

HEALTH SCRUTINY
08/12/2020 at 6.00 pm



Present: Councillor Akhtar (Chair)
Councillors 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 and Operations, Oldham CCG |
| Charlotte Walker | Head of Service - Integrated Adults Learning Disability and Autism Service |
| Joe Charlan | Planning and Commissioning Manager |
| Sarah Hollobone | Campaigns Manager, Crohn's and Colitis UK |
| Mark Hardman | Constitutional Services |
| Lori Hughes | Constitutional Services |

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Cosgrove and Toor.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3 **URGENT BUSINESS**

There were no items of urgent business.

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 13th October 2020 be approved as a correct record.

6 **MINUTES - JOINT SCRUTINY COMMITTEE**

RESOLVED that the minutes of the joint meeting of the Council's Overview and Scrutiny Committees held on 24th September 2020 be noted.



7 **MINUTES - JOINT SCRUTINY PANEL FOR PENNINE ACUTE NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Acute Hospitals NHS Trust held on 15th September 2020 be noted.

8 **MINUTES - JOINT SCRUTINY PANEL FOR PENNINE CARE NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Care NHS Trust held on 22nd September 2020 be noted.

9 **PRIMARY CARE STRATEGIC PRIORITIES 2019/20 - 2021/22**

Mike Barker, Joint Strategic Director/Chief Operating Officer and Nicola Hepburn, Director of Commissioning and Operations, Oldham CCG delivered a presentation setting out a vision and ambition for primary care services in Oldham. The drafted Primary Care Strategy had been written in the context and framework of the Oldham CCG Vision and Objectives and described how primary care services will work with partners and the contribution they will make to the following strategic objectives –

- Clinical leadership – to improve the population’s health and drive better wellbeing outcomes;
- Nursing and quality improvement – to ensure that services become the highest quality and safest in the region;
- Commissioning operations – to deliver an effective and strategic approach to commissioning that focuses on tackling health inequalities;
- Finance – to ensure that local health and care services are sustainable for future generations;
- Strategy and support – to lead partnership working and collaboration across a sustainable health and care system; and
- Transformation – to create a place-based health and care system that is closer to people’s homes.

It was noted that Primary Care, like many parts of the health service, was under increasing pressure and struggling to deliver ever more complex services. In developing the strategy the CCG had identified a number of challenges in primary care which needed to be addressed, leading to a number of Primary Care Strategic Priorities being identified and which were presented under collective headings of Restoration of Primary Care Services and strengthening the foundations of Primary Care; Partnership working to reduce inequalities and improve health and social care outcomes; and Delivering Integrated Health and Social Care.

To deliver the strategy, Primary Care Networks (PCNs) would become the primary vehicle for the delivery of integrated primary

and community care, with resources increasingly organised to respond to the needs and priorities of the people that live in each locality. A key objective for PCNs would be to shift the pattern of care and services to be more preventative, proactive and local for people of all ages, working with other system partners to deliver more care at home and in the community, with people being supported to remain independent in their own home for as long as possible. A number of measures that would be reviewed over time to measure outcomes were further considered and presented under headings of reducing health inequalities, access to clinical services, and workforce.

The Committee was reminded that Oldham, like all other Greater Manchester authorities, operated a Locality Plan that set out the health and social care priorities for five years. The Primary Care Strategy followed the same principles for tackling health inequalities and also reflected the national context of developing PCNs, collections of GP practices aligned to local authority boundaries, to deliver primary care. The health inequality challenge in Oldham could be represented by the expected 5-10% incidence of complex issues being as high as 40% in certain areas, pointing to the fact that a 'one size fits all' approach was inappropriate. The CCG had a Quality Strategy directing how improvement would be made, highlighting challenges such as developing alternate work and roles in primary care to enable professionals to address inequalities, looking to improve the estate where required, and how to provide digital services, particularly in light of Covid-period experience and the need to ensure inclusion of those with, for example, mental health and cognitive issues. It was noted that there were a number of single GP practices and there was a need to ensure that these were joined up in the system to make sure that no-one missed out.

A Member noted the similarity of issues related to staffing, services and estates to those that had been considered at the previous meeting of the Committee in connection to the Northern Care Alliance. The position of the CCG in respect of these issues was queried, with particular reference being made by Members to the use of prefabricated buildings and buildings in poor condition with access difficulties. The Committee was advised that the CCG had a Workforce Plan and it was known which areas were in need of additional recruitment and where work was required with colleges to develop particular skills. The Plan could be shared with members of the Committee. While Oldham was well placed with regard to the amount of new estate, it was acknowledged that focus was needed particularly on a number of smaller practices with their own buildings. A position statement on the estate could be shared with Committee members. Members were reminded that such practices were individual businesses and control was exercised mostly by regulatory bodies. The CCG had limited powers via contracts but could not impose changes. However, the CCG would work with and encourage these practices and provide assistance, for example to identify funding sources, where possible.

Pharmacy provision was queried, particularly where GP practices were grouped in new buildings incorporating pharmacies which appeared always to be allocated to large chains rather than to local independent pharmacies. Reference was also made to charges made by the large chains for home deliveries and the implications for those on benefits or low incomes. The Committee was advised that Oldham was unusual in that it had more pharmacies than GPs which, it was suggested, needed attention and that the allocation of pharmacies to such buildings was not a CCG responsibility. Members were also asked to note that expenditure on prescriptions in Oldham was very high when compared to, for example, Bury, and that expenditure on medication exceeded that on GPs. Both these issues needed consideration in respect of their long term implications and the effective use of resources, though the implications of the levels of local deprivation on the personal affordability of even the cheaper medicines needed to be factored in. It was suggested that the Committee might wish in the future to consider the Pharmacy Needs Assessment and a Prescription Strategy that might look to control that budget through, for example, educating the community about these issues.

The need for health education across the community was considered. While it was acknowledged that people might approach GPs for reassurance, people needed to be aware of what alternatives existed and, for example in circumstances where it was suggested that people approached GPs for personal re-assurance, what they could and should expect from the health service. Members considered patient involvement and the contribution this could make to health education. The Committee was advised that while the CCG could go into practices with Health Watch, it also needed the support of patients to drive change with individual practices. The need for health learning across Oldham was recognised, along with the support this would need from within the local community to work with the health sector. However, the challenge was to how to ensure diversity in involvement in an area which, with a reference to Patient Participation Groups, had historically been difficult to achieve.

A Member noted that prevention had been a major theme of reform discussions over recent years and queried where the Primary Care Strategy fitted with this and what steps could be taken to increase the focus on prevention rather cure. The Committee was advised of work undertaken with the Managing Director Community Services and Adult Social Care with regard to system integration across health and social care, looking to redirect the workforce, funding etc. There was a need to work closer to understand health and wellbeing needs down at the Ward level to ensure that the PCNs, Public Health etc all reached out with appropriate levels of care. Reference was made to the bringing together services so that these could be accessed from a single point and of a need to consider the public sector estate as a whole.

It was acknowledged that a wide range of issues had been identified in discussion that the Committee might wish to pursue and which could form the basis of a work programme for the Committee going forward.

RESOLVED that

1. the presentation on the Primary Care Strategy and the Primary Care Strategic Priorities 2019/20 - 2021/22 be noted;
2. the Chair, Vice Chair and other members of the Committee as available meet with the Chief Operating Officer/Strategic Director Commissioning, the Director of Commissioning and Operations and the Managing Director Community Services and Adult Social Care to consider future issues for consideration by the Committee arising from discussion under this item.

10

GREATER MANCHESTER LEARNING DISABILITY STRATEGY UPDATE

The Committee received an update on the implementation of the Greater Manchester Learning Disability (GMLD) Strategy which set out some of the challenges and successes in implementing the strategy, particularly in light of the Covid 19 situation.

The GMLD Strategy had been in place for over a year. The following ten themes had been identified within the strategy, with Covid being added as an eleventh theme as it cross-cut all themes within the strategy –

- strategic leadership;
- advocacy;
- belonging;
- bespoke commissioning;
- good health;
- homes for people;
- employment;
- workforce;
- early support for children and young people;
- criminal justice; and
- Covid-19.

Reports on progress were considered at the GM level on a bi-monthly basis for scrutiny and challenge.

The update presented to Members included a summary of the progress to date across the themes, including an update on Covid impact and measures that had been put in place. Particular attention was drawn to the ongoing review of accommodation for people with a learning disability; the implementation of alternative methods of working to support people; that while acknowledging the impact of Covid, work had been able to continue and, in particular, there had been some successes in the health theme in the supporting of annual health checks; and that despite many of the individuals with a learning disability finding the Covid disruption difficult to deal with, there



had been good resilience within the cohort with people coping with the help of the support they had received.

In response to a query as to any themes emerging from the review of accommodation, Members were advised that key lines of enquiry had been into single occupancy and where service users had been in a particular accommodation for a lengthy period to consider whether there was a need to move or whether other options might be explored. There was an ageing population of people with learning disabilities who might need to move into alternate provision and a pilot exercise was being undertaken with a provider to see how an alternate set-up might operate in terms of care packages, costs and outcomes for individuals.

With regard to training, education and employment, a piece of work had been undertaken prior to Covid to try and capture information about the people the service worked with and the employment offers, including apprenticeships, internships, funded schemes etc. During the Covid period a spike in digital offers had been noted. While college or remaining in education was an option in day services, a greater demand for jobs was being seen as service users sought normality in the Covid period. Work was therefore ongoing with colleagues to bring this consideration into transition and to look at options for supported work, training etc and related funding.

Further to a query concerning care leavers with autism and other disabilities transferring over to Adult Services, the Committee was informed that this was a significant area of work. While this was currently dealt with on a case-by-case basis, the Service was working with colleagues to better understand, quantify and plan ahead for future accommodation, access to services etc needs.

In response to a number of further queries, the Committee was advised that -

- day services were supported by individual personal budgets rather than being directly commissioned. With regard to day services during the Covid period, providers had been advised of lockdown requirements and alternate means of support had been promoted and encouraged;
- the Service looked to work closely with parents/carers and encourage the developing of a Carer's Assessment that considered what support a parent/carer would benefit from. The CCG had been approached with a view to their BME link worker who had worked on the Dementia Strategy also working on learning disability issues;
- Miocare employed a number of support workers from the local community who could encourage and support those from the community who wished to live at Holly Bank; and
- with regard to the promotion of working with people with a learning disability, Skills for Care was the national training

body for people working in the care sector and, locally, Miocare publicised work with people with autism and learning disabilities.



RESOLVED that the report be noted and a further update on the implementation of the Greater Manchester Learning Disability Strategy be submitted in 12 months time.

11

COUNCIL MOTION: AMENDMENT TO THE MAKING A COMMITMENT TO THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS REPORT TO COUNCIL

Further to Minute 9 of the meeting held on 13th October 2020, the Committee gave further consideration to a proposed amendment to the Committee's report submitted to the Council meeting on 9th September 2020 and which had been referred by the Council to the Committee for consideration. The Committee was advised that, further to the submitted report, no suggested names for inclusion in the amendment had been received from political groups in response to correspondence forwarded.

A Member noted that the Committee's report considering the Council's actions related to the United Nations Sustainable Development Goals had been under consideration for several months prior to the submission of the report to the Council and that the issues raised in the amendment had not been raised in that time.

RESOLVED that the inclusion of the Amendment to the report be not agreed or commended to Council.

Note: The Chair requested that the minutes record that Councillors Byrne and Hamblett were not present in the meeting at the time the vote was taken.

12

COUNCIL MOTION: NOT EVERY DISABILITY IS VISIBLE

The Committee was reminded that, at a meeting of the Council held on 9th September 2020, the Council had referred a Motion "Not Every Disability is Visible" to 'Overview and Scrutiny' for consideration. The Health Scrutiny Committee had been determined as the appropriate overview and scrutiny body to consider the referral and the Committee received a report presenting an initial consideration of the issues raised in the Council Motion.

The report considered the background to the Crohn's and Colitis UK campaign 'Not every disability is visible' and the campaign objective of revised signage for accessible toilets to indicate that not every disability is visible, and the nature and local availability of 'Changing Places' toilets together with the requirements to be introduced in 2021 for new public buildings and those undergoing major refurbishment to have Changing Places toilet facilities.

The Committee further received a briefing paper from Sarah Hollobone, Campaigns Manager, Crohn's and Colitis UK, who addressed the Committee highlighting why accessible toilets are so important to people with Crohn's Disease and Ulcerative Colitis, the benefits for people in Oldham of the Council getting involved, and what Crohn's and Colitis UK could do to support the Council. In response to a concern expressed that signs alone would not change anything, it was noted that signage made people more comfortable in their use of accessible toilets and the signs acted as a visual resource to point to and give individuals confidence.

The Chair thanked Sarah Hollobone for raising the issue with the Committee and suggested this was a matter that the Council should take forward and give encouragement to other groups in the Borough to take forward also. Further reference was made to the provision of Changing Places toilets and the potential for such a facility to be provided on the Spindles Shopping Centre.

RESOLVED that

1. the issue of signage of accessible toilets as suggested by the Crohn's and Colitis 'Not every disability is visible' campaign be forwarded to the relevant Cabinet Member and Officers to look at and cost up the necessary changes and to report further to this Committee to enable the Committee to prepare a report on this matter;
2. the provision of a Changing Places toilet facility at the Spindles Shopping Centre be referred to the relevant Portfolio Holder and Officers to look at and cost up to consider whether this could be provided, to apply for relevant grants and progress if the funding is forthcoming, and to report back to this Committee.

13

**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.

The Committee's attention was drawn specifically to the outcomes from Members' consideration on 10th November 2020 of anonymised safeguarding cases, of actions taken in respect of a referral from Council related to a Council Motion concerning Chatty Checkouts and Cafes, and to the intended submission of a report to the Committee in January 2021 of a report detailing work to address digital inclusion that had been commissioned following concerns expressed by Members at earlier meetings.

RESOLVED that the Health Scrutiny Committee Work Programme 2020/21, as presented, be noted.

14

DATE OF NEXT MEETING

It was noted that the next meeting of the Health Scrutiny Committee was scheduled to be held on Tuesday, 26th January 2021 at 6pm.



The meeting started at 6.00 pm and ended at 8.00 pm