

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

Date Tuesday 16 March 2021

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 Constitutional Services at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Constitutional Services, 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, 11 March 2021.
 4. FILMING - This meeting will be recorded for live and/or subsequent broadcast on the Council's website. The whole of the meeting will be recorded, except where there are confidential or exempt items and the footage will be on our website. This activity promotes democratic engagement in accordance with section 100A(9) of the Local Government Act 1972. The cameras will focus on the proceedings of the meeting. Disruptive and anti social behaviour will always be filmed.

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MEMBERSHIP OF THE HEALTH SCRUTINY

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

Item No

- 1 Apologies For Absence
- 2 Declarations of Interest

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

- 3 Urgent Business
 Urgent business, if any, introduced by the Chair
- 4 Public Question Time
 To receive Questions from the Public, in accordance with the Council's Constitution.
- 5 Minutes of Previous Meeting (Pages 1 - 8)
 The Minutes of the meeting of the Health Scrutiny Committee held on 26th January 2021 are attached for approval.
- 6 Minutes - Joint Health Scrutiny Panel for Pennine Care NHS Trust (Pages 9 - 12)
 To note the minutes of the meeting of the Joint Health Scrutiny Panel for Pennine Care NHS Trust held on 21st January 2021.
- 7 Update on development of Early Help (Pages 13 - 20)
- 8 Pennine Acute Trust Transactions Update (Pages 21 - 24)
- 9 Update on NHS developments and planning for 2021/22 (Pages 25 - 44)
 To receive a presentation setting out ongoing developments and planning for 2021/22.
- 10 Covid Vaccinations - Update
 To receive an update relating to local Covid vaccinations.
- 11 Council Motion - Ban on Fast Food and Energy Drink Advertising (Pages 45 - 48)
- 12 Council Motion - Not Every Disability is Visible (Pages 49 - 54)
- 13 Health Scrutiny Committee Work Programme 2020/21 (Pages 55 - 68)



HEALTH SCRUTINY
26/01/2021 at 6.00 pm

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

Also in Attendance:

Katrina Stephens	Director of Public Health
Andrea Entwistle	Principal Policy Officer - Health and Wellbeing
Angela Welsh	Senior Commissioning Business Partner – Children and Maternity (NHS Oldham CCG)
Fran Lautman	Customer Development Manager
Donna McLaughlin	NCA Director of Social Value Creation
Denise Leslie	ABL Health
Raz Mohammed	ABL Health
Nick Warnett	ABL Health
Sian Walter-Browne	Principal Constitutional Services Officer
Mark Hardman	Constitutional Services Officer

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Byrne, Cosgrove, Hamblett and Toor.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3 **URGENT BUSINESS**

There were no items of urgent business.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health Scrutiny Committee held on 8th December 2020 be approved as a correct record.

6 **TACKLING DIGITAL EXCLUSION IN OLDHAM**

Consideration was given to a report of the Chief Operating Officer Unity Partnership and Senior Responsible Officer for Customer and Digital, which provided an update to the Health Scrutiny Committee on the digital exclusion challenge both nationally and regionally within the context of the Coronavirus pandemic.

The report provided a summary of the current initiatives and support across Team Oldham including examples of Council services, partners, anchor organisations, the VCFSE sector, and

businesses working together with communities to tackle digital exclusion.



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A summary of future development and initiatives in Oldham to continue to tackle the digital divide was set out, which included:

- The presentation of the report to the Oldham Leadership Board (and for digital exclusion to be a quarterly agenda item), to create visibility and ownership for digital exclusion with strategic leaders across the system and to continue the momentum to join up initiatives to have the most impact as a system moving forward;
- the Customer and Digital Lead, as custodian of the digital strategy and roadmap, would coordinate the digital inclusion offer and activity with services and would provide strategic leadership, to drive forward the approach with momentum and to ensure a joined up and consistent approach across Team Oldham and beyond;
- tackling digital exclusion would be a key element of the Team Oldham COVID-19 Recovery Strategy;
- embedding digital skills into the emerging Work and Skills Strategy for Team Oldham linked to economic development, to ensure that joined up support and opportunities for digital skill development were provided; and
- the development of a robust evidence base of digital exclusion in Oldham to demonstrate the difference being made together as a system as well as understanding where there could be most impact moving forward.

Members asked for and received clarification on the following:-

- Lack of IT for pupils not attending schools and missing out on education – challenged recognised. GM Mayor sought donations of devices from businesses. In Oldham, there had been a survey across education settings identifying those learners with no device or no data and this provided a strong evidence base which identified areas and schools with need. Although the government had not yet indicated when devices would be provided, the GM approach made clear what was needed and where.
- Support available across the Borough to address digital exclusion eg library system - £65K had been made available to use towards a blended lending/gifting scheme. This would be mainly for adults to use, especially to address employment and access. The devices needed to be robust and easy to use, and the maximum number possible. A number of Oldham libraries had remained open for the public to access the computers. This needed to be better communicated and shared to raise awareness. These computers were public access and could be pre-booked for an hour at a time.
- Lending of IT equipment from closed libraries and/or recycling used equipment for the Council to the community – the GM Tech Fund would co-ordinate the recycling of equipment. Businesses or individuals to

schools. Devices from Oldham would be recycled to Oldham. Work was ongoing to publicise the GM Tech Fund.

- Adding Poverty as well as Digital Inclusion as a specific Item in reports as the Council wished to address both – IT was now critical to the way lives were lived and options needed to be explored eg free wifi. This may need to be considered as a GM-wide scheme as well as locally.
- An information note for Members to assist them in addressing queries - an update note on this would be provided to Members.

RESOLVED that:

1. The Greater Manchester Digital Inclusion Strategy (Appendix B) and the opportunity to work across Greater Manchester to reduce the digital divide be noted.
2. The summary of initiatives currently in place across Oldham and those in development be noted.
3. Any gaps in tackling the digital divide in Oldham that needed to be considered as a system moving forward be shared.
4. The proposal that Digital Inclusion and Poverty should be included as a specific item within the equalities section for all council decision making reports, to ensure that it is considered sufficiently in the decision-making process, be endorsed.
5. The Leader of the Council and the Greater Manchester Mayor be asked to write to the Prime Minister requesting the urgent delivery of IT to pupils missing education due to need.

7

NORTHERN CARE ALLIANCE - UPDATE ON EMPLOYMENT SUPPORT AND LOCAL RECRUITMENT.

The Committee gave consideration to a report from the Alliance Director, Oldham Cares, which provided an update on employment support and local recruitment.

Programmes had been very much affected by the pandemic and the numbers currently looked low, however there were plans in place to bring them back. At this point it was not possible to provide a trajectory while the pandemic was ongoing.

The report focussed on young people, as that was what the Committee had requested. Members noted that other opportunities eg re-skilling were also available.

The Committee was asked to note particular areas of new success, including the joint working with Oldham College and obtaining funding from GMCA, that sat alongside the traditional offers.

Members asked for and received clarification on the following:-

- Guaranteed interviews – offered to any learner who has completed a pre-employment course. Selection for the pre-employment course was the equivalent of a job

interview. It was hoped that 85% from the course would apply for employment and 15% would be supported into degree courses.

- Score card information – the numbers on pre-employment courses, the number of NHS ambassadors. From them can determine what work experience or pre-employment to offer
- Scheme with huge potential, how will it develop – this is a new approach for the NHS and introductions to anyone interested would be very welcome.
- Working with schools, youth service, job centres – there were regular discussions with the job centres. The NHS was keen to go to anywhere that can offer a link to the local community and had already been offered introductions to two mosques. Networking with older people, eg women returning to work after having a family, was also an aim.
- Training programme – this was available for all levels and the Council could help with this going forward.
- Links with other care providers eg GP's and pharmacies – Constitutional Services has an email address which can be circulated.
- Access for small businesses to NHS contracts – this was the next major area. Links had been made with policy officers to identify spend that was not payroll and the aim was to work with the Council to develop local contacts. Working within the NHS procurement rules, opportunities for local spend could be identified. It may be possible to work with the Council's Communications Team to promote this locally.
- Would contracts include a menu of social value contributions – they would do.
- Meet with NHS before update – the Strategic Director of Communities & Reform was chair of the Inclusive Economy Group. A list of officers that had been involved in discussions would be sent to Constitutional Services so there could be a joined-up approach to moving forward.

RESOLVED that:-

1. An update would be brought to a future meeting, date to be confirmed.
2. A further meeting between the NCA Director and members of the Committee be held, to further explore how this approach might be extended to other partners including the Council and other local employers.

8

HEALTH IMPROVEMENT AND WEIGHT MANAGEMENT SERVICE

Consideration was given to a report of the Director of Public Health which updated the Health Scrutiny Committee on the outcome of the recent collaborative commission by Oldham Council and NHS Oldham Clinical Commissioning Group (CCG) for the provider of a Health Improvement and Weight

Management Service through an open competitive tendering procedure.

The new borough-wide health improvement and weight management service offer, Your Health Oldham, delivered by ABL Health Limited was introduced.

Members were informed that having a high functioning health improvement offer was an essential component of the range of activity required to achieve better population health and reduce demand on health and social care services.

Oldham Council and the NHS Oldham Clinical Commissioning Group (CCG) had worked in collaboration, under the banner of Oldham Cares, to jointly commission a provider for the provision of a Health Improvement and Weight Management Service through an open competitive tendering procedure

Following completion of the tender evaluation processes, the Oldham Council Chief Executive and NHS Oldham CCG Accountable Officer awarded the contract on behalf of both the Council and NHS Oldham CCG, as per the delegated authority agreed by Cabinet in November 2019, to the provider who submitted the most economically advantageous bid, ABL Health Limited.

The contract term was for a period of five years up to the end of 31 December 2025 at a value of £970,000 per year (£700,000 contribution from Oldham Council and £270,000 contribution from NHS Oldham CCG). There was an option to extend the contract for up to a further two years.

Representatives from ABL Health attended the meeting to introduce 'Your Health Oldham': Oldham's Health Improvement and Weight Management Service which went live in January 2021. Members gave consideration to the presentation provided by ABL Health.

Members asked for and received clarification of the following:-

- Similar projects elsewhere – evidence across the country showed integrating services achieved better results. Lessons learned and best practice from elsewhere had been taken into account and the programme was made Oldham specific. The service was very new and it would take time to see the impact at Borough level.
- Connection with Asian communities – the service worked with many different partners as this helped them deliver the service and gave better outcomes.
- Support for those with diabetes, especially Type 2 – support could take a long time though a GP and people could either self-refer or be referred to the service. Although the process had been interrupted by the pandemic, it would be a smooth system
- Number of people the service could support – the organisation had a wide range of skills. The person would

be allocated a key worker who could refer to others in the organisation. The individual was not passed around. They retained the key worker and other services were added, as this gave better outcomes. The service was staffed to meet the agreed targets and was adaptable and flexible.

- Number of caseworkers and average caseload – as the service was very new, there were no exact figures yet. The expected outcomes were set out in the report and the model was based on what was being delivered elsewhere.
- Working with employers on prevention – the company had experience of working with employers of all sizes and was happy to tailor delivery around their needs. A wide range of services were involved in the prevention strategy, including Fit for Oldham.
- Were outcomes revised due to the pandemic – there was no decline in outcomes for smoking cessation. Weight management had been more difficult as not all clients had their own scales. Support was being provided by phone and using network groups eg Whatsapp. Although this kept the service delivery going, everyone was looking forward to meeting face-to-face again.

RESOLVED that:-

1. The collaborative commissioning exercise undertaken by Oldham Council and NHS Oldham CCG, the first collaborative commission between the two organisations, and the outcome of the recent tender exercise to procure a provider for the delivery of the Health Improvement and Weight Management Service be noted.
2. The new exciting health improvement offer which was available for residents of Oldham and those registered with an Oldham GP, Your Health Oldham, which is delivered by ABL Health Limited and offers support to people who want to live a better, healthier life be noted.
3. An update be provided in twelve months.

9

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 informed that the recommendations the Committee forwarded to the Cabinet arising from the 'Ban on Fast Food and Energy Drink Advertising' Council Motion for issues to progressed at the GM level were considered and agreed by the Cabinet last night.

Members noted that the recommendations of the Committee arising from the 'Not every disability is visible' Council Motion for the Portfolio Holder and Officers to cost up the signage of accessible toilets in line with the Crohn's and Colitis UK

campaign and the provision of a Changing Places toilet, had been supported by the Leader as Portfolio Holder for costings to be drawn up.



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

10

DATE OF NEXT MEETING

It was noted that the next meeting of the Health Scrutiny Committee was scheduled to be held on Tuesday, 16th March 2021 at 6pm.

The meeting started at 6.00pm and ended at 8.20pm.

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JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING Thursday, 21st January 2021

PRESENT: Councillors Sullivan (Vice Chair in the Chair), Dale (Rochdale Borough Council), Whitby (Bury MBC), Al-Hamdani (substituting for Councillor Hamblett), McLaren (Oldham MBC); Davies and Wright (Stockport MBC).

OFFICERS: C. Parker (Deputy Chief Executive – Pennine Care – NHS Trust), L. Bishop (Trust Secretary – Pennine Care NHS Trust), A. Osborne (Assistant Director of Finance – Pennine Care NHS Trust) and P. Thompson (Committees and Constitutional Services – Rochdale Borough Council).

41 **APOLOGIES**

Apologies for absence were received from Councillors Grimshaw, Gunther (Bury MBC), Hamblett, Surjan (Oldham MBC), Susan Smith (Rochdale Borough Council) and Holloway (Stockport MBC).

42 **DECLARATIONS OF INTEREST**

There were no declarations of interests.

43 **MINUTES**

Resolved:

That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 22nd September 2020, be approved as a correct record.

44 **FINANCIAL UPDATE**

The Trust's Assistant Director of Finance updated the Committee on Pennine Care's current financial situation. The Trust was being supported to deliver a breakeven financial position (Income = Expenditure) in line with the rest of the NHS nationwide. At the present time there were no requirements to deliver efficiency savings, although the Trust had continued to implement its Corporate Service Redesign Programme, which had delivered £500,000 of savings in the first six months of the 2020/2021 financial year – it was projected that £900,000 would be yielded in savings throughout the whole year.

In response to the Covid-19 pandemic the Trust had overall spent approximately an additional £3,000,000 on staffing, consumables and equipment.

Thus far in the second half of the 2020/2021 financial year (from 1st October 2020) financial envelopes had been agreed at a Greater Manchester system level, with a minimum 1.1% efficiency savings target. The Trust had received approximately £6,000,000 of additional investment into its provision of Mental Health Services. Significant capital investment was planned to be made in

2020/2021 to roll out the Electronic Patient Record programme, to eradicate dormitories and to build the new Tameside Psychiatric Intensive Care Unit.

In addition the Committee was advised that national funding into Mental Health would be available for both Community and Crisis Services; that the 2021/2022 'Planning and Contracting' process had been delayed; that the current financial framework would be rolled over into 2021/2022, (until at least the end of Quarter 1 – 30th June 2021; and that capital funding envelopes were planned to be set at a Greater Manchester system level – early indications were that there would be significant financial pressures for the Greater Manchester system.

Resolved:

That the report be noted.

45 IMPROVEMENT PLAN UPDATE

The Trust's Deputy Chief Executive reported upon some of the key issues arising from the Care Quality Commission's inspection and the consequent follow-up improvement plan. Key issues that were highlighted included:- 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 Deputy Chief Executive reported that the CQC Improvement Plan for Pennine Care had originally been intended as a 12 month action plan. All of the major actions from the inspection had now been completed with a few minor issues still outstanding. 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.

46 IMPACT OF COVID-19

The Trust's Deputy Chief Executive updated the Committee on the Pennine Care Trust's current and ongoing response to the Covid-19 pandemic.

There had been increased pressure in their systems, which had been felt by the NHS nationally and also more locally, affecting all of Pennine Care's operational sites/locations.

- Impact on patients, staffing, ward closures
- Personal Protective Equipment and Infection Prevention
- Lateral Flow Testing

- Flu and Covid Vaccine
- CQC improvement plan and inspection regime

The Committee was updated on the latest situation regarding single gender accommodation on the Trust's hospital wards. Stockport adult inpatients moved to single gender on Monday 4th January 2021. Bury adult inpatients were due to transition to single gender by the end of January 2021 - this timescale had been expedited due to recent incidents. The transition to single gender/function/organic split across the older adult inpatients was currently on schedule with the transition commencing in mid-February 2021. This was happening across the Heywood, Middleton and Rochdale (HMR), Bury and Oldham sites concurrently.

The preferencing of staff across older adult wards in the North East Sector (Oldham, HMR and Bury) has concluded with a positive outcome. Whilst the dormitory work at Ramsbottom had concluded and the ward had fully reopened with 10 beds. Further work to improve the environment of the ward continued and was due to be concluded in February 2021.

Planning for the move to single gender/function/organic split across the Trust's South Division (Tameside and Stockport) was due to commence imminently.

The Committee was advised of the trust's revised management structures that had been devised to provide a more robust level of service for all patients across the Trust's footprint. An integrated leadership structure was in place from the beginning of January 2021. Originally this was due to be implemented in May 2020 but was delayed due to Covid-19. It featured a triumvirate model incorporating Medical, Operational and Quality leadership roles, with the aim of improving capacity, capability and leadership in Care Hubs. There was to be a focus on six key principles:

- a. Collective Leadership
- b. Devolved decision making
- c. Professional leadership
- d. Delivery structure
- e. Whole system leadership
- f. Transformation leadership

The Committee was informed of the key activities and achievements during 2020/2021. This included the

- i. recruitment to all Tier 1, 2 and 3 posts
- ii. Specialist organisational development commissioned to support implementation of the new leadership structure
- iii. Development of Masterclass series to support new roles Review of governance structures, systems and processes.
- iv. Transition of Healthy Minds to Borough Care Hubs
- v. Transition of Psychological Medicine, Military Veterans and Manchester Resilience Hub to Specialist Services Triumvirate.
- vi. Transition of Quality Leads and Modern Matrons to Heads of Quality.
- vii. Review of Corporate systems and processes to support new structure.
- viii. Robust communications plan

Resolved:
That the report be noted.

47 DATE OF NEXT MEETING

Resolved:
That the next meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust will be held on Thursday, 18th March 2021, commencing at 10.00am, via Zoom.



Report to Health Scrutiny Sub-Committee

Update on development of Early Help

Portfolio Holder:

Cllr Amanda Chadderton,
Cabinet member HR and Corporate Reform

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

16 March 2021

Purpose of the report

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

Recommendations

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

Development of Early Help

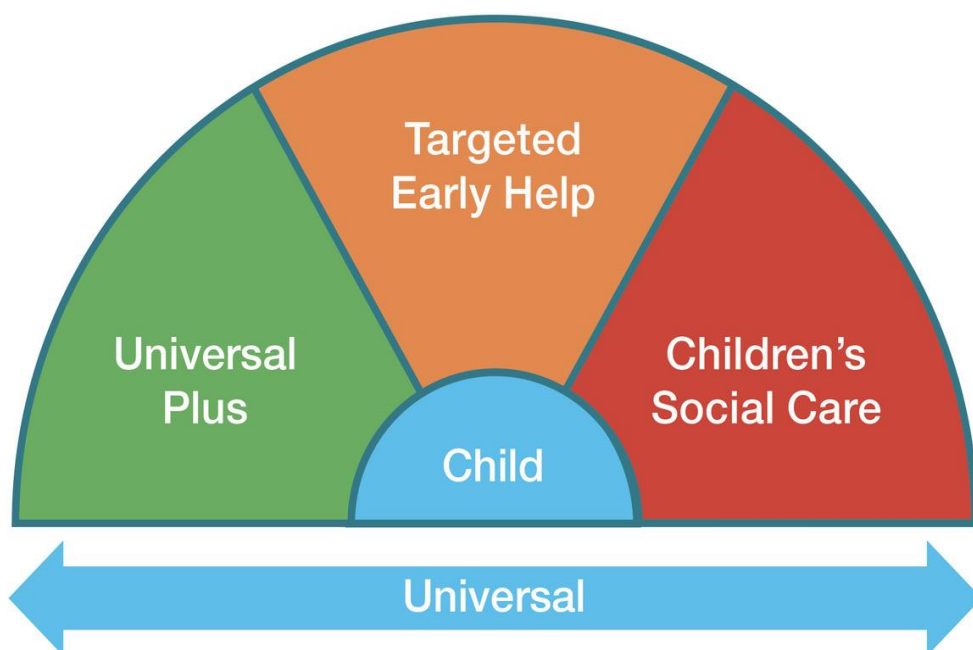
1. Purpose of the report

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

2. Early Help

- 2.1 Working together to safeguard children (2018) is the statutory guidance for inter-agency working to safeguard and promote the welfare of children. This recognises that providing early help is more effective than reacting later in promoting the welfare of children. It defines early help as *“providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.”* This includes addressing parental issues such as poor mental health, drug and alcohol misuse and domestic abuse which impact upon the lives of children in the family.
- 2.2 Working together highlights the need for local organisations and agencies to work together to:
- Identify children and families who would benefit from early help;
 - Undertake an assessment of their need for early help;
 - Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to promote outcomes for the child.
- 2.3 The safeguarding partners need to publish a document which sets out the local criteria for accessing help and services. The Children’s Safeguarding Partnership continuum of need document for Oldham has recently been refreshed, and was relaunched from 1 February. There have been a series of briefing sessions to support this with partners. The full document is available from the Safeguarding Partnership website at: <https://www.olscb.org/cms-data/depot/hipwig/Oldham-Update-CON-FINAL-SCP-approved-Jan-2021.pdf>
- 2.4 There is an early help offer at all levels of need. However, intervening and providing support earlier and at lower levels of need, is crucial in reducing the impact of adversity on children’s lives and the likelihood of problems escalating. Key principles of delivery are:
- Early Help is everybody’s business – It is not just a designated team, it is the way that everyone works together to support families.
 - The Voice and lived experience of children and young people is central to everything we do
 - Providing the earliest possible help - when people need it, by the people best placed to provide it

- Better outcomes are secured by practitioners from different disciplines working collaboratively in partnership, rather than as single agencies
- Building relationships with children and families, working with them to support change



2.5 The levels are:

Universal – Children’s needs are met by universal services such as schools, healthcare services, leisure and community services which are readily accessible to all, as well as the love, care and protection from parents and carers. This is the level of support for children and young people who are making good overall progress in all areas of development. These children receive appropriate universal services, such as health, care and education. They may also use leisure and play facilities, housing or voluntary sector services. They may have a single identified need that can be adequately met by a universal service. If further additional needs are identified, further support should be considered within Universal Plus “Earliest Possible Help” commencing with a partner led Early Help assessment.

Universal Plus “Earliest Possible Help” – At this level children may have unmet or complex needs that require multi-agency support through an early help response involving two or more agencies. This is led by one agency and the aim is to build a plan of support around the child and family to work together to respond to needs. Key features are:

- “Earliest possible help” is a consent based collaborative approach;
- Support can cover a range of work and services working together focussing on problem solving and supporting families, commencing with a partner led Early Help assessment;
- Focus on proactive engagement – working with families and connecting the right people at the earliest possible point. Work will typically be led by organisations such as schools which already work with the family and know them well;

Targeted Early Help - If universal plus earliest possible help has not been effective in working with families to achieve change, contact should be made with the Multi-Agency Safeguarding Hub (MASH) to request consideration for escalation to Targeted Early Help. Targeted Early Help is appropriate when children have multiple and complex unmet need requiring a targeted Early Help response. These unmet needs may be complex and could be impacting on the child and family's daily life. The Targeted Early Help approach will retain the multi-agency working, but be led by a worker from the local authority or the commissioned service (Positive Steps) targeted early help teams in the District where the child or young person resides. After assessing the child/young person's need, they will ensure a robust plan is in place and will make any relevant referrals to specialist services. Where support and progress has been made, there can be a planned return to partner led universal plus or the case can be stepped down universal level support.

Children's Social Care - Children with acute needs requiring statutory, high level intervention. This could be due to safeguarding issues including child protection concerns where there is actual or likely significant harm. This will require children's social care to undertake a S17 Children in Need assessment or undertake S47 enquiries as set out in Working Together to Safeguard Children 2018.

3. Development of Early Help

3.1 There is an ongoing reorganisation of the internal targeted early help teams. This has recently been approved, and is in the process of implementation, with the new structure going live on 31 April 2021. Key drivers for change are:

- Strengthening the multi-agency effectiveness of early help for children and families by ensuring that early help is everyone's business. The multi-agency understanding of organisational roles and responsibilities has been reinforced by the recent refresh of the Safeguarding Children Partnership's continuum of need;
- Establishing integrated multi-agency working arrangements which will deliver the earliest possible help – support at the right time by those best placed to deliver it.
- Preventing the needs of children and families from escalating to higher levels of need, and supporting and empowering families, thus reducing the likelihood that problems will recur.
- Reducing the need for children and families to be transferred between teams, enabling them to build trust with workers and avoiding the need to tell their story many times.

3.2 The proposed reorganisation forms 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 will be able to deliver better outcomes for children and families because:

- They will develop better knowledge of local communities and their needs, as well as the assets, such as local voluntary, community and faith groups, which are available to support children and families.
- Teams will build strong working relationships with other professionals supporting children and families in the area, so that they are able to work more effectively together.

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- District working arrangements will involve the partners with existing relationships with families - those who are best placed to deliver earliest possible help.
 - Shared use of premises can both support delivery of multiple services to children and families, and better communication between professionals.
 - A district governance model will enable partners to agree shared priorities for improved outcomes for children and families in their districts, and to challenge and support each other to improve performance.

3.3 Key elements of the re-organisation are:

- Creation of an integrated Children's Services MASH team, with children's Social Care and early help staff operating as a single team in triaging all contacts seeking support from children's services. Previously contacts seeking support from children's social care and early help have been triaged separately, with cases passed between teams as required. Under the new model, which went live on 1 February, all contacts are triaged by members of the integrated team, led by a social work manager. This has improved the children's social care oversight of all children's services contacts. As part of this, all early help casework has moved into the Mosaic system used by children's social care, so that it is easier to see the full picture of children's services involvement with families. These changes have improved the timeliness of early help decision making, with cases being passed to early help teams within 2 working days.
- Establishing five district targeted early help teams (the Family Connect Service), each with a team manager, family workers and two early help partnership support officers. This reorganisation simplifies the team structure. The family workers will support families in various different circumstances: prior to social care involvement; delivering family support work alongside social work; and supporting families as part of stepping down from social work involvement. This change will reduce the transfers of children and families between workers, minimising the need for families to tell their story repeatedly to different workers;
- The Partnership Support officers will have a key role in supporting delivery of early help by partners at universal plus level. They will work with schools and early years settings, health professionals and other partners to support them to undertake early help assessments, assist in making multi-agency team around the family meetings work effective and help ensure the quality and effectiveness of early help plans. The Family Connect teams will develop close working relationships with other partners supporting families in districts, helping to collectively improve outcomes for children and families.

3.4 There is also a commissioned all age early intervention service operating in the five districts. This has recently been recommissioned for five years, and Positive Steps is the provider. They work closely with the Family Connect teams and are allocated the less complex cases requiring targeted early help. They also provided early intervention support to adults without children.

4. **Planned developments**

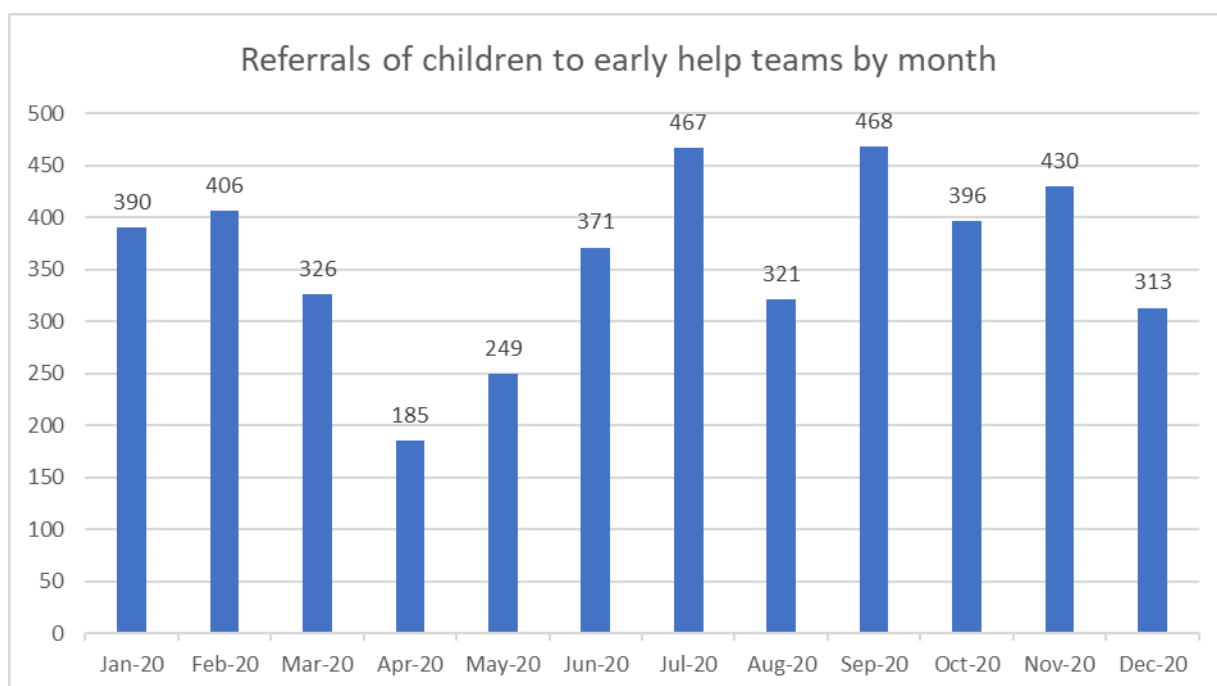
4.1 There is a wide-ranging programme of transformational change within Children's Services, as well as more widely within the Council and across the Partnership. The current restructure is a first stage in the development of the early help offer, and there will be further change over the next two years. This includes exploring integration across early

help, health and early years. There are indicative savings proposals of a further £200k in 2022/23 and £300k in 2023/24. These relate to the wider early help offer and are not restricted to the Family Connect Service budget.

- 4.2 Implementation of the district early help model will commence from 1 April, and there will be a lot of work in embedding this and ensuring the contribution of the full range of partners in delivering earliest possible help. Over time, this is intended to reduce the numbers of children for whom referrals are made into the MASH, because the need for support at higher levels of need will have been met at an early help level.
- 4.3 Work is currently being undertaken to develop proposals around the introduction of an integrated offer for 0-19 year olds. This links to the recommissioning of the service currently deliver by Bridgewater NHS Trust for health visiting and school nursing services and the operation of children's centres, as well as the approach to community health services. It also links to discussions about the future footprint of services of districts, and how these can provide hubs for the delivery of services to children and families.
- 4.4 Work is also ongoing to develop a better co-ordinated parenting offer across Oldham, with clarity about the offer available at different levels of the continuum of need.
- 4.5 A refreshed early help strategy is in development, with a first draft to be produced for late April. This will set out clearly the arrangements for accessing early help, together with a plan for developing and strengthening the offer. A multi-agency partner workshop was held on 11 February which enabled a wide range of organisations to contribute to the developing early help model. This was also supported by survey work with families, front-line workers, senior leaders and community organisations to seek views on how well the current offer meets the good practice identified by the national Troubled Families Unit of what constitutes an effective early help offer. Work will also be undertaken to revise and simplify the early help assessment tool.
- 4.6 To support partnership working around children and families in the five districts, there is a need for governance arrangements which will enable partners to come together to agree priority outcomes for children and families - informed by evidence of need in the area - and to plan how they will work together to address these. It is intended to develop this by adapting the role of the Children's Centre District Advisory Boards.

5. Demand for Early Help

- 5.1 The figure below shows the numbers of children referred to early help teams by month over the last year. There was a drop in demand following the onset of Covid-19 in March but numbers subsequently rose again. There have been clear peaks at the points at which children have returned to school, reflecting the numbers of referrals for support made by schools. It is anticipated that the return of children to school from March 8 will result in a further increase in demand for early help support. Teams are already managing high caseloads, reflecting the pressures on families during Covid-19. During this period early help teams have prioritised continuing to have regular face-to-face contact with families, in order to ensure the visibility of vulnerable children. This approach has applied across all services supporting children and families, with staff in social care, education and health all adopting this approach.



5.2 These figures do not include support delivered by the community hubs during Covid. These have particularly provided support around access to food, but have also addressed a range of other issues. Some staff from targeted early help teams have been supporting this area of work. A lot of work has also been undertaken in partnership between social care, education and health to ensure that professionals have continued to have direct contact with the most vulnerable children.

6 Key Issues for Health Scrutiny Sub-Committee to discuss

6.1 The report has summarised work in relation to the development of the early help offer for children and families, explaining the shift in focus from Oldham Family Connect to the development of the multi-agency early help offer with a strong commitment across the Partnership to make early help everyone's business.

6.2 There are a wide range of inter-connected areas of activity relating to this, including the development of the district model across a range of services. We are now entering a period in which some significant changes have occurred or are on the point of taking place. The Scrutiny Committee may wish to consider how to review the impact of these, and whether they deliver the intended improvements in outcomes for children and families – in particular for those in Oldham's most disadvantaged communities.

6.3 The report has also indicated some ongoing areas of further development. There will be key decisions to make about the approach to this, and the Scrutiny Committee may wish to have oversight of these as plans are developed.

7 Recommendations

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

Oldham Health Scrutiny Committee

16 March 2021

Pennine Acute Trust Transaction Update

1. Introduction

This paper provides an update on the transaction and future arrangements for Pennine Acute Trust (PAT) hospitals. The key messages are:

- We are now technically ready to deliver the safe disaggregation (i.e. separation) of PAT sites and services on 1 April 2021 as planned.
- From 1 April, MFT will formally acquire and be responsible for NMGH. The NCA will continue to deliver some services on site or jointly through a SLA.
- Due to the pandemic and the complexity of the NCA's part of the PAT transaction, NCA have asked for an extension by up to six months to formally complete our part of the legal transaction.
- We will be enacting a two phased approach to complete the PAT Transaction and the final dissolution of PAT by no later than the end of September 2021.

2. Journey so far

Over the last five years, NCA Group, have made significant improvements across PAT services. This has been achieved through the huge amount of hard work by teams and staff at all levels, as well as continued focus on quality improvement and shared learning, unwavering commitment to improve patient and service user experience, and collaboration with our partners.

The NCA journey has also been supported by a transaction programme, over the last three and half years, to prepare for the formal change in ownership of Oldham, Rochdale and Bury sites to Salford Royal NHS Foundation Trust to form the Northern Care Alliance (NCA). The transaction also involves the formal change in ownership of North Manchester General Hospital (NMGH) to Manchester University NHS Foundation Trust (MFT) to complete the planned Single Hospital Service for the city of Manchester and Trafford, and the dissolution of the PAT.

Enormous efforts have been invested into understanding and planning how to safely disaggregate PAT and its services into the parts to be acquired by the NCA and MFT. This has included work with NHS England/Improvement and with colleagues at MFT, and the engagement and input from staff and clinical teams that has been undertaken in readiness for completion of the transactions.

We are now technically ready to deliver the safe disaggregation (i.e. separation) of PAT sites and services on 1 April 2021 as planned. From this date MFT will formally acquire and be responsible for NMGH and the vast majority of services on the site. NCA will continue to deliver some services on site or jointly through a Service Level Agreement.

This is a fantastic achievement for all involved and a key milestone in the long term future and sustainability of these services.

3. Phasing the transactions

The pandemic, however, has without doubt required us to rightly divert much of our time and resources away from the transaction programme. Due to the complexity of the NCA's part of the PAT transaction, we have asked for an extension by up to six months to formally complete our part of the legal transaction. This means it will complete by no later than the end of September 2021. The NCA will continue with a Management Agreement for Oldham, Rochdale and Bury Care Organisations during this interim period.

PAT will therefore remain a statutory organisation until the transaction is fully complete and the PAT Board and Trust is dissolved.

The consequences of this decision mean all parties acknowledge that we will be enacting a two phased approach to completion of the PAT Transaction and the final dissolution of PAT.

This means:

- **Phase 1** – On 1 April 2021 services will be disaggregated as planned so that MFT can acquire NMGH by a commercial transfer.
- **Phase 2** – The legal aspects of the transfer of Oldham, Rochdale and Bury Care Organisations to the NCA as a statutory legal entity will be completed before 30 September 2021, formally establishing the Northern Care Alliance NHS Foundation Trust and the final dissolution of PAT, subject to approval by regulators and the Secretary of State for Health.

It is important that we defer for six months to give a bit more time to put in place the finishing touches on the NCA transaction for staff and patients.

Since April last year, MFT has managed the operational running of NMGH in advance of its formal acquisition. Staff employed in those services will transfer to MFT on 1 April 2021.

For staff who remain PAT employees until the transaction concludes, the aim remains to transfer employment to SRFT and the NCA by September, leading to the final dissolution of PAT.

4. The future

The NCA Group has been operating for almost five years and has used our scale to invest and develop in people and services. We continue to operate as one organisation, share learning, skills and expertise. We no longer operate as two organisations, but as a single group – a NCA Family - committed to delivering the best possible care and experience for our patients and the local populations we serve across Oldham, Bury, Rochdale, Salford and beyond.

As we progress plans to recover from the pandemic, we will continue our NCA journey – developing new ways of working, mobilising NCA-wide services, and continuing to integrate services and care within each of our localities.

Staff and patients will also benefit from investments being made in our organisation, including the James Potter Building in Salford, significant development and extension of The Royal Oldham site, a continued focus on Research and Innovation, and the progression of our Digital Control Centre. We will also continue development of the Rochdale site as a surgical centre and our Rochdale and Bury services will continue to lead the way in developing new models of acute and community care, drive forward innovation and integration across their localities.

Work will continue with NHSEI, the PAT Board and MFT in progressing the safe disaggregation of PAT services and in ensuring the vibrant futures of both NCA and MFT organisations over the coming years.

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Health Scrutiny Committee

March 2021

Mike Barker, Chief Operating Officer

Jan-Mar 2021

Managing the remainder of 2020/21

Given the second wave and the new more transmissible variant of the virus, it is clear that this winter will be another challenging time for the NHS

Our task is now five-fold:

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1. Responding to Covid-19 demand
 2. Pulling out all the stops to implement the Covid-19 vaccination programme
 3. Maximising capacity in all settings to treat non-Covid-19 patients
 4. Responding to other emergency demand and managing winter pressures
 5. Supporting the health and wellbeing of our workforce
- In addition, we are now following a single operational response model for winter pressures, including Covid-19 and the end of the EU transition period. Our SRO to lead the EU/UK transition work is the Chief Operating Officer

What this means...

Responding to emergency demand and managing winter pressures

Lead: Nicola Hepburn, Director of Commissioning Operations

We are asking systems to take the following steps to support the management of urgent care:

- Ensure those who do not meet the 'reasons to reside' criteria are discharged promptly. We are asking all systems to improve performance on timely and safe discharge, as well as taking further steps that will improve the position on 14+ and 21+ day length of stay, aided by 100% completion of discharge and reasons to reside data
- Complete the flu vaccination programme, including vaccinating our staff against flu and submitting vaccination uptake data to the National Immunisation and Vaccination System (NIVS)
- Minimise the effects of emergency department crowding, continue to develop NHS 111 as the first point of triage for urgent care services, with the ability to book patients into the full range of local urgent care services, including urgent treatment centres, same day emergency care and speciality clinics as well as urgent community and mental health services.
- Maximise community pathways of care for ambulance services referral, as a safe alternative to conveyance to emergency departments. Systems should also ensure sufficient arrangements are in place to avoid unnecessary conveyance to hospital, such as the provision of specialist advice, including from emergency departments, to paramedics as they are on scene.

Responding to ongoing Covid-19 demand

Lead/s: Mike Barker, Nicola Hepburn & Claire Smith

- With Covid-19 inpatient numbers rising in almost all parts of the country, and the new risk presented by the variant strain of the virus, you should continue to plan on the basis that we will remain in a level 4 incident for at least the rest of this financial year and NHS trusts should continue to safely mobilise all of their available surge capacity over the coming weeks. This should include maximising use of the independent sector, providing mutual aid, making use of specialist hospitals and hubs to protect urgent cancer and elective activity and planning for use of funded additional facilities such as the Nightingale hospitals, Seacole services and other community capacity. Timely and safe discharge should be prioritised, including making full use of hospices. Support for staff over this period will need to remain at the heart of our response, particularly as flexible redeployment may again be required.
- Maintaining rigorous infection prevention and control procedures continues to be essential. This includes separation of blue/green patient pathways, asymptomatic testing for all patient-facing NHS staff and implementing the ten key actions on infection prevention and control, which includes testing inpatients on day three of their admission.
- All systems are now expected to provide timely and equitable access to post-Covid assessment services, in line with the commissioning guidance.

Implementing the Covid-19 vaccination programme

Lead: Mike Barker, Chief Operating Officer

- The Joint Committee for Vaccination and Immunisation (JCVI) priorities for roll out of the vaccine have been accepted by Government, which is why the priority for the first phase of the vaccination is for individuals 80 years of age and over, and care home workers, with roll out to care home residents now underway. It is critical that vaccinations take place in line with JCVI guidance to ensure those with the highest mortality risk receive the vaccine first. To minimise wastage, vaccination sites have been ensuring unfilled appointments are used to vaccinate healthcare workers who have been identified at highest risk of serious illness from Covid-19. Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify these individuals and it remains important that this is organised across the local healthcare system to ensure equitable access.
- If further vaccines are approved by the independent regulator, the NHS needs to be prepared and ready to mobilise additional vaccination sites as quickly as possible. In particular, Covid-19 vaccination is the highest priority task for primary care networks including offering the vaccination to all care home residents and workers. All NHS trusts should be ready to vaccinate their local health and social care workforce very early in the new year, as soon as we get authorisation and delivery of further vaccine

What this means...

Maximising capacity in all settings to treat non-Covid-19 patients

Lead: Nicola Hepburn, Director of Commissioning Operations and Claire Smith, Chief Nurse

- Systems should continue to maximise their capacity in all settings. This includes making full use of the £150m funding for general practice capacity expansion and supporting PCNs to make maximum use of the Additional Roles Reimbursement Scheme, in order to help GP practices maintain pre-pandemic appointment levels. NHS trusts should continue to treat as many elective patients as possible, restoring services to as close to previous levels as possible and prioritising those who have been waiting the longest, whilst maintaining cancer and urgent treatments.
- To support you to maximise acute capacity, as set out in Julian Kelly and Pauline Phillip's letter of 17 December, we have also extended the national arrangement with the independent sector through to the end of March, to guarantee significant access to 14 of the major IS providers. NHS trusts have already been notified of the need for a Q4 activity plan for their local IS site by Christmas; this should be coordinated at system level. If you need it, we can also access further IS capacity within those providers subject to the agreement of the national team. However, we will need to return to local commissioning from the beginning of April and local systems, in partnership with their regional colleagues, will need to prepare for that.
- The publication of the Ockenden Review of maternity services is a critical reminder of the importance of safeguarding clinical quality and safety. As set out in our letter of 14 December there are twelve urgent clinical priorities that need to be implemented. All Trust Boards must consider the review at their next public meeting along with an assessment of their maternity services against all the review's immediate and essential actions. The assessment needs to be reported to and assured by local systems, who should refresh their local programmes to make maternity care safer, more personalised and more equitable.

Supporting the health and wellbeing of our workforce

Lead: Julia Veall, Joint Director of HR & OD

National direction: Our NHS people continue to be of the utmost importance, and systems should continue to deliver the actions in their local People Plans. Please remind all staff that wellbeing hubs have been funded and will mobilise in the new year in each system

Plan for 2021/22

National planning priorities

The Spending Review announced further funding for the NHS for 2021/22 but in the new year, once we know more about the progress of the pandemic and the impact of the vaccination programme, the Government will consider what additional funding will be required to reflect Covid-19 cost pressures.

1. Recover non-covid services

in a way that reduces variation in access and outcomes between different parts of the country. To maximise this recovery, we will set an aspiration that all systems aim for top quartile performance in productivity on those high-volume clinical pathways systems tell us have the greatest opportunity for improvements: ophthalmology, cardiac services and MSK/orthopaedics.

The Government has provided an additional £1bn of funding for elective recovery in 2021/22. In the new year we will set out more details of how we will target this funding, through the development of system-based recovery plans that focus on addressing treatment backlogs and long waits and delivering goals for productivity and outpatient transformation. In the meantime we are asking you to begin preparatory work for this important task now, through the appointment of a board-level executive lead per trust and per system for elective recovery.

2. Primary and community care

Prioritise investment in primary and community care, to deal with the backlog and likely increase in care required for people with ongoing health conditions, as well as support prevention through vaccinations and immunisations. Systems should continue to focus on improving patient experience of access to general practice, increasing use of online consultations, and supporting the expansion of capacity that will enable GP appointments to increase by 50 million by 2023/24.

4. People and workforce

Strengthen delivery of local People Plans, and make ongoing improvements on: equality, diversity and inclusion of the workforce; growing the workforce; designing new ways of working and delivering care; and ensuring staff are safe and can access support for their health and wellbeing.

3. Health Inequalities

Address the health inequalities that covid has exposed. This will continue to be a priority into 2021/22, and systems will be expected to make and audit progress against the eight urgent actions set out on 31 July as well as reduce variation in outcomes across the major clinical specialties and make progress on reducing inequalities for people with learning disabilities or serious mental illness, including ensuring access to high-quality health checks

5. Mental Health

Accelerate the planned expansion in mental health services through delivery of the Mental Health Investment Standard together with the additional funding provided in the SR for tackling the surge in mental health cases. This should include enhanced crisis response and continuing work to minimise out of area placements.

6. Integrating Care: Build on the development of effective partnership working at place and system level. Plans are set out in our Integrating Care document.

Overall aim is to reset the health and care system through eight priorities

Following the implementation of phase 2 recovery as part of the Covid-19 response, Oldham's health and care phase 3 recovery assessment and route to implementation has been established.

The overarching aim of this recovery work is to ensure that more, if not all, services are stepped back up safely, whilst operating within the context of enhanced infection, prevention and control (IPC) measures, which as well as impacting on care delivery, impacts on estate capacity also.

The data used for our planning is based on assumptions using existing and current capacity and demand modelling, and is aligned (for Oldham borough patients) with the Northern Care Alliance (incorporating Pennine Acute Hospitals – Royal Oldham) and Pennine Care.

We have devised a six month plan with 8 priorities:

1. Cancer
2. Elective
3. Workforce
4. Mental health and learning disabilities
5. Health inequalities
6. Primary care
7. Winter
8. Integrate care

National activity target expectations

Referrals:

- The national expectation is that this returns to **100%** of the previous year's activity – Oldham is realistically planning for this to be back to **80%**

Elective inpatients:

- That national ask is that this activity incrementally returns to **70%** of the previous year **rising to 90%** by March 2021 – Oldham is realistically planning for this to be back up to **73%**

Elective outpatients:

- The national ask is that this activity incrementally returns to **90%** of the previous year **rising to 100%** by March 2021 – Oldham is realistically planning for this to be back up to **91%**

Non-elective inpatients:

- Oldham is planning for this to be back up to **83%** of the previous year's activity

Emergency department attendances:

- The regional ask is that this activity returns to not less than **75%** of the previous year – Oldham is realistically planning for this to be back up to **89%**

Over the next six months we will...

1

Cancer

- Improve cancer referral data
- Work with NCA on a diagnostic hub business case to provide additional capacity
- Work with NCA to ensure that its cancer recovery plan is reviewed and approved
- Implement additional PET-CT scan machine
- Continue to promote the bowel, cervical and breast proactive screening programmes in primary care under 'Primary Care Plus'
- Implement local and national cancer campaigns: "We are here for you"
- Utilise existing Covid-19 community engagement to provide information on cancer symptoms and services

Elective care

- Work with providers to enact key demand management tools, such as 'advice and guidance' to support the reduction in outpatient need
- Work with NCA on the broader 'System Wide Outpatient Programme' to continue to implement different ways of delivering outpatient care, as well as implementing new initiatives to support reduction in volumes such as PIFU
- Work with providers to consider and consult on a more permanent arrangement to the use of medication for early medical abortions (up to 10 weeks) in conjunction with over the phone or virtual appointments
- Roll out of new referral template to improve quality of referral information and support improved triage with advice and guidance responses back where appropriate

What we are already doing

Cancer

- Northern Care Alliance (NCA) has recently launched the Rapid Diagnostic Centre at its Oldham and Salford sites, which has seen an increase in referrals and is running at an 8-10% cancer conversion rate
- Two week wait (2WW) cancer referrals now only 8% down on pre-lockdown levels
- Contracting of routine endoscopy diagnostics were transferred to the hospital trust to provide support for cancer work – supported by a GM-wide programme to increase mobile endoscopy capacity
- GM-wide surgical hubs for cancer in place at Rochdale Infirmary and The Christie as 'green' Covid-secure sites
- CCG-chaired Board in place to transform outpatients system-wide (SWOP), focusing on diagnostics and service recovery

What we are already doing...

Elective care

- GM-level management of independent sector hospital capacity in place across the system
- Independent sector community elective providers being engaged in relation to capacity availability, and will be supported by the CCG regarding estates needs due to IPC measures
- Virtual solutions are being used to increase outpatient activity (including assessments and reviews) to the required levels
- Pregnancy terminations continued to be provided throughout lockdown, with medications sent via post
- Supply of all community elective providers to NCA to look at potential for additional capacity that can be offered on an provider-to-provider basis
- Implementation of tele-dermatology to reduce face-to-face contacts required and increase the numbers of patients managed outside of specialist services

Mental health and learning disabilities

- IAPT services activity is returning to pre-Covid levels – the service has continued to be in place throughout
- It is expected that the children and young people access target will be met
- Health checks for people with learning disabilities (LD) have continued throughout as part of the Direct Enhanced Service and Primary Care plus
- We are expecting the Transforming Care trajectories to be met for both secure and non-secure patient discharges by 31 March 2021
- The 'eliminating mixed sex accommodation' programme is now underway again following a pause in March 2020

Health inequalities

- Health inequalities are being addressed via Primary Care Plus in relation to key indicators such as by increasing prevalence and reducing exception reporting – those with severe and enduring mental health conditions are targeted, as well as those vulnerable to frailty
- Work is underway to address the issues that driver poor health outcomes, such as the recruitment of social prescribers who are deployed into PCNs
- GPs and the acute trust are reviewing all children and young people on the 'shielded' patient list and removing those from the list that are no longer deemed clinically 'extremely vulnerable' – all children and young people on the list are seen by services
- Increased testing is in place for all vulnerable people
- Regular 'sit-reps' are in place for care homes

Over the next six months we will...

3

Workforce

- Work across the Oldham Cares system to agree a collaborative approach and response to the NHS People Plan
- Produce a specific primary care response to the NHS People Plan, as a collaborative approach between the commissioners and Greater Manchester and Health Education England workforce leads
- implement the new primary care workforce programme to support the delivery of recruitment, retention and training objectives

4

Mental health and learning disabilities

- Increase investment in mental health services in line with the 'MHIS' plan
- Oversee the implementation of the IAPT 24/7 helpline to include full crisis resolution and home treatment services, and work with Pennine Care FT to ensure that the appropriate recruitment is in place and delivered to support the workforce action plan for the service
- Work with providers to ensure that access to these services is clearly promoted and advertised – this will include continued borough-wide campaigns to support mental health and wellbeing for all
- Following a review of LD prescribing of anti-psychotics, develop an action plan for this area to support practices and provide them with implementation plans
- Develop an action plan to support LeDeR reviews and lack of capacity

5

Health inequalities

- Examine the potential to utilise medicines optimisation pharmacists working within PCNs to identify and support at risk patients as part of structured medicines reviews and health checks
- Extend the teams to support the 'continuity of carer' agenda, with specific teams to be put in place for vulnerable patients, including those with learning disabilities
- Phase in a new 'visiting plan' for maternity units to ensure the necessary family support is in place, as safety measures allow

Workforce actions already underway

- Enhanced mental health initiatives, platforms and support for all staff across the Oldham system are in place
- Regular 'pulse' surveying is in place to track how staff in the Oldham Cares system are feeling
- New equality strategy for Oldham is being produced by all partners and the community, voluntary and faith sector
- Oldham CCG 'equity' plan for recruitment, retention and progression is in development

Over the next six months we will...

6

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Primary care

- Ensure clinical pathways and standard operating procedure are signed off for the paediatric virtual ward
- As part of processes to deal with childhood immunisation issues, oversee (in collaboration with CHIS) the redesign of processes to improve the system going forward
- Assess the effectiveness and quality of the weekly pastoral care calls between primary care and care homes, as well as individual care plans and structured medicines reviews
- Development of a revised outcome-based district nursing offer to bridge the period up to March 2021, which will ensure caseload prioritisation and also areas of current commissioned activity that can be ceased/provided differently in the wider system
- Confirm next steps for STICH enhanced nursing support for care homes and end of life pathways
- Develop robust links between medicines optimisation team and the PCNs
- Commission the GM 'minor ailments' scheme as support to the 'self-care' policy work
- Work with secondary care to increase the amount of medicines provided at discharge to reduce pressure on primary care prescribing
- Ensure that clinical vulnerable children are prioritised in community service recovery plans
- Ensure oversight of children with complex health needs and who have been shielding who may not be able to return to school so that their care and educational needs are met
- Maximise and lock in the benefits and changes that have been realised during COVID-19
- The system deficit will need to be managed in the context of the impact of the pandemic and will focus on: Managing the backlog of patients; Safely resuming clinical activity; Preparing for winter; Surge planning; Supporting our existing workforce and securing a sustainable workforce; and Exacerbation of existing health inequalities.

What we are already doing

- Locality-wide post-Covid rehab pathway implemented across acute, community and primary care and is working well, and additional capacity has provided for the lung service
- Community service recovery plans in place
- A community optometry service was commissioned in May 2020 to support the national ask for local urgent eye care services, which has continued and will be expanded to include routine care to help reduce the demand on acute trusts
- Care home 'STICH' enhanced community nursing support in place for care homes and end of life
- Work underway for PCNs to take a greater lead role in proactively reaching out to vulnerable patients as part of the MDT approach
- All 6-8 week checks for babies have been maintained throughout
- Paediatric 'virtual' ward due to go live, with an additional 20 beds to support early discharge
- Paediatric 'rapid access clinics' due to commence for primary care community care services to refer into specialisms, with the aim of avoiding hospital admissions
- The children's community nursing team has maintained face-to-face contract throughout Covid-19 with children who have complex health needs and also children on the end-of-life pathway

Over the next six months we will...

7

Winter

- Consider the establishment of a 'cold diagnostic site to reduce DNAs due to Covid-19 fears
- Consider a more joined-up approach with community pharmacy so that there is reduced competition for vaccine supply
- Work with community pharmacies to improve the signposting of key services and the best ways to access them during the winter, as well as promotion of the flu immunisation programme to encourage take-up
- Increase the number of paediatric multi-disciplinary teams across the neighbourhoods in the borough

What we are already doing

- A robust flu immunisation programme plan is now in place for Oldham, with specific interventions for target and at-risk groups, integrated with the national and local communications and engagement flu and winter campaign
- A multi-agency flu programme group is in place to ensure the delivery of the immunisation plan – this includes a dedicated individual from the CCG's primary care team to coordinate work as needed with practices
- Community and primary care nurses are trained to administer flu vaccines
- Paediatric rapid access clinics are increasing in number, offering up to 30 appointments per week - GP 'advice and guidance' service in place, which will also coordinate with the rapid access clinic
- StartWell specialist nurses are back in the emergency department

Conclusion

The success of the next six month recovery plan will be reliant on:

- Robust partnership working
- Strong clinical leadership and engagement
- Effective engagement with our communities and with patients
- Clear programmes for service redesign and transformation
- Good governance

The core transformation programmes will centre around:

- A new model for managing long term conditions, utilising a 'hub' that includes non-elective, elective and primary / community care
- A new model for urgent care, as linked to the Greater Manchester model
- Redesign of local community services

Transition to an integrated system model

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High level timeline

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Jan – Mar '21

Planning Phase

Do as much work now to prepare for the future

April – Sept '21

Transitional Phase

Move into new arrangements where feasible

Sept – Mar '22

Shadow Running

Be ready to operate new system

Vision and principles

Vision

- Significantly raise healthy life expectancy through a place-based approach to better prosperity, health and wellbeing
- To enable place based approaches to tackling the social determinants of health, reduce inequalities, and provide high quality, proactive care within a population health approach
- Focus on the people we serve, the place where we live and work and the partnerships we create

Principles

- To be organised and act as accountable to the local population and to each other
- To provide strategic leadership for place- political, clinical and executive/ managerial focused on the needs of our population rather than organisations
- Priorities and objectives will be framed according to our service and offer to residents - advice on staying well; preventative services; simple and joined up services for care and treatment when they need it; simple, active support to those who are vulnerable and at risk to keep as well as possible
- The sector as a local economic contributor, delivering social value - through its employment, training, procurement and volunteering activities, to play a full part in social and economic development
- Deliver the best health and care services for the place based budget
- Continue to redress the balance of care to move it closer to home
- Make decisions about funding for the totality of the place based budget, criteria and design of services through co-production and co-design with service users
- Working with communities to empower change
- Removing (through integration) and disregarding (through governance) the commissioner/provider separation
- Decides upon and drives the changes we pursue collectively at the GM level

Functions and responsibilities

Governance and the role of the Local System Board/Partnership Board

- Setting strategic direction
- Aligning political, clinical and managerial leadership or the place including accountable public health leadership
- High level resource allocation including incorporation of the NHS allocation for the locality into the place based budget
- Agreeing transformation plans and overseeing system delivery and health & care transformation
- Agree Locality's strategic connection to GM, NW etc. according to agreed functional alignment and responsibility
- Responsible for relevant 'health' outcomes within the Single Outcomes Framework
- Overseeing the development of the new system (neighbourhood model and PCN support, integration of delivery and alignment of resources)

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Delivery arrangement

- Confirmed scope of service and operating model for the 'next generation LCO' (this will confirm a common, minimum core – primary care, social care, community services, local acute care (eg acute medicine, elements of outpatients etc), community Mental Health & wellbeing) alongside the means to connect to Out Of Hours, VCSE, housing, education, criminal justice etc partners) and will be all age. It is understood that some will be organisationally integrated, some contractually and some aligned through partnership agreement and that this may change over time.
- Responsibility for driving the change -Tactical commissioning; risk stratification & case finding; lived experience and co-production; strengths based/asset based working; workforce development and blended roles
- Actionable connections to true prevention services (housing, employment, VCSE etc)
- Confirming what is out of scope and proposed to be enacted at the GM level (suggestions include - certain aspects of specialised commissioning, cancer, elective care, EPPR, Business Intelligence and Analytics, Clinical pathway development, market management of the Independent Sector, aspects of Urgent and Emergency Care?)

Developing the local model

Local system Board

- Aligned intentions around local System Board/Population Health Board (often collapsing 2-3 existing boards into the new construct)
- To establish and operate the Place Based Budget together. The budget may include resources pooled, aligned and 'in view'
- Mechanism or clinical leadership will need specific attention and support
- Intention in some places for equivalent neighbourhood governance and deployment/delegation of budgets to neighbourhoods (localised subsidiarity)
- Creation of expanded Place Budget with system budget process and shared responsibility for financial sustainability
- system based quality and assurance approach

Evolution of commissioning

- Commissioning will be brought together into a single function, with a single leadership structure, significantly expanded pooled budget and the back office between the CCG, Council & LCO will be consolidated into a single support function with the efficiency benefits realised.
- Arrangement to ensure also the deployment of resources organised at community level and all core teams coming together to form a geographically-focused resource to provide core support to local population health needs
- New financial framework to accelerate LCO maturity and development – eg progress to a single, whole population health contract

Developing the local model

Integrating Provision

- Clarify options for the next stage of the locally integrated model - Primary Care, Social Care, Mental health and FT working together through a legally binding integrated contractual agreement; OR a lead provider model; OR intended development of an expanded care trust. Potential for provider side s75
- Need to understand implications for the development of the FT model
- It is understood that some will be organisationally integrated, some contractually and some aligned through partnership agreement and that this may change over time. Each locality will have their own route map guiding these changes – NB we have recognised the need to identify a balance between flexibility & consistency
- ^{Page 12} PA means to enable the neighbourhood model, supporting the development of the integrated teams and confirming contracting, accountability and leadership arrangements with PCNs (PCN Maturity and Development)
- ¹² Expanding neighbourhood ambitions – mental health, housing, schools, drugs and alcohol, people with no recourse to public funds etc
- There will be an erosion of the commissioner /provider split and the local system will identify how it describes and organises those functions in future
- New quality assurance, quality monitoring, and improvement models spanning the scope of the LCO/Local Care Trust/Local Partnership
- Alignment of staff into the LCO/Local Care Trust/Local Partnership to create single place based functions eg's include: IT, BI, Finance, Communications, Contracting, IG, Choose and Book and CHC.
- Demonstrating readiness to undertake the relevant commissioner and provider functions- possibly through an authorisation process

Key areas of focus for Jan - Mar

1. Governance options (functions, membership & establishment of local system board; delegation framework)
2. Financial framework (funding flows, accountability, mechanisms for pooling)
3. Clinical/professional leadership model and framework
4. Determination of appropriate geographies for specific services/commissioning responsibilities
5. Detailed CCG functional analysis

People/HR implications

- Overseen by MET with updates to Governing Body as appropriate
- Models implied need to be signed off by Governing Body as well as other parts of the system

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Report to HEALTH SCRUTINY COMMITTEE

Council Motion – Ban on Fast Food and Energy Drink Advertising

Chair:

Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services

16th March 2021

Reason for Decision

A Council Motion 'Ban on Fast Food and Energy Drink Advertising' was referred to the Health Scrutiny Committee for consideration. The Committee referred recommendations for consideration to the Cabinet and this report advises of the Cabinet consideration.

Recommendations

1. The Health Scrutiny Committee note the report and agree to its submission to Council.
2. The Health Scrutiny Committee receive an update report on the progress of actions linked to the Council Motion, and the Committee work programme be updated accordingly.

Council Motion – Ban on Fast Food and Energy Drink Advertising

1 Background

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

“Council notes that:

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

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

Council therefore resolves to:

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

1.2 Following a further referral to the Health Scrutiny Committee, at the meeting held on 7th January 2020 the Committee resolved that a report on the Motion be submitted to the next meeting. Following a delay caused by the cancellation of the March 2020 meeting due to Covid-19, the Motion was considered by the Health Scrutiny Committee on 7th July 2020.

1.3 At the meeting held on 7th July 2020 the Committee received a detailed report on the matters raised in the Motion. This report also noted that the Public Health team had planned to put forward a proposed Healthy Weight and Physical Activity Strategy to the March 2020 Committee meeting and that this development had been placed on hold due to the need to concentrate on mandated services in response to Covid-19. This

requirement and its implications were further considered in the Health Scrutiny Committee Work Programme report on the July 2020 agenda. The proposed Strategy had contained an action relating to the restriction of unhealthy food adverts and the planned multi-agency delivery of the Strategy would support some of the intentions of the Council Motion.

- 1.4 In discussion at the meeting held on 7th July 2020, Members considered whether certain matters might benefit from a Greater Manchester-wide consideration. Members further noted that the proposed Healthy Weight and Physical Activity Strategy would link to certain aspects of the Motion and asked the Director of Public Health to consider submission of the draft Strategy to allow a fuller consideration of the Motion.
- 1.5 At the meeting of the Committee held on 1st September 2020 the Committee received the draft Strategy “Healthy Weight and Physical Activity Strategy” as prepared for submission for consultative purposes to the meeting of the Committee scheduled for March 2020, alongside the detailed report that had been submitted to the July 2020 meeting. The Committee 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.
- 1.6 The Health Scrutiny Committee recommendations, including the detailed report considered by the Committee in September 2020, was considered at a meeting of the Cabinet held on 25th January at which it was 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.

2 Conclusion

- 3.1 The Committee consideration of the Council Motion can, with the response of the Cabinet, be considered as substantially concluded and the Council advised accordingly. The commitment to submit a progress report should be noted, and the item will remain listed on the Committee Work Programme for future consideration.

3 Background Papers

- 3.1 There are no background papers as defined by Section 100(1) of the Local Government Act 1972 to this report.
- 3.2 However, reports and minutes related to this issue can be accessed as follows
- Health Scrutiny Committee, 7th July 2020 - <https://committees.oldham.gov.uk/ieListDocuments.aspx?CId=457&MId=7989&Ver=4>

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- Health Scrutiny Committee, 1st September 2020 - <https://committees.oldham.gov.uk/ieListDocuments.aspx?CId=457&MId=7990&Ver=4>
 - Cabinet, 225th January 2021 - <https://committees.oldham.gov.uk/ieListDocuments.aspx?CId=144&MId=7963&Ver=4>

4 Appendices

4.1 There are no appendices to this report.



Report to HEALTH SCRUTINY COMMITTEE

Council Motion – Not Every Disability is Visible

Chair:

Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services

16th March 2021

Reason for Decision

A Council Motion 'Not every Disability is Visible' was referred to the Health Scrutiny Committee for consideration. The Committee referred recommendations for consideration to the relevant Portfolio Holder and Officer, and this report advises of their considerations.

Recommendations

1. The Health Scrutiny Committee note the report and agree to its submission to Council.

Council Motion – Not Every Disability is Visible

1 Background

1.1 At a meeting held on 9th September 2020 the Council referred the following Motion to ‘Overview and Scrutiny’ –

“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.”

1.2 The Motion was referred to the Health Scrutiny Committee and considered at the meeting held on 8th December 2020. At that meeting the Committee received a detailed report on the matters raised in the Motion that considered the Crohn’s and Colitis UK ‘Not every Disability is Visible’ campaign and the accessible toilet signage recommended, and also the features of ‘Changing Places’ toilets and a Government announcement that such toilets would be made compulsory both in new public buildings and in those undergoing major refurbishment from 2021. The Committee also received a briefing paper and was addressed by Sarah Hollobone, Campaigns Manager, Crohn’s and Colitis UK.

1.3 The Committee resolved that

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

-
- 1.4 The recommendations were referred to the Leader of Council (with regard to Portfolio responsibility for “Corporate property and assets”) and the Deputy Chief Executive in the first instance as the ‘relevant Officer’ in respect of matters relating to the Council estate, regeneration and building control.
- 1.5 The Leader of the Council gave his support to the costing of the proposals. The Director of Economy has provided the following update for report to the Committee –

“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 (example attached).
- 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.”

2 Conclusion

- 2.1 The Committee may consider that, with the update provided by the Director of Economy, the Committee’s consideration of the Motion may be regarded as substantially concluded and the Council should be advised accordingly. The actions undertaken should likewise be advised to Crohn’s and Colitis UK also.

3 Appendices

- 3.1 The example of the new corporate signage confirmed in alignment with the “*Not every disability is visible*” documentation, as referenced in paragraph 1.5 above, is appended.

4 Background Papers

- 4.1 There are no background papers as defined by Section 100(1) of the Local Government Act 1972 to this report.
- 4.2 However, the Committee reports and minutes related to this issue can be accessed as follows
- Health Scrutiny Committee, 8th December 2020 - <https://committees.oldham.gov.uk/ieListDocuments.aspx?CId=457&MId=7992&Ver=4>

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Accessible Toilet

Not every disability is visible

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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

16th March 2021

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 Members will recall that, at the meeting of the Committee held on 8th December 2020, the Chief Operating Officer/Strategic Director Commissioning offered to meet with the Chair, Vice Chair and other members of the Committee as available, alongside the Director of Commissioning and Operations and the Managing Director Community Services and Adult Social Care, to consider future issues for consideration by the Committee. This meeting will help inform one strand of the Committee's work programme going forward into 2021/22 Municipal Year.
- 1.5 The Council meeting on 24th March 2021 is to be asked to implement the new overview and scrutiny structure comprising a Policy Overview and Scrutiny Committee, a Performance Overview and Scrutiny Committee and a Health Scrutiny Committee, as agreed by the Council at the meeting held on 17th June 2020, with effect from the start of the next Municipal Year. The Statutory Scrutiny Officer and Officers from Constitutional Services will work with the three Overview and Scrutiny Board/Committee Chairs to determine Work Programmes for the new Committees and to develop briefings for scrutiny Members on the new structure and the Council's approach to scrutiny more generally.
- 1.6 The Health Scrutiny Committee Work Programme has been updated to reflect the outcomes of the Committee meeting on 26th January 2021 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	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. A copy of the final report, incorporating the inputs of the Committee, was forwarded to Committee Members on 4 th August 2020.
	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	RESOLVED that 1. the presentation of the work of the Adult Safeguarding Service and the Oldham Adult Safeguarding Board be noted; 2. the Committee give a further consideration to the randomised safeguarding cases highlighted in the presentation. The consideration of anonymised safeguarding cases was undertaken in a session comprising Members of 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	To consider and, if appropriate, make recommendations to	Mark Hardman Constitutional Services	RESOLVED that the Motion be considered at the next meeting of the Committee and the Director of Public Health be asked to

	Energy Drinks Advertising	Council in respect of the Council Motion		<p>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	<p>RESOLVED that the Overview and Scrutiny Annual Report for 2019/20 be commended to Full Council.</p> <p>The Annual Report was received and approved by the Council at a meeting held on 9th September 2020.</p>

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.
	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

				<p>Checkouts and Cafés' and the initial actions taken be noted.</p> <p>An update on actions reported to Committee in the Work Programme report on 8th December.</p>
Tuesday 13 th October 2020 at 6.00pm	Health and Adult Social Care Services	Further update on the progress of Health and Adult Social Care Services integration. To also include an update on the transfer of Pennine Care community services to Northern Care Alliance that took place in January 2019.	Mark Warren, Managing Director Community Health and Adults Social Care (DASS)	RESOLVED – that the update on the integration of community health and adult social care services be noted.
	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.	<p>Mike Barker Strategic Director Commissioning/Chief Operating Officer</p> <p>David Jago Chief Officer/Director of Finance, Pennine Acute Hospitals Trust</p>	<p>RESOLVED – that</p> <ol style="list-style-type: none"> 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)	RESOLVED that the report be noted and a further update on the implementation of the Greater Manchester Learning Disability Strategy be submitted in 12 months time.
	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	RESOLVED that 1. the presentation on the Primary Care Strategy and the Primary Care Strategic Priorities 2019/20 - 2021/22 be noted; 2. the Chair, Vice Chair and other members of the Committee as available meet with the Chief Operating Officer/Strategic Director Commissioning, the Director of Commissioning and Operations and the Managing Director Community Services and Adult Social Care to consider future issues for consideration by the Committee arising from discussion under this item.
	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	RESOLVED that the inclusion of the Amendment to the report be not agreed or commended to Council.

	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	RESOLVED that 1. the issue of signage of accessible toilets as suggested by the Crohn's and Colitis 'Not every disability is visible' campaign be forwarded to the relevant Cabinet Member and Officers to look at and cost up the necessary changes and to report further to this Committee to enable the Committee to prepare a report on this matter; 2. the provision of a Changing Places toilet facility at the Spindles Shopping Centre be referred to the relevant Portfolio Holder and Officers to look at and cost up to consider whether this could be provided, to apply for relevant grants and progress if the funding is forthcoming, and to report back to this Committee.
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 social inclusion and adding value.	David Jago Chief Officer, Pennine Acute Hospitals Trust	RESOLVED that:- 1. An update would be brought to a future meeting, date to be confirmed. 2. A further meeting between the NCA Director and members of the Committee be held, to further explore how this approach might be extended to other partners including the Council and other local employers. The further meeting has been scheduled for 8 th March at 4pm.
	Digital Inclusion	To report on activities and projects being undertaken to ensure digital inclusion.	Kirsty Littlewood Interim Assistant Director - Community Business Services, Community	RESOLVED that: 1. The Greater Manchester Digital Inclusion Strategy (Appendix B) and the opportunity to work across Greater

			<p>Health and Adult Social Care Service</p> <p>Dominic Whelan Chief Operating Officer, Unity Partnership</p>	<p>Manchester to reduce the digital divide be noted.</p> <ol style="list-style-type: none"> 2. The summary of initiatives currently in place across Oldham and those in development be noted. 3. Any gaps in tackling the digital divide in Oldham that needed to be considered as a system moving forward be shared. 4. The proposal that Digital Inclusion and Poverty should be included as a specific item within the equalities section for all council decision making reports, to ensure that it is considered sufficiently in the decision-making process, be endorsed. 5. The Leader of the Council and the Greater Manchester Mayor be asked to write to the Prime Minister requesting the urgent delivery of IT to pupils missing education due to need. <p>The Leader of the Council wrote to the Prime Minister on 4th February 2021.</p>
	Health Improvement and Weight Management Service	To report on the new service from January 2021	<p>Katrina Stephens Director of Public Health</p>	<p>RESOLVED that:-</p> <ol style="list-style-type: none"> 1. The collaborative commissioning exercise undertaken by Oldham Council and NHS Oldham CCG, the first collaborative commission between the two organisations, and the outcome of the recent tender exercise to procure a provider for the delivery of the Health Improvement and Weight Management Service be noted. 2. The new exciting health improvement offer which was available for residents of Oldham and those registered with an Oldham GP, Your Health Oldham, which is delivered by ABL Health Limited and

				offers support to people who want to live a better, healthier life be noted. 3. An update be provided in twelve months.
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	Consideration agreed by Committee, September 2020
	Royal Oldham Hospital – update report	To report following completion of the Transaction Programme	David Jago Chief Officer, Pennine Acute Hospitals Trust	Consideration agreed by Committee, October 2020.
	Update on NHS Developments and planning for 2021/22	To receive an update on NS developments	Mike Barker Strategic Director Commissioning/Chief Operating Officer	
	Covid Vaccination Update	To receive an update on Covid Vaccinations	Mike Barker Strategic Director Commissioning/Chief Operating Officer	
	Council Motion – Ban on Fast Food and Energy Drink Advertising	To report on the consideration of the Committee’s recommendations by the Cabinet	Mark Hardman Constitutional Services	Referral of issue by Committee, September 2020
	Council Motion - Not Every Disability is Visible	To report on the consideration of the Committee’s recommendations by the portfolio Holder and relevant Officer(s)	Mark Hardman Constitutional Services	Referral of issue by Committee, December 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
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			discussed with the CCG before seeking confirmation of progression from the Committee.
Continuing Healthcare – Equality and Choice Policy	Following a workshop in October 2019, to receive detailed information regarding complex cases (demographic profile, types of care being provided, budget information) 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).

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.
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.
Health Improvement and Weight Management Service	12 Month Update Report	Katrina Stephens Director of Public Health	Consideration agreed by Committee, January 2021.
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. Provisional date – submission of report to align with the End of Life Board action plan.
Thriving Communities and Health Improvement Update	To receive an update on the Thriving Communities Programme	Peter Pawson Thriving Communities Programme Manager	Periodic update. A provisional March 2021 date deferred due to Public Health's focus on the Covid response and the new Health Improvement and Weight Management Service considered in January 2021 having been the main focus of activity.