

## ***HEALTH SCRUTINY***

### ***Agenda***

Date	Tuesday 7 September 2021
Time	6.00 pm
Venue	Council Chamber, Civic Centre, Oldham, West Street, Oldham, OL1 1NL
Notes	<p>1. DECLARATIONS OF INTEREST- If a Member requires any 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 in advance of the meeting.</p> <p>2. CONTACT OFFICER for this Agenda is Tel. 0161 770 5151 or email</p> <p>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, Thursday, 2 September 2021.</p> <p>MEMBERSHIP OF THE HEALTH SCRUTINY IS AS FOLLOWS: Councillors Cosgrove, Byrne, Hamblett, A Hussain, Ibrahim, McLaren, Salamat and Toor (Chair)</p>

#### 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 Formal election of the Vice-Chair 2021-22  
The Committee to formally elect a Vice-Chair for the municipal year 2021-22.
- 4 Minutes of Previous Meeting (Pages 1 - 4)  
The Minutes of the previous meeting held on 6<sup>th</sup> July 2021 are attached for approval.
- 5 Urgent Business  
Urgent business, if any, introduced by the Chair
- 6 Public Question Time

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

7 Healthy Child Programme (Pages 5 - 12)

*A report providing an overview of the delivery of the Healthy Child Programme in Oldham, and the progress over the past twelve months.*

8 HIGH-LEVEL ELECTIVE RECOVERY (Pages 13 - 20)

*A report advising the Committee on local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations.*

9 Pennine Acute Transaction - Update (Pages 21 - 30)

*An update on the Pennine Acute Transaction Programme.*

10 Overview and Scrutiny Work Programmes 2020/21 - Outturn (Pages 31 - 62)

*A report to present the outturn Overview and Scrutiny Work Programme for the 2020/21 Municipal Year.*

11 Health Scrutiny Work Programme 2021/22 (Pages 63 - 72)

*For the Health Scrutiny Committee to review the Committee's Work Programme for 2021/22.*



**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 16<sup>th</sup> 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 19<sup>th</sup> 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.

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### **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 6<sup>th</sup> 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

## Report to Health Scrutiny Committee

# Healthy Child Programme

### **Portfolio Holder:**

Councillor Zahid Chauhan, Cabinet Member for Health and Social Care

### **Officer Contact:**

Katrina Stephens, Director of Public Health

**Report Author:** Rebecca Fletcher, Consultant in Public Health  
**Ext.**

**September 2021**

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### **Purpose of the Report**

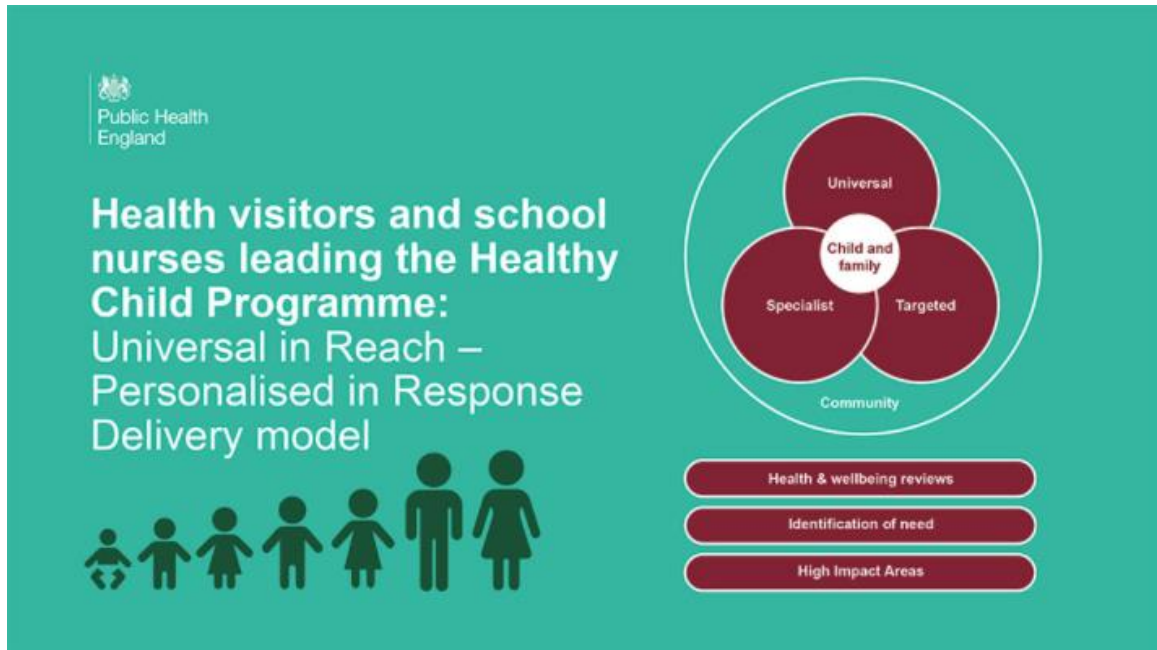
The Health Scrutiny Committee has requested a report on the Healthy Child Programme in Oldham.

### **Summary of the issue:**

This report provides an overview of the delivery of the Healthy Child Programme in Oldham, and the progress over the past twelve months. The report outlines the current performance of the related services, and the engagement work that is happening with parents, and young people.

## 1. Background

1.1 The Healthy Child Programme (HCP) was launched 11 years ago and is still the national evidence based universal programme for children aged 0-19. The programme provides the bedrock for health improvement, public health and supporting families. The HCP is not the responsibility of any individual service but is instead a partnership approach. The programme is led by health visiting and school nursing: our 0-19 public health nursing services



- 1.2 Work is happening at a national level to modernise the programme over the next few years. The aim is to ensure the programme is both current in terms of evidence and context. There will be a greater focus on local assets and community-based approaches as well as ensuring the services put children at the heart of how the HCP is delivered whilst ensuring that the programme has a stronger emphasis on what works.
- 1.3 Although the HCP currently is a 0-19 programme, it is moving to include pregnancy care, and 19-24 year olds where appropriate. This will be in line with the approach in Oldham Council and will enable a strong focus on prevention even before birth.
- 1.4 In Oldham, our health visiting and school nursing services are currently delivered by Bridgewater Community Healthcare NHS Foundation Trust in an integrated service with Children's Centres, and Early Education support. The contract for this service comes to an end on the 31<sup>st</sup> March 2022 and Cabinet agreed in March 2021 to move this set of services for children and young people into the Integrated Care System arrangements as part of a partnership approach.
- 1.5 Local Authorities are mandated to provide some key public health services, and Bridgewater provide a number of these on our behalf. These are
- health visitor reviews of pregnant women and young children,
  - weighing and measuring children at Reception and Year 6, and
  - oral health promotion programmes as deemed necessary for the area



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## 2. Current Data in Oldham

2.1 Overall, compared with England averages, the health and wellbeing of children in Oldham is worse than England. Health outcomes for children are impacted by poverty in a similar way that health outcomes for adults are. In fact, as the recent 10 year update on the Marmot Review argued “Poverty experienced during childhood harms health at the time and throughout the rest of life.”<sup>1</sup> In Oldham, we have areas of high rates of deprivation and the latest figures are that 38% of children in Oldham live in poverty<sup>2</sup>. Health inequalities affect residents of Oldham of all ages.

- 13.6% of women smoke while pregnant which is worse than England. Our rates are improving though.
- Breastfeeding rates are worse than England. 49.1% of newborns received breast milk as their first feed. By 6 to 8 weeks after birth, 39.5% of mothers are still breastfeeding. This proportion has increased slowly over recent years though, and we have seen improvements in some of our wards with the lowest rates of breastfeeding.
- Dental health is worse than England. 43.2% of 5 year olds have experience of dental decay. As a response to this, the Right Start service includes an Oral Health element which will be included in the new model to support good oral health in children under 5 years.
- 11.7% of children in Reception and 26.8% of children in Year 6 are obese. We are similar to the national average in Reception but by Year 6, a greater proportion of our children are obese than the national average. Our new health improvement and weight management service, Your Health Oldham includes a family weight management offer. There is a referral process from school nursing, and schools for families to access this.
- The teenage pregnancy rate is worse than England, with 120 girls becoming pregnant in a year. Our new integrated Sexual Health and Substance Misuse service for young people, which started in April 2021, works to support young people to access reliable contraception.

2.2 There are some areas where we do have similar, or better outcomes than the England Average. These include:

- The uptake of our routine childhood immunisations good and generally at or above the recommended coverage. The MMR immunisation level meets recommended coverage (95%). By age 2, 95.9% of children have had one dose. COVID-19 will likely to have impacted on this figure and we are looking at what we can do locally to catch up on any missed immunisations.
- In 2018/19, there were 10,565 A&E attendances by children aged four years and under. This gives a rate which is better than England.

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<sup>1</sup> [https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England\\_The%20Marmot%20Review%2010%20Years%20On\\_executive%20summary\\_web.pdf](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)

<sup>2</sup> <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2020/children-in-low-income-families-local-area-statistics-fye-2015-to-fye-2020>

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- The rate of child inpatient admissions for mental health conditions at 83.9 per 100,000 is similar to England. The rate of self-harm (10-24 years) at 366.5 per 100,000 is better than England.
  - The percentage of young people aged 16 to 18 not in education, employment or training is better than England at 4.4%.

### **3. Current Service**

- 3.1 The service generally performs well in relation to the mandated contacts by health visitors. Other than the New Birth Visit, the service completes more than the England average for other contacts. There are some challenges to meeting the New Birth Visit target which the service is working on. These include babies that are still in hospital when the visit is due, or families who go to visit other family when the baby is born. The latest data showed that 86% of parents had a New Birth Visit within 14 days and then a further 11% had them after this time.
- 3.2 The service provides expert input into our MASH (Multi-Agency Safeguarding Hub) in order to support the health input into these multiagency assessments. There has been an increase in demand in relation to safeguarding since the start of the pandemic, and so this input has increased.
- 3.3 In March 2020 the service implemented its business continuity plan in line with correspondence received from NHS England / NHS Improvement dated 19.3.20 which set out how providers of community health services should release capacity to support the COVID19 preparedness and response "Prioritisation within Community Services;
- 3.4 The service carries out an ASQ-3 assessment as part of the 2-2 and a half year review. This measures development in five domains. In the latest data, from Sept-Dec 2020, 65% of children were at, or above the expected level of development in all five domains.
- 3.5 Group sessions were also suspended last year. They moved to virtual sessions, and then, when the restrictions allowed, the service offered some sessions outside.
- 3.6 Face to face home visits and clinic visits by appointment were maintained with a focus on those children Subject of Child Protection Plan, Children Looked After, Children in Need, Children with Special Educational Needs and Disabilities and other children and families identified as vulnerable.
- 3.7 The service worked with key partners across the Oldham economy to explore redeployment needs. A total of 12 Right Start and School Nursing staff were redeployed during May and June across critical services. The staff returned to the service when appropriate following negotiation with individual services. All staff had returned by mid-July 2020. Department of Health and Social Care currently do not recommend any further redeployment from these services due to the essential nature of the care.
- 3.8 The service implemented the following changes in practice over the past year in order to support families through the pandemic.
  - Ensured the focus was on those most vulnerable by carrying out caseload review and identification of all vulnerable children (Child Subject of Child Protection Plan / Child in Care / Child in Need / child with SEND / extremely clinically vulnerable children)

- Providing ongoing support to families identified with lower level needs to prevent escalation including creative opportunities for face to face assessments (pram walks / garden visits / park visits / doorstep child growth monitoring)
- The service provided daily appointment-based healthy child clinics for parents who were reluctant to allow professionals into their homes as well as for the delivery of packages of care
- The service developed a video in an attempt to allay parental fears of accessing services. The video described the COVID-19 safe arrangements that were in place in order to keep both families and staff safe whilst also stressing the importance of taking up the Healthy Child Programme.
- Greater use of virtual support for staff including virtual training, and clinical supervision

3.9 The service successfully achieved UNICEF level 3 baby friendly accreditation in January 2020 and is now working towards the Gold “Achieving Sustainability Standard

3.10 The service provides a universal “Babbling Babies” offer that provides strategies for families to support their child’s communication development. Over the pandemic the service has embedded virtual stay and play and baby play group delivery via Zoom and has widened participation. In some areas such as Glodwick the sessions seem to be more accessible and reaching families where it was difficult to engage them in face to face sessions. The changes to practice have ensured that during this time large numbers of parents have received telephone/video contact with Babbling Babies’ strategies to support their child’s development. In Quarter 4 nearly 900 families were engaged with these strategies

3.11 Other developments include the delivery of a targeted speech and language programme called “Little Talkers” groups. The programme was initially delivered during 2020/21 through video link then moving to face to face within the home during quarter’s 3 and 4. Families have engaged well during this quarter 3 and 4 welcoming the speech and language assistants into their home. The service is being evaluated currently.

#### **4. Future of the Healthy Child Programme and Right Start Model in Oldham**

4.1 The service is part of a longer-term strategic drive to further integrate children and family services with local health and care provision, creating a cohesive responsive system in the best interest of children and families. We want to move to integrated and collaborative working with our partners with less emphasis on commercial commissioning, setting aside bureaucracy as well as delivering the place-based ambitions we have locally within Oldham to wrap around communities more.

4.2 The current Right Start and School Nursing Service has been provided by Bridgewater since 1st April 2016. The contract was extended in 2020 for one year from 2020 to 2021 and approval has recently been given to extend it for another year from 2021 to 2022 due to the COVID-19 outbreak. This is an opportunity to redesign the service in line with our aspiration to work in a more integrated way, creating a better experience for children and families and better utilisation of the 16 children’s centres across the Oldham borough.

4.3 Cabinet agreed in March 2021 to move the 0-19 public health services for children and young people, including health visiting, family nurse partnership, oral health promotion and school nursing elements into the Integrated Care System arrangements as part of a partnership approach.

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- 4.4 We have a real drive to build an all-age system for Oldham that involves our local communities and collaborates with all local partners. We need to ensure that support for children, young people and families is at the heart of the integrated place-based approach in Oldham. We need to have the new model in place for the initial services by 1<sup>st</sup> April 2022 with new contracting arrangements.
- 4.5 In order to deliver this ambition, we have developed a transformation programme for the 0-19 services currently delivered by Bridgewater. This programme is leading on the work needed to transfer the services to the Council, and the NCA on the 1<sup>st</sup> April 2022.
- 4.6 The aims of this programme of work are;
- Delivering transformative, integrated services in the five-district model
  - To ensure that families in Oldham know how to get the right support, when and where they need it
  - To provide robust performance management and financial management of all services for children and families focusing on outcomes
  - To facilitate information sharing between children's services to ensure families only need to tell their stories once
  - To provide a definition of Oldham's integrated model for children, young people and families
  - To support the strategic priority from our Locality Plan "Ensuring the right care in the right place by the right person at the right time as close to home as possible" (Overarching Strategic Quality Priorities - Oldham Locality Plan 2019 – 2024)
  - To ensure a consistent governance and oversight for the whole system
- 4.7 A key element of the Oldham approach is taking a strengths-based and person-centred approach to understand what matters to people rather than being led by service priorities to build a system which works for residents.
- 4.8 The relationships between the Children's Centre sites, families and other delivery sites and/or services are equally important to ensure a whole family approach and, as far as possible, a seamless, integrated service. An indication that this is working well is when a family need tell their story only once and services and people then work together to give that family the support they need.

## **5. Engagement work**

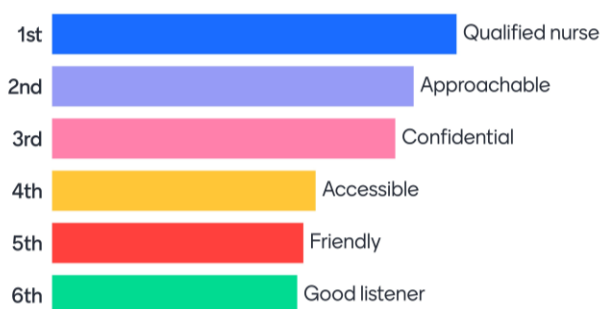
- 5.1 The new model will require a formal public consultation. This is an opportunity to formally gather feedback from the public on any proposed changes, and flex any proposed model in response to the feedback. We want to ensure that we are co-producing the new model with families so we are carrying out a range of engagement activities.
- 5.2 Feedback from Families with children under 5 years:
- The Early Years Strategy was published earlier this year, and we gathered a wide range of views from parents of children aged under 5. There were 206 respondents combined between survey answers, and virtual community discussions.

- When asked “what could we do better?” 38% of survey respondents said ‘accessible and affordable groups/activities/childcare’ and 37% said ‘support for parents and carers’. More than a third of respondents said that parents go to health professionals for support with their children’s development. Other sources were Homestart, and support groups such as WhatsApp mum’s groups.
- There was feedback on the importance of using outdoor spaces, and other activities for children. Although the focus in these conversations was on children under 5, it was clear that many families have older children as well.
- Opening times was also raised here: ‘Doing things that aren’t always during the day or on weekdays. I don’t have anywhere to go with my little boy during the weekends’

5.3 Engagement has already begun with young people. Oldham Youth Service spoke to groups of young people about school nursing service

- The majority of young people we spoke to were not sure of the difference between a school nurse and the person in the school who does first aid. There was a lack of knowledge of how to access the service but most of the young people said they would appreciate support and advice from a trained nurse, who was accessible.
- The key topics they wanted help on were: mental health, support around stress and anxiety, relationships and sexual health. They wanted face to face support, as well as help via text and online.
- One young person said that they wanted: “Free medical advice that may be too embarrassing to ask parents, teachers or friends”

**What are the most important features/characteristics of a school nurse?**



5.4 We have an online survey now live which is aimed at families with children aged over 5 which asks about parenting support, children’s centres, and access. In addition, we are working with local VCS partners to carry out targeted face to face sessions to explore what families need in more details. This will include families with children with SEND, dads, and families who may be digitally excluded.

5.5 We have carried out various sessions with professional partners to gather their insights and innovative ideas. These have included council services, health partners, amongst others. Initial findings include the range of opportunities for public health messages and support for families to be delivered in innovative settings. Also, it was clear that Oldham has a wide range of communities and how important it is for the service to be able to flex to respond to these.

**6. Recommendations**

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6.1 The Health Scrutiny committee are asked to note the progress on the transformation programme and support the ongoing actions to further develop the integrated model for 0-19 services in Oldham.

## REPORT FOR HEALTH OVERVIEW AND SCRUTINY

### REPORT OF STRATEGIC DIRECTOR OF COMMISSIONING/CHIEF OPERATING OFFICER, OLDHAM COUNCIL AND CCG

SEPTEMBER 2021

#### HIGH-LEVEL ELECTIVE RECOVERY

##### Introduction and Context

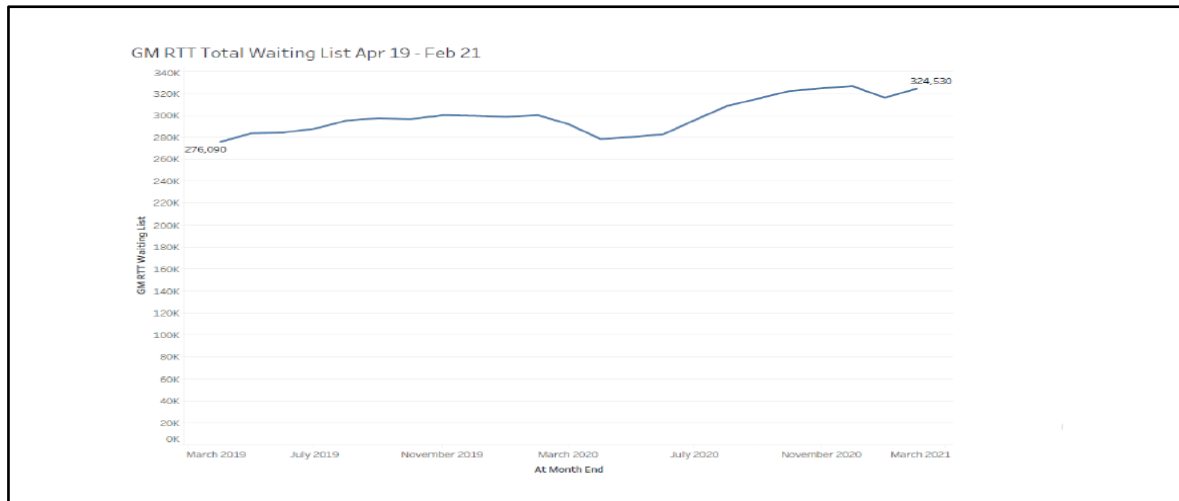
The pandemic has created significant challenges for providers in Greater Manchester in their processing of patients, irrespective of whether they are on admitted or non-admitted pathways and this difficulty spans all ages and all specialities. The consequences of this is a substantial increase in waiting times, including a level of patients waiting more than 52 weeks. This scenario has not been seen for many years.

Addressing this challenge will require collaborative working across providers, including the use of the independent sector and a focus on pathways between primary and secondary care. This work will provide opportunities for transformation and innovation in many of our specialities including within community and primary care services.

Collaborative working across hospital and community cells in GM has clearly been delivered successfully during the COVID pandemic and despite all the challenges new pathways, and innovative clinical practice has been delivered to the benefit of the GM population. The provision of mutual aid for critical care has exemplified this collaborative practice.

GM has however been disproportionately affected by the Covid pandemic, experiencing three waves each having a significant impact on ability to deliver wider elective activity. The decline following the third wave is also notably slower in GM than other parts of the North West Region and across England with critical care capacity still 50% Covid in GM compared to c 33% in Lancs & Cumbria and Cheshire & Mersey.

The total waiting list in GM has been steadily increasing overall number of years. In April 2017 RTT total waiting list was c. 220K. Although some progress was made in the early part of 2020, Covid has impacted on the overall RTT waiting list which now stands at c. 325K as seen in the graph below.



## Overall GM approach to recovery

The principle of treating the patients in greatest need in priority order is fundamental to how GM has focused resources on elective activity during the pandemic and will be central to the ongoing elective recovery activity. This will result in clinical need being prioritised over wait time.

In response to the current context GM Gold Command along with the Provider Executive Medical Directors and Chief Operating Officers have already developed an approach to ensuring priority patients continue to receive treatment. This was implemented as the response to the third wave continued. Key to this was the development of a category for those with life/limb/sight threatening conditions (and associated diagnostics). The GM approach included a standard prioritisation matrix including the ability to escalate patients to a regional panel should providers in GM be unable to undertake the work in the required timeframe, the establishment of validation panels in trusts and adoption of a standard operating procedure. These panel will continue to validate patient waiting lists and ensure ongoing monitoring of patients to identify any who have deteriorated and therefore need to be treated more urgently. This will be undertaken in line with a GM SOP which will ensure standardisation and equity of access for patients.

As part of the daily data submissions to GM Gold Command each trust is asked to identify any issues with providing surgery for the highest priority patients so that mutual aid can be provided where necessary from across GM. To date GM have not required assistance from outside the ICS.

Cancer and other specialities such as cardiothoracic, complex cardiology, paediatrics, vascular surgery, ophthalmology and neurosciences have remained a priority for GM throughout the pandemic, ensuring those most in need of treatment receive care in a timely and clinically safe way. Each trust is developing a cancer recovery plan which is being drawn together into a GM wide collaborative plan for cancer recovery. Other specialist services also have restoration plans in hand.

To respond to the wider elective recovery challenge, GM is now developing an



approach based around three specific workstreams:

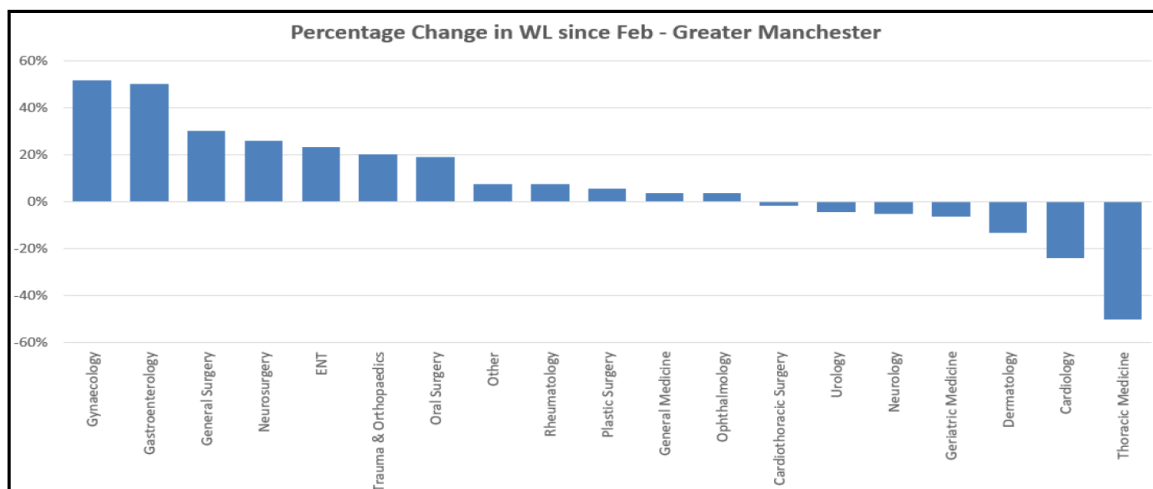
- An overall approach to ensuring the most effective use of available capacity and equity across GM
- GM Collaborative approach for a number of clinical specialities based on GM analysis, and clinical prioritisation which will utilise a system wide approach to elective recovery and transformation
- Adoption of National Adopt and Adapt programmes

Our GM approach to ensuring effective use of available capacity will build on the principle of mutual support that has enabled GM to successfully manage the pandemic. It will balance an overall approach to transparency and oversight of waiting lists across GM with PTLs remaining the responsibility of individual organisations for accountability.

In terms of clinical priority areas, GM had previously developed an approach to Covid secure facilities which have been used throughout the pandemic to meet P2 priorities. This principle will now be further exploited this year for the restoration of all elective activity.

Over summer 2020, GM had also successfully developed a system wide approach to endoscopy to address the significant waiting list. The principles of this system approach are now being applied to other clinical areas to support recovery. This potentially includes identifying opportunities to reducing the need for surgery, managing symptoms in the community, reviewing referral thresholds and using specialist expertise to ensure equity and the most appropriate care for patients. In addition to this we will also look at the prospect for increasing capacity through shifting settings between theatre, day case and outpatient procedure, use of IS, modular / mobile units as well as using the workforce innovatively.

Key to our early restoration of elective activity will be the identification of a small number of specialty areas the principles above can be applied to in order to deliver the greatest system benefit. The current data suggests gynaecology, general surgery and ENT are three specialties that have seen the greatest increase in waiting list size that could be considered for this type of approach.



In addition, Royal Manchester Children’s Hospital and Alder Hey have been asked to develop a regional approach to oversight of the waiting times for children awaiting surgical interventions including paediatric dentistry. In addition, GM had an ophthalmology workstream in place which is being expanded to include the national eye care recovery programme and delivery of digital transformation. These two areas have therefore been added to the prioritised clinical areas for the GM Elective Recovery plan.

## Current Position

Recovery of elective activity is continuing across GM, as outlined in the tables below. There has been an improvement in performance across a number of points of delivery, including day case and ordinary elective. However there is concern that the ongoing Covid19 and urgent care pressures will impact this delivery over the coming weeks.

Figure 1: GM Elective Recovery position

	England average	North West Average	GM	Change from last week (GM)
Daycase	88%	84%	84%	Down 2%
Ordinary elective	89%	95%	91%	Up 7%
First Outpatient	89%	102%	118%	Up 7%
Follow-up Outpatient	93%	101%	103%	No change
CT scans	113%	107%	101%	Down 15%
MRI scans	102%	102%	102%	Down 6%
Colonoscopy	111%	129%	126%	Up 14%
Flexi-sigmoidoscopies	67%	61%	73%	No change
Gastroscopies	101%	95%	105%	Down 8%

(Data source: NW restoration of critical services report 11<sup>th</sup> July 21)

Figure 2: GM Trust Recovery position

	Daycase	Ordinary electives	First Outpatient	Follow-up Outpatient	CTscans	MRI scans	Colonoscopy	Flexi-sigmoidoscopies	Gastroscopies
Bolton	93%	85%	108%	132%	245%	130%	125%	133%	75%
MFT	74%	89%	128%	111%	75%	80%	216%	75%	160%
Pennine Acute	85%	82%	182%	57%	92%	84%	101%	71%	96%
Salford	73%	87%	79%	82%	106%	108%	81%	154%	219%
Stockport	82%	70%	77%	70%	101%	116%	82%	108%	73%
Tameside	95%	102%	83%	88%	120%	200%	116%	93%	140%
The Christie	87%	106%	72%	87%	106%	113%	313%	200%	
WWL	139%	126%	138%	178%	111%	106%	109%	0%	0%

(Data source: NW restoration of critical services report 11<sup>th</sup> July 21)

The GM Elective dashboard indicates that the total number of patients waiting is 395,805 patients, with the number of patients waiting over 52 weeks having increased to 33,516 patients (9% of total waiting list). The three specialties with the biggest number of >52ww continue to be Trauma and Orthopaedics, General Surgery and ENT.

## **Recovery and Reform within prioritised elective specialties**

Each of the relevant Clinical Reference Groups have reviewed the (high value, low cost) HVLC pathways and identified those pathways with greatest impact for the GM system. Each Trust is then identifying the gap between current provision and the defined pathway/standards, along with agreed actions to address the gaps.

All GM Trusts have been asked to commence submission of the fortnightly theatre productivity dataset into Model Health System, which will provide the system with the ability to track improvement particularly in relation to released bed days and increased productivity.

In addition to maximising productivity within individual organisations/localities, the Elective Recovery and Reform team is continuing to support the development of elective hubs. The hub model (focusing initially on orthopaedics and children's surgery) has been considered by the GM Gold Hospital cell and the Provider Federation Board, with the expectation that progress is expedited in line with growing urgent care pressures. This will include exploring the ability to secure a modular unit for the south east sector.

Independent Sector usage for the main five Independent Sector Provider sites is managed through a lead commissioner model which includes both primary care referrals and patients transferring from NHS trusts. A GM IS coordination group has been established to oversee levels of Independent Sector utilisation. The five lead commissioner contracts secure minimum activity levels equal to that delivered in 2019/20, with additional activity to be negotiated as a variation during the year, as NHS demand and Provider supply dictates. The focus has been on those prioritised specialties with the biggest backlogs and therefore the Clinical Reference Groups have been utilised to encourage Trusts to send relevant patients to the Independent Sector to support recovery. The contract includes a clause on treatment principles including Priority-code and waiting time, as key criteria for prioritising NHS patients' treatment irrespective of the source of their referral.

The latest Independent Sector activity position shown below shows performance against the 2019/20 baseline contracted activity. The variable performance against contracted activity reflects the change in process to an Inter-Trust transfer model, some early mobilisation and workforce issues which are being smoothed and improved through quarter 1, including clinical engagement through the Clinical Reference Groups.

Figure 3: GM Independent Sector Utilisation (month 2)

YTD (M2) GM Independent Sector Activity by ISP								
	Activity				Value £'000			
	Plan	Actual	Variance	Var%	Plan	Actual	Variance	Var %
BMI Alexandra	4,898	3,386	(1,512)	69%	1,728	1,149	(579)	67%
BMI Beaumont	6,160	5,442	(718)	88%	1,540	1,429	(111)	93%
BMI Highfield	2,766	2,890	124	104%	1,179	1,208	29	102%
Oaklands	9,306	6,683	(2,623)	72%	2,909	2,126	(783)	73%
Spire Healthcare	3,087	2,099	(988)	68%	830	623	(207)	75%
Spa Medica	1,562	4,613	3,051	295%	1,861	1,737	(124)	93%
<b>Grand Total</b>	<b>27,778</b>	<b>25,113</b>	<b>(2,665)</b>	<b>90%</b>	<b>10,046</b>	<b>8,272</b>	<b>(1,774)</b>	<b>82%</b>

\*Spa Medica Activity Plan only included for Slaford and Bolton CCG

YTD Month 2 GM Independent Sector Activity By Commisisoner								
	Activity				Value £'000			
	Plan	Actual	Variance	Var%	Plan	Actual	Variance	Var%
Bolton CCG	6,376	4,734	(1,642)	74%	1,666	1,157	(509)	69%
Bury CCG	1,612	1,342	(270)	83%	717	446	(271)	62%
HMR CCG	211	323	112	153%	131	123	(8)	94%
Manchester CCG	3,732	2,517	(1,215)	67%	1,291	831	(459)	64%
Oldham CCG	2,278	2,269	(9)	100%	1,320	981	(339)	74%
Salford CCG	6,556	5,304	(1,252)	81%	2,004	1,571	(433)	78%
Stockport CCG	3,672	2,581	(1,091)	70%	1,242	790	(452)	64%
Tameside and Glossop CCG	1,435	2,319	884	162%	770	979	209	127%
Trafford CCG	853	1,509	656	177%	356	509	153	143%
Wigan Borough CCG	1,052	2,215	1,163	211%	550	885	335	161%
<b>Grand Total</b>	<b>27,778</b>	<b>25,113</b>	<b>(2,665)</b>	<b>90%</b>	<b>10,046</b>	<b>8,272</b>	<b>(1,774)</b>	<b>82%</b>

\*Spa Medica Activity Plan only included for Salford and Bolton CCG

## Health Inequalities in Elective Recovery

The GM Health Inequalities in Elective Recovery has been established. The GM Business Intelligence team have collated a data pack that provides an informative picture of the impact of the elective pause on different cohorts on the waiting list across GM. There is agreement that the Task & Finish group now need to agree actions to be taken at a locality level as well as at a system-level as a result of analysing the data. A key action being considered is how the prioritisation approach could be amended to take into account health inequalities and how this would then be implemented. This will require further clinical engagement once a proposal is developed. In the meantime, each locality is undertaking a deep dive using 'last 10 patients methodology'.

## Communications including Waiting well

The GM communications team have developed an updated stakeholder briefing in response to the increase in demand being experienced across the system. This includes key messages regarding elective recovery. Initial scoping of the national waiting list communication guidance and research of best practice is now complete. This has helped to form a clear definition of what waiting well is (and is not); for patients and for stakeholders. A Greater Manchester Waiting Well Framework has been drafted. The GM key public messages have been agreed as:

- a) Waiting for your hospital care
- b) Waiting times across Greater Manchester
- c) What we mean by waiting well
- d) Useful national resources

A 'Locality offer' framework has also been established. Localities will provide information and support under the following headers; Looking after yourself: body and mind; Support from your community; Support from you NHS and Where to go if you have concerns. Nine localities have initiated work on locality offers (Manchester CCG has not had initial meeting yet due to annual leave and staff sickness) with locality offers to be completed by first week of August.

The weekly GM waiting list communications group has been established to progress this work at pace, supported by additional external communications support, to roll out the framework by the end of August 21.

Targeted engagement with the public is on-going, through localities. Stakeholder engagement continues with Primary Care Board and PCN Network scheduled within the next fortnight.

### **Recommendation**

The committee is asked to note the update provided in the briefing

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# Transaction Update

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7<sup>th</sup> September 2021

Agenda Item 9

# Progress since previous update

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# Significant progress has been made

Since the previous update to this committee, there have been significant inroads towards the completion of the transaction, and there now remain no significant risks to transaction completion. SRFT and PAT have worked closely with the HSEI review team to submit a range of documentation and undergo a number of review meetings.

### Strategic Rationale

All submissions made including updated annual plan, collaboration action plan, updated patient benefits with further input from PAT Executive, updated paper linking capital expenditure with patient and financial benefits.

Strong working relationships have developed further with MFT, PAT and system stakeholders.

### Transaction Execution

- Updated documents submitted and detailed updates on Orthoplastics and Cancer provided to Quality Review meeting as well as PAT, previous stocktake meetings.
- Disaggregation progressing well between providers with follow on steps or statements of intent agreed.
- Post Transaction Governance agreed including Legacy Management office.

### Finance

- Finance updates submitted and is in review,
- Revised LTFM submitted
- Key assumptions signed off through Finance Working Group and shared with regional team
- Reporting accountant: line of sight review completed and submitted to Board, summary provided in deck.

### Quality

- All documentation submitted
- Oldham CQC improvement plan on track
- One remaining STP with Amber QIA (OMFS – MFT service)
- Detailed Quality review and session completed

# number of key meetings have taken place

RFT have undertaken a number of meetings with the NHSEI review team as part of the transaction progress. The NHSEI review team have also met with PAT colleagues. These meetings have been positive and constructive.

RFT and PAT executives and non-executives have met regularly to discuss the delivery of services under the management agreement and operational issues.

The NHSEI review team will submit their recommendations on the transaction to the Provider Oversight Committee on 14<sup>th</sup> September 2021.

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# The reduced risk to transaction delivery

As a result of the transaction being phased, there have been additional opportunities to reduce any remaining risks prior to transaction taking place.

There remain no significant risks to transaction completion. There is one risk scored at 10 as follows:

Financial and operational performance falling across both SRFT and PAT may fall further before the transaction takes place; mitigation of continuing QI programmes and Oldham CQC improvement plan

In terms of operational risks following transaction, there remains one risk rated at 10:

Capital funding for transformation; discussions are ongoing between NCA and NHSEI NW / other system stakeholders. We expect this risk to be closed as part of the agreement of the ICS capital control total for 2022/23.

The current risk position is described in the table below.

	Open risk position: August 2020 (at BC submission)				Open risk position: end August 2021			
Type	12+	11-10	9-5	>5	12+	11-10	9-6	>5
Risk to Transaction	7	6	13	0	0	1	2	0
Operational	1	5	15	0	0	1	16	0

# Post-Transaction Changes and Impacts on Patients

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# There will be limited changes post-transaction

Immediately following transaction, there will be no changes to any services. Our key focus will be the delivery of a “safe landing” for all services and for patients in order to ensure a seamless transition to the new organisation.

Exit timetables have been agreed between NCA and MFT. Exit plans have been agreed for the SLAs concluding in September 2021 following the NCA transaction completion, with plans for the rest in development. There may be some changes as services disaggregate, and relevant partners will be engaged as appropriate.

The key visible change will be the organisational name change from SRFT / PAT to Northern Care Alliance NHS Foundation Trust. A new email address will be put in place for all staff post-transaction, ending @nca.nhs.uk rather than @srft.nhs.uk or @pat.nhs.uk. Existing email addresses will continue to operate for an extended period of time.

Our new NCA website ([www.northerncarealliance.nhs.uk](http://www.northerncarealliance.nhs.uk)) will be launched on 1 October 2021. SRFT and SRT old websites decommissioned. Public, patients and external stakeholders will be able to access all information as before in one place and updated content and guidance.

The four Care Organisations (Bury, Oldham, Rochdale, Salford) will continue to have distinct identities, and with no changes to the leadership or clinical teams.

# Disaggregation Plan beyond September 2021

Service Disaggregation and LA Exit at 1 April 2022	Service Disaggregation at 1 October 2022	Service Disaggregation Beyond 12 months (timing dependent on external factors)	Service where Nature / Timescale / whether to Disaggregate needs Further Consideration
<i>Exit Plan developed by Sept 2021</i>	<i>Exit Plan developed by Sept 2021</i>	<i>Plan on a Page developed by Sept 2021</i>	<i>Statement of Intent developed by Sept 2021</i>
Diabetes / Endocrin	IT / Informatics	Vascular Surgery	Gastroenterology (Disagg March 23)
Cardiology (ex Cath Lab)	Pathology	Gynaecology	General Surgery
Palliative Medicine & Chaplaincy	Pharmacy (Some staff transfer at March 22)		Urology
Cancer Trackers etc	Therapies (Audiology)		Trauma and Ortho
Ophthalmology	Switchboard		ENT
Interp / Translation			Cardiology Cath Lab
Laundry & Linen			Clin Haematology
			Rheumatology

# Organisational Capacity

As part of routine assessment processes in preparation for a transaction, NHSEI asked the question “how does the Board ensure that it has the right bandwidth to deliver BAU and the busy strategic agenda the organisation has, including the transaction?”. This question has been posted particularly in the context of COVID and COVID recovery

A paper was considered by Group Board on 26th July outlining how the Board assesses bandwidth against objectives & requirements, and what is being put in place to deliver these, so that it can assure NHSEI that appropriate oversight and risk assessment is undertaken to match bandwidth to objectives & requirements.

This will ensure that there is enough capacity to deliver patient benefits through existing programmes of work alongside dedicated programme management capacity for aggregation.

Contingencies are able to be quickly set up in case of capacity gaps.

# Scrutiny Arrangements

It is not anticipated that there will be any changes to the overall scrutiny arrangements between NCA and local authority partners as a result of transaction completion. The NCA will continue to proactively engage with local authorities and scrutiny committees as valued partners.

There will however inevitably be a reduction in focus on the transaction itself and increased attention on the disaggregation of services and their impact on patients and local residents.

The Pennine-wide scrutiny arrangements are due to be discussed at the Joint Health Overview & Scrutiny Committee on 6<sup>th</sup> September.





**Report to**  
**POLICY OVERVIEW AND SCRUTINY COMMITTEE**  
**PERFORMANCE OVERVIEW AND SCRUTINY COMMITTEE**  
**HEALTH SCRUTINY COMMITTEE**

## **Overview and Scrutiny Work Programmes 2020/21 - Outturn**

**Committee Chairs:** Councillor Colin McLaren, Riaz Ahmad and Yasmin Toor

**Lead Officer:** Elizabeth Drogan, Statutory Scrutiny Officer

**Report Author:** Mark Hardman, Constitutional Services Officer

**Policy – 27<sup>th</sup> July; Performance – 26<sup>th</sup> August; Health - 7<sup>th</sup> September 2021**

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### **Purpose of the Report**

To present the outturn Overview and Scrutiny Work Programme for the 2020/21 Municipal Year.

### **Recommendations**

The Committees are asked to note the attached outturn Overview and Scrutiny Work Programmes for 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 Overview and Scrutiny Procedure Rule 4.2 further requires the Chairs of Overview and Scrutiny Committees to collectively arrange for an Overview and Scrutiny Annual Report to be submitted to the Council for consideration. It is intended to submit the Annual Report to the meeting of the Council to be held on 8<sup>th</sup> September 2021.
- 1.3 In the interim, the outturn Work Programmes for each of the overview and scrutiny bodies existing in the 2020/21 are attached for noting by each of the current Overview and Scrutiny Committees. The outturns are still, to a degree, 'draft' in that minutes of meetings held in March 2021 have yet to be formally approved. However, minutes of those meetings have been noted without challenge at recent informal meetings of the current Committees and, as such, it is considered they can be relied upon for this purpose. Submission of the outturn work programmes will bring a formal conclusion to the 2020/21 overview and scrutiny programme and complement the Annual Report submission to Council.
- 1.4 All three outturns are being submitted to the three current Committees due to the transfer of responsibilities that occurred on implementation of the new overview and scrutiny arrangements in May 2021.

## **2. Recommendation**

- 2.1 It is recommended that the 2020/21 outturn work programmes of the Overview and Scrutiny Board, the Overview and Scrutiny Performance and Value for Money Select Committee and the Health Scrutiny Committee be noted.

## **3. Appendices**

- |            |   |
|------------|---|
| Appendix 1 | Overview and Scrutiny Board Outturn Work Programme 2020/21  |
| Appendix 2 | Overview and Scrutiny Performance and Value for Money Select Committee Outturn Work Programme 2020/21 |
| Appendix 3 | Health Scrutiny Committee Outturn Work Programme 2020/21  |

# OVERVIEW AND SCRUTINY BOARD

## WORK PROGRAMME 2020/21 - OUTTURN

## OVERVIEW AND SCRUTINY BOARD

### WORK PROGRAMME 2020/21 - OUTTURN

Date of Meeting	Agenda Item	Summary of issue	Outcome/Resolution
Wednesday, 3 <sup>rd</sup> June 2020  (Joint meeting with Overview and Scrutiny Performance and Value for Money Select Committee and Health Scrutiny Committee)	Covid-19 – Scrutiny Briefing	To provide an update on the local response to the Covid-19 pandemic and allow scrutiny Members to ask questions relating to that response.	<ul style="list-style-type: none"> <li>• Members noted that it would be wrong not to acknowledge the work of Officers and of partner organisations in the local response to the Covid pandemic.</li> <li>• The Chair noted conclusion of the presentations and the question and answer session, suggesting it was necessary for the Joint Committee to meet further and collate information to be used to support lobbying of MPs and other parties.</li> <li>• Noted that some consideration of inequalities would need to be given at a future meeting.</li> </ul> <p>The Equalities Strategy to be included in the appropriate Committee work programme for 2021/22.</p>
Tuesday, 16 <sup>th</sup> June 2020	Place Based Integration	Update on Progress	<p><b>RESOLVED</b> that -</p> <ol style="list-style-type: none"> <li>1. the update provided on Place Based Integration be noted;</li> <li>2. the Board Task and Finish Group considering Place Based Integration be taken forward.</li> </ol> <p>A Workshop and wider briefings for elected Members were held prior to further report to the Board in March 2021.</p>
	Poverty Task and Finish Group	Update	<p><b>RESOLVED</b> – that</p> <ol style="list-style-type: none"> <li>1. the Overview and Scrutiny Board Poverty Task and Finish Group assist in the update of the Council’s Poverty Strategy;</li> <li>2. the terms of reference for the Poverty Task and Finish Group be reviewed in light of the forthcoming Workshop for senior Councillors, senior Officers and partners as reported to the Board by the Deputy Leader and Portfolio Holder for Covid-19 Response.</li> </ol>

			The Task and Finish Group met and contributed to the report on Poverty considered by the Board in March 2021.
Wednesday, 22 <sup>nd</sup> July 2020	Statement of Community Involvement	Consultation	<b>RESOLVED</b> that the proposed policy and the comments made by the Overview and Scrutiny Board members be noted.
	Customer Services Strategy: Unreasonable Behaviour	Consultation	<b>RESOLVED that:</b> 1. The Unreasonable Behaviour Policy and updated Corporate Complaints Policy be noted. 2. The comments provided by members be noted. 3. The updated policies be circulated to members.
Tuesday, 8 <sup>th</sup> September 2020	Local Development Scheme	Policy Update	<b>RESOLVED</b> that the recommended revisions to the Local Development Scheme be supported and it be agreed that the go forward for approval.
	Safeguarding Adults Board Annual Report	Annual reporting	<b>RESOLVED that:</b> 1. The Oldham Adults Safeguarding Board Annual Report and the tremendous work undertaken in the 12-month period be noted. 2. A Task and Finish Group be established to explore issues of ethnicity and safeguarding, the terms of reference for which to be considered by the Chair and Councillor Toor.
	Council Motions Update: Tax Relief for Public Transport	Motion referred from Council	<b>RESOLVED that:</b> 1. The Board would support asking the Chief Executive to write to the Prime Minister and the Chancellor of the Exchequer to request that the Government introduces a tax relief scheme on seasonal travel tickets (following the principles outlined in Mr. Johnson's Telegraph article in 2013), making this effective as soon as possible and to the Mayor of Greater Manchester saying that we all should support such a scheme. 2. The Pay and Reward Team report to the next meeting of the Board on matters relating to the offering of a Bike to Work Scheme.

	Youth Council: Employment and Apprenticeships	Motion referred from Council	<b>RESOLVED</b> that a workshop be convened with the Youth Council and relevant officers to address the resolutions in the Youth Council motions relating to the development of the digital sector in the town, the review of apprenticeships across Oldham and offering of digital apprenticeships by the Council.
Thursday, 24 <sup>th</sup> September 2020  (Joint meeting with Overview and Scrutiny Performance and Value for Money Select Committee and Health Scrutiny Committee)	Covid-19 – Scrutiny Briefing	To provide an update on the local response to the Covid-19 pandemic and allow scrutiny Members to ask questions relating to that response.	<b>RESOLVED</b> that: 1. The information provided be noted. 2. The questions and responses provided be noted.
Tuesday, 20 <sup>th</sup> October 2020	Get Oldham Working and Career Advancement Services (Work and Skills Strategy)	Update on the strategy	<b>RESOLVED that:</b> 1. The update be noted. 2. The recovery plan to be put in place for the next twelve months be brought to the Board for review. 3. The revised Strategy be brought to the Board.  The item to be included in the appropriate Committee work programme for 2021/22.
	Impact of Covid 19 on Unemployment, Including Young People and Care Leavers		<b>RESOLVED that:</b> 1. The update be noted. 2. The update on the Covid-19 recovery plan be brought to the Board at the earliest opportunity.  The item to be included in the appropriate Committee work programme for 2021/22.

	Community Safety and Cohesion Partnership	Policy Update	<b>RESOLVED that:</b> 1. The update be noted. 2. Once the draft plan had been put together, it would be circulated to Board Members for their comments.
	Update on Northern Roots	Update on Project	<b>RESOLVED that:</b> 1. The appointment of further Independent Directors be noted. 2. The appointment of an Independent Director as Chair be recommended. 3. An update be provided to the Board when charitable status was established. 4. The update be noted.  The item to be included in the appropriate Committee work programme for 2021/22.
	Salary Sacrifice Cycle to Work Scheme	Update on salary scheme	<b>RESOLVED that:</b> 1. The update be noted. 2. HR be requested to provide information on the timeline for the payroll system to be circulated to the Board.
	'Let's All Do Our Bit to Tackle Litter'	Council Motion Update	<b>RESOLVED that:</b> 1. The information contained in the report be noted. 2. The update as provided in the report be included in the next Council action update. 3. An update be received when available from Environmental Services related to Charity Bins.
	Amendment to United Nations Sustainable Development Goals	Council Motion Update	<b>RESOLVED</b> that the inclusion of the Amendment to the report not be agreed or commended to Council.
Thursday, 5 <sup>th</sup> November 2020	Greater Manchester Spatial Framework	Consultation on the proposed Spatial Framework	<b>RESOLVED that:</b> The following be recommended to Cabinet: 1. That the GMSF: Publication draft 2020, including site allocations and green belt boundary amendments, and reference to the potential use of compulsory purchase powers to assist with site assembly and the

			<p>supporting background documents, for publication pursuant to Regulation 19 of the Town and Country Planning (Local Planning) (England) Regulations 2012 for a period for representations between 1 December 2020 and 26 January 2021 be approved.</p> <ol style="list-style-type: none"> <li>2. That the GMSF: Publication Draft 2020 be approved for submission to the Secretary of State for examination following the period for representations.</li> <li>3. That delegation to Director of Economy authority to approve the relevant Statement of Common Ground(s) required pursuant to the National Planning Policy Framework 2018 be approved.</li> <li>4. That delegation to the Greater Manchester Lead Chief Executive, Housing, Homelessness and Infrastructure, in consultation with Salford City Mayor, Paul Dennett the Portfolio Leader for Housing, Homelessness and Infrastructure to make minor or non-material amendments to the GMSF: Publication Draft 2020 and background documents prior to their publication be approved.</li> </ol>
	GM2040 Transport Strategy	Update on matters related to the Strategy	<p><b>RESOLVED that:</b></p> <ol style="list-style-type: none"> <li>1. It be noted that on the 9<sup>th</sup> November 2020, the Cabinet would be recommended to endorse the refreshed Greater Manchester Transport Strategy and the final version of Our Five-Year Delivery Plan for approval by GMCA and publication in December 2020, alongside Greater Manchester's Plan for Homes, Jobs and the Environment (GMSF), subject to the correction of a small number of errors identified in Appendix D.</li> <li>2. It be noted that on, 9<sup>th</sup> November 2020 the Cabinet would be recommended to approve the Oldham Local Implementation Plan for publication as an appendix to Our Five-Year Deliver Plan, acknowledging that this was a 'live' document and would be subject to regular review and update as appropriate.</li> <li>3. It be noted that, on the 9<sup>th</sup> November 2020, the Cabinet would be recommended to delegate authority to the Leader and the Cabinet Member for Neighbourhoods and Culture to approve future updates of the Oldham Local Implementation Plan.</li> <li>4. An update be brought to the Board in six months.</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p>



Tuesday, 1 <sup>st</sup> December 2020	Green New Deal Strategy and Generation Oldham	Update on the action plan and scheme	<p><b>RESOLVED that:</b></p> <ol style="list-style-type: none"> <li>1. The progress of a wide range of initiatives under the Oldham Green New Deal programme, despite the challenge of Covid-19, be noted.</li> <li>2. The recognition of Oldham's pioneering Green New Deal approach be noted</li> <li>3. The evolving approach to meeting the Council 2025 and Borough 2030 carbon neutrality targets be noted.</li> <li>4. The range of funding streams being made available by the Government to support the low carbon transition be noted.</li> <li>5. The payment of capital and interest by Oldham Community Power to its members, approved at the 2020 Annual General Meeting and the integration of its approach to a Phase 2 into wider community level Green New Deal initiatives be noted.</li> <li>6. A further update on the Strategy and Funding be provide to the Overview and Scrutiny Board in March 2021.</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p>
	Youth Justice Plan	Annual Report	<p><b>RESOLVED</b> that the update and information provided on the Youth Justice Plan be noted.</p>
	Youth Offer	An update on the Council's Youth Offer	<p><b>RESOLVED that:</b></p> <ol style="list-style-type: none"> <li>1. The update and information provided on the Youth Offer be noted.</li> <li>2. A meeting be organised for the Overview and Scrutiny Board members to meet with the Youth Council, Cabinet member and Head of the Youth Service to discuss how the Board could provide support.</li> </ol>
	Opportunity Area Funding	Update on the Funds	<p><b>RESOLVED that:</b></p> <ol style="list-style-type: none"> <li>1. The update and information provided on the Opportunity Area Funding be noted.</li> <li>2. A further update on the programme be provided to Overview and Scrutiny in September 2021.</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p>

	Local Plan: Issues and Options	Update	<b>RESOLVED</b> that the information related to the Local Plan Issues and Options be noted.
Tuesday, 19 <sup>th</sup> January 2021	Covid-19 Recovery Plan	Consultation on the draft Plan	<b>RESOLVED that:</b> 1. The update and information provided on the Covid-19 Recovery Plan be noted. 2. A further update on the Recovery Plan be provided to Overview and Scrutiny in March 2021.  The item to be included in the appropriate Committee work programme for 2021/22.
	Homelessness Strategy 2021	Review of Strategy	<b>RESOLVED that:</b> 1. The update and information provided on the Homelessness Strategy 2021 be noted. 2. Questions from Members to be sent to Constitutional Services on the strategy by the end of the week. 3. A further update on the strategy be provided to Overview and Scrutiny at a future meeting.  The item to be included in the appropriate Committee work programme for 2021/22.
	Poverty	Report on an issue considered via a Board Task and Finish Group	<b>RESOLVED that:</b> 1. The presentation be noted. 2. The report be referred to Cabinet.
	Northern Care Alliance NHS Group - Employment Support and Local Recruitment		<b>RESOLVED that:</b> 1. The report be noted. 2. A future update be brought to the Board in May 2021.  The item to be included in the appropriate Committee work programme for 2021/22.
	Corporate Complaints Policy and the	Consultation on the reviews of the Policies	<b>RESOLVED</b> that the policies be endorsed by the Overview and Scrutiny Board.

	Unreasonable Behaviour Policy		
Tuesday, 9 <sup>th</sup> March 2021	GM Clean Air Plan	Update on development of the Plan	<b>RESOLVED</b> that the report be noted.
	Licensing Policy	Consultation on the review of the Policy	<b>RESOLVED</b> that <ol style="list-style-type: none"> <li>1. the report be noted;</li> <li>2. subject to a consideration by the Trading Standards and Licensing Manager as to content relating to the provision of or signposting to training and to the display of certification or confirmation of training provided as discussed by the Committee, and the inclusion of content related to the proposed Protect duty, the adoption of the proposed Statement of Licensing Policy by the Council be endorsed</li> </ol>
	Place Based Model	Update on development of the Place Based Model	<b>RESOLVED</b> that <ol style="list-style-type: none"> <li>1. the update on the development of the Place Based Model be noted;</li> <li>2. a further update be provided in 12 months time</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p>
	Thriving Communities	Update on the Programme	<b>RESOLVED</b> that <ol style="list-style-type: none"> <li>1. the progress made with delivery of the Thriving Communities programme to date and the proposal to bring the Programme together with the wider Communities strand of the Council's transformation programme be noted;</li> <li>2. the Board receive the final Thriving Communities Programme evaluation report in March 2022.</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p>

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**OVERVIEW AND SCRUTINY  
PERFORMANCE AND VALUE FOR MONEY  
SELECT COMMITTEE**

**OUTTURN WORK PROGRAMME 2020/21**

**OVERVIEW AND SCRUTINY  
PERFORMANCE AND VALUE FOR MONEY SELECT COMMITTEE**

**WORK PROGRAMME 2020/21 - OUTTURN**

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Summary of issue</b>	<b>Outcome/Resolution</b>
Wednesday, 3 <sup>rd</sup> June 2020  (Joint meeting with Overview and Scrutiny Board and Health Scrutiny Committee)	Covid-19 – Scrutiny Briefing	To provide an update on the local response to the Covid-19 pandemic and allow scrutiny Members to ask questions relating to that response.	<ul style="list-style-type: none"> <li>• Members noted that it would be wrong not to acknowledge the work of Officers and of partner organisations in the local response to the Covid pandemic.</li> <li>• The Chair noted conclusion of the presentations and the question and answer session, suggesting it was necessary for the Joint Committee to meet further and collate information to be used to support lobbying of MPs and other parties.</li> <li>• Noted that some consideration of inequalities would need to be given at a future meeting.</li> </ul> <p>The Equalities Strategy to be included in the appropriate Committee work programme for 2021/22.</p>
Thursday, 25 <sup>th</sup> June 2020	Financial Outturn for 2019/20	Financial Update/Monitoring	<b>RESOLVED</b> that the Council’s financial position for the financial year 2019/20 be noted.
	Quarter 4 Performance Report	Corporate Performance Update/monitoring	<b>RESOLVED</b> that the report be noted.
	Creating a Better Place	Review Principles	<b>RESOLVED</b> that the proposed review of Creating a Better Place and the review principles be noted.
Thursday, 27 <sup>th</sup> August 2020	Delivery of Additional School Places and Admissions	To include medium and long-term planning	<p><b>RESOLVED that:</b></p> <ol style="list-style-type: none"> <li>1. The update on the Delivery of School Places and Admissions be noted.</li> <li>2. The PVFM Select Committee received an update in 12 months’ time.</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p>

	Financial Resilience of Local Authorities And Revenue Monitor and Capital Investment Programme 2020/21 Month 3	Financial Update/Monitoring	<b>RESOLVED</b> that the Select Committee note the financial position of the Council as outlined in the report and the information provided.
	Unity Partnership	Performance Report	<b>RESOLVED</b> that the Unity Partnership Limited End of Year Reports including the summary of performance be noted.
	SEND	Performance Plan and progress against the Written Statement of Action (WSOA)	<b>RESOLVED that:</b> <ol style="list-style-type: none"> <li>1. The Local Partnership be commended for the significant improvement in the timeliness identified in the national data and the ongoing improvements to quality and consistency of EHC plans being delivered and quality assured through effective partnership.</li> <li>2. An update report be provided to the PVFM Select Committee in February 2021 on the revisions made to the APP and progress made to address the two areas of the original written statement of action not signed off in the revisit letter.</li> </ol> <p>Item further considered by Committee on 9<sup>th</sup> February 2021.</p>
Thursday, 24 <sup>th</sup> September 2020  (Joint meeting with Overview and Scrutiny Board and Health Scrutiny Committee)	Covid-19 – Scrutiny Briefing	To provide an update on the local response to the Covid-19 pandemic and allow scrutiny Members to ask questions relating to that response.	<b>RESOLVED</b> that: <ol style="list-style-type: none"> <li>1. The information provided be noted.</li> <li>2. The questions and responses provided be noted.</li> </ol>
Thursday, 1 <sup>st</sup> October 2020	Quarter 1 Performance Report	Corporate Performance Update/monitoring	<b>RESOLVED that:</b> <ol style="list-style-type: none"> <li>1. The Corporate Performance Report June 2020 be noted.</li> <li>2. The information and updates provided at the meeting be noted.</li> </ol>

	Revenue Monitor and Capital Investment Programme 2020/21 Month 4	Budget Update/Monitoring	<b>RESOLVED</b> that the financial position of the Council as presented in the report be noted.
	Improving Attendance and Health and Wellbeing	Progress Report on Sickness Absence and Fit for Oldham Programme.	<b>RESOLVED</b> that the update on Employee Attendance, Workforce Covid Response and the Fit for Oldham Programme be noted.
Thursday, 12 <sup>th</sup> November 2020	Revenue Monitor and Capital Investment Programme 2020/21 Month 5	Budget Update/Monitoring	<b>RESOLVED</b> that the report be noted.
	Highways Capital Programme	Delivery performance issue	<b>RESOLVED</b> that the actual detailed measured successful outputs of the programme so far, the ongoing detailed interactive monitoring of the programme and the need to review, update and expand the corporate indicator(s) accordingly be noted.
	Creating a Better Place	Delivery performance issue	<b>RESOLVED that:</b> <ol style="list-style-type: none"> <li>1. 'Creating a Better Place' as a revised comprehensive vision and strategic framework for the borough to deliver the ambition for regeneration, homes, jobs and skills-pathways be endorsed.</li> <li>2. The proposed amendments to the Council's capital programme to accelerate economic recovery be noted.</li> <li>3. The acceleration of the potential for contributing revenue savings to the Council's financial plans be noted.</li> </ol>
Thursday, 17 <sup>th</sup> December 2020	Revenue Monitor and Capital Investment Programme 2020/21 Month 6	Budget Update/Monitoring	<b>RESOLVED that:</b> <ol style="list-style-type: none"> <li>1. The Finance Update – Revenue Monitor and Capital Investment Programme 2020/21 at Month 6 be noted.</li> <li>2. A further updated be provided at the next meeting of the Select Committee.</li> </ol>



	Planning	Performance issue, including major and minor applications response times	<b>RESOLVED</b> that the performance of the Planning Service be noted especially with regard to performance levels pre/post Covid-19 restrictions being introduced and additional measures being introduced within the team to provide continued improvement.
	Repeat Referrals in Children's Social Care	Performance Issue	<b>RESOLVED</b> that the recommendations as contained within the sensitive report be noted.
	Ofsted – Children's Services	Update on Financial Performance and update on Improvement Plan	<b>RESOLVED</b> that the recommendations as contained within the sensitive report be noted.
	Update on General Matters		<b>RESOLVED that:</b> 1. The Update on General Matters be noted. 2. The Select Committee Work Programme be reviewed to incorporate increased scrutiny around financial resilience.
Thursday, 28 <sup>th</sup> January 2021	Administration Budget Proposals and related Matters	Council Tax Reduction Scheme 2021/22;  Revenue Budget 2021/22 and Medium Term Financial Strategy 2021/22 - 2025/26;	<b>RESOLVED that:</b> a) The Council Tax Reduction scheme be unchanged in 2020/21. b) The financial position during 2021/22 be reviewed to assess whether resources could be found to support additional Exceptional Hardship Payments to support those residents in most need in 2021/22 and to alleviate the impact of the loss of COVID Hardship Fund grant awards.  <b>RESOLVED that the Select Committee accepted and commended to Cabinet:-</b> 1. The policy landscape and economic context in which the Council was setting its revenue budget for 2021/22 and Medium Term Financial Strategy to 2023/24. 2. The impact of Oldham Council Policies and Strategies on the Council's budget setting process and the development of its Medium Term Financial Strategy. 3. The financial forecasts for 2021/22 to 2023/24 having regard to the Provisional Local Government Finance Settlement and associated funding announcements. 4. The key issues to be addressed in continuing to respond to the financial challenges facing the Council.

		<p>Housing Revenue Account Estimates for 2021/22 - 2025/26 and Proposed Outturn for 2020/21;</p>	<ol style="list-style-type: none"> <li>5. The proposal that the Council reviews its financial position during 2021/22 to determine if it is able to provide additional Council Tax hardship relief.</li> <li>6. The reaffirmation of the Council's commitment to the modified Housing Benefits scheme, a discretionary local scheme which allows the Council to disregard the value of any War Disablement Pension or War Widows Pension over and above statutory disregard limits.</li> <li>7. The recurrent 2021/22 Budget Reduction Proposals at a value of £8.793m.</li> <li>8. Flexible Use of Capital Receipts at a value of £2.000m.</li> <li>9. The proposed use of £42.578m of reserves to balance the 2021/22 budget including £0.127m for a one off budget reduction.</li> <li>10. The proposed use of £12.012m of reserves to support the 2022/23 budget.</li> <li>11. The approach to managing the budget during the COVID pandemic and the continuation of budget management measures introduced in 2020/21 as outlined in Paragraphs 12.6 to 12.11.</li> <li>12. The proposed fees and charges schedule included at Appendix 7.</li> <li>13. The draft pay policy statement included at Appendix 10.</li> <li>14. A proposed 2021/22 Council Tax increase of 2.99% for Oldham Council services resulting in the charges set out at paragraph 15.3 and Table 29 of the report.</li> <li>15. The proposal to draw on the Collection Fund for major preceptors of £115.669m for Borough Wide services and £98.552m for Council services.</li> <li>16. The proposed net revenue expenditure budget for 2021/22 for the Council set at £253.944m.</li> <li>17. Revised estimated budget reduction targets of £32.185m for 2022/23 and £21.564m for 2023/24 before any use of reserves and indicative budget proposals.</li> </ol> <p><b>RESOLVED that the following be accepted:</b></p> <ol style="list-style-type: none"> <li>1. Forecast HRA outturn for 2020/21 (as per Appendix A)</li> <li>2. Proposed HRA budget for 2021/22 (as per Appendix B)</li> <li>3. Strategic estimates for 2021/22 to 2025/26 (as per Appendix D)</li> <li>4. Proposed increase to dwelling rents for all properties by 1.5%.</li> <li>5. Proposed increase to non-dwelling rents as per individual contracts.</li> <li>6. Proposal that service charges were unchanged.</li> </ol>
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		<p>Capital Programme &amp; Capital Strategy for 2021/22 - 2025/26;</p> <p>Treasury Management Strategy Statement 2021/22;</p> <p>Section 151 Officer Report</p>	<p>7. Proposal to set Extra Care Housing concierge charges to fully recover actual costs; and</p> <p>8. That the report be commended to Cabinet.</p> <p><b>RESOLVED that the following be accepted and recommended to Cabinet:</b></p> <ol style="list-style-type: none"> <li>1. The Capital Strategy for 2021/22 to 2025/26 at Appendix 1 of the report and summarised at section 2.1.</li> <li>2. The capital programme for 2021/22 and indicative programmes for 2022/23 to 2025/26 at Annex C of Appendix 1 and summarised at sections 2.2 to 2.6 of the report.</li> <li>3. The Flexible Use of Capital Receipts Strategy as presented at Annex D of Appendix 1.</li> </ol> <p><b>RESOLVED that the following be accepted and recommended to Cabinet:</b></p> <ol style="list-style-type: none"> <li>1. Capital Expenditure Estimates as per paragraph 2.1.2;</li> <li>2. MRP policy and method of calculation as per Appendix 1;</li> <li>3. Capital Financing Requirement (CFR) Projections as per paragraph 2.2.4.</li> <li>4. Projected treasury position as at 31 March 2021 as per paragraph 2.3.3.</li> <li>5. Treasury Limits as per section 2.4.</li> <li>6. Borrowing Strategy for 2021/22 as per section 2.6</li> <li>7. Annual Investment Strategy as per section 2.10 including risk management and the creditworthiness policy at section 2.11.</li> <li>8. Level of investment in specified and non-specified investments detailed at Appendix 5.</li> </ol> <p><b>RESOLVED that the following be accepted:</b></p> <ol style="list-style-type: none"> <li>1. The proposed General Fund Balance currently calculated for 2021/22 at £15.641m.</li> <li>2. The initial estimate of General Fund Balances to support the Medium Term Financial Strategy was as follows: <ul style="list-style-type: none"> <li>• £17.349m for 2022/23 and</li> <li>• £18.602m for 2023/24.</li> </ul> </li> <li>3. The intended report to be presented to the Audit Committee on Earmarked Reserves to ensure this area was subject to appropriate scrutiny.</li> </ol>
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			<p>4. The actions necessary to secure a properly balanced budget as presented in paragraph 3.6.</p> <p>5. The actions necessary to ensure the prudence of the capital investments as noted in Section 4.</p>
	Revenue Monitor and Capital Investment Programme 2020/21 Month 8	Budget Update/Monitoring	<p><b>RESOLVED</b> that the following be noted:</p> <ol style="list-style-type: none"> <li>1. Forecast revenue outturn for 2020/21 at month 8 being a £8.330m adverse variance having regard to the action being taken to manage expenditure</li> <li>2. The forecast positions for the Dedicated Schools Grant, Housing Revenue Account and Collection Fund.</li> <li>3. Use of reserves as detailed in Appendix 1 to Annex 1</li> <li>4. The revised capital programme for 2020/21 to 2024/25 at Month 8 as presented in Annex 2.</li> </ol>
Tuesday, 9 <sup>th</sup> February 2021	Opposition Budget Proposals	Budget item	<p><b>RESOLVED</b> that none of the Budget Reduction proposals be recommended to the Cabinet for adoption.</p> <p><b>RESOLVED</b> that the Liberal Democrat Alternative Investment Proposals and Capital Programme proposals be noted.</p>
	Quarter 2 Performance Report	Corporate Performance Update/monitoring	<b>RESOLVED</b> that the report be noted.
	SEND	Revisions made to the APP and progress made to address the two areas of the original written statement of action not signed off in the revisit letter	<p><b>RESOLVED</b> that</p> <ol style="list-style-type: none"> <li>1. the SEND Local Partnership be commended for maintaining the significant ongoing improvements to quality and consistency of Education, Health and Care plans being delivered and quality assured through effective partnership work. In addition to the strong positive focus on attending schools and settings, despite the challenges presented by the Coronavirus situation;</li> <li>2. update reports be submitted to the Committee in August 2021 on (i) the completion of the actions identified in area 3 and continuing progress made to improve attendance, reduce exclusions and raise achievement for children and young people with SEND; and (ii) on the SEND strategy and refinements made to deliver strong recovery for children and young people with SEND.</li> </ol>

			The item to be included in the appropriate Committee work programme for 2021/22.
Thursday, 11 <sup>th</sup> March 2021	Quarter 3 Performance Report	Corporate Performance Update/monitoring	<b>RESOLVED</b> that the Corporate Performance Report December 2020 be noted.
	Secondary School Performance	Oversight of performance, including Sixth Form College results and Academy sponsors	<b>RESOLVED</b> that 1. the secondary school and sixth form performance be noted; 2. the sector-led school improvement activity be noted.
	Not in Education, Employment or Training Position (NEET/EET)	Performance and Progress Report	<b>RESOLVED</b> that 1. the improvement in services provided to promote the participation of young people in education, employment and training be noted; 2. the current landscape and experiences of 16-18 year olds which is impacting on their participation in education, employment or training be noted.
	Free Early Education Entitlements for 2, 3 and 4 Year Olds	Overview of Key Trends and Developments	<b>RESOLVED</b> that the report be noted.
	MioCare	Annual Update on Financial Performance	<b>RESOLVED</b> that the report be noted.
	Regional Adoption Agency	Review of Performance and Finance	<b>RESOLVED</b> that the report be noted.
	Local Government Ombudsman	Annual Review of Performance	<b>RESOLVED</b> that the Local Government Ombudsman Annual Review of Performance be noted.

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# **HEALTH SCRUTINY COMMITTEE**

## **WORK PROGRAMME 2020/21 - OUTTURN**

## HEALTH SCRUTINY COMMITTEE

### WORK PROGRAMME 2020/21 - OUTTURN

Date of Meeting	Agenda Item	Summary of issue	Outcome/Resolution
<p>Wednesday, 3rd June 2020</p> <p>(Joint meeting with Overview and Scrutiny Board and Overview and Scrutiny Performance and Value for Money Select Committee)</p>	<p>Covid-19 – Scrutiny Briefing</p>	<p>To provide an update on the local response to the Covid-19 pandemic and allow scrutiny Members to ask questions relating to that response.</p>	<ul style="list-style-type: none"> <li>• Members noted that it would be wrong not to acknowledge the work of Officers and of partner organisations in the local response to the Covid pandemic.</li> <li>• The Chair noted conclusion of the presentations and the question and answer session, suggesting it was necessary for the Joint Committee to meet further and collate information to be used to support lobbying of MPs and other parties.</li> <li>• Noted that some consideration of inequalities would need to be given at a future meeting.</li> </ul> <p>The Equalities Strategy to be included in the appropriate Committee work programme for 2021/22.</p>
<p>Tuesday, 7<sup>th</sup> July 2020</p>	<p>Healthwatch – End of Life services Review</p>	<p>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.</p>	<p><b>RESOLVED</b> – That the comments of the Committee be commended to Healthwatch Oldham for their consideration, and Healthwatch Oldham be thanked for the undertaking of the Review and for the presentation of the draft Report to the Committee.</p> <p>A copy of the final report, incorporating the inputs of the Committee, was forwarded to Committee Members on 4<sup>th</sup> August 2020.</p>
	<p>Safeguarding Adults Update</p>	<p>To receive an overview presentation of adult safeguarding arrangements and services in Oldham</p>	<p><b>RESOLVED</b> that</p> <ol style="list-style-type: none"> <li>1. the presentation of the work of the Adult Safeguarding Service and the Oldham Adult Safeguarding Board be noted;</li> <li>2. the Committee give a further consideration to the randomised safeguarding cases highlighted in the presentation.</li> </ol>



			The consideration of anonymised safeguarding cases was undertaken in a session comprising Members of the Committee with Safeguarding Team Leaders held on 10 <sup>th</sup> November 2020 and reported to the Committee in the Work Programme report on 8 <sup>th</sup> December.
	Council Motion - Ban on Fast Food and Energy Drinks Advertising	To consider and, if appropriate, make recommendations to Council in respect of the Council Motion	<b>RESOLVED</b> that the Motion be considered at the next meeting of the Committee and the Director of Public Health be asked to consider submission of the proposed Healthy Weight and Physical Activity Strategy for consideration alongside the Motion.
	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	<b>RESOLVED</b> 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.  The report commended to the Council was the subject of an amendment moved and seconded at the meeting of the Council held on 9 <sup>th</sup> September 2020. The amendment was referred to this Committee for consideration.
	Thriving Communities and Health Improvement Update	To receive an update on the Thriving Communities Programme	<b>RESOLVED</b> – that the report be noted.
	Overview and Scrutiny Annual Report 2019/20	To receive the draft Annual Report	<b>RESOLVED</b> that the Overview and Scrutiny Annual Report for 2019/20 be commended to Full Council.  The Annual Report was received and approved by the Council at a meeting held on 9 <sup>th</sup> September 2020.
Tuesday 1 <sup>st</sup> September 2020	Multi-agency Early Help Strategy	To consider emerging proposals on the development of a multi-agency Early Help Strategy across all levels of need	<b>RESOLVED</b> 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.	<b>RESOLVED</b> – 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.	<b>RESOLVED</b> that 1. the Motion be referred to the Cabinet with a recommendation that the issues raised within the Motion relating to a Ban on Fast Food and Energy Drinks Advertising be progressed on a Greater Manchester-wide basis, that the matter be raised with the Leaders of the other Greater Manchester authorities, and that the Mayor of Greater Manchester be requested to run a campaign on these issues in conjunction with the Greater Manchester local authorities; 2. the Cabinet be requested to submit a progress report on actions taken to this Committee.  The recommendations were considered and accepted by the Cabinet at a meeting held on 25 <sup>th</sup> January 2021.
	Council Motion - Chatty Checkouts and Cafés	Initial consideration of a referred action contained in the Motion.	<b>RESOLVED</b> that the referral of the action arising from the Council Motion ‘Chatty Checkouts and Cafés’ and the initial actions taken be noted.  An update on actions was reported to the Committee in the Work Programme report on 8 <sup>th</sup> December, including the intention that further updates related to chatty café issues be submitted within the periodic Thriving Communities and Health Improvement update reports.
Thursday, 24 <sup>th</sup> September 2020  (Joint meeting with Overview	Covid-19 – Scrutiny Briefing	To provide an update on the local response to the Covid-19 pandemic and allow scrutiny Members to ask questions relating to that response.	<b>RESOLVED</b> that: 1. The information provided be noted. 2. The questions and responses provided be noted.

and Scrutiny Board and Overview and Scrutiny Performance and Value for Money Select Committee)			
Tuesday 13 <sup>th</sup> October 2020	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.	<b>RESOLVED</b> – 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><b>RESOLVED</b> – that</p> <ol style="list-style-type: none"> <li>1. the update presentation on the position of the Royal Oldham Hospital be noted;</li> <li>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.</li> </ol> <p>The transaction programme item further considered by Committee on 16<sup>th</sup> March; the employment and apprenticeship opportunities item further considered on 26h January 2021.</p>
	Delivery of the Flu Vaccination Programme 2020/21	Report on the Flu programme being delivered across Oldham	<b>RESOLVED</b> – 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	<b>RESOLVED</b> – that the reported performance data related to the childhood immunisation programme be noted and the continued activities to improve immunisation uptake be supported.

		immunisations 0-5 years and the HPV programme 2019/20.	
	Council Motion – Making a Commitment to the UN Sustainable Development Goals	To consider an amendment moved at Council on 9 <sup>th</sup> September to the report agreed by the Committee on 7 <sup>th</sup> July 2020 (above)	<b>RESOLVED</b> – 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 further considered by the Committee on 8 <sup>th</sup> December 2020
Tuesday 8 <sup>th</sup> December 2020	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	<b>RESOLVED</b> 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.  The item to be included in the appropriate Committee work programme for 2021/22.
	Primary Care Strategic Priorities 2019/20 – 2021/22	Further update and consultation on the Primary Care Review and Strategy.	<b>RESOLVED</b> 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 <sup>th</sup> September to the report agreed by the Committee on 7 <sup>th</sup> July 2020 (above)	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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

			<p>Committee to enable the Committee to prepare a report on this matter;</p> <p>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.</p> <p>Item further considered by Committee on 16<sup>th</sup> March 2021.</p>
Tuesday 26 <sup>th</sup> January 2021	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.	<p><b>RESOLVED</b> that</p> <ol style="list-style-type: none"> <li>1. An update would be brought to a future meeting, date to be confirmed.</li> <li>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.</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p> <p>The further meeting regarding employment opportunities was held on 8<sup>th</sup> March and the following outcomes were recorded -</p> <ul style="list-style-type: none"> <li>• Genuine commitment to ensure a more strategic overview of employment opportunities across the public sector to offset the rise in unemployment;</li> <li>• The Chair and Vice Chair, Donna McLaughlin and Donna Lewis to meet with Jon Bloor to discuss Get Oldham Working Involvement;</li> <li>• Donna McLaughlin to produce a road map with short and long term objectives within the Northern Care Alliance (NCA);</li> <li>• To look to hold a convention of employment opportunities for young people in the Autumn;</li> <li>• The next meeting with Health Scrutiny members to be held in the week of 24<sup>th</sup> May or the first week in September.</li> </ul>

	Digital Inclusion	To report on activities and projects being undertaken to ensure digital inclusion.	<p><b>RESOLVED</b> that</p> <ol style="list-style-type: none"> <li>1. The Greater Manchester Digital Inclusion Strategy (Appendix B) and the opportunity to work across Greater Manchester to reduce the digital divide be noted.</li> <li>2. The summary of initiatives currently in place across Oldham and those in development be noted.</li> <li>3. Any gaps in tackling the digital divide in Oldham that needed to be considered as a system moving forward be shared.</li> <li>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.</li> <li>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.</li> </ol> <p>The Leader of the Council wrote to the Prime Minister on 4<sup>th</sup> February 2021 accordingly.</p>
	Health Improvement and Weight Management Service	To report on the new service from January 2021	<p><b>RESOLVED</b> that</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. An update be provided in twelve months.</li> </ol> <p>The item to be included in the appropriate Committee work programme for 2021/22.</p>

Tuesday 16 <sup>th</sup> March 2021	Multi-agency Early Help Strategy - update	To receive an update on the development of the Strategy and the implementation of structures.	<b>RESOLVED</b> that developing approach to the multi-agency early help offer be noted.
	Royal Oldham Hospital – update report	To report following completion of the Transaction Programme	<b>RESOLVED</b> that 1. the report be noted 2. the Pennine Acute Transaction remain a standing item on the Committee agenda for the next six months.  The item to be included in the appropriate Committee work programme for 2021/22.
	Update on NHS Developments and planning for 2021/22	To receive an update on NS developments	<b>RESOLVED</b> that 1. the presentation on NHS development and planning for 2021/22 be noted; 2. further reports be submitted to the Committee providing additional detail in respect of the NHS White Paper and in following developments arising from the White Paper, a consideration of the ‘patient journey’, and local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations.  Relevant items to be included in the appropriate Committee work programme for 2021/22.
	Covid Vaccination Update	To receive an update on Covid Vaccinations	<b>RESOLVED</b> that the report be noted.
	Council Motion – Ban on Fast Food and Energy Drink Advertising	To report on the consideration of the Committee’s recommendations by the Cabinet	<b>RESOLVED</b> that 1. the report be noted and referred to the Council; 2. an update report on the progress of actions linked to the Council Motion be received in due course and the Committee work programme be updated accordingly.  The report is scheduled for submission to the Council meeting in July 2021.

	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)	<b>RESOLVED</b> that the report be noted and referred to the Council.  The report is scheduled for submission to the Council meeting in July 2021.





**Report to HEALTH SCRUTINY COMMITTEE**

## **Health Scrutiny Committee Work Programme 2021/22**

**Chair:** Councillor Yasmin Toor

**Lead Officer:** Elizabeth Drogan, Statutory Scrutiny Officer

**Report Author:** Constitutional Services Officer

**7<sup>th</sup> September 2021**

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### **Purpose of the Report**

For the Health Scrutiny Committee to review the Committee's Work Programme for 2021/22.

### **Recommendations**

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2021/22.

## 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 2021/22 Municipal Year. The Health Scrutiny Committee is working to new terms of reference as agreed by the Council in June 2020 -
- a) To discharge all health scrutiny functions of the Council under s 21-23 and 26-27 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 including:
    - the review and scrutiny of any matter relating to the planning, provision and operation of the health service in the Council's area;
    - the making of reports and recommendations to relevant NHS bodies and health service providers;
    - responding to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major consultation exercises;
    - referral of comments and recommendations on proposals referred to the Committee by a relevant NHS body or relevant service provider to the Secretary of State if considered necessary; and
    - all matters relating to Healthwatch.
  - b) To scrutinise the work of the Health and Wellbeing Board, including the development, implementation, review and monitoring of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
  - c) To scrutinise the development and implementation of any joint arrangements established under a s75 Agreement between the Council and a relevant NHS organisation.
  - d) To scrutinise public health services generally.
  - e) To scrutinise issues identified as requiring improvement by external assessors in respect of social care matters.
  - f) To establish Task and Finish groups, Inquiries etc to give in depth consideration to issues within the purview of the Committee.
  - g) To consider called in business arising from the Commissioning Partnership Board.
  - h) To consider relevant matters referred from Council in accordance with Council Procedure Rule 10.11(g).
  - i) To make recommendations to the Cabinet, Health and Wellbeing Board, the Commissioning Partnership Board or to any partner organisation on issues scrutinised relevant to those bodies.
  - j) To participate in/and or review the considerations of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts on the residents of more than on Overview and Scrutiny Committee area.
- 1.3 The Health Scrutiny Committee holds delegated powers to undertake the Council's statutory health scrutiny function, the principal elements of which are specified in the terms of reference. Since establishment of those statutory responsibilities much has changed in both NHS structures and service delivery, not least in developing integrated health and social care services. The progress of integration means it would be difficult to meaningfully separate out health scrutiny from scrutiny of the Council's social care

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services that fall in scope of the 'Section 75 Agreement' between the Council and the Oldham Clinical Commissioning Group (CCG) without the risk of significant duplication of time and effort. As a result, the Committee now holds some responsibility for scrutiny relating to social care. Reflecting this, the Committee has a particular scrutiny role with regard to the Commissioning Partnership Board. Reflecting a broader definition of 'health' than the statutory function, the Committee has a 'lighter touch' scrutiny role in respect of the Health and Wellbeing Board and matters related to the Council's Public Health function.

- 1.4 The Health Scrutiny Committee Work Programme 2021/22 attached as an Appendix to this report has been reviewed since Committee Members met informally on 6<sup>th</sup> July 2021. The principal areas of change reflects the publication of the Health and Care Bill on 6<sup>th</sup> July 2021 which supersedes previous references to the NHS White Paper from that date, and the intention to hold briefing sessions in respect of the Bill and its implications, in addition to the formal reports being submitted to the Committee.
- 1.5 Since the previous meeting, members of the Committee have received copies of –
  - a) the Healthwatch Oldham Annual Report 2020/21; and
  - b) the Dr Kershaw's Hospice Quality Accounts 2020/21.
- 1.6 At the meeting of the Council held on 14<sup>th</sup> July 2021, the Council received and noted the following reports of the Health Scrutiny Committee that had been prepared following the Committee's detailed consideration of Council Motions which had been referred to the Committee for consideration –
  - a) Ban on Fast Food and Energy Drink Advertising; and
  - b) Not every Disability is Visible.

## 2. **Background Papers**

- 2.1 There are no background papers as defined by Section 100(1) of the Local Government Act 1972 to this report.

## 3. **Appendices**

- 3.1 The Health Scrutiny Committee Work Programme 2021/22 v2.

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## HEALTH SCRUTINY COMMITTEE

### WORK PROGRAMME 2021/22

<p>Tues 6<sup>th</sup> July 2021</p> <p>As a result of guidance indicating that the number of people who gather indoors should be restricted and noting current Covid infection rates, the expiry of Regulations which removed the legal requirement for meetings to be held in person, and the nature of the programmed business, the programmed business was considered in an informal setting.</p>	<p>Infant Mortality</p>	<p>A report highlighting some of the activity that is happening to address issues of infant mortality.</p>	<p>Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health</p>	<p>The 2020/21 Health Scrutiny Committee work programme included a proposed workshop, or similar, to look at local issues relating to infant mortality.</p>
	<p>NHS White Paper - Integration and innovation: working together to improve health and social care for all</p>	<p>To receive an update on matters/issues arising from the NHS White Paper. <i>Note – the Health and Care Bill was published on 6<sup>th</sup> July 2021</i></p>	<p>Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director</p>	<p>The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.</p>
	<p>Pennine Acute Transaction - update</p>	<p>To provide an update on the Pennine Acute Transaction Programme.</p>	<p>David Jago, Chief Officer, Pennine Acute Hospitals NHS Trust</p>	<p>The Health Scrutiny Committee resolved in March 2021 that the Pennine Acute Transaction remain a standing item for six months pending completion of the Transaction in September 2021.</p>

Tuesday 7 <sup>th</sup> September 2021	Healthy Child Programme	To report on changes to health visiting and school nursing services in the coming year	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health.	
	Elective waiting lists and clinical prioritisation considerations	A report on local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Report requested by the Health Scrutiny Committee in March 2021 on consideration of NHS developments and planning for 2021/22, and particularly considering Covid-19 recovery.
	Pennine Acute Transaction - update	To provide an update on the Pennine Acute Transaction Programme.	David Jago, Chief Officer, Pennine Acute Hospitals NHS Trust	The Health Scrutiny Committee resolved in March 2021 that the Pennine Acute Transaction remain a standing item for six months pending completion of the Transaction in September 2021
	Overview and Scrutiny Work Programmes 2020/21 - Outturn	To present the outturn Overview and Scrutiny Work Programme for the 2020/21 Municipal Year.	Committee Chairs: Councillor Colin McLaren, Riaz Ahmad and Yasmin Toor  Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer  Report Author: Mark Hardman, Constitutional Services Officer	Annual Overview and Scrutiny Work Programme Outturn report for the 2020/21 Municipal Year.

	Health Scrutiny Work Programme 2021/22	For the Health Scrutiny Committee to review the Committee's Work Programme for 2021/22.	Chair: Councillor Yasmin Toor  Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer	Annual Work Programme
Tuesday 19 <sup>th</sup> October 2021	Health and Care Bill (deferred from 7 <sup>th</sup> September meeting).	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the NHS White Paper and on developments that follow.
Tuesday 7 <sup>th</sup> December 2021	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	Portfolio - Health and Social Care. Mark Warren, Managing Director Community Health and Adults Social Care (DASS).	A 12-month update requested by the Health Scrutiny Committee, 8th December 2020
	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the NHS White Paper and on developments that follow.
Tuesday 18 <sup>th</sup> January 2022	Health Improvement and Weight Management Service	To receive an update/progress report on the new service that	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health.	A 12-month update requested by the Health Scrutiny Committee, 26th January 2021

		commenced in January 2021		
	Sexual Health Service	To report on implementation of arrangements established under the new Sexual Health Service main contract.	Portfolio - Health and Social Care. Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager.	
	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.
Tuesday 8 <sup>th</sup> March 2022	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021. requested further reports on the detail of the White Paper and on developments that follow.
	Thriving Communities Programme - Evaluation	To receive the final Thriving Communities Programme evaluation report.	Portfolio - Health and Social Care. Strategic Director – Communities and Reform. Rachel Dyson, Thriving Communities Hub Lead	The item was requested by the former Overview and Scrutiny Board at their meeting held in March 2021.

#### BUSINESS TO BE PROGRAMMED

Integrated Commissioning under Section 75 Agreements – Progress Updates	Mike Barker, Chief Operating Officer,	Service performance reporting – previous reports to
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	Oldham CCG/Strategic Director.	Overview and Scrutiny Board. This matter may be covered in update/progress reports submitted in respect of the Health and Care Bill.
Integrated Commissioning under Section 75 Agreements – Revenue Monitor Updates	Anne Ryans, Director of Finance.	Budget performance reporting – previous reports to Performance and Value for Money Select Committee.
Urgent Care Review - update	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Health Scrutiny issue - last reported to Committee in September 2020 at which the intentions for further developments and the involvement of the public were advised.
Health and Care Bill – local implications	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Informal briefing sessions to be scheduled from September 2021 in addition to programmed formal reporting.

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