

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

Date Tuesday 8 December 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 Mark Hardman at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Mark Hardman, 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, 3 December 2020.

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

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

MEMBERSHIP OF THE HEALTH SCRUTINY

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

Item No

1 Apologies For Absence

2 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

5 Minutes of Previous Meeting (Pages 1 - 8)

The Minutes of the meeting of the Health Scrutiny Committee held on 13th October 2020 are attached for approval.

6 Minutes - Joint Scrutiny Committee (Pages 9 - 26)

To note the minutes of the joint meeting of the Overview and Scrutiny Committees held on 24th September 2020.

7 Minutes - Joint Scrutiny Panel for Pennine Acute NHS Trust (Pages 27 - 30)

To note the minutes of the meeting of the Joint Scrutiny Panel for Pennine Acute NHS Trust held on 15th September 2020.

8 Minutes - Joint Scrutiny Panel for Pennine Care NHS Trust (Pages 31 - 36)

To note the minutes of the meeting of the Joint Scrutiny Panel for Pennine Care NHS Trust held on 22nd September 2020.

9 Primary Care Strategic Priorities 2019/20 - 2021/22 (Pages 37 - 48)

To receive a presentation from Oldham Clinical Commissioning Group presenting a review of Primary Care in Oldham.

10 Greater Manchester Learning Disability Strategy Update (Pages 49 - 58)

11 Council Motion: Amendment to the Making a Commitment to the United Nations Sustainable Development Goals Report to Council (Pages 59 - 62)

12 Council Motion: Not every disability is visible (Pages 63 - 68)

13 Health Scrutiny Committee Work Programme 2020/21 (Pages 69 - 82)

14 Date of Next Meeting

The next meeting of the Health Scrutiny Committee is scheduled to be held on Tuesday, 26th January 2021 at 6pm.



HEALTH SCRUTINY
13/10/2020 at 6.00 pm

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

Also in Attendance:

Mike Barker	Chief Operating Officer, Oldham CCG and Council Strategic Director for Commissioning
David Jago	Chief Officer, Pennine Acute Hospitals Trust
Mark Warren	Managing Director - Community Health and Adult Social Care Service
Katrina Stephens	Director of Public Health
Gloria Becket	Senior Health Protection Nurse
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

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 1st September 2020 be approved as
a correct record.

6 **VARIATION OF ORDER OF BUSINESS**

RESOLVED that agenda item 7 (Report on the Position of the
Royal Oldham Hospital in the Context of Local NHS Acute Trust
Re-organisation) have precedence over the remaining items of
business.

POSITION OF THE ROYAL OLDHAM HOSPITAL IN THE CONTEXT OF LOCAL NHS ACUTE TRUST RE-ORGANISATION



The Committee received a presentation providing a high level update on the transaction of the Royal Oldham Hospital (ROH), as part of the Pennine Acute Hospitals Trust (PAHT), to the Northern Care Alliance (NCA) and the benefits and improvements this was bringing for the ROH site; the wider development of the ROH site; and the next steps and plans for services. In introducing the item, the Chair congratulated David Jago on his recent appointment as Chief Officer for the Pennine Acute Hospitals Trust.

The development journey of the NCA, from the 2015 CQC assessment of Salford Royal Foundation Trust as 'outstanding' and the 2016 assessment of PAHT as 'inadequate' to the pending completion of the Transaction Programme to date, was considered. The ROH, along with Fairfield General Hospital and Rochdale Infirmary, would move to the NCA, while the North Manchester General Hospital would move to the Manchester Hospitals Foundation Trust. These moves would support the future clinical, financial and workforce sustainability of acute hospital services in the north east sector and across Greater Manchester more generally. The improvement during the transaction journey had been dramatic, with the PAHT's CQC assessment moving to an overall 'good' rating in three years.

The transaction to NCA would further unlock the potential for improvement, including the reconfiguration of services across sites and populations at pace; the optimising of investment in the workforce, estates and technology with the resultant rate of return; standardised operating models; and the enabling of economies of scale. The NCA would increase the focus on localities, ensuring that local leaders, staff and services were better able to reflect their area's distinct characteristics and that integrated care, tailored to the local environment, was provided. The NCA recognised that it was a significant part of the fabric of local communities and that its long-term sustainability was closely linked to the wellbeing of those communities.

The ROH would not only be a local general hospital but would move towards becoming a high acuity specialist centre and a designated hub for complex surgery as envisaged by the 2015 Healthier Together decision. While creating capacity for such work would require some less complex work to be undertaken at other NCA sites, the objective across the NCA was to have good quality, sustainable specialist and hospital services for the future that would be needed in order to continue to improve services for patients across Oldham; to create a system where patients 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; and to ensure that 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.



Work was being undertaken with Oldham system leaders to develop plans for the future delivery health and care for the population of Oldham. The impact of Covid-19 on the delivery of services was acknowledged and considered, and a recovery plan was being developed with partners across the Oldham system to overcome the challenges created by the pandemic.

Confirmation that the issues as presented meant that the 'getting to good' journey was almost complete was sought. Such assurance was given, with the final sign-off for the transaction process transferring three hospitals to the NCA being anticipated in the coming months: from that point onwards the benefits of the process should begin to come forward. With regard to local health services provided and any changes that might occur, the implementation of the 2015 Healthier Together decision and the response to Covid-19 which had already driven certain changes were noted. The Committee was advised that being part of a wider grouping would provide added flexibility in meeting these changes. It was acknowledged that while there were significant financial challenges remaining to be addressed, the overall position on this appeared brighter.

With regard to the development of the ROH as a high acuity centre, the future for routine services such as diabetic and cardiac services was queried, along with the limitations of the ROH site where the limited amount of available space for expansion was noted. In response, it was suggested that the concept of 'hospital' services needed to be addressed, and that if services continued to be provided in the current manner then demand would exceed supply. The future focus would be on looking to manage people closer to home, outside of the acute sector. However, it was acknowledged that parts of the ROH were old and possibly not fit for purpose going forward, and a business case was being developed to address this.

Members sought a consideration of employment opportunities for the local community at the Hospital, including the availability of apprenticeships. It was noted that overall, staff turnover was low at the Hospital. However, work was being undertaken with the local further education looking to identify what vacancies could be offered within the local community and work was in progress with providers with regard to the Apprenticeship Levy. Members asked for a further report to be submitted in respect of this work.

RESOLVED – that

1. the update presentation on the position of the Royal Oldham Hospital be noted;
2. further reports be submitted to the Committee providing an updates on the completion of the transaction programme and in respect of employment and



UPDATE ON THE PROGRESS OF COMMUNITY HEALTH AND ADULT SOCIAL CARE INTEGRATION

Further to the meeting held on 7th January 2020, the Committee received a further update on the integration agenda for the Community Health and Adult Social Care Service (Community Service) which had been formed in 2018 in response to local, regional and national drivers for integrated care delivery which looked to realise economies of scale, to improve quality of care and to enhance the service experience for people with health and care needs. The Community Service provided support to vulnerable adults with health and care needs as a collaboration of five partner organisations - Oldham Council, the Northern Care Alliance, Pennine Care Foundation Trust, Oldham CCG and MioCare - with their human, estate and financial resources deployed under one leadership model.

The Community Service is a complex and diverse organisation that delivered a wide range of health and care services comprising approximately 1,450 staff operating across seventy services and supporting over 88,000 people annually. The shared Community Service goal was to support people to live at home as independently as possible; to use a 'Home First' integrated flexible approach; and to deliver services through a sustainable and efficient business model. The model had been developed over the last two years with the purpose of integrating and joining up service delivery to the most vulnerable citizens. Having completed this first phase of its development, the Service now required a more formalised approach which was being progressed through consideration of a wider integrated system model.

During the preceding 6-months, the Community Service had primarily been focused on responding to the Covid-19 pandemic, ensuring continued delivery of essential health and social care services to the Borough during the heightened demand across the local health and care system. Covid-19 had 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 pandemic the Service had provided a significant contribution, collectively with partners, for the locality-wide response, details of which were provided within the submitted report. The submitted report further considered the position of Community Services in response to legislation, Government directions and the Greater Manchester model of integration, including the requirement to prepare winter plans and the progression of Place-based plans.

Community Services continued to face challenges in the delivery of services due to the complexity of current governance arrangements which, for example, saw around 60 groups

making decisions affecting the Service. A potential delivery model via an Integrated Care Partnership was intended to be progressed to address these challenges, though the individual organisations would retain their own employment responsibilities and clinical governance and safety requirements. Further areas of work, including development of an integrated approach to commissioning and various particular service-wide challenges going forward, were further outlined in the submitted report.

In response to a query, the financial risks impacting on the Service were acknowledged, both in terms of government funding and the potential for demand to outstrip supply. Every potential saving opportunity was being looked into, but not without a full risk and impact assessment on individuals being made and assurance that statutory responsibilities would still be achieved. With regard to public knowledge regarding services and access, it was important to note that the Service would not be able to continue to provide as it had done in the past, and that it would fail and be unable to respond to new demands if it attempted to do so.

With regard to mental health provision, while acknowledging that it was not always the case that a mental health crisis could be prevented or mitigated against, the availability of services to prevent such crises occurring, or to prevent a person returning into the system, was queried. It was reported that while there would always be a need for acute care and access to beds, for many people it was important to be able to recognise mental health issues arising and to be able to respond accordingly with a range of services and talking therapies. Emotional wellbeing was recognised as a key issue for the Service and all staff would receive appropriate training.

RESOLVED – that the update on the integration of community health and adult social care services be noted.

9

DELIVERY OF THE FLU VACCINATION PROGRAMME 2020/21

The Committee received a briefing on the 2020/21 flu vaccination programme currently being delivered across the Borough. The Committee was reminded that every year flu was associated with high rates of morbidity, seasonal mortality and increased pressures on NHS and social services which impacted particularly on vulnerable groups. The flu vaccination programme was 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.

It was noted that the flu programme was likely to be more challenging this year in view of Covid-19 and the additional safety and social distancing measures needing to be in place. Particular additional key actions for 202/21 to increase take up of flu vaccinations among those aged under 65 years in clinical

at-risk groups, 2-3 year olds, school aged children, and health and social care workers were advised. The annual national flu vaccination programme which aimed to vaccinate those most at risk had been extended for the current year to now include same household contacts of those on the NHS Shielded Patient list, children of school year 7, health and social care workers employed through Direct Payments and/or Personal Health Budgets, and, in November and December, those aged 50-65 years, subject to vaccine supply and prioritisation in terms of risk.

In Oldham, a work programme under joint leadership with Oldham CCG and the Greater Manchester Screening and Immunisations Team is developed each year to implement the national flu programme at the local level. A multi-stakeholder operational flu group is established which seeks to achieve the national targets required by Public Health England and the Department of Health. This group monitors progress and any learning from previous years is taken into consideration in forward planning. The performance of the 2019/20 work programme across the eligible groups was reported, it being noted that improved uptake of the influenza vaccination among residents and frontline health and social care workers had been achieved in 2019/20. This past programme of work provided a good foundation on which to build the 2020/21 programme through clear actions, a focus on reducing variations, and planning to support even more people across Oldham in being protected against influenza.

Members considered the varying take-up of vaccinations in schools, being advised that data considering this was available and so it was possible to see which schools were affected and the take-up by BAME communities. The parental consent form included an option to say why consent was being withheld, it being known that some parents objected due to the presence of porcine gelatine. In such cases an injection could be offered as an alternative, with Members commenting on the need to ensure that awareness of this option was circulated quickly. It was noted that there existed a wider mistrust of the flu vaccine and Members were advised that a Communications Plan sought to use different routes to get messages to address concerns out to the community.

Reassurance was sought as to the financial and staffing support available for the flu vaccination programme. Members were advised that much of the resource was provided by NHS England, with staffing, promotional work and the additional pilot schemes being resourced locally. While it was acknowledged that Public Health had needed to defer some activity due to Covid-19, the flu vaccination programme was considered to be too important a priority to be deferred.

With regard to a number of issues concerning disabled people and carers, it was advised that options for vaccinations for foster

carers, including the issuing of an e-voucher or offering reimbursement of costs, were under consideration; some community pharmacies had signed up to vaccinate carers and care home staff, with the STICH Team being responsible for vaccinating residents; and confirming that the provision to people with learning disabilities included those with autism.

In terms of GP surgeries and pharmacies being proactive in promoting vaccinations to target groups, the Committee was advised that GP surgeries should be actively inviting those in target groups: those eligible could also be vaccinated at a pharmacy. While GP surgeries actively promoting within the community was regarded a good approach, it was understood there may be an insurance issue with regard to them vaccinating those who were not on their patient list.

RESOLVED – That Flu Vaccination Programme 2020/21, including Oldham’s approach to the priority groups, be noted and support be given to the additional actions being undertaken for 2020/21.

10

CHILDHOOD IMMUNISATION PROGRAMME

The Committee received a briefing on local performance on childhood immunisations for 0-5 year olds and the HPV programme for 2019/20. Support was also sought for the continued activities to improve immunisation uptake in 2020/21.

All Oldham’s universal immunisation programmes are commissioned by the Greater Manchester Health and Social Care Partnership supported by the Greater Manchester Screening and Immunisation Team. All programmes are commissioned against National Service Specifications which were outlined in an appendix to the briefing. The Committee received performance data indicating that Oldham had achieved or exceeded the uptake target for 5 of the 6 parameters within the national parameters. The implications of Covid-19 on take-up of vaccinations was considered.

The work of the Oldham Immunisation Group, comprising the Council, Oldham CCG and other relevant partners, to improve vaccination take-up was outlined. This included continuing to implement the Measles and Rubella Elimination Strategy; raising awareness of the need for MMR vaccinations among young people, under-vaccinated communities and health care workers; seeking assurance that adequate alternative immunisation provision is in place to meet the needs of local communities, including itinerant workers and their families; targeting communications; and ‘catch-up’ activities targeting those who might have missed earlier vaccination opportunities.

RESOLVED – that the reported performance data related to the childhood immunisation programme be noted and the continued activities to improve immunisation uptake be supported.

AMENDMENT TO UNITED NATIONS - SUSTAINABLE DEVELOPMENT GOALS REPORT TO COUNCIL

The Committee was advised that the Council, at the meeting held on 9th September 2020, had received a report of the Overview and Scrutiny Board and the Health Scrutiny Committee in respect of a Council Motion related to the United Nations Sustainable Development Goals. On consideration of that report an amendment, as detailed in a submitted report, had been moved and seconded. The Council had determined that the amendment be referred to the Overview and Scrutiny Board and the Health Scrutiny Committee for their consideration in the first instance.

It was noted that the amendment had been introduced by the Liberal Democrat Group and it might be the case that other political groups might wish to add to the list of bodies referenced in the amendment.

RESOLVED – that the amendment be circulated to the other political groups on the Council, and to other groups as might be appropriate, to consider any additions to the organisations listed within the amendment.

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' were advised of arrangements being made in respect of their consideration of anonymised safeguarding cases and of an intended discussion with Healthwatch regarding a follow-up report to the End of Life Services review report considered previously by the Committee.

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

The meeting started at 6.00 pm and ended at 7.55 pm.

OVERVIEW AND SCRUTINY BOARD
PERFORMANCE AND VALUE FOR MONEY SELECT COMMITTEE
HEALTH SCRUTINY COMMITTEE
24/09/2020 at 6.00 pm



Present: Councillor McLaren (Chair)
 Councillors Toor, Jacques, Akhtar, Alyas, Curley, Hamblett,
 Surjan, Cosgrove, Ibrahim, Williamson, Ahmad, Byrne, Haque,
 Harkness, Phythian and Stretton

Also in Attendance:

Lori Hughes	Constitutional Services
Rebekah Sutcliffe	Strategic Director, Communities and Reform
Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Emma Barton	Director of Economy
Lewis Greenwood	Head of Executive Services
Gerard Jones	Managing Director Children and Young People
Anne Ryans	Director of Finance
Mark Warren	Managing Director Community Health and Adult Social Care
Councillor Zahid Chauhan OBE	Cabinet Member for Health and Social Care
Liz Drogan	Head of Democratic Services
Councillor Arooj Shah	Deputy Leader of the Council and Cabinet Member for Covid-19 Response

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Taylor.

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 Joint Scrutiny meeting held on 3rd June 2020 be approved as a correct record.

6 **COVID-19 - SCRUTINY BRIEFING - VERBAL UPDATE**

Councillor Shah, Deputy Leader of the Council and Cabinet Member for the Covid-19 Response opened the meeting. Members were provided with an update on the impact of the pandemic on the Borough which included impact on communities, the increase in the number of residents claiming Universal Credit, how employment had been affected and

highlighted those aged 18 – 24, schools returning but where bubbles had been forced to isolate. Members were informed of the challenge and failure of mixed messages and with the track and trace system. Acknowledgement was given to the Chief Executive and the Chief Officers who had provided support through the challenges presented by the pandemic. This meeting would provide the opportunity for members to scrutinise the approach taken to date and the future.

The Chair of Overview and Scrutiny Board had raised a number of issues in advance of the meeting which provided the basis for the briefing the Joint Committee received.

The following questions and responses were provided at the meeting.

Councillor McLaren asked the following question: “Has the Council been able to maintain a coherent message to the wider community despite the mixed messaging and varied advice emerging from Central Government?” What difficulties has this situation presented?”

The Strategic Director for Communities and Reform responded that this had been a challenge on two counts. The difference between national and local restrictions had meant mixed messages were received by local people. More recently, the Council had to work hard to let people know the new ‘rule of six’ did not apply locally due to the Borough’s enhanced restrictions. Oldham own local restrictions had changed a number of times and although new artwork and messaging was issued each time, old material was still out in the community and there had been enquiries related to the out of date material. Communicating had been difficult, especially with those residents who didn’t use social and digital media as primary sources of information. The Council had tried to use an all household leaflet or letter drop for each change of restriction. However, the lead time for design, print and delivery meant that the leaflets were delivered 10 – 14 days after change of restrictions when the situation could have changed significantly and the example of changes to testing was cited. Since the national testing was in crisis, the approach locally had to be adapted as a result. This left the Council looking out of date or if incorrect information was being shared which reduced trust in messaging.

Councillor McLaren asked the following question: “Finding temporary accommodation for homeless people had been addressed with considerable success. Are steps being taken to find permanent accommodation? To what extent is this programme being supported by Central Government?”

The Director of Economy responded that there was a dedicated housing options team who worked with customers who found themselves in temporary accommodation. Anyone who resided in temporary accommodation was provided with a personalised housing plan to help secure longer-term accommodation. Some

examples were via housing association partners in a socially rented tenancy, via the private sector in a longer term private rented tenancy or if a customer required more support, via a supported housing pathway into accommodation with specific support provided. The Council did receive a limited amount of funding from Central Government to operate the Council's statutory homelessness services. There were a number of initiatives which had been brought forward by Central Government, one of which was the Next Steps Accommodation Programme (NSAP) where funding was available for local authorities to bid into to assist with bringing new 'move on', more permanent accommodation online. The Council had submitted a bid and should know the outcome by the end of the month.

Councillor McLaren asked the following question: "Domestic abuse has been a feature of this crisis. How will this issue be addressed beyond the lockdown? Has Central Government indicated they intend to make sufficient funds available to enable the Council to provide effective support?"

The Strategic Director for Communities and Reform responded that there had been some enhancement of the partnership offer during Covid-19. Addressing domestic abuse was a significant area of ongoing activity co-ordinated by the Domestic Abuse Partnership which was a sub-group of the Community Safety and Cohesion Partnership. In addition to the immediate police response to reports of domestic abuse, there was an ongoing partnership officer which included, but was not limited to:

- Any partner organisation who received a disclosure of domestic abuse should complete a Domestic Abuse Stalking and Harassment Checklist (DASHRIC) and any domestic related referral to MASH should include a DASHRIC which enabled the risk to be assessed. All high-risk cases should be referred to the Multi-Agency Risk Assessment conference with Daily Risk Management meetings taking place in MASH to agree the immediate partnership response to high risk cases.
- Children's social care work with families to safeguard children where there was domestic abuse.
- Domestic abuse team within Early Help which included Independent Domestic Violence Advisors, an Engagement Worker who supported some medium risk cases and the GM Project Choice Team.
- Early Help teams in the Council or Positive Steps provided support to cases at lower level of risk.
- The Safeguarding Partnerships had a domestic abuse training offer for partners and additional training was currently being delivered to professionals around healthy relationships and the impact of abuse on children.
- A part-time worker was delivering awareness training about healthy relationships in schools as part of wider awareness raising and preventative activity around domestic abuse.

- The Freedom Programme and Stepping Stones courses delivered to survivors of abuse. Face-to-face delivery was ongoing with reduced numbers despite Covid-19.
- Oldham had a Women's and Children's supported housing commission which included the refuge and some move on accommodation.
- In addition to the work with convicted offenders by Probation Services, the partnership had agreed funding to extend the Reframe programme (working with higher risk perpetrators who had not been convicted of offences) and options were being explored to train staff locally to deliver a lower level perpetrator offer.
- The Community Safety Partnership had agreed £50k of funding for a consortium of VCFSE groups to develop a strengthened peer support offer for survivors of abuse.
- The Council was in the final stages of adopting a workforce domestic abuse policy related to supporting staff who experienced domestic abuse or who were identified as perpetrators of abuse.

Parts of the domestic abuse offer were funded by the Government. This included one IDVA post, the Project Choice Team (funded by GMCA using Home Office funding) and activity funded through GMCA community safety funding which included some of the Reframe funding, the £50k for VCFSE activity and the education work in schools. The Domestic Abuse Bill was currently under consideration in Parliament and was expected to receive Royal Assent later in 2020. The Impact Assessment published alongside the Bill estimated the cost of the measures in the Bill applied to England and Wales at between £137m - £155m per year once fully implemented. A small reduction (0.2%) in the prevalence of domestic abuse would be required for the benefits of the Bill to outweigh the costs. Under the New Burdens doctrine, the net additional cost of additional duties on local government should be fully funded by Government to avoid transferring costs to Council taxpayers.

Councillor Hamblett asked about what support was available for those from same sex relationships or from an abusive household but not female.

Members were advised that all measures were applied equally to men and women who were victims of abuse in a relationship. The policy related to everyone.

Councillor McLaren asked the following question: "The Council has worked hard to co-ordinate the delivery of food to those who are vulnerable, shielding or self-isolating with support from the voluntary sector. How has this been sustained? What help has been received from local businesses? Has there been any contribution from Central Government?"

The Strategic Director for Communities and Reform responded that as at 17 September 2020 the helpline hub had answered 8,503 calls. There had been 4,545 referrals received since 27th March 2020 which resulted in 5,683 support requests. This

included 3,685 food support requests and 574 medication support requests. There had been 9,048 individuals (5,691 adults; 3,357 children) had been supported with food vouchers (3,887 vouchers fulfilled). There had been significant outbound communication activity taking place with shielded individuals via phone, email and text/SMS with a high success rate. The work was being maintained through the continuation of the helpline and community hubs, with the call centre staff and district teams managing this work. Although demand into the helpline and subsequent referrals had reduced, they were picking up test and trace calls along with wider and door-to-door engagement undertaken by the District Teams. The teams were also in a state of readiness should further restrictions for Oldham be brought forward which included significant effort on support for those shielding if reintroduced. During the lockdown period, extensive support had been received from the business sector, particularly related to emergency supplies around food, essential items and support with transport. In addition, a local supplier had provided essential deep cleaning services reacting to urgent needs to enable patients to be moved into care settings. The supplier also provided a deep cleaning services for the Integrated Care Centre (ICC) and Transport Vehicles used for hospital discharges.

The Government had announced an emergency fund of £63 million to be distributed to local authorities in England to help those struggling to afford food and other essentials due to Covid-19. The funding was a one-off contribution for the 2020/21 financial year and is made under Section 31 of the Local Government Act 2003. The grant had been allocated on the basis of population weighted by a proxy measure of need, the Index of Multiple Deprivation (IMD) for the authority area. The grant received by the Council in July was £361,208.27. This was a ringfenced grant which the Council must use for the purpose intended although there was some flexibility to align with local need. The funding was being used in the main to support initiatives which included the provision of food which the Council had already initiated.

Councillor McLaren asked the following question: “Grants to local businesses have been widely publicised. How many businesses have been supported? Would it be possible to publish a list of recipients?”

The Director of Finance responded that the Council had supported 4,202 businesses via the Small Business Grant and Retail, Leisure and Hospitality Grant Schemes. This amounted to a total payment of £47.585m. The Discretionary Grant Fund had also supported 260 businesses amounting to a total payment of £2.475m with further commitments bringing spending up to £2.501m. The Council had already published the information on the website.

Councillor McLaren asked the following question: “Has the situation regarding the number of furloughed employees becoming any clearer? How many have been made redundant or become unemployed? To what extent has the situation

changed during the period since early June 2020? How many are claiming Job Seekers Allowance or Universal Credit?”



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The Director of Economy responded that the Council had clarity around the estimated value for the number of employees furloughed in Oldham based on a combination of government data from the Coronavirus Job Retention Scheme (CJRS) and the Self-Employed Income Support Service (SEISS). The latest data was from claims up to the end of July 2020 which showed 32,000 on the CJRS and 8,900 claims made for SEISS. This gave a total of 40,900 employees on furlough. Based on Government data the total number of available employees for work in Oldham was 99,900, which gave Oldham a furlough rate of 40.94%. The national level redundancy rate was 1%. If the same held true for Oldham, there would be around 1,000 who had been made redundant. However, redundancy rates were not available at a local authority level and it was expected for redundancies to be higher given the economic challenges in Oldham. The latest unemployment rate stood at 9.6% which was a 1.5% increase since April 2020 (8.1%). There were currently 13,985 claimants in Oldham compared to 11,675 reported in June to the Joint Committee. Unemployment had increased by 6,455 claimants in 5 months due to the Covid-19 economic shock. This was a 4.2% increase from March 2020. Of the 13,985 claimants in Oldham, 13,100 were on Universal Credit and 885 on Job Seekers Allowance.

Question received from Councillor McLaren: “Central Government has suggested that local authorities will have to ‘share the burden’ of the cost of addressing Covid-19 despite an earlier suggestion that all necessary financial support would be provided. To what extent has this situation been clarified?”

The Director of Finance responded that to date, the Council had received unringfenced allocations from Central Government of £16.638m and would receive further grant compensation in respect of sales, fees and charges. No further general announcements had been made. The month 4 financial monitoring report would be presented to Cabinet on 28 September showed that the anticipated costs to the Council (lost income and increased expenditure) resulting from Covid-19 would exceed the £16.638m grant by £15.556m. The sales, fees and charges would be compensated on the basis of the Council financing the first 5% of the budgeted loss and then receive a grant to the value of 75% of the remainder of the actual loss. The extra grant would close the gap, but not fully. The Council would submit its first sales, fees and charges compensation claim on 30 September. It was important to note that there was no compensation for commercial income losses e.g. rental income from the Council’s property, so the Council was standing this loss in full. There had been a range of other Government grants for specific initiatives, e.g. Test and Trace grant support of £1.560m. Whilst this was welcome, the ringfenced nature of the funding meant it could not be used to offset the overspending on COVID related activities. The Council was also seeing a reduction in Council Tax and

Business Rates incomes as Council tax payers and businesses were struggling to pay due to the prevailing economic environment. The Government had promised support but had not yet provided full details, however, it had indicated that this would not cover the losses in full.

Councillor Ahmad asked a question related to communications with staff and what communications had there been and how was it being ensure that staff were staying safe? Members were involved that there were regular communications to a number of groups and members. There were regular communications with staff. Colleagues were working with Public Health and Human Resources for a comprehensive risk assessment process, safe manner to access buildings, comprehensive package of support aimed at health and wellbeing, and increasing recognition on the impact on people's morale and wellbeing and being factored into ways of working. Managers had been contacted to have personal contact with colleagues and open channels of communication.

Councillor Surjan asked a question related to the publishing of grants awarded to businesses and people and if it was in breach of GDPR. Members were informed that advice had been sought and with the guidance provided, the information was able to be published.

Councillor Harkness asked a question related to the 'sharing the burden' element as discussed at the Performance and Value for Money Select Committee and now that there would not be an Autumn Statement, were there any further details on what would happen? Members were informed that she was as surprised as everyone else, the budget influenced the Comprehensive Spending Review which was assumed would be going ahead. The Comprehensive Spending Review, in turn, informed the Provision Settlement and only when that settlement was received would there be certainty on funding for the 2021/22 financial year to inform the budget setting process.

Councillor McLaren asked the following question: "The staffing situation remain critical. Covid-19 has had a significant impact on all staff (not least on those who have contracted the virus). Has the pandemic had any impact on the Northern Care Alliance strategy for 'getting to good?'"

The Strategic Director Commissioning / Chief Operating Officer responded that the number of staff off work due to Covid-19 had reduced significantly since the peak of the pandemic. However, there continued to be a significant impact of Covid-19 on all staff, in terms of changes to work, psychological safety and the uncertainty of a second peak. It was clear that the pandemic had had an unprecedented impact across health and social care services across the country. The strategic principles and plans to improve services remained in place. Action plans against the CQC 5 domains continued to be progressed. However, in light of the pandemic there had been a full review and realignment of timescales to allow for delays caused by the pandemic. This

was particularly relevant to operational performance of services to adjust to the Phase 3 Recovery Requirements.



Oldham
Council

Councillor McLaren asked the following question: “To what extent has the pressure on NHS beds and other facilities changed since the first meeting of this committee? Has the provision of intensive care facilities been maintained should there be a second wave of infection whilst emerging from lockdown?”

The Strategic Director Commissioning/Chief Operating Officer responded that there had been an increase in A&E attendance reported since the previous update in June. Type 1 attendances were back to similar levels seen this time last year, however Type 3 attendances remained significantly lower. Bed occupancy levels during April (63%) and May (69%) were at lower levels than the hospital would normally see. Occupancy levels had since increased to over 80% and remained a cause for concern linked to the ability to safely manage infection control and biosecurity in inpatient and urgent care settings. Work was ongoing closely with system partners to reduce acute bed occupancy and focus on a ‘home first’ approach across all services. Significant pressure continued in relation to the access to diagnostic testing, endoscopy procedures and theatre capacity for elective procedures. Waiting lists had grown during the peak of Covid-19 and although recovery plans were underway, capacity was impacted by requirements to ensure procedures were completed in a way that maintained safety for patients and staff.

Intensive care bed numbers had reduced to normal levels to enable recovery of the hospital site and services and to support care of non-Covid-19 patients whilst demand for ICU beds for Covid-19 was not currently present. Escalation plans and processes were in place so that the hospital could respond to any increases in a timely manner. There were linked to the whole system vigilance on overall acute bed occupancy. Winter plans included the ability to flex and respond to increases in ICU capacity due to the increase in patients who required critical care.

Councillor McLaren asked the following question: “To what extent does the downward trend in patient numbers and those testing positive in Oldham reflect the trends in the North West and nationally? To what extent does the R figure in Oldham and the North West vary from the national figure?”

The Strategic Director for Communities and Reform responded that despite a high rate of positive tests within Oldham and across GM, Oldham Hospital had not seen the admission number reported during the peak of the pandemic nor the acuity of patients. From what was understood, this replicated the picture across the country, with recognition that the number of positive tests across GM were particularly high and that the Council and its partners needed to remain vigilant and continue to plan for a surge in demand. As at 15 September 2020, the latest R number for the UK was 1.0 – 1.2, which meant that on

average every 10 people infected will infect between 10 and 12 other people. The latest growth rate range for the UK was -1% to +3% per day which meant that the number of new infections was somewhere between shrinking by 1% and growing by 2% every day. The R value and the growth rate for the North West (1.1 – 1.3 and +2% to +5%) were higher than the values for England, which suggested that the number of new infections may be growing at a faster rate. However, it was important to note that these figures were estimates and therefore there was some degree of uncertainty associated with them. The fact that the ranges overlapped for the North West and England meant that the differences may not be significant. R Rates were not calculated below regional level.

Councillor McLaren asked the following question: “What steps need to continue to be taken in order to ensure that the R figure remains below one? Are you able to give any indication as to how the community are responding to any message? Is there anything that elected members might be able to do to support any strategy?”

The Strategic Director for Communities and Reform responded that in order to keep the R value below 1, it was needed to:

- Limit the amount of contact that people had with individuals who were not part of their household;
- Ensure that everyone was maintain good infection prevention and control; including regular handwashing and use of face coverings and PPE in the case of health and care settings.
- Follow the current self-isolation guidance which included isolating for:
 - 10 days if you have symptoms or test positive;
 - 14 days if someone in your household develops symptoms or tests positive;
 - 14 days if you are a close contact of someone who tests positive;
 - 14 days on returning from a country where quarantine rules apply.

Self-isolating meant not leaving the house and not having any contact people with people who were not part of your household.

- Ensure rapid testing was available for people who developed symptoms, and that all individuals who tested positive and their close contacts were followed up by the contact tracing service and provided with advice on self-isolation and transmission prevention.

As at 11 September, 7341 houses and 72 shops had been visited through the door-to-door engagement. This had resulted in 50.4% of conversations being held and 819 individuals tested. Door-to-door engagement messaging was extremely well received. Teams on the ground were having direct conversations with residents around key messages of keeping safe which was being backed up by door-to-door testing. Targeted engagement with young people was taking place with the delivery of key Covid-19 safety messaging and support as

part of the Council's wider youth offer. Sentiment on social media was another indicator of identifying how communities were responding to the messaging. In Oldham, the situation was very mixed which was in line with what other areas were experiencing. Some residents were clearly choosing to disregard any and/or all messaging around Covid-19, with a vocal minority suggesting this was scaremongering and/or fake. The majority of feedback supported restrictions and public health interventions, but acknowledged widespread non-compliance, which lessened the impact on behaviours. Fatigue and over communication (generally around Covid-19 on all media channels) was a growing problem and less engagement was increasing on Covid-19 messaging.

The Council were currently carrying out focus groups with groups of residents to understand the impact of Covid-19 messaging and determine what may act as a lever for behaviour change now, after six months of restrictions. Sessions would be taking place with younger and older working age people as there were the key groups currently affected, but different drivers and challenges were suspected.

The District Teams were already engaging with elected members then they were doing door-to-door engagement in targeted areas. Elected members had been working alongside teams having community conversations. This had been extremely helpful and demonstrated community leadership. The teams would continue to liaise with members to ensure they were fully sighted on plans around engagement.

Councillor Hamblett asked a question related to Accident and Emergency and if patients needing to book had been introduced in Oldham? Members were informed that there were a variety of emergency access points which included call before you book and tests were being done.

Councillor Akhtar asked a question related to messaging in terms of the local infection rates and the position made by given on figures on the actual infections rates by ethnicity. BAME residents had been abused and victimised. Had any other authority taken a similar route and what support was available to those who were racially victimised?

Members were informed that the decision had been taken to publish at an early stage to be open and transparent on the impact on Covid-19 and also in response to a number of Freedom of Information requests whereby the Council was obliged to respond and all areas now published that data. There was some learning on how the information was published without explanation. Any form of hate crime or racism was unacceptable. The data had been used as an excuse for those who were inclined to behave in that manner. The Council had been clear that this was unacceptable and responded to the hate messaging and worked closely with Greater Manchester Police. The Strategic Equalities Group had a role to respond proactively and to work with communities to respond to racism.

Councillor McLaren asked the following question: “How is the programme to test, trace and isolate progressing in Oldham? How many people have been asked to self-isolate? How many other people have had to be contacted as a result of various people testing positive? Has this process presented any particular challenges?”

The Strategic Director for Communities and Reform responded that ‘Test and Trace’ was a national programme. Locally, the Council had responsibility for working with the national and regional teams to put local testing sites in place and for the follow up of complex cases/settings. There was a Greater Manchester team who provided contact tracing for complex cases. The Council had also taken on the responsibility for contacting people who tested positive and did not make contact with the national contact tracing service within 24 hours of a positive test. Local arrangements were working well, although the increase in the numbers of positive tests had created significant additional demand on the teams involved in this work. Between 28th May and 14th September, 2,067 residents were advised of a positive test and contacted by the national contact tracing system. These was a total of 5,122 contacts for these cases. Where the national contact tracing made contact, all these cases and contacts which met the definition of a close contact would have been directly advised to self-isolate. There were significant challenges with the current national system for NHS Test and Trace. Testing capacity was not meeting demand and impacted on the ability of Oldham residents to access testing. Whilst the Council did receive some data from the national contact tracing service, the Council did not receive detailed information on every case which would support the Council to more effectively understand the sources of transformation and put preventative measures in place. In addition, there were delays in the local system being notified of cases by the national system which inhibited the ability to provide a local rapid response.

Councillor McLaren asked the following question: “Issues relation to mental health continue to attract wide publicity. To what extent are steps being taken to address such issues? Is there a role for the voluntary sector in this context?”

Members were informed that significant work had taken place under Covid-19 related to mental health which included:

- The establishment of a 24/7 Trust helpline to support people known to services. This would be expanded to support the 111/Critical Assessment Service (CAS).
- Embedded process within community hubs for people to be supported by Mind when identified with mental health or wellbeing needs.
- Risk stratified patients across teams to identify where face to face contacts were still required.
- Repurposed Crisis Safe Haven as a ‘Mental Health A&E’ to reduce numbers of people who attended the

Emergency Department with an updated urgent and crisis pathway.

- Co-ordinated work to overcome barriers to discharge and reduced delayed transfers of care on adult and older adult acute Mental Health wards.
- Developed dedicated inpatient Covid-19 pods to ensure compliance with guidance.
- Developed and implemented updated pathways under Covid-19 for Memory Assessment, Healthy Minds, Safe Haven/Home Treatment and Liaison Mental Health in hospital.
- A weekly Mental Health System Support call established which included all partners across the CCG, local authority, providers and the third/voluntary sector.
- A bespoke care home staff support offer provided through the helpline and Care Home Liaison Team (now working with the STICH team).
- Silver Cloud online therapy universal support offer rolled out for the Oldham population.
- The Oldham bereavement support offer outlined from immediate support to longer-term counselling offer provided by Healthy Minds

National guidance on Community Health transformation had been published and over the next few months would be outlining proposals for Mental Health integration in Primary Care Networks and improved access routes into Mental Health services. Mental Health Services in Oldham had not been discontinued under Covid-19. However, ongoing adaptations related to digital and face-to-face were implemented. The digital strategy for Mental Health was being worked through, with particular areas of priority such as dementia services. Collaborative arrangements with the third and voluntary sector were already in place in Oldham, with commissioned services in Improving Access to Psychological Therapies (IAPT), CPP and adult Mental Health crisis services including dementia. This put Oldham in a strong position to build on these through the Mental recovery programme. The 'next steps' outlined in 13a would factor in VCSE provision across all developments. The VCSE sector would be represented in the Mental Health Recovery and Transformation Programme with partners which included Tameside, Oldham and Glossop MIND, Age UK and Positive Steps.

Councillor McLaren asked the following question: "This is little doubt that the cost of addressing Covid-19 now and in the future would be considerable. Is it possible to advise on any discussions or representations currently taking place with the Greater Manchester Combined Authority, the Local Government Association or any other body with Central Government on how this cost is to be met?"

The Director of Finance responded that there were discussions at the Combined Authority level about the support that Greater Manchester as a whole required to address the financial challenges arising from Covid-19. The GMCA received reports

which presented the costs being incurred and income being lost by all ten GM Council and also the GMCA. This supported discussions with Government that lobbied for the allocation of additional resources for the region. The Local Government Association (LGA) was in constant communication with the Government looking more broadly at the extra financial support needed by the Local Government sector in order to respond effectively to COVID. It had also been a strong advocate in highlighting the already significant financial challenge resulting from years of austerity. The Special Interest Group of Municipal Authorities (SIGOMA), of which the Council was a member, also engaged in discussions with the Government to outline the financial challenges and lobbied for support. Where there were requests for evidence or examples of specific financial issues being faced, then the Council would, where possible, provide the relevant information.

Councillor Hamblett asked a question related to Test and Trace and referred to a young mother and foster carer who could not get tests for the young children and the confusing information about who could be tested. Would the messaging start to get clearer and the policy for Under 5's?

Members were informed of the disconnect of test and trace at national and local levels. Communications from central government had been disappointing. There were a range of partners who were trying to make the best sense. GPs were committed and working very hard and services were always working to improve communications and take responsibility where problems had been identified. Members were also informed that guidance and communications on testing was changing all the time as the levels of infection rose. There was an emerging feeling that tests were being rationed.

Councillor Akhtar asked about the number of deaths in Oldham and how many were from a BME background?

Members were informed that the figure was not available at the meeting but this could be provided to members after the meeting.

Councillor McLaren asked the following question: "Are adequate arrangements in place to test patients being discharged from hospital for Covid-19 before being admitted (or re-admitted) to a care home?"

Members were informed that in line with national discharge requirement, all patients being discharged to care homes were tested for Covid-19 prior to discharge and, the status of their test result (positive / negative / not known at point of discharge) was included in the discharge documents provide to the care home prior to discharge. This supported the care home in understanding the patient's Covid-19 status and how best to provide care. All care homes were following the Government's Care Home Support Plan, which advised a period of 14-day isolation on admission, working on the basis of an assumption of

Covid-19 positivity in order to protect the wider care home population. The service had developed a system wide risk assessment and an individual risk assessment regarding care home admissions (available upon request) which formed the basis the approach to care home admissions, including where these were directly from the hospital.

Councillor McLaren asked the following question: “How has the situation changed for those who might need to be admitted to a care home for the first time?”

Members were informed that system wide and individual risk assessments were in place. All new residents would need to be able to isolate within their room or zoned area. The priority as a borough was to assess patients to ensure that they received the right care needed in the right setting at the right time. ‘The principles of Managing the Health and Care needs of people in Care Homes in Oldham during the COVID pandemic’ were clarified and updated in July 2020 and agreed by the Senior Health and Social Care leaders, the two Medical Directors and the Director of Public Health. The following principles provided the framework by which patients, residents and staff had their health and care needs managed:

- “We will seek to discharge patients back to their own homes where that is possible.
- Care Homes will be clearly identified as shielded communities.
- Discharges will be managed on an individual patient focussed basis.
- We will respect the care homes independence.
- All patients will be tested prior to discharge to a care home setting.
- We will provide continued support to care homes.”

Councillor McLaren asked the following question: “How difficult has it proved to manage residents suffering from dementia or other degenerative physical or mental conditions in order to maintain social distance or self-isolation?”

Members were informed that care homes had reported that this had and continued to be challenging, particularly where someone living with dementia was unable to understand why they might need to self-isolate, and/or walked with purpose as part of their condition. Many of the care homes in the borough were converted Victorian houses and not purpose built which added a layer of complexity to supporting people who have a form of dementia. Care homes had been supported with an allocation from the Government’s infection control fund, which many had used to zone their care homes (whilst acknowledging the limitations that the physical environment of some care homes might bring) or provided additional staffing and infection control measures to support social distancing and self-isolation. Care homes also had access to the Care Home Liaison Service, which was delivered by Pennine Care Mental Health Trust and

provided practical and emotional support to care home providers and residents.



Oldham
Council

Councillor McLaren asked the following question: “Has it proved possible to maintain the supply of personal protection equipment (PPE) in all settings during the period since the last meeting?”

Members were informed that the PPE hub continued to operate in Oldham and all care providers were still able to access supplies of PPE through the hub if their usual procurement routes were unable to meet their requirements. In addition, providers were able to access financial support with the costs of excess PPE through the weekly finance support panel. The Council had also allocated central government Infection Control Fund monies to providers to support them with their PPE costs. Central Government had also set up a national PPI portal which providers could access to supply free emergency PPE in limited quantities. As at 11th September, all care homes had supplies of all types of PPE requires for at least 1 – 2 weeks, with some care homes having stock for up to the next 2 months. There had been no reports of PPE provision or lack of, restricting the ability of care homes staff to provide full support to residents.

Councillor McLaren asked the following question: “How many care homes have survived the crisis (so far) by arranging for staff to live in and also by not accepting visits from friends and relatives during this time?”

Members were informed that at the height of the pandemic in care homes, there were examples of care home managers and staff staying overnight in the care home in order to restrict movement. However, there had not been any recent reports of this. All care homes in Oldham had restricted friends and family visiting in line with national requirements during the course of the pandemic, this having been limited to socially distanced visits in gardens and through open windows. Currently, and in line with current local restrictions, no garden or window visiting had taken place unless in exceptional circumstances, usually associated with end of life. A newsletter was circulated to all care homes on 3rd September, reminding them about visiting arrangements at this time.

Councillor McLaren asked the following question: “Has the Care Quality Commission offered any guidance to care homes during the crisis?”

Members were informed that the Care Quality Commission had provided information on the website for providers. They had also been working closely with Public Health England, ADASS, DHSC and NHSE in the development of national advice and guidance.

Members noted that there were several other issues that had been highlighted by the Covid 19 crisis which included the following:

- Those living in impoverished circumstances had suffered a proportionality greater impact.
- Those living in disadvantaged or deprived situations had suffered to a greater degree.
- Those living in urban areas have suffered a greater rate of infection and death.
- Ethnic groups had suffered disproportionately from Covid-19.
- Older people with an underlying health condition had also suffered significant consequences.

Some (possibly all) would need to be addressed during any recovery from Covid-19 and beyond. Oldham would be unable to tackle these issues in isolation but would require a collective effort locally, regionally and nationally.

Councillor Toor referred to care home visits and a family who had not seen a family member since the start of lockdown and why visits were not allowed?

Members were informed that it was an upsetting situation. This was around risk management and cross infection. Ways to have visits was being looked at, but members were advised that 120 people who had lived in care homes had died in this six-month period and did not want this to be repeated. There were concerns nationally. Care Homes did want to provide a way for visits. Visiting guidance was being developed. A policy was being discussed at GM Level. Authorities were working with Care Homes and their registered owners who had accountability and reopening would need to be agreed the national and local decisions.

Councillor Ibrahim asked if Care Homes had enough PPE supplies and if the hub was prepared for a second spike?

Members were informed that yes, Oldham had sufficient stock of all PPE for 3 to 4 weeks and keeping stocks maintained. There was a refined system in place. It was important for care homes to maintain relationships with their own suppliers. There were issues of some suppliers tripling their cost and where identified these care homes were being assisted to find a more reasonable offer.

Councillor Phythian asked a question related to testing facilities for care home staff and how regularly they were tested? Members were informed that all staff were tested weekly and this was undertaken through a national portal. There was a challenge in facilitating tests and not getting results back. There were a range of people trying to resolve the situation and this was not just Oldham, all were facing the same issue.

Councillor Hamblett asked a question related to Care Homes Stock and Age and asked how many care homes were looking to upgrade or how many would simply no longer have the capacity and how many just have a life span across the next decade? Members were informed that 70% of the care homes were over 40 years old and very few were purpose built.

Owners and operators would form a point of view on viability. Care homes had been supported to operate on a 90% capacity and being contacted every week. An exercise was being undertaken as to how care homes saw their future taking account of the number of vacancies and sufficient number of care homes with the right quality. Residents wanted to live in care homes that were rated good, there were a number of care homes that required improvement and there were some who provided fantastic high quality.

A further discussion on some or all of these issues would need to be included on any future agenda of this committee.

Members were informed of the development of a local poverty strategy and action plan. The Council was aware that Covid-19 had and would continue to exacerbate poverty in the borough as the economic impacts of the lockdown were felt. Signs were already being seen that the poorest communities were being hit the hardest, for example, unemployment rates had risen dramatically across the borough since March, but particularly so in wards where unemployment was already high. Work was underway to tackle both the symptoms and causes of poverty in Oldham. Key projects and programmes included Warm Homes, A Bed for Every Night, emergency food provision/food banks and the Opportunity Area, which sought to explore and remove barriers in education to social mobility. The Council was also a national pilot for the Children's Society 'Co-ordinating Crisis Support' project which helped to better align resources with those of the VCFSE partners to ensure that no-one fell through the welfare safety net. As a result, the Council was reviewing the Local Welfare Assistance Scheme to ensure a better fit with other sources of emergency support. Whilst it was acknowledged that the Council and its partners were working hard to combat poverty, there was scope for improved co-ordination and alignment of resources across the system. At a strategic level, the Council was developing governance, decision making and operational arrangements which would enable efforts and resources to be better coordinated to both ensure support for people when they needed it and tackled underlying causes of poverty and hardship. The inaugural meeting of the Poverty Steering Group, chaired by Councillor Shah, was scheduled for 30 September. The group would help drive forward the work to tackle poverty, identify priorities and opportunities for action across services and Team Oldham and steer the work of the Poverty Working Group. Both the Steering Group and Working Group would comprise of local authority officers and colleagues from Registered Social Landlords (RSLs) and VCFSE sector. It was essential that the Council listened to, understood and worked with people with lived experience of poverty and to this end, the Council were working with Action Together to establish a Poverty Truth Commission. Draft proposals, including funding tasks, were almost complete. Ultimately, the aim was to develop a Poverty Strategy and Action Plan that supported the delivery of actions in the short, medium and longer term that built upon and were informed by the impacts of Covid-19.

The Council was committed to minimising the impact of Covid-19 across communities. The steps being taken to tackle the pandemic and the subsequent recovery planning, aimed to support people, especially those groups with protected characteristics who were often most impacted. To support the approach an Equality Advisory Group was established who provided insight and expertise to help capture the voice of lived community experience in the Covid-19 response and recovery planning. The group provided a wealth of experience and were helping to find solutions to any barriers that were presented. The group met regularly to anticipate and identify any discriminatory or negative consequences of the pandemic and helped to positively respond to any disproportionate impact Covid-19 had on the borough's communities.

The Community Bronze Group had established five hubs which co-ordinated food, medicines, mutual aid, volunteering and community intelligence and an Emergency Helpline to act as a front door and triage. The volunteer coordinator programme provided support for local people impacted by the pandemic with a range of activities and provided emotional support and contact for people who were self-isolating. The Council's helpline service which offered emerging help for residents had gone live on 27th March 2020. The Customer Relationship Management System used by the Helpline and Hub teams had proved invaluable in being able to predict demand and flag repeat customers who were being directed into wider support.

The overarching aim of Oldham's Covid response was to prevent premature and avoidable deaths and mitigate the negative impact on the wellbeing and livelihood of Oldham residents as a consequence of Covid-19. A strategy to help Oldham recover from the impact of Covid-19 was currently being developed.

The Chair commented that he hoped members found this information provided by officers useful. There would need to be another meeting in a couple of months. The Chair welcomed suggestions for the next stage of questions. The Chair also commented on progressing how Overview and Scrutiny could support the strategy to alleviate poverty across the Borough.

The Chair provided thanks to all to had participated in the evening's meeting.

RESOLVED that:

1. The information provided be noted.
2. The questions and responses provided be noted.

The meeting started at 6.00 pm and ended at 7.58 pm

Agenda Item 7

Minutes of: **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE NHS TRUST**

Date of Meeting: 15 September 2020

Present: Councillor L Robinson (in the Chair)
Councillors G McGill and S Smith, Councillor Raymond Dutton, Councillor Ashley Dearnley, Councillor Norman Briggs, Councillor Ruji Srjan and Councillor Louie Hamblett.

Also in attendance: Dan Smith, Head of Service for Greater Manchester, Pat Crowley,
Chief Executive Pennine Acute Trust,
Gavin Barclay, Director of Transaction,
Steve Taylor, Chief Officer for Bury and Rochdale Care Organisation and Chief Officer of Rochdale OCO
Zeph Curwen, Divisional Managing Director

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor D Gunther and Councillor P Sullivan

1 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

2 **MINUTES OF THE LAST MEETING**

The minutes of the meetings held on 30th June 2020 were approved as a correct record.

3 **PUBLIC QUESTIONS**

There were no public questions submitted at the meeting.

4 **AMBULANCE SERVICE UPDATE**

Dan Smith, Head of Service for Greater Manchester provided an update on the North West Ambulance Service with particular focus on the impacts from COVID-19 to service delivery and changes.

Three Ambulance Stations cover the Greater Manchester area, however due to the nature of the service the ambulances are not ring fenced and will respond to incidents depending on who is the nearest to the incident area.

When the outbreak first caused considerable health issues to people within the United Kingdom in around March 2020, the ambulance service found unprecedented 999 and 111 calls. The usual average in a year would be around 3000 calls to 999 and this increased to 5000 along with 111 call figures trebling the usual amount to 9000 in a day.

The Ambulance Services was then tasked with reducing hospital admissions where possible through getting patients to the safest care provider for them. Staffing absence and issues effected the service the same as other company's and this was a period of higher sickness absence due to COVID-19.

400 Clinicians were recruited along with 80 front line emergencies ambulances through utilising PTS Vehicles as many outpatient clinics were closed down. Trained PTS staff to work on the emergency vehicles along with paramedic training students being deployed into other needed roles.

Nationally the process changed for 999 call handling so all calls were screened for COVID-19 to ensure appropriate care was provided. Calls were passed to alternative providers if urgent and emergency care was not required for them along with increasing the clinical leadership as many volunteers stepped forward to help the service due to being on furlough or not working at that time.

Swabbing stations were set up for staff swabbing to ensure quick turn around and mitigate staff loss through absence. New sickness management procedures were introduced to support staff to manage absence in the workplace where possible.

Cleaning of vehicles for infection prevention was increased and improved from good practice from Italy. The turnaround of vehicle was increased and incredibly successful and is still being utilised today. Sarah Jayne, was in charge of Personal Protective Equipment for Greater Manchester and whilst media discussed a lack of PPE it was not the case for Greater Manchester and the North West Ambulance Service.

Discussions took place regarding the new testing procedures announced by the Government and how it may affect the NWS if NHS cannot gain preferential access to testing facilities. It is right that constraints need to be in place to ensure those in urgent need are tested.

Cleaning costs can be maintained as long as there is seen as a heightened benefit as the cost benefit is currently managed due to the need to sustain this facility.

Whilst GP's now regularly conduct virtual consultations there has not been a direct correlation between this and demand on the North West Ambulance Service. Most patients who called 999 over the period of March to September did require the Ambulance Service.

Accommodation was provided through hotels to certain staff members who required this and this is still ongoing whilst this is not used much now as shielding arrangements have reduced. This service was often provided for free by hotels to support NHS workers to maintain in work.

It was agreed:

1. Dan Smith be thanked for his update
2. To record a vote of thanks to all the ambulance service on behalf of the Chair, Councillor Robinson and the Committee.
3. To recirculate the slides Dan provided within the agenda pack.

4. To receive an update in the future from Dan Smith on the Ambulance Service.

5 PENNINE ACUTE TRUST - TRANSACTION PROGRAMME UPDATE

Pat Crowley, Chief Executive Pennine Acute Trust, provided an overview of the Transaction Programme along with the support of Gavin Barclay, Director of Transaction.

They are currently in the process of disaggregating Pennine Trust Services and planning to complete the acquisition of Royal Oldham, Fairfield General Rochdale Infirmary by Salford Royal and North Manchester by Manchester Foundation Trust by the 01st April 2021 at which point the Pennine Trust will be formally dissolved.

On the 01st April all staff will transfer to their new employer be that Manchester Foundation Trust (MFT) or Salford Royal Foundation Trust (SRFT). Clinical Services will remain 'as is' and patients will still attend existing services in existing locations.

Following the presentation Pat Crowley, Chief Executive Pennine Acute Trust invited questions from the Committee.

Every clinical and corporate service has been assigned to a model. Model 1 is wholly resident in one hospital, model 2a a service managed by MFT and delivered across Pennine footprint, model 2b a service managed by SRFT and delivered across Pennine footprint or model 3 delivered across multiple sites. There is an indicative model for the services but currently there is a process of engaging with services to understand the best model.

It was agreed:

1. Pat Crowley, Chief Executive Pennine Acute Trust and Gavin Barclay, Director of Transaction be thanked for their update
2. For Pat Crowley and Gavin Barclay to provide a written response to the Chair's question regarding the privatisation of outside services, in particular the Patients appointment system
3. To remain a regular item until the transaction process in 2021

6 URGENT CARE UPDATE

Steve Taylor, Chief Officer for Bury and Rochdale Care Organisation and Chief Officer of Rochdale OCO supported by Zeph Curwen, Divisional Managing Director provided an update on Urgent and Emergency Care.

Manchester Triage Tools has been taken on by clinicians across Greater Manchester to direct the public to the most appropriate service.

Questions were then invited from Committee Members. Discussions took place regarding location of Hospitals and transport issues.

It was agreed:

1. Steve Taylor and Zeph Curwen be thanked for the update.

7 COVID 19 - UPDATE ON SITUATION IN PENNINE ACUTE HOSPITALS

Steve Taylor, Chief Officer for Bury and Rochdale Care Organisation and Chief Officer of Rochdale OCO provided an update on COVID-19. The infection rate is increasing and is now reflected in hospitals. The rate of patients testing positive for COVID-19 on the 14th September was as follows:

Patients in Intensive Care: 1 Bury 4 Oldham 2 North Manchester

Patients in general Beds across the System: 4 Bury, 12 Oldham, 11 North Manchester and 9 Infectious Disease Unit.

Nursing Homes – Rochdale 6 Homes are closed to admissions as 9 patients and 11 Staff are effected by COVID-19.

Following the update, Steve Taylor invited questions from the committee. The committee discussed how protection can protect care in the community services to carry out their roles safely along with regular staff testing.

It was agreed:

1. Steve Taylor be thanked for his update
2. This to remain a standard item going forward.

8 URGENT BUSINESS

None.

**COUNCILLOR
Chair**

(Note: The meeting started at 10.00 am and ended at 12.01 pm)

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING Tuesday, 22nd September 2020

PRESENT: Councillors Grimshaw, Gunther (Bury MBC), Hamblett, McClaren, Surjan (Oldham MBC) Dale, Susan Smith, Sullivan (Rochdale Borough Council), Davies, Holloway and Wright (Stockport MBC).

OFFICERS: C. Molloy (Chief Executive – Pennine Care NHS Foundation Trust) and P. Thompson (Corporate Services – Rochdale Borough Council).

31 **APPOINTMENT OF CHAIR AND VICE CHAIR**

The Committee considered appointing its Chair and Vice Chair for 2020/2021.

Resolved:

1. Councillor Susan Smith (Rochdale Borough Council) be appointed Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2020/2021 Municipal Year.
2. Councillor Patricia Sullivan (Rochdale Borough Council) be appointed Vice-Chair of the Joint Scrutiny Committee for Pennine Care Mental Health) Trust, for the 2020/2021 Municipal Year.

Councillor Susan Smith in the Chair.

32 **APOLOGIES**

Apologies for absence were received from Councillor Whitby (Bury MBC).

33 **DECLARATIONS OF INTEREST**

Councillor Holloway declared a general personal interest in proceedings insofar as his daughter was an employee of Pennine Acute NHS Primary Care Trust.

34 **MINUTES**

The Committee considered the minutes of its most recent meeting held 28th January 2020.

Members of the Committee expressed their gratitude to the staff employed by the Trust for the outstanding work they have carried out, in extremely difficult circumstances, during the Covid-19 crisis.

Resolved:

1. The Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 28th January 2020, be approved as a correct record.
2. The Trust wishes to place on record its gratitude to the staff employed by the Trust for the outstanding work they have carried out, in extremely difficult circumstances, during the Covid-19 crisis.

35 **PENNINE CARE NHS FOUNDATION TRUST - OUTLINE PRESENTATION**

The Chief Executive of Pennine Care NHS Foundation Trust delivered a comprehensive presentation which covered, in detail, the following areas:

- a. Pennine Care – who we are and our services
- b. Finance update
- c. CQC Improvement Plan update
- d. Single gender accommodation
- e. Impact of Covid-19

It was noted that the Joint Scrutiny Panel's membership in 2020/2021 comprised some Councillors who had not previously been members of the Committee. In this regard Pennine Care Trust's Chief Executive gave a presentation which outlined the configuration and operations of the Trust, noting that they were in the midst significant structural changes whereby a large proportion of the community based services, currently provided had been transferred to other care providers. The Trust staffing complement was expected to reduce from a figure of approximately 5,000 (in June 2019) to around 3,600 presently. The Trust is focussed on the delivery of mental health services for the six boroughs in the Trust's footprint: Trafford, Stockport, Tameside, Oldham, Rochdale and Bury, serving a population of approximately 1.3 million. The Trust operated from about 100 sites, serving approximately 100,000 patients per year (mostly out-patients) and had 40 beds across the various sites for in-patients. The annual budget for the Trust was approximately £195 million.

The services provided by the Trust were as follows:-

- a. Adult: Community and inpatient services that support people with mental ill health including - Community Mental Health Teams; Crisis Teams; Home Treatment teams and in-patient beds.
- b. Child and Adolescent: Community and inpatient.
- c. Older People: Services that support older adults with mental ill-health including Community Mental Health Teams; Dementia assessment service; day hospital and In-patient beds.
- d. Substance Misuse: Community teams.
- e. Learning Disability: Including community teams and assessment and respite care beds.
- f. Rehabilitation and High Support: Including low secure facilities; psychiatric intensive care beds; and rehabilitation beds.

Overall the Committee were informed that the Trust had four key strategic targets that they aimed to achieve by 2025:

- i. Outstanding care (for all patients)
- ii. Every service user has the opportunity to lead a life they find fulfilling
- iii. People with lived experience shaping every decision
- iv. All staff feel engaged and are involved in improvement

In considering the presentation Members of the Committee sought clarification on a number of issues including the Trust's strategy, going forward, for the provision of learning disability services, mental health services and the Trust's contribution to the Greater Manchester Health Care Plan. In terms of mental health services, available via the Pennine Care, the Chair (Councillor Susan Smith) requested that she and Councillor McLaren meet with the Trust's Chief Executive to discuss the provision of services.

Resolved:

That the presentation be noted and welcomed and that the Chair of the Committee and Councillor McLaren be requested to meet informally with the Trust's Chief Executive to discuss the current provision of mental health services from Pennine Care.

36 FINANCIAL UPDATE

The Trust's Chief Executive explained the current financial position. The Trust was being supported to deliver a breakeven financial position. This has aided work on the national financial position.

Currently, in 2020/2021 there were no requirements for the Trust to deliver efficiency savings, although work on the Corporate Service Redesign continue.

Thus far, in responding to the Covid-19 pandemic the Trust had spent an additional £2.5m up to the end of month 5 (2020/2021).

The Committee were informed that financial envelopes had been received for the second half of the 2020/2021 financial year. Early indications were showing a significant challenge for the Greater Manchester system in terms of:-

- a. Mental Health commissioners mandated to spend a minimum level on services under the Mental Health Investment Standard (MHIS)
- b. Funding insufficient to deliver all Mental Health priorities. Challenging decisions to be made to deliver the best possible outcomes for service users during Phase 3 of Covid-19 recovery.

Resolved:

That the report be noted.

37 IMPROVEMENT PLAN UPDATE

The Chief Executive of the Pennine Care Trust reported upon the key issues arising from the CQC inspection and the consequent follow-up improvement plan. There were some challenges in terms of the following:- staffing levels and management supervision; Compliance with the requirements of the Mental Health Act (such as understanding of seclusion and restrictive practices); Medicines Management (including medication checks following high dose of rapid tranquilisation); Recording of information (such as details of best interests' meetings and rationale for decisions such as 'do not attempt

cardiopulmonary resuscitation'); Lack of single gender bedrooms as an in-patient; Consistent approach to patient engagement and working with service users.

The Trust's Chief Executive reported that the CQC Improvement Plan for Pennine Care had been intended originally as a 12 month action plan. All of the actions from the inspection have been completed with the exception of a small number. Therefore, it had been agreed that the Improvement Plan would be closed down with the agreement from Pennine Care's Board and that the responsibility for the outstanding issues would be handed over to the appropriate Pennine Care committee/forum for ongoing monitoring.

Resolved:

That the report be noted.

38 SINGLE GENDER ACCOMMODATION

The Committee was advised that Heywood, Middleton and Rochdale (HMR) and Tameside adult inpatients have now transitioned to single gender accommodation. This was done during the Covid-19 pandemic to enable the wards to manage patients safely, whilst providing isolation space for Covid-19 positive patients.

An engagement exercise with the adult inpatient staff at Tameside had now concluded and all staff preferred to remain on their respective wards. This exercise was done retrospectively due to Covid-19, which allowed staff to 'pilot' the new configuration, before making a decision. The engagement with HMR staff, had been postponed as they were piloting a 'one unit approach', which involved rotating staff across both adult inpatient wards and thus negated the need to ask staff where they would prefer to work. This would be reviewed by the inpatient operational team.

Work to eradicate the dormitories on Ramsbottom Ward, at Fairfield Hospital, Bury, was due to commence on 28th September 2020. Bed capacity on this Ward had been reduced to manage patients safely. Work was anticipated to take approximately 12 weeks. Plans to eradicate dormitories on Moorside Ward at Royal Oldham Hospital were currently out to tender with a start date yet to be determined.

Engagement with Stockport's Adult Inpatients staff had commenced during week commencing 14th September 2020, with an estimated transition date of November 2020. The Committee was informed that a training needs analysis was being devised to support staff with the transition.

In addition engagement had also commenced internally with Older People Service Managers to begin planning the transition to single gender and separate function across the North East Sector (Oldham, HMR and Bury).

External stakeholders had been identified to enable engagement with regards to single gender accommodation. This has been happening through various

forums across the Trust, however bespoke and continuous engagement is now required throughout the implementation period.

Resolved:

That the report be noted.

39 IMPACT OF COVID-19

The Trust's Chief Executive reported upon the impact that Covid-19 has had on Pennine Care's service provision.

Phase One was the initial emergency response period, which ended on 31st May 2020. Since then the focus in Phase Two had been on starting to deliver increased activity in core services and 'distilling' learning from phase one.

It was reported that generally all services had seen a reduction in referral numbers: up to 40% in community services; 50% in Children and Young people's referrals; between 10 and 20% on Wards; the number of contacts people had reduced by about 20%; and there had been a shift to more contacts being done remotely – between 70 to 80%.

Appreciative enquiries had been undertaken with both the Trust's staff and people who used services. The key themes coming out of them were that most staff valued working from home, but not all did with ICT and social isolation being particular challenges. Staff welcomed the focus and reduction in bureaucracy, and cross team working and some patients liked the different ways of engaging as more flexible but not universally so.

The focus was on the rest of 2020/2021 - Phase Three planning, with particular focus on:

- a. RESTORE: Accelerating return of services
- b. PREPARE: Preparing for winter
- c. TRANSFORM: Learning and locking in changes and action on inequalities.

Members of the Committee requested that a report outlining future plans for the provision of mental health services be presented to the next meeting.

Resolved:

1. That the report be noted
2. A report outlining future plans for the provision of mental health services be presented to the next meeting of the Committee
3. A further report, updating the Committee on Phase Three planning, for the remainder of 2020/2021, be presented to the next meeting of the Committee.

40 DATE OF THE NEXT MEETING

Resolved:

That the next meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust will be held on Tuesday, 17th November 2020, commencing at 10.00am, via Zoom.

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Oldham Health Scrutiny Committee

Primary Care Strategic Priorities 2019/20 – 2021/22 - DRAFT

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Presenter:

Nicola Hepburn, Director of Commissioning and Operations

Author and Officer Contact:

Marion Colohan, Head of Primary care

8th December 2020

Vision

“Oldham is a vibrant place, which embraces diversity and is where people are thriving and communities are safe and sustainable – is a place where improved health and wellbeing is experienced by all, and where the health and wellbeing gap is reducing.”

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Summary

This document sets out a vision and ambition for primary care services in Oldham.

This strategy is written within the context and framework of the Oldham CCG Vision and Objectives and describes how primary care services will work with partners and the contribution they will make to the following strategic objectives:

- 1. Clinical leadership:** Improve the population's health and drive better wellbeing outcomes
- 2. Nursing and quality improvement:** Ensure that services become the highest quality and safest in the region
- 3. Commissioning operations:** Deliver an effective and strategic approach to commissioning that focuses on tackling health inequalities
- 4. Finance:** Ensure that local health and care services are sustainable for future generations
- 5. Strategy and support:** Lead partnership working and collaboration across a sustainable health and care system
- 6. Transformation:** Create a place-based health and care system that is closer to people's homes

This strategy is iterative. The content will further evolve in response to stakeholder feedback. This initial version of the strategy will be a mechanism for engagement and participation of key stakeholders over the next few months. This strategy will be further tested and refined as part of a wider stakeholder engagement process. An outline engagement and communication plan is described in the next steps.

Challenges in Primary Care - 1

Primary Care, like many parts of the health service is under increasing pressure and is struggling to deliver ever more complex services. In developing this strategy the CCG has identified the following challenges in primary care which the strategy needs to address:

- Significant areas of deprivation within the Borough. Addressing these inequalities will be a critical part of population health management
- Maintaining high quality primary medical care services in the face of increasing demand for services and reducing budgets
- The perception of reduced access to GPs from patients combined with growing expectations of what primary care will deliver
- The need to provide integrated services across community, primary care and social care, breaking down barriers between different parts of the health and wellbeing system to support patients
- Finding an increasing amount of time in an already busy day to spend on preventing people from becoming unwell
- Ensuring that the number of people having a positive experience of care in primary care and in the community is increased

Challenges in Primary Care - 2

- Dealing with the pressing need to change the workforce, reduce workload and increase recruitment and retention across all professionals in primary care
- Ensuring continuous quality improvement in core care, delivered consistently across primary care
- Moving from working as individual practices to system working and delivering primary care “at scale”
- Ensuring that estate is fit for purpose and in the right places to meet the needs of our changing demographics
- Simplifying the way in which services are contracted– including developing outcomes based contracting and enabling new models of care

Primary Care Strategic Priorities: 2019/20 – 2021/22 - 1

Restoration of Primary Care Services and strengthening the foundations of Primary Care

- Restoration of Primary Care Activity
- Total triage and care delivery
- Expanding digital-first primary care - Implementing and extending new ways of accessing support and advice from general practice will have the dual benefit of providing more choice and flexibility for people as well as releasing time for professionals.
- Continued safe and effective assessment and management of patients (hot and cold)
- Primary Care Network Development
- Reduction of unwarranted variation in General Practice
- Increasing and making more effective use of the existing workforce

Primary Care Strategic Priorities: 2019/20 – 2021/22 - 2

Partnership working to reduce inequalities and improve health and social care outcomes

- Prevention and self-management
- Revised framework to support practices with Long Term Condition management
- Improved utilisation of population health management
- Increased uptake of health checks for people with Learning Disabilities and Severe Mental Illness
- Increased delivery of immunisation and screening programmes
- Improved access to primary care mental health support

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Delivering Integrated Health and Social Care

- Further development of ICT's
 - Proactive and personal care to vulnerable patients and those with complex needs
 - Strengthen links with Local Authority, voluntary sector and Primary Care Networks
- Full implementation of Enhanced Care in Care Homes
- Enhanced shared decision making with secondary care

Delivery Model: Primary Care Networks

Primary Care Networks (PCNs) will become the primary vehicle for the delivery of integrated primary and community care. Resources will increasingly be organised to respond to the needs and priorities of the people that live in the locality.

Primary Care Networks will work with other system partners to deliver more care at home and in the community. People will be supported to remain independent in their own home for as long as possible.

A key objective for Primary Care Networks is to shift the pattern of care and services to be more preventative, proactive and local for people of all ages. In order to deliver the required outcomes, they are formed around a common set of principles:

- An emphasis on the wellness of the whole person with the needs and wants of the individual driving what happens to them
- Access to and co-ordination of services is simplified and easy to use for people and other care professionals
- A proactive approach to the identification and management of people who are at the greatest risk of poor health and care outcomes

Demonstrating Outcomes – 1

Reducing Health Inequalities

- % uptake of immunisations and vaccinations to maximise population coverage
- % uptake of cervical screening
- % delivery of a health check for people with a Learning Disability or Serious Mental Illness
- No of referrals to the diabetes prevention programme
- % achievement of diabetes treatment targets
- Proactive identification and management of Covid patients (post discharge) in line with national guidance
- PCN Investment and Impact fund measures
- Primary Care Plus achievement (revision to support Covid recovery)

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* Review of Primary Care Plus indicators 2021/22 to support outcomes

Demonstrating Outcomes – 2

Access to Clinical Services

- Number of GP appointments restored to pre-Covid levels
- Number of on-line v face to face referrals
- Number of 2ww GP referrals restored to pre-Covid levels
- Number of GP referrals restored to pre-Covid levels
- % uptake of electronic repeat dispensing
- High risk long term condition management & risk stratification – *for development*
- Restoration of Patient Participation Groups

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Workforce

- % Primary Care Network recruitment to Additional Roles
- Recruitment and retention
- New to partnerships payment scheme uptake
- % recruitment to CCG nurse training scheme

Next Steps

This outline strategy has been produced through a consolidation of existing strategic planning documents describing plans at local, regional and national level. The areas contained within will now be expanded explaining further how these objectives will be achieved and benefits realised.

This document will now be shared and presented to key stakeholder groups to check the strength of messaging and alignment to local plans, and get additional input as required.

Engagement will be scheduled over the next three months to facilitate this:

Organisation	Date
PCN Clinical Directors	November 2020
Oldham Cares	November/December 2020
Health Scrutiny	December 2020
Healthwatch	December 2020
NHSE England North West	December 2020
West Pennine LMC	January 2021
Primary Care Contractors	January 2021
Primary Care Commissioning Committee - Approval	February 2021

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Report to Health Scrutiny Committee

Greater Manchester Learning Disability Strategy Update

Portfolio Holder: Councillor Chauhan
Cabinet Member for Health and Social Care

Officer Contact: Mark Warren, (Oldham DASS)
Managing Director Health & Adult Social Care Community Services

Report Author: Joe Charlan, Commissioning Manager – Learning Disabilities and Autism

8th December 2020

Purpose of the Report

This briefing is being brought to the Health Scrutiny Committee to provide an update on the implementation of the Greater Manchester Learning Disability (GMLD) Strategy.

Executive Summary

The briefing sets out some of the challenges and successes in implementing the strategy, particularly in light of the Covid 19 situation. In summary these are:

- Work continuing in undertaking a review of accommodation for people with LD
- Implementing alternative methods of working to support people e.g, day service using creative models of delivery
- That work has been able to continue, albeit with a Covid 'lense' and in particular, there have been some successes in the health theme in supporting annual health checks.
- That many of the individuals with LD have found the disruption difficult to deal with, however it is noted that there has been good resilience within the cohort with people coping with the help of the support they are receiving.

Recommendations

That the Health Scrutiny Committee note the contents of this briefing.

Greater Manchester Learning Disability Strategy Update

1 Background

- 1.1 The GMLD strategy has been in place now for over a year and there are 10 themes as set out in section 2. Since the Covid pandemic, this has been added as a theme as it cross cuts all themes within the strategy. Reports are submitted to GM bi-monthly for scrutiny and challenge.

2 Current Position

- 2.1 This briefing outlines an update on the 11 work stream areas that have been identified both at GM level and locally in the LD strategy. The update for each work stream includes a summary of the progress to date including an update on Covid impact and any measures that have been put in place.

- Strategic leadership
- Advocacy
- Belonging
- Bespoke commissioning
- Good health**
- Homes for people**
- Employment**
- Workforce
- Early support for children and young people**
- Criminal justice**
- Covid 19

This content of this report has been supported by the work stream leads for each of the priority areas.

** Denotes where the working group is a joint subgroup of the Greater Manchester Autism Strategy.

3 Key Issues for Health Scrutiny to Discuss

- 3.1 Members are asked to review the information in this briefing and consider any issues that are of concern or commendation. In light of the current situation regarding Covid 19, consideration should be given to the support provided to people with LD at this time and for the next 12 months.

4. **Updates by Theme**

1. Strategic leadership

The GM LD strategy now forms a key part of the local LD Partnership Board (LDPB) agenda and leads have been identified for each of the delivery areas with a view to each providing a clear work plan of work stream objectives and time frames.

The strategy forms part of the integrated LD team business plan and an audit of compliance has been completed by auditors from the Council and Pennine Care NHS Foundation Trust (PCFT). Oldham has a nominated and named lead to coordinate the implementation of the plan and the CCG and OMBC are working together to ensure delivery.

Work has continued closely with colleagues across GM and the North West to support individuals, their families and carers through the Covid19 pandemic. Updates on LD have been discussed through Health and Social Care Bronze, Silver and Gold system command meetings under Covid19.

There has been a strengthened focus on partnership working during lockdown – with colleagues across primary care, in particular. LDPB meetings have resumed virtually and we are working on ensuring those meetings are as inclusive as possible by exploring opportunities with IT to include parents, carers and individuals.

2. Advocacy and 3. Belonging

Skills development training has been carried out for MioCare, Key Ring, Future Directions and OPAL Advocacy. A speakeasy was held in October last year with a focus on employment and Get Oldham Working were present to hear views about what was important to them in a Supported Employment Service.

Learning from Stockport Advocacy is being considered, including options for LD friend initiatives – however it is recognised that there are challenges in terms of staff time commitment required.

OPAL is in the process of obtaining feedback on how they found accessing the services and work has been undertaken to update the local offer page for advocacy, with a focus on easy read versions and being clear about who can refer, who can access and what specific advocacy support is available. In addition, OPAL have linked in with Action Together to support social media campaigns, with aim of recruiting more self-advocates as well as increasing promotion of the groups that are available for people to join.

With regard to the impact of Covid on individuals and their families and carers, carers have reported that they have experienced problems that have been caused by changes to routine for people with autism. Similarly, it has been noted that it has been difficult to get people involved in new activities to keep them busy during lockdown. Change of routine is difficult and some people are missing family/friends/usual routines. People have found government guidance confusing.

Advocacy services have continued to be delivered albeit in a different way. Providers are keeping in touch and holding conversations with people via telephone or using video conferencing

4. Bespoke commissioning

There has been work undertaken to improve the housing and care process with meetings undertaken with providers and potential landlords to examine supported living opportunities. Work to shape the future of supported living in Oldham has begun and we are examining how the current framework will operate beyond 2020, identifying cohorts of people who may need housing.

Work on the Extending and Embedding a Personalised, Preventative Approach to Commissioning (EEPPAC) programme has been refocused during lockdown where day services for people with learning disabilities have shut down for the safety of clients. We have worked with those services to examine how we can best support them to reopen. Best practice models have been adopted and amended from local partners in order to do this

Dynamic Multi-Disciplinary Team (MDT) meetings are used for specific cases when escalation – admission avoidance protocol. This framework has been used to respond when need to deescalate and prevent hospital admission. This is monitored through Complex Case Forum and Accommodation panel.

5. Good Health**

Implementation of the health theme has seen the most progress, not least because the Covid crisis has put people with learning disabilities in the spotlight as being amongst some of the most vulnerable cohort. Therefore this theme has a detailed breakdown of Covid related activities in relation to people with learning disabilities.

Initial work has been undertaken with BI to look at how information from Paris, EMIS and Mosaic can be brought together to ensure all practices have a register that is developed for people known to all health and social care services. In addition, the LD Team have met with the Oldham Carer's Service and Primary Care lead to improve the carer's register, knowledge of primary care staff and develop a checklist for surgeries to proactively identify and support carers.

The draft standards for GPs has been completed and circulated. The intention during 2020/21 was to undertake further investigations with practices that are underperforming – this would be undertaken by an LD link nurse and a contract officer. The number of service users who have had an annual health check (AHC) is now added to the KPIs for social care LD services.

Amongst the recent successes in recent months, a review of hospital passport process has identified that issues around utilisation by front line staff – the hospital Lead Nurse for LD will be working to improve this. A pharmacist has worked with four GP practices to identify patients who are prescribed anti-psychotic medication with the aim of reducing/stopping the medication.

Shielding

- Early in lockdown it was identified that there was some confusion about shielding for people with LD. A protocol for Oldham GPs was developed that outlined requirements for:
 - Highest risk people with LD and/or autism who need to shield
 - At risk/Vulnerable people with LD and/or autism who need additional support
- All practices within Oldham CCG received guidance from the Primary Care Team on 27/3/20 on how to identify, from their registered patient list, those patients who had the clinical conditions as set out in the [NHS England](#) guidance dated 22/03/2020 defined as at the highest risk of severe morbidity and mortality from coronavirus.

Annual Health Checks

- Oldham is currently achieving 57% against the 75% target. It is expected this will decrease due to Covid. Work to improve uptake includes implementing remote LD health checks where possible and supporting practices. We are in the process of developing access to technology through training and equipment to ensure inclusivity to online health service
- GM guidance has been shared with preferred model including both virtual and face to face options. Oldham is looking to progress with the model shared by GM due to the following benefits:
 - This would save GP time and enable more AHCs to be completed
 - Face to face required only if necessary
 - Reduced stress of going into a surgery
 - Reduced the need for people to use public transport
 - Enable people with complex needs and their carers to receive an AHC who previously may not have been able to go into the surgery
 - Increased likelihood of greater uptake if people receive AHCs from their own home in a comfortable environment

Oldham has been successful in a bid to be an 'Annual Health Check Exemplar'. Our proposal is to develop an Outreach Community LD RGN who will work with practices to ensure the registers are up to date, reasonable adjustments are recorded and processes to book appointments are in place to ensure the number of AHC are maximised by each practice.

The Outreach Worker will work in the community performing AHC with patients who are unable to come into a practice and develop surgeries in community settings as well as promote AHC through local LD community groups. The job specification has been co-produced with people with lived experience and is currently in the recruitment process.

Testing

The LD Covid-19 testing plan has been worked up reviewing the following cohorts of people:

- Testing for people living alone with low needs not accessing services but registered as a patient with an LD with their GP
- Testing for people living with family with low needs not accessing services but registered as a patient with an LD with their GP
- Testing for people who are registered with the LA who are not receiving services
- Testing for people who receive services from the LA but live at home with family
- Testing for people in supporting accommodation or who have a PA
- Testing for people with complex needs either at home or in supported living

Covid testing, including daily monitoring checks and Covid swabbing approaches, have focussed on supported living settings in the first instance. We are working with colleagues in Public Health and with specific providers to develop a person centred approach to the most appropriate way of testing and consent to testing, which includes our response to Track and Trace for those settings. The focus is on supported living for adults with LD and/or autism and how we support tenants and those supporting them at home with oversight and monitoring of oxygen levels.

From recent LD Mortality Reviews (LeDeR) and themes from LeDeR in general relates to pneumonia as a leading cause of death in adults with LD, but the rapid reviews have also shown significant concerns relating to silent hypoxia (no obvious concerns of the usual indicators, e.g. breathlessness, cough, blue skin tone, increased confusion etc). In these instances people have gone to bed appearing well, and died in the night. More work is required to understand the impact of Covid19 on deaths in our LD and autism population which will be picked up through LeDeR and the ADASS work on rapid reviews

LD Mortality Reviews (LeDeR)

There is currently a backlog of LD mortality reviews and this is likely to increase as a result of Covid19. This is due to a number of Covid-related deaths of people with LD, but also because of the practical issues that impede the reviews.

- The KPIs for LeDeR reviews are as follows:
 - For the CCG to have an identified lead
 - For the CCG to provide an annual report (complete and presented to LDPB in November)
 - For reviews to be completed within 6 months of being reported
 - For the learning from the reviews to be distributed and embedded into practice.
- The plan to address the backlog is to recruit to a full time fixed-term post with the CCG that will be dedicated to undertaking the reviews as well as embedding the learning from the reviews.

6. Homes for people**

Linking with the Bespoke Commissioning theme, the accommodation strategy for LD feeds into the commissioning of the supported living framework. Further work will be undertaken to identify available funding for the options following identification of need. Additional focus has been given on better understanding of what is meant when providing 'bespoke' accommodation, for example, the extent to which this includes adaptations for people to stay at home. Or, identifying people who have similar needs in order to explore options to build property that meets collective need.

A number of factors are being considered with regards to this theme:

- Ensuring the best provision at a reasonable cost. This will require joint working with housing, benefits team and council to ensure the best and most cost effective provision.
- Reviewing processes for accessing supported housing through adult social care to provide advice and support for people with mild to moderate LD.
- A review of housing capacity and need will be undertaken as part of the supported living review. This will include establishing what housing stock is currently available and fit for purpose.

Holly Bank opened its doors on the 17th March and 5 people moved in and have settled extremely well even in these unprecedented times. Following a brief pause in people moving in, we are now supporting tenants to move into the Holly Bank supported living residence for Phase 2. A process of matching and progressing to tenancy is ongoing at the moment. This process is supporting people from Oldham currently living out of borough, and in some instances out of GM, to return to Oldham. It is also enabling a 'domino effect'

of creating vacancies in other supported living settings which gives far more flexibility and options for people needing supported living accommodation.

7. Employment**

Planning was taking place in March to relaunch the Working Well programme, including Early Help support to people in employment with working conditions and being able to stay in employment.

Initial conversations on the approach to transitions in Oldham have commenced with a view to joint working principles specific to CHC framework application and processes. The intention is to mirror such principles within social care and education.

Immediately prior to lockdown, all supported employment schemes and services into an Oldham had been captured into a specific directory, with the intention to link to the Local Offer website and share more widely. Alongside this work, we are looking to launch webpage to enable people to access information and refer in for supported employment options. The directory has been finalised and is now linked through to the Local Offer website and is being reviewed every 3 months.

Pure Innovations Supported Employment Service was due to commence on the 1st April. This was postponed owing to Covid, but commenced from 1st August: multiple referrals received, and placements have commenced. Across the wider scheme there is already a job placement as a result of the service. Similarly, the Making Every Adult Matter (MEAM) programme is funding 10 people with disabilities. They have been recruited and matched with potential employers.

8. Workforce

An audit has been undertaken and the outcomes have been agreed with LDPB to implement the recommendations. The following training programmes have been undertaken:

- Autism Training for the Council is being reviewed and updated as part of the training and education sub group of Autism Way Forward Partnership Board.
- Specific Autism training for social care practitioners in design at present in line with the national framework
- Training in Mental Capacity Act and Court of Protection (Deprivation of Liberty) has been delivered and this has become part of a rolling process on development.
- Oldham has undertaken a Joint LD Review which has identified recommendations based on the following areas
 - Transitioning GM LD Strategy into local plans and reporting to stakeholders
 - Governance and decision making

-
- Commissioning arrangements
 - Workforce strategy and development
 - Systems, policies and procedures

With regard to the Integrated LD team, work towards the single referral point is progressing and an integrated referral pathway is now in place and referrals from both health and social care discussed in a weekly Multi-disciplinary meeting. Similarly, complex referrals are discussed by the MDT enabling actions to be generated in a timely way, most effective use of resources and shared risk management. The process is working well and enables joint responses and work whilst maintaining clear roles and responsibilities in the team.

The Integrated LD and Autism service are embedding a combination of the iTHRIVE model of care, social prescribing and strengths based assessment and care planning, within the recovery plan towards the next stage of integration. Despite being in the initial stage of this process, we are already seeing a more integrated and efficient approach to screening and case allocation across health and social care, which puts the person and their priority needs and risks at the heart of decision making and response.

9. Early support for children and young people**

Head of Service for Children with Disabilities Service is now in post and will have a crucial role in driving forward this work stream. Similarly, the newly appointed SEND AD will be linked in to this work stream area .

The Mental Health Plan for Oldham is all-age and includes CAMHS (CYP Mental Health teams). In Oldham there is now an all-age liaison MH team in Royal Oldham hospital, and we are referring to the GM Rapid Response team for CYP when required.

Social Prescribing design session took place in February pre-lockdown with co-production & design from young people involved in Barrier Breakers and some of our customers. Regular meetings with Barrier Breakers group is now in place each month – themed each month in line with the 10 work streams of the strategy.

There is a need to extend CAMHS services in Oldham that requires additional investment to extend a comprehensive service offer to 18 years by 20/21, as set out in The Five Years Forward View for Mental Health. The current commissioned service, offers comprehensive support up to 16 years, after which young people use a number of different services:

- A small transitions team is commissioned with PCFT to provide short term MH support
- LANC UK, is currently commissioned on a case basis to provide diagnosis for ADHD and ASD conditions.
- Young people can access adult mental health services, if there is a commissioned service/the service is contracted to provide services from 16 years.

It is recognised that there is a gap in commissioned services for young people between the ages of 16-18 years:

- Young people with emotional behavior disorder
- Young people with learning disabilities/ADHD/ASD conditions and additional mental health issues

10. Criminal justice**

Training plans have been developed across a range of areas:

- Clinical psychologists delivering training on CJS, risk formulation and positive risk training to the Integrated LD Team
- LD Awareness Training to GMP in Oldham
- LD Awareness Training to Mentally Vulnerable Offenders Panel (MVOP).

There is an LD representative on the MVOP. It has been identified that further work needs to take place to ensure direct referrals to the community team are being made. Furthermore, there is an identified gap on the therapeutic offer in respect of sex offender treatment. There are insufficient practitioners within the Oldham system to deliver adapted sex offender treatment in the community, if required. The team will continue to offer more intensive support to people at risk of entering the CJS just as they would pre-covid and these clients are discussed at regular MDTs and the CCF.



Report to Health Scrutiny Committee

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

Report Author: Mark Hardman, Constitutional Services Officer

Email: mark.hardman@oldham.gov.uk

8 December 2020

Purpose of the Report

The purpose of the report is to permit the Health Scrutiny Committee to consider further the Amendment proposed by Liberal Democrat Councillors at the meeting of the Council held on 9th September 2020 to the report submitted by this Committee and the Overview and Scrutiny Board in response to 'Making a Commitment to the UN Sustainable Development Goals' Motion.

Recommendations

The Health Scrutiny Committee is asked to consider the inclusion of the information as submitted in the Amendment in the report submitted to Council in September 2020.

1 Background

- 1.1 Members will recall that consideration was given by the Overview and Scrutiny Board on 3rd March 2020 and by the Health Scrutiny Committee on 7th July 2020 to a report prepared in response to a Motion submitted to the Council. The Council had that requested the two 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 the Council with its findings and recommendations.

2 Current Position

- 2.1 Both the Overview and Scrutiny Board and the Health Scrutiny Committee commended a report which detailed work being done in support at a local level to the meeting of the Council held on 9th September 2020. At that meeting, an Amendment was proposed which included information which had not been provided to either the Overview and Scrutiny Board or the Health Scrutiny Committee. At the meeting, the Council agreed the original report as submitted, but referred the Amendment to Overview and Scrutiny for 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.”

2.3 At the meeting of the Health Scrutiny Committee held on 13th October it was noted that the amendment had been introduced by the Liberal Democrat Group and it might be the case that other political groups might wish to add to the list of bodies referenced in the amendment. It was subsequently resolved that the amendment be circulated to the other political groups on the Council, and to other groups as might be appropriate, to consider any additions to the organisations listed within the amendment. The resolution of the Health Scrutiny Committee and the amendment have been forwarded to both the Labour and Conservative Groups on the Council for comment.

2.4 At the meeting of the Overview and Scrutiny Board held on 20th October 2020 it was resolved that the inclusion of the Amendment to the report be not agreed or commended to Council.

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

3.1 The Health Scrutiny Committee is asked to consider whether it would agree to the inclusion of the Amendment to the report and commend that Amendment back to Council?

4. **Links to Corporate Outcomes**

4.1 N/A

5 **Additional Supporting Information**

5.1 N/A

6 **Consultation**

6.1 N/A

7 **Appendices**

7.1 None

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Report to Health Scrutiny Committee

Subject: Council Motion – Not Every Disability is Visible

Report Author: Mark Hardman, Constitutional Services Officer

Email: mark.hardman@oldham.gov.uk

8th December 2020

Purpose of the Report

The report informs the Committee that a Motion “Not Every Disability is Visible” was considered at the meeting of the Council held on 9th September 2020 and referred to “Overview and Scrutiny”. The report presents some initial considerations of the matters raised in the Motion and invites the Committee to consider how it wishes to deal with the Motion.

Recommendations

The Health Scrutiny Committee is recommended to note the report and the information provided and to consider how it wishes to deal with the Motion.

1 Background

1.1 Members will recall that a Motion “Not Every Disability is Visible” was considered at the meeting of the Council held on 9th September 2020 and referred to “Overview and Scrutiny”. The Health Scrutiny Committee has been determined as the appropriate overview and scrutiny body to receive this referral.

1.2 The Motion considered by Council read –

“This Council notes that:

- The charity Crohn’s and Colitis UK is encouraging venues providing accessible public toilets to install new signage. This is to help stop stigma and discrimination towards people with ‘invisible illnesses’ such as Crohn’s Disease or ulcerative colitis.
- There have been instances nationally where such individual using an accessible toilet have been accused by staff members of being ineligible to use them.
- These signs have two standing figures and a wheelchair user with the words Accessible Toilet and the logo ‘Not every disability is visible’.
- The Government has decided recently that large accessible toilets for severely disabled people – known as Changing Places – will be made compulsory for large new buildings, such as shopping centres, supermarkets, sports and arts venues, in England from 2021.

Council resolves to:

- Ensure that accessible toilets on Council premises bear these signs.
- Ask town and district centre retailers and leisure outlets to do likewise with their accessible public toilets.
- Seek advice from the charity Crohn’s and Colitis UK on the information and training we should provide to Council staff members. This is so they understand these illnesses and to prevent potential embarrassment for those who suffer with them
- Ensure that any Changing Places toilets in our buildings are properly signposted for visitors.
- Ensure that the requirement to provide new Changing Place toilets is included within the Council’s future plans for new public buildings in the borough.”

1.3 The Council was not prescriptive as to the nature of the overview and scrutiny consideration and the Committee is therefore invited to determine its approach in considering the Motion.

2 Current Position

2.1 The following paragraph presents background information to some of the issues raised in the Motion.

2.2 ‘Not every disability is visible’ campaign

Crohn’s Disease and Ulcerative Colitis are chronic (ongoing and life-long) conditions in which symptoms vary from person to person and will range from mild to severe and are the two main presentations of Inflammatory Bowel Disease (IBD). Two of the symptoms of IBD are diarrhoea which is sometimes mixed with blood, mucus and pus, and cramping pains in the abdomen which can be very severe and often occur before passing a stool. These conditions are hidden so it is not apparent to others that someone is unwell.

-
- 2.3 In support of the 'Not every disability is visible' campaign, Crohn's and Colitis UK published survey results which showed that people with invisible disabilities are targets of discrimination by well-meaning members of the public because they are using accessible toilets when they "don't look disabled", for example
- 93% of the public who challenge a healthy-looking person for using an accessible toilet think they are "standing up" for the rights of disabled people or that it's "not fair" on others;
 - 61% of negative incidents experienced by people with Crohn's or Colitis for using the accessible toilets they urgently need, have manifested as verbal and/or physical abuse;
 - 81% of people with Crohn's or Colitis think that the public have little understanding of these conditions and are quick to judge those living with them.
- 2.4 The 'Not every disability is visible' campaign has been running since 2016 and attention has been focused on different sectors over time with successes reported by Crohn's and Colitis UK on their website across retail, travel and hospitality sectors. The campaign looks to raise awareness of Crohn's Disease and Ulcerative Colitis and have accessible toilets signposted to highlight that not every disability is visible. Crohn's and Colitis UK have produced a template that participating organisations might wish to use or follow that extends the current sign for an accessible toilet to include two standing figures alongside the wheelchair user and a 'Not every disability is visible' strapline.



2.5 Changing Places toilets

The Changing Places Consortium, which includes voluntary, charitable and governmental bodies, launched its campaign in 2006 on behalf of the over quarter of a million people who cannot use standard accessible toilets. This includes people with profound and multiple learning disabilities, motor neurone disease, multiple sclerosis, cerebral palsy, as well as older people. Changing Places toilets are accessible toilets which have extra space and equipment in addition to the standard features of an accessible toilet. A Changing Places toilet should have the following specialist equipment -

- a height adjustable, adult sized changing bench;
- a tracking hoist system which should provide access to the toilet, washbasin, changing bench and open space to transfer;
- adequate space (minimum of 3m x 4m (or the equivalent floor space of 12sqm), with a minimum ceiling height of 2.4m) in the changing area for the disabled person and up to two carers;
- a centrally placed toilet with space either side for the carers, positioned in a a peninsular arrangement, at least 1m away from the wall on either side;
- a screen or curtain to allow the disabled person and carer some privacy;
- wide tear off paper roll to cover the bench;
- a large waste bin for disposable pads;
- a non-slip floor;

- a washbasin which should have clear knee space below the bowl and be height adjustable if possible;
- Shower/floor drain – while not a requirement should be considered for specific relevant type of managed buildings such as leisure centres and transport hubs.

2.6 Changing Places status is awarded by accreditation from the Changing Places Consortium and it is recommended that toilets are marked and signposted by the following sign -



2.7 The Changing Places website www.changing-places.org indicates two Changing Places toilets available in the Oldham Borough area at

- Tesco Oldham Chadderton Superstore, Featherstall Road North, Oldham; and
- Ross Care Independent Living, Keppel Building, Ashton Road West, Failsworth.

2.8 In July 2020 the Ministry of Housing, Communities and Local Government and the Department for Transport announced that Changing Places toilets would be made compulsory both in new public buildings and in those undergoing major refurbishment from 2021. Venues covered by the new requirement include

- places of assembly, recreation and entertainment with a capacity for 350 or more people, including art galleries, cinemas, concert halls, conference centres, further education colleges, universities, hotels that include leisure facilities, libraries, motorway services, museums, places of worship, and theatres; and
- shopping centres or retail parks with gross floor areas of 30,000m² or more, retail premises of 2,500m² or more, sport or leisure buildings over 5,000m², and stadia, theme parks, zoos, or exhibition centres with a capacity above 2,000 people.

To implement the above, amendments to Building Regulations Approved Document M: Access to and use of buildings were published in July 2020. A £30M fund to install Changing Places in existing buildings was also announced.

3 Key Issues for Overview and Scrutiny to Consider

3.1 The Committee should consider whether it would be supportive of accessible toilets on Council premises being signed as the 'Not every disability is visible' campaign suggests. If the Committee is supportive, it should consider whether the Deputy Chief Executive be consulted as to any particular financial implications that would arise from the resultant signage required prior to any report back to Council.

3.2 Subject to confirmation as to whether any of the Council's accessible toilets meet the Changing Places specification, the Committee might wish to consider how best to promote the provision of such facilities in light of the recent announcement and change to Building regulations.

4 Links to Corporate Outcomes

4.1 N/A

5 **Additional Supporting Information**

5.1 None.

6 **Consultation**

6.1 Consultation with Council services would be undertaken as required by the decisions taken by the Committee.

7 **Appendices**

7.1 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

8th December 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 Committee business was considered briefly in the report to Committee in July 2020. It was noted that the Public Health have a focus on mandated functions related to the pandemic meaning that public health-related business identified in the Work Programme had been listed as 'pending' until such time as re-assessment of public health activities going forward means that these items can progress and be brought to the Committee.

1.4 Making Safeguarding Personal

At the meeting of the Committee in July, on receipt of a general presentation on Adults Safeguarding issues which had included a consideration of 'making safeguarding personal', Members agreed to have a session that would allow Committee members an opportunity to consider anonymized safeguarding cases which might allow Members to be satisfied as to the personalization approach. This session was held on 10th November 2020 and positive feedback has been received from both attending Members and the safeguarding service. The inclusion of such a session in the general Members' Development Programme has been proposed and this will be pursued.

1.5 Chatty Checkouts and Cafes

The meeting of the Committee in September considered a report in respect of an action referred to the Committee arising from the Council Motion "Chatty Checkouts and Cafes", noting that the matter had been referred in the first instance to the Thriving Communities Programme Manager for initial consideration as the action linked the Motion to social prescribing which forms part of the Thriving Communities programme. At this stage, the Committee can be advised that a fast grant has been allocated to Chatty Café which will support many chatty café locations packs and a meeting has been held to draw together Chatty Café, the Thriving Communities Team and Libraries. Post-Covid, the plan is to have chatter and natter tables in libraries and chatty Monday and Wednesdays: social distancing makes this impossible currently but it will be revisited in spring 2021.

Looking ahead, there is an offer to link with the existing volunteering offer in Oldham to grow the digital offer that Chatty Café have developed and a meeting with Action Together can be supported; information has been shared with the five social action fund projects to see how they can be linked in; and there is potential for developing a digital offer with libraries to support people digitally through, for example, zoom chats. It is intended that further updates related to chatty café issues be submitted within the periodic Thriving Communities and Health Improvement update reports.

1.6 The Health Scrutiny Committee Work Programme has been updated to reflect the outcomes of the Committee meeting on 13th October 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. <p>The consideration of anonymised safeguarding cases was undertaken in a session comprising Members of</p>

				the Committee with Safeguarding Team Leaders held on 10 th November 2020 and reported to Committee in the Work Programme report on 8 th December.
	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' (see the 'NOTE' section below) 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 commended to the Council was the subject of an amendment moved and seconded at the meeting of the Council held on 9th September 2020. The amendment was referred to this Committee for consideration.</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 was received and approved by the Council at a meeting 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	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. 3.
	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	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.

	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)	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.
	Council Motion - Chatty Checkouts and Cafés	Initial consideration of a referred action contained in the Motion.	Mark Hardman Constitutional Services	RESOLVED that the referral of the action arising from the Council Motion 'Chatty Checkouts and Cafés' and the initial actions taken be noted. An update on actions reported to Committee in the Work Programme report on 8 th December.
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	Mark Warren, Managing Director Community Health and Adults Social Care (DASS)	RESOLVED – that the update on the integration of community health and adult social care services be noted.

		Northern Care Alliance that took place in January 2019.		
	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 David Jago Chief Officer/Director of Finance, Pennine Acute Hospitals Trust	RESOLVED – that 1. the update presentation on the position of the Royal Oldham Hospital be noted; 2. further reports be submitted to the Committee providing updates on the completion of the transaction programme and in respect of employment and apprenticeship opportunities at the Royal Oldham Hospital.
	Delivery of the Flu Vaccination Programme 2020/21	Report on the Flu programme being delivered across Oldham	Katrina Stephens Director of Public Health	RESOLVED – That Flu Vaccination Programme 2020/21, including Oldham’s approach to the priority groups, be noted and support be given to the additional actions being undertaken for 2020/21.
	Childhood Immunisation Programme	Report on performance summary in providing childhood immunisations 0-5 years and the HPV programme 2019/20.	Katrina Stephens Director of Public Health	RESOLVED – that the reported performance data related to the childhood immunisation programme be noted and the continued activities to improve immunisation uptake be supported.
	Council Motion – Making a Commitment to the UN Sustainable Development Goals	To consider an amendment moved at Council on 9 th September to the report agreed by the Committee on 7 th July 2020 (above)	Lori Hughes Constitutional Services	RESOLVED – that the amendment be circulated to the other political groups on the Council, and to other groups as might be appropriate, to consider any additions to the organisations listed within the amendment.

				Item to be further considered by the Committee on 8 th December 2020
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 Strategic Priorities 2019/20 – 2021/22	Further update and consultation on 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).
	Council Motion – Making a Commitment to the UN Sustainable Development Goals	To further consider an amendment moved at Council on 9 th September to the report agreed by the Committee on 7 th July 2020 (above)	Mark Hardman Constitutional Services	Further consideration of item considered by the Committee on 13 th October 2020
	Council Motion - Not Every Disability is Visible	To consider and, if appropriate, make recommendations to Council in respect of the Council Motion	Mark Hardman Constitutional Services	Item referred to Overview and Scrutiny from the Council meeting, 9 th September 2020
Tuesday 26 th January 2021 at 6.00pm	Royal Oldham Hospital in the Community	To report on the Hospital as an anchor institution in the community and it's role in adding social value.	David Jago Chief Officer, Pennine Acute Hospitals Trust	Item picking up from the Committee resolution, 13 th October 2020.

	Digital Inclusion	To report on activities and projects being undertaken to ensure digital inclusion.	Kirsty Littlewood Interim Assistant Director - Community Business Services, Community Health and Adult Social Care Service Dominic Whelan Chief Operating Officer, Unity Partnership	Item considering concerns expressed by Members at meetings held on 7 th July and 1 st September 2020
Tuesday 16 th March 2021 at 6.00pm	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. The position of the Public Health Team and 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, will be re-assessed periodically. The following confirms 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.
	NHS Health Check Programme	Further update on the NHS Health Check programme, to also include progress on work undertaken to seek common standards on data recording.	Katrina Stephens Director of Public Health	Agreed by Committee, 7 th January 2020 and provisionally scheduled for March 2021. Acknowledged that consideration was dependant on available information and the item might be put back to July 2021.

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

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

	Over the Counter Medicines Review	Task and Finish Group.		Issue identified by Committee, March 2019. An initial scoping meeting convened but cancelled. The issue and possible scheduling would need to be further discussed with the CCG before seeking confirmation of progression from the Committee.
Page 80	Continuing Healthcare – Equality and Choice Policy	Following a workshop in October 2019, to receive detailed information regarding complex cases (demographic profile, types of care being provided, budget information) and a summary of consultation findings, to hold a further workshop to receive the results of the consultation and implementation of the newly commissioned service	Helen Ramsden, Interim Assistant Director of Joint Commissioning	Planned consultation through community groups was unable to proceed and the issue will need to be picked up as part of the recovery plans. Current priorities are at an operational level, working through the relocation of staff as they have been supporting other nursing priorities and then catching up with those who may have been Continuing Health Care eligible through this period, once the pausing of activity (via a national directive) is lifted. An updated timescale will be provided in due course.
	Infant Mortality and Child Death	Task and Finish Group		Raised as an issue of concern from the Oldham in Profile, Business Intelligence Report April 2019 - Children and Young People's Health and Lifestyle: Rates of infant

				mortality (under 1 year old) are higher than national levels (6.2 per 1,000 for Oldham, 3.9 per 1,000 for England).
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PART C – OUTSTANDING ISSUES/POSSIBLE TOPICS FOR CONSIDERATION

	Smoking and Tobacco Control	To consider local provision and initiatives	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	If the Committee is minded to consider this topic, it will be scheduled in line with the Public Health work programme.
	Sexual Health Integrated Service	Tri-borough (Oldham, Rochdale and Bury) contract re-tender	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	It has been proposed to delay the retender for 12 months. If the Committee is minded to consider this topic, it will be scheduled accordingly.
	Greater Manchester Fire and Rescue Service	To outline the current performance, position and initiatives of GMFRS in the Oldham area.	Val Hussain, Borough Manager: Bury, Oldham & Rochdale, GMFRS	If the Committee is minded to consider this topic, it is suggested that the presentation focus be on the contributions of GMFRS to health and scheduling be undertaken in consultation with GMFRS.
	Talking About Dying: Review of Palliative and End of Life Care in Oldham	To receive an update in respect of the recommendations arising from the Healthwatch Oldham	Tamoor Tariq, Oldham Healthwatch Manager	Consideration agreed by Committee, July 2020. Further report to align with the End of Life Board action plan. Submission date considered to be no sooner than March 2021.
	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 Strategic Director Commissioning/Chief Operating Officer Nicola Hepburn Director of Commissioning Operations	Consideration agreed by Committee, September 2020.
	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.
	Royal Oldham Hospital – update report	To report further following completion of the Transaction Programme	David Jago Chief Officer, Pennine Acute Hospitals Trust	Consideration agreed by Committee, October 2020.
	Thriving Communities and Health Improvement Update	To receive an update on the Thriving Communities Programme	Peter Pawson Thriving Communities Programme Manager	Periodic update – provisionally considered for January/March 2021 submission