	93.3%	↓	92.9%	↓		
Rochdale	●	5	58	92.3%	↓	93.8%	↑		
Salford	●	7	70	93.0%	↑	92.4%	↓	91.9%	↓
Stockport	●	3	29	94.1%	↓	93.6%	↓	94.3%	↑
Tameside	✗	8	97	89.6%	↑	90.4%	↑	91.3%	↑
Trafford	✓	1	15	95.7%	↓	93.9%	↓		
Wigan	●	2	25	93.6%	↓	93.8%	↑	93.9%	↑
GM	●			91.3%	↓	91.1%	↓	90.9%	↓
North	●			92.6%	↑	92.6%	↓	92.7%	↑
National	●			90.3%	↑	90.1%	↓	90.4%	↑

5yr: MMR 1

✗ No Thresholds Achieved • Lower Threshold: 90%
 ✓ Achievable Threshold:95%

		GM	Ntl.	FY 2020					
				Q1	Q2	Q3			
Bolton	✓	7	69	95.9%	↑	95.4%	↓	96.2%	↑
Bury	✓	9	82	94.9%					
Manchester	●	10	120	92.1%	↓	92.9%	↑	92.3%	↓
Oldham	✓	3	33	96.7%	↑	97.3%	↑		
Rochdale	✓	1	15	97.6%	↓	96.5%	↓		
Salford	✓	8	71	96.8%	↑	95.5%	↓	95.1%	↓
Stockport	✓	2	24	97.0%	↑	97.0%	↑	97.7%	↑
Tameside	✓	4	41	96.7%	↓	96.1%	↓	97.1%	↑
Trafford	✓	5	43	97.6%	↑	94.9%	↓		
Wigan	✓	6	57	96.2%	↑	96.8%	↑	96.3%	↓
GM	✓			95.7%	↓	95.3%	↓	95.1%	↓
North	✓			95.9%	↑	95.7%	↓	95.9%	↑
National	●			94.7%	↑	94.5%	↓	94.6%	↑

5 yr: MMR 2

✘ No Thresholds Achieved • Lower Threshold: 90%

✔ Achievable Threshold:95%

				Q1		Q2		Q3	
Bolton	✘	7	73	88.7%	↓	87.3%	↓	89.8%	↑
Bury	✘	9	105	86.3%					
Manchester	✘	10	123	81.7%	↓	81.0%	↓	79.6%	↓
Oldham	✘	6	70	89.6%	↑	88.3%	↓		
Rochdale	●	3	30	92.8%	↑	91.0%	↓		
Salford	✘	5	64	91.1%	↑	90.8%	↓	88.7%	↓
Stockport	●	1	15	94.0%	↑	93.3%	↓	93.3%	↓
Tameside	✘	8	96	84.4%	↓	86.5%	↑	88.3%	↑
Trafford	●	2	21	93.5%	↓	90.0%	↓		
Wigan	●	4	41	90.9%	↑	91.2%	↑	91.7%	↑
GM	✘			88.6%	↓	87.3%	↓	86.9%	↓
North	✘			89.5%	↓	89.1%	↓	89.6%	↑
National	✘			86.6%	↓	86.3%	↓	86.9%	↑

Vaccination Coverage: HPV, 2 Dose

✘ No Thresholds Achieved • Lower Threshold: 90%

✔ Achievable Threshold:95%

	2015/16			2016/17			2017/18			2018/19		
Bolton	93.0%	1,730	●	93.4%	1,730	●	87.4%	1,884	×	86.8%	1,840	×
Bury	82.0%	1,138	×	80.3%	1,165	×	78.7%	1,124	×	77.0%	1,112	×
Manchester	79.0%	2,590	×	61.6%	2,917	×	78.3%	2,882	×	75.4%	3,066	×
Oldham	92.4%	1,547	●	88.9%	1,600	×	86.4%	1,690	×	79.7%	1,692	×
Rochdale	88.8%	1,142	×	85.0%	1,237	×	80.9%	1,277	×	79.5%	1,369	×
Salford	85.4%	1,055	×	77.1%	1,116	×	71.1%	1,213	×	72.4%	1,326	×
Stockport	93.7%	1,417	●	94.8%	1,459	●	93.5%	1,546	●	94.9%	1,572	●
Tameside	96.1%	1,239	✓	94.7%	1,292	●	94.3%	1,369	●	92.1%	1,365	●
Trafford	84.1%	1,505	×	85.3%	1,501	×	83.8%	1,582	×	89.9%	1,623	×
Wigan	90.2%	1,635	●	85.8%	1,617	×	85.7%	1,829	×	82.5%	1,821	×
GM	88.0%	14,998	×	82.9%	15,634	×	84.0%	16,396	×	82.7%	16,786	×
North West region	87.8%	37K	×	84.9%	39K	×	83.6%	41K	×	84.8%	42K	×
England	85.1%	282K	×	83.1%	289K	×	83.8%	300K	×	83.9%	308K	×



Report to Health Scrutiny Committee

Subject: Amendment to United Nations – Sustainable Development Goals Report to Council

Report Author: Lori Hughes, Constitutional Services Officer
Email: lori.hughes@oldham.gov.uk

13 October 2020

Purpose of the Report

The purpose of the report is to discuss the Amendment as proposed by Liberal Democrat Councillors at Full Council on 9 September 2020 to the report submitted in response to 'Making a Commitment to the UN Sustainable Development Goals' Motion.

Executive Summary

An amendment was proposed by the Liberal Democrats to the report commended to Council in response to the motion which the Overview and Scrutiny Board and the Health Scrutiny Committee were asked to identify the work that was being done by the Council and its partners and what more could be done with its' findings and recommendations. The amendment was referred to Overview and Scrutiny for their consideration as the information had not been included in the original report commended to Full Council.

Recommendations

The Overview and Scrutiny Board and Health Scrutiny Committee are asked to consider the inclusion of the information as submitted in the Amendment be included in the report.

1 Background

- 1.1 Members will recall that consideration was given to a report by the Overview and Scrutiny Board on 3 March 2020 and by the Health Scrutiny Committee on 7 July 2020 in response to a motion that requested the committees identify the work that was already being done by the Council and its partners, what more could be done and to present a report to full Council with its findings and recommendations.

2 Current Position

- 2.1 Both Overview and Scrutiny Board and Health Scrutiny commended a report which detailed work being done in support at a local level. At the full Council meeting on 9 December, an Amendment was proposed which including information which had not been provided to the Overview and Scrutiny Board nor the Health Scrutiny Committee following the commendation to Council of the original report. It was agreed that the original report as submitted to Council be agreed, but that the Amendment would be referred to Overview and Scrutiny for their consideration.

- 2.2 The Amendment to be considered is as follows:

Add at the top of page 16, a new Section 17.2 to read:

“17.2 Oldham is the first borough in the UK to have embraced the Pledge to Peace, an initiative launched in the European Parliament in November 2011 to promote ‘a culture of peace across Europe’.

This has attracted significant positive coverage for Oldham, with the borough increasingly seen as a place of peace and an exemplar to others.

- Oldham Council and Shaw and Crompton Parish Council are currently the only two local authorities in the UK to have become signatories of the Pledge.
- Oldham Council was the first organization to appoint a Pledge to Peace Mayor, former Councillor Derek Heffernan.
- The Oldham Pledge to Peace Forum now has 52 affiliated signatory organisations, making the Forum the biggest organisation of its kind representing the Pledge to Peace. These affiliates include Oldham Council, Shaw and Crompton Parish Council, twenty-six of our borough’s schools and colleges, and the Oldham Youth Council.
- Delegates from the Oldham Pledge to Peace Forum have represented Oldham – at their own expense – at high-level peace events in the UK, Italy, Germany and Australia, as well as visiting the European Parliament.
- This has included making presentations on Oldham’s work in the UK and Europe to four conferences and at meetings with Ambassadors, Mayors, Members of the European Parliament, and the Ambassador to the Pledge to Peace, Mr. Prem Rawat.
- For five consecutive years, until 2019, the Forum also hosted, with the support of Council officers, a celebratory event at Gallery Oldham / Oldham Library to mark the UN International Day of Peace (21 September).
- Oldham Council is also an affiliate of the International Mayor for Peace initiative, which campaigns for a nuclear weapon free world.

- Consequently, Oldham was one of only three locations in the UK visited by two delegations from Hiroshima – one from the National Peace Memorial Hall for Atomic Bomb Victims, which met with the Oldham Youth Council, and one of Hibakusha (Japanese A-bomb survivors), who at Alexandra Park planted seeds received as a gift from the Mayor of Hiroshima.
- These seeds were sourced from city-centre trees which survived the atomic bombing. Later this year they will be planted in several parks and at Pledge to Peace Schools.
- Oldham is also the only municipality to have hosted a delegation from Neve Shalom – Wahat al-Salam (Oasis of Peace), a village founded in Israel on the basis of equality and co-operation between its Jewish and Arab inhabitants, to sign an exclusive international agreement to work for peace with this village.
- The Forum is now working to develop links for peace with Australian partners, including Toowoomba, which is working towards UNESCO recognition as an International City of Peace and Harmony, and Saddleworth, which was named by its founder after his former West Yorkshire home town.”

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

3.1 Overview and Scrutiny are asked to discuss the inclusion of the amendment to the report.

4 **Key Questions for Overview and Scrutiny to Consider**

4.1 Does Overview and Scrutiny agree to the inclusion of the Amendment to the report and commend the Amendment back to Council?

5. **Links to Corporate Outcomes**

5.1 N/A

6 **Additional Supporting Information**

6.1 N/A

7 **Consultation**

7.1 N/A

8 **Appendices**

8.1 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

13th October 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 1st September 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 at 6.00pm	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	<p>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.</p> <p>A copy of the draft 'Healthy Weight and Physical Activity Strategy' that had been drafted in the pre-Covid-19 period was appended to the report submitted to the September meeting of the Committee.</p>
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	<p>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.</p> <p>The report has been included on the Council agenda for the meeting to be held on 9th September 2020.</p>
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.

				The Annual Report has been included on the Council agenda for the meeting to be held on 9 th September 2020.
Tuesday 1 st September at 6.00pm	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	<i>Further update report on development of Strategy and implementation of structures in March 2021</i>
	Urgent Care Review	Due to changing circumstances, the CCG consider there is a need to reconsider the review proposals and the associated proposals for engagement.	Mike Barker Strategic Director Commissioning/ Chief Operating Officer Nicola Hepburn Director of Commissioning Operations	<i>Further report(s) providing updates, consultation etc in due course.</i>
	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)	<i>Referral to Cabinet</i>
	Council Motion - Chatty Checkouts and Cafés	Initial consideration of a referred action contained in the Motion.	Mark Hardman Constitutional Services	<i>Noted and further report in due course</i>
Tuesday 13 th October 2020 at 6.00pm	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)

	Oldham Royal Hospital and Local Acute Services - Update	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
	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 at 6.00pm	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.
	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).
Tuesday 26 th January 2021 at 6.00pm				
Tuesday 16 th March	NHS Health Check Programme	Further update on the NHS Health Check programme, to also include progress on work undertaken to	March – July 2021 Katrina Stephens, Director of Public Health	Agreed by Committee, 7 th January 2020. Acknowledged that consideration was dependant on

2021 at 6.00pm		seek common standards on data recording.		available information and item may be considered in July 2021.
	Multi-agency Early Help Strategy - update	To receive an update on the development of the Strategy and the implementation of structures.	Bruce Penhale, Assistant Director Communities and Early Intervention	Agreed by Committee, 1 st September 2020

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.
	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)	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

		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		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).

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	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.

			Andrea Entwistle, Public Health Business and Strategy Manager	
	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. To be held as a 'workshop' session, subject to the consideration not duplicating the provided elected Member training.
	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.
	Urgent Care Review	To receive further reports providing updates, consultation etc on respect of the Urgent care provision.	Mike Barker	Consideration agreed by Committee, September 2020.

			Strategic Director Commissioning/ Chief Operating Officer Nicola Hepburn Director of Commissioning Operations	
	Council Motion - Ban on Fast Food and Energy Drinks Advertising	Following referral of the issue by Committee, to receive feedback from the Cabinet's consideration.		Consideration agreed by Committee, September 2020.
	Council Motion - Chatty Checkouts and Cafés	Further/update report in respect of the referred action contained in the Motion.	Peter Pawson Thriving Communities Programme Manager	Consideration agreed by Committee, September 2020.

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