

**HEALTH SCRUTINY**  
**16/03/2021 at 6.00 pm**



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

Also in Attendance:

Bruce Penhale	Assistant Director for Children and Young People
David Jago	Chief Officer, Pennine Acute Hospitals NHS Trust
Mike Barker	CCG Chief Operating Officer and Council Strategic Director for Commissioning
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Cosgrove.

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 26<sup>th</sup> January 2021 be approved as a correct record.

6           **MINUTES - JOINT HEALTH SCRUTINY PANEL FOR PENNINE CARE NHS TRUST**

**RESOLVED** that the minutes of the meeting of the Joint Health Scrutiny Panel for Pennine Care NHS Trust held on 26<sup>th</sup> January 2021 be noted.

7           **UPDATE ON DEVELOPMENT OF EARLY HELP**

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

Work in relation to the development of the early help offer for children and families, moving in focus from Oldham Family Connect to the development of the multi-agency early help offer with a strong commitment across the Children's safeguarding Partnership to make early help everyone's business, was reported. This development responded to the 2018 statutory guidance 'Working together to safeguard children' and included addressing parental issues such as poor mental health, drug and alcohol misuse and domestic abuse which impacted upon the lives of children in the family. "Working together..." highlighted the need for local organisations and agencies to work together to identify children and families who would benefit from early help; undertake an assessment of their need for early help; and provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to promote outcomes for the child. There were three levels of need identified, and the measures to address these needs were outlined in the submitted report.

There had been an ongoing reorganisation of the internal targeted early help teams with the new structure going live on 1st April 2021. Key drivers for change had been strengthening the multi-agency effectiveness of early help; establishing integrated multi-agency working arrangements; preventing the needs of children and families from escalating; and reducing the need for children and families to be transferred between teams. The reorganisation formed part of the wider multi-agency rollout of a district delivery model across Oldham, with many partners organising service delivery around the five districts. Multi-agency district teams would be able to deliver better outcomes for children and families because of greater knowledge of local communities and closer working across agencies being developed. Other developments and projects being progressed across the partnership were further reported and considered.

The demand for early help over the past year was considered. A drop in demand following the onset of Covid-19 in March 2020 was noted, but numbers subsequently rose again. There had been clear peaks at the points children returned to school, reflecting the numbers of referrals for support made by schools. It was anticipated that the return of children to school in March 2021 would result in a further increase in demand for early help support, reflecting the pressures on families during Covid-19. During this period early help teams had prioritised having regular face-to-face contact with families in order to ensure the visibility of vulnerable children, an approach adopted across all services supporting children and families.

Further to queries concerning the allocation of workers to districts, the Committee was advised that the allocation of workers was reflective of service demand, being driven by the number of cases and families requiring help. This would be reviewed over time and changed, if necessary. The internal restructuring was in process and was expected to be completed in the coming weeks following which a small number of vacancies may remain. Staff had been asked to indicate

location preferences, for example, they may have worked in a particular area previously or may have language skills, but office bases were now considered less important as staff would be visiting family homes and could also work from their own home. Positive Steps had been commissioned to deliver the all age intervention service and this service had a full complement of case workers. It was confirmed that the Multi Agency Safeguarding Hub (MASH) would continue to work centrally to maintain social care oversight.

The monitoring of services to BME and other hard to reach communities was queried, particularly as Covid had made it difficult to pick up cases. The recording of services provided was recorded but not to the quality wanted by the Service. The Committee was advised that a performance improvement activity was underway to improve data quality, Members expressing interest in having sight of such data. Comment was made to training provided for parents and a request made for the title of training such as 'parenting skills' to be reconsidered, it being suggested that this might be off-putting for a number of reasons.

The locations for District Team Managers was queried, along with what might happen to current buildings. The Committee was advised that discussions in this regard were still ongoing, but it was intended to make better use of current buildings and that the use of Teams during the Covid period might point to the use of 'touch-down' points at Hubs where Managers might use of facilities, provide courses etc. Local governance arrangements had yet to be resolved and were being looked at collectively to determine how best to meet the needs of children.

**RESOLVED** that developing approach to the multi-agency early help offer be noted.

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## **PENNINE ACUTE TRUST TRANSACTIONS UPDATE**

The Committee was provided with an update on the transaction and future arrangements for Pennine Acute Trust (PAT) hospitals.

The key messages highlighted to the Committee were that:

- the Trust was now technically ready to deliver the safe disaggregation (i.e. separation) of PAT sites and services on 1<sup>st</sup> April 2021 as planned;
- from 1<sup>st</sup> April, Manchester University NHS Foundation Trust (MFT) would formally acquire and be responsible for North Manchester General Hospital (NMGH). The Northern Care Alliance (NCA) would continue to deliver some services on that site or jointly through a Service Level Agreement;
- due to the pandemic and the complexity of the NCA's part of the PAT transaction, NCA had asked for an extension by up to six months to formally complete their part of the legal transaction; and

- a two phased approach would therefore be enacted to complete the PAT Transaction and the final dissolution of PAT by no later than the end of September 2021.

Members were reminded that the NCA Group had made significant improvements across PAT services over the past five years, supported by a transaction programme preparing for the formal change in ownership of the Oldham, Rochdale and Bury hospital sites to Salford Royal NHS Foundation Trust to form the NCA: the transaction also involved the formal change in ownership of the NMGH to MFT. Enormous effort had been invested into understanding and planning how to safely disaggregate PAT and its services, including work with NHS England/Improvement and MFT and with engagement and input from staff and clinical teams. The process would be concluded in the timescales as outlined above, subject to approval by regulators and the Secretary of State for Health.

The NCA Group would progress with plans to recover from the pandemic and in continuing to develop new ways of working, mobilising services across the NCA, and integrating services and care within the localities across the NCA area. Staff and patients would benefit from investments and developments being made across NCA sites, including at the Royal Oldham Hospital, a continued focus on research and innovation, and the progression of the Digital Control Centre.

The financial position of the Trust was queried, given the deficit position that had existed for a period of time. Clarification was also sought as to the treatment of the balance outstanding on liabilities, how these would be applied to the NCA and MFT, and how they would be addressed going forward. The historic PAT debt was acknowledged and the Committee advised that the transaction included a medium term financial plan to see delivery of a programme of improvements to productivity while achieving 4% efficiency savings to get the NCA into a sustainable, breakeven position. It was confirmed that capital improvements at NMGH from 1<sup>st</sup> April 2021 would be the responsibility of the MFT.

The implications of the six month delay on staffing vacancies and capital works was queried. Members were advised that a business as usual approach was being adopted, with all necessary posts being filled and the capital programme continuing. Capital resourcing going forward into 2020/21 across Greater Manchester was a challenge, as aspirations exceeded available resources.

Disappointment was expressed at the reported delay in the transaction but the greater complexity of the NCA process over the transfer of the NMGH was noted. It was suggested that caution needed to be exercised to ensure that the delay did not cause issues with the capital rebuilding proposals or risk the watering down of Oldham based services. That disappointment was shared by Members, but the great strides made to date by

the NCA and by staff at the Royal Oldham Hospital were noted, and the thanks of the Committee for the work of staff members in support of the improvements made were noted.



The Committee considered the timing of any future update, it being suggested that the Committee consider the transaction programme as a standing item for six months to keep focus on how services were configured and delivery of the Healthier Together programme to ensure services remained on site.

**RESOLVED** that

1. the report be noted
2. the Pennine Acute Transaction remain a standing item on the Committee agenda for the next six months.

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**UPDATE ON NHS DEVELOPMENTS AND PLANNING FOR 2021/22**

The Committee received a presentation that advised the Committee of NHS developments over the coming months.

Considering the final quarter of 2020/21, the Covid second wave meant that the winter period had been another challenging time for the NHS and presented five key tasks of responding to Covid-19 demand; implementing the Covid-19 vaccination programme; maximising capacity in all settings to treat non-Covid-19 patients; responding to other emergency demand and managing winter pressures; and supporting the health and wellbeing of the workforce. Activities and programmes supporting each of these key tasks were advised.

Looking to 2021/22, whilst full guidance had not been provided, it was known that national themes would be around recovery from Covid, especially focused on elective care and waiting lists; primary and community care; health inequalities; people and workforce; mental health; and integrating care. Locally, Oldham's health and care phase 3 recovery assessment had been established and a six month plan with eight priorities of cancer; elective; workforce; mental health and learning disabilities; health inequalities; primary care; winter; and integrated care determined. Actions underway and planned to further address these priorities were outlined in the presentation.

A process for the transition to an integrated system model for health and social care during 2021/22 was advised, with a view to shadow running from September 2021. The presentation considered the vision and principles behind this development and the issues being considered in the development of new systems and arrangements. It was, however, noted that the recent NHS White Paper pointed to a further period of change in the NHS and an offer was made to report further to the Committee on the developments and local implications that would follow.

Members of the Committee recognised the work undertaken over the past 12 months and expressed their appreciation of all

the NHS staff who had worked hard in order to keep services up and running in difficult circumstances. While Covid remained an issue, the major challenge of tackling waiting lists was recognised and the planning and prioritisations around addressing this was queried, with the managing of patients with cancer and other long term conditions being particularly highlighted. The Committee was advised that work on clinical prioritisation had been undertaken nationally and across Greater Manchester looking to prioritise those in most clinical need: this could mean that conditions which might be painful but not life-threatening would be of lower priority. The next stage would be to match up that demand with available resources, noting that capacity was reduced due to, for example, beds having to now be further apart and there being the same number of doctors etc., for which planning considerations were underway.

The reported preparation of a new equality strategy for Oldham was noted, with a comment being made that health inequalities had been recognised for decades and had been the subject of many previous reports and strategies. There was a concern that this would just be another Strategy document and that concrete actions needed to be put in place now to address these issues. The Committee was advised of certain developments during the Covid period, for example, the holding of special vaccination clinics for people with learning disabilities and autism who needed certain conditions to receive their vaccination and in Mosques to be responsive to local needs, and the challenge was to carry these approaches over into the post-Covid period. 'Population health management' would become a recurrent message over the coming months, highlighting the need to get to know local communities, what is happening in them and being able to plan to deliver appropriate health and other supporting services to specific areas, recognising that a 'one size fits all' approach could not meet health needs across the Borough.

Reference was made to the NHS White Paper and a view expressed that the Committee should have an input into this issue. That governance would change was acknowledged, and an interest in following this process was expressed. It was emphasised that health services must continue to be patient orientated, and this needed appropriate publicity and public understanding of the system and how to appropriately access A&E, GPs etc. The need to map out access, perhaps in the form of a 'customer journey' was suggested, as the proper access to and use of services would make best use of resources.

**RESOLVED** that

1. the presentation on NHS development and planning for 2021/22 be noted;
2. further reports be submitted to the Committee providing additional detail in respect of the NHS White Paper and in following developments arising from the White Paper, a consideration of the 'patient journey', and local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations.

## COVID VACCINATIONS - UPDATE

The Committee was provided with an update on the Oldham Covid Vaccination Programme, a presentation being received which considered -

- the number of vaccinations delivered to the Oldham registered population within each of the priority Cohorts identified by the Joint Committee on Vaccination and Immunisation (JCVI);
- the progress made in each of the Oldham Primary Care Network areas in respect of JCVI Cohorts 1-6;
- vaccinations delivered by ethnicity across the Oldham registered population;
- vaccination uptake by Ward across the Borough generally, and by JCVI Cohorts 1-6 specifically;
- vaccine uptake across ethnicity and the Index of Multiple Deprivation;
- vaccination of the Oldham population by site/location of vaccination centre;
- comparison with other Greater Manchester CCG vaccination programmes; and
- staffing vaccinations rates across health and care sectors in Oldham.

The Committee was advised that over 90,000 people had been vaccinated since 14<sup>th</sup> December 2020, the majority being first doses but with the number of second doses now increasing. The vaccination programme had followed the government priority of protecting life and so had worked through the nationally identified priority Cohorts in order. There had been a very high take up among the Cohort 1-4 group and Oldham stood well in benchmarked performance. Responding to issues highlighted by the vaccination by ethnicity data, a number of pop-up clinics had been held which had delivered good results in certain hard to reach areas. The consideration of ethnicity and deprivation demonstrated the need for work with the voluntary sector, a need to understand the needs of communities, and the need to develop solutions to deliver vaccinations in tailored ways.

A Member considered that the good attendance at local clinics was a sign that accessibility and communications were key issues to get engagement with the vaccination programme. The Committee was advised that government requirements for vaccination centres had been intensive but that local work had been undertaken to find a way to deliver local provision, the effectiveness of which was being demonstrated by the data. The need to consider women only events and targeted communications was suggested and would be further considered, the issue also highlighting the need to give a broader consideration as to who might be regarded as a potential target group.

A Member noted that they had observed attendance at a vaccination clinic where those attending had appeared younger than might have been expected and requested a breakdown of the ethnicity vaccination data by age. In response the Committee was advised that there was confidence that the right groups were being identified. However, local GPs had no sight of the national vaccination programme meaning that at times some people may have two appointments which could result in other Cohorts being invited to local clinics to avoid wastage. If calls for vaccination were not responded to, it was confirmed that these cases were followed up.

Comment was made as to issues with the receipt and follow up of invites received from GPs, of the national programme not providing local venues, and of GPs not being able to offer a local alternate option when a national programme appointment had been given. The need to target the areas with the lowest take-up was stressed as this should, it was suggested, reduce the overall infection rate. While the results from recent weeks were positive, it was further suggested that problems with take-up related more to levels of deprivation than ethnicity, with the more deprived areas being more likely to be at risk and less likely to accept the vaccine offer. The need to consider other approaches, for example, through targeting particular employment sectors or different groups, for example, as the target age groups became younger, was considered. The comments were acknowledged, with the circumstances early in the vaccination programme such that only 48 hours notice of vaccine supply was provided meaning that contacts by text had been necessary being reported.

A number of suggestions were made in discussion as to potential venues for vaccination clinic to pick up various communities and age groups. The Committee was advised that a weekly meeting was held with GPs who held responsibility for the vaccination programme and any venue suggestions made would be fed into this process.

**RESOLVED** that the report be noted.

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

The Committee was reminded that a Council Motion 'Ban on Fast Food and Energy Drink Advertising' had been referred to the Health Scrutiny Committee for consideration. The Committee had subsequently made and referred recommendations for consideration to the Cabinet. Members were advised of the response of the Cabinet to these recommendations and invited to consider the next step in their consideration.

A Motion to Council 'Ban on Fast Food and Energy Drink Advertising', referred from the Council meeting held on 11<sup>th</sup> September 2019 to the Overview and Scrutiny Board for consideration, had read –



“Council notes that:

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

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

Council therefore resolves to:

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

The Motion had subsequently been referred to the Health Scrutiny Committee which gave consideration to the issues at meetings held on 7<sup>th</sup> January, 7<sup>th</sup> July and 1<sup>st</sup> September 2020, the Committee resolving at the latter meeting such 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.

The Committee was advised that the Cabinet, at a meeting held on 25<sup>th</sup> January 2021, had considered the recommendations of the Committee and resolved that -

1. 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. A progress report on actions taken in relation to the issues raised within the motion to a Ban on Fast Food and Energy Drinks Advertising be submitted to the Health Scrutiny Committee.

Consideration was given as to whether, in light of the response of the Cabinet, the Committee's consideration of this matter was substantially complete and the Council should be advised accordingly.

**RESOLVED** that

1. the report be noted and referred to the Council;
2. an update report on the progress of actions linked to the Council Motion be received in due course and the Committee work programme be updated accordingly.

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**COUNCIL MOTION - NOT EVERY DISABILITY IS VISIBLE**

The Committee was reminded that a Council Motion 'Not Every Disability is Visible' had been referred to the Health Scrutiny Committee for consideration. The Committee had subsequently made and referred recommendations for consideration to the relevant Portfolio Holder and Officer. Responses received to these referrals were reported and the Committee was invited to consider the next step in their consideration.

A Motion to Council 'Not Every Disability is Visible', referred from the Council meeting held on 9<sup>th</sup> September 2020 to "Overview and Scrutiny" for consideration, had 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."

The Motion had subsequently been referred to the Health Scrutiny Committee which gave consideration to the issues at a meeting held on 8<sup>th</sup> December 2020, the Committee resolving at the latter meeting such that –

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

The Committee was advised that the Leader of the Council (as the relevant Cabinet Member) had given his support to the costing of proposals and that the Director of Economy had advised such that "The Town Centre and Estates teams have confirmed the following actions in support of the resolutions from Health Scrutiny Committee -

- New corporate signage confirmed in alignment with the "Not every disability is visible" documentation.
- The new signs were costed and installed across corporate estate for all accessible toilets.
- Information has also been shared with TEAM OLDHAM estates colleagues for wider application in all public estate toilet facilities in buildings.

- The list of public toilets and information about accessible toilet facilities has been update on the council website for consistency and public awareness.
- Estates team are aware that any / all refurbishments to buildings need to ensure / include accessible changing facilities. This is embedded into the redevelopment plans for the spindles shopping centre and will be included as a baseline requirement for all corporate projects.”

Consideration was given as to whether, in light of the responses received, the Committee’s consideration of this matter was substantially complete and the Council should be advised accordingly.

**RESOLVED** that the report be noted and referred to the Council.

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### **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/21**

The Committee gave consideration to the updated Health Scrutiny Committee Work Programme for 2020/21. Members’ attention was drawn to the proposed implementation of the revised overview and scrutiny terms of reference, agreed by the Council in June 2020, with effect from the forthcoming Municipal Year.

The Committee was advised that the outcomes from the further meeting held to discuss Northern Care Alliance employment and training opportunities, as agreed by the Committee at the meeting held on 26<sup>th</sup> January 2021 and which had been held on 8<sup>th</sup> March 2021, would be included in the outturn Committee work programme.

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

The meeting started at 6.00 pm and ended at 7.58 pm