

HEALTH SCRUTINY
06/07/2021 at 6.00 pm



Present: Councillor Toor (Chair)
Councillors Byrne, Cosgrove, Hamblett, Ibrahim, McLaren and Salamat

Also in Attendance:

| | |
|------------------|---|
| Katrina Stephens | Interim Director of Public Health |
| Mark Hardman | Constitutional Services Officer |
| Kaidy McCann | Constitutional Services |
| David Jago | Director of Finance/Chief Officer, PAHT |
| Mike Barker | Strategic Director of Commissioning/Chief Operating Officer |
| Rebecca Fletcher | Public Health |

Informal Meeting

The Chair referred to recent guidance, which had indicated the restricting of the number of people who gather indoors. The Chair also referred to the previous regulations, that had temporarily removed the legal requirement for Local Authorities to hold public meetings in person, that had expired and had not been renewed.

The Committee was advised that it had been proposed and agreed that under the current circumstances, the meeting would be held remotely and on an informal basis, to consider business which had been listed on the Committee's agenda.

1 **APPOINTMENT OF VICE-CHAIR**

RESOLVED – That Councillor McLaren be appointed Shadow Vice-Chair of the Committee for the municipal year 2021-2022.

It was noted that the appointment would require formal approval in due course.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor A Hussain.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **URGENT BUSINESS**

There were no items of urgent business received.

5 **PUBLIC QUESTION TIME**

No public questions had been received for consideration.



6 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting held on 16th March 2021 be noted.

7 **INFANT MORTALITY**

The Committee was provided with a report on infant Mortality in Oldham and the actions taken to reduce those deaths.

The Committee was informed that infant mortality was indicative of the health of the whole population, reflecting the state of the wider determinants of health which included socio-economic and environmental conditions within a community. Oldham's infant mortality rate had been higher than the North West and England rates consistently for over a decade and ranked 19th most deprived out of 317 Local Authorities in 2019 Indices of Deprivation (IMD) data. Seven Oldham Wards appeared in the bottom 10% nationally and ten wards in the bottom 20%.

The Committee were advised of the key causes that contributed which included congenital abnormalities, babies that were small for their gestational age and extreme preterm births. To combat the prevalence of those causes, the approach of Public Health would be to focus on those women that lived in the poorest areas with work to be done to reduce smoking, unplanned pregnancies, maternal obesity and better engagement with those with maternal disorders such as diabetes. It was noted that in addition to those causes, wider determinants of health were found to be factors identified in deaths of children who lived in poverty which included overcrowding housing, lack of access to interpreting services, and poor maternal health in pregnancy.

The Committee was informed that the Child Death Overview Panel for Oldham, Bury and Rochdale reviewed all child deaths under 18 years, however this did not include still births, late foetal loss or termination of pregnancy. The panel was not there to determine the cause of death, instead explored all the factors surrounding the death of the child. It was noted that in 2019/2020, there were 79 notified cases for Oldham, Bury and Rochdale with 29 of those cases reviewed to determine and factors or learning. From those reviewed, it was identified that children were at the highest risk of death within the first year of life with 34% of cases in the neonatal period and 58% in the first year of life. 35% of deaths were caused by perinatal/neonatal event, being the lead cause of child death locally and nationally. Congenital abnormalities were the second most common cause of death which equated to 18% of closed cases.

Members asked for and received clarification on the following:

- What work, if separately, was being done for the 18% of child deaths caused by congenital abnormalities. Both NHS services and Greater Manchester had genetic

services offering support and advice. Work was also being done alongside the Genetic Outreach Programme.

- Smoke free pregnancy scheme and if the same work was being done in regard to other drugs and mothers with additional needs. The Committee was advised that continuity of care was important at the Royal Oldham Hospital with many other areas looking at Oldham for guidance. The aim was to do the best they could with all mothers and work was also being done to tackle foetal alcohol syndrome.
- Infant mortality had a strong connection to the Poverty Task and Finish Group and it was important to home in on prioritising removal of poverty such as English as a first language, housing, jobs and skills and safe sleeping. It was asked if the numbers gotten worse since 2010. It was explained that the areas did tie in together however the wider picture needed to be looked at. There had been a decrease in numbers since 2010, however this was not as steep as other areas. A large decrease was due to the numbers of those smoking quitting during pregnancy.

RESOLVED that the report be noted and a future update on smoking and safe sleeping be reported back to the Committee in 12 months' time.

8

NHS WHITE PAPER - INTEGRATION AND INNOVATION: WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL

The Committee were provided with a presentation on the NHS White Paper transition to ICS update.

The Committee was advised that Government had published the Bill quietly at 3pm on the 6th July 2021. The Bill included fundamental changes to the Secretary of State. A range of things had been designed to remove barriers that would enable integration and collaboration with providers. The CCG would be removed and replaced with Integrated Care Systems with staff being transferred however the vast majority of those staff would be redeployed locally.

It was explained to the Committee that Greater Manchester would receive funding with Oldham's share being 430 Million with this money delegated down. Place based leads would continue within Oldham supported by a System Board and an Integrated Delivery Board. The five tactical neighbourhood boards would help connect from the top to bottom supporting the Strategic Oldham Population Health Board.

Members asked for and received clarification on the following:

- As the Social Care System was linking up internally, where would complaints be sent to and would the PALs service be in place. It was explained that all teams and services would have a complaints service.

- Staff in the Health Services were the most important resource available, there was a massive challenge in regard to partners budgets. With austerity coming to an end, however not in Oldham, not a lot of help had been received from Central Government and it would be important to make sure Oldham was not disadvantaged financially. It was noted that the services were currently in a period of reflection with Officers happy to provide dedicated time to Members on those issues. The report would be going to Cabinet later in the month with a number of workshops and briefing sessions for Members,

RESOLVED that the presentation be noted.

9 **PENNINE ACUTE TRANSACTION - UPDATE**

RESOLVED that consideration of this item be deferred to a future meeting.

10 **KEY DECISION DOCUMENT**

The Board gave consideration to the latest Key Decision Document that had been published June 2021 and circulated to the Committee prior to the meeting.

RESOLVED That the Key Decision Document be noted.

11 **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2021/22**

The Committee received a report inviting consideration of the Committee's Work programme for 2021/22 as at July 2021.

RESOLVED that the Health Scrutiny Work programme 2021/22 be noted.

The meeting started at 6.00 pm and ended at 7.23 pm