HEALTH SCRUTINY
19/10/2021 at 6.00 pm

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

Also in Attendance:

Kaidy McCann	Constitutional Services
Jonathan Downs	Strategy, Partnerships and Policy

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Ibrahim.

2 DECLARATIONS OF INTEREST

There were no declarations of interest received.

3 MINUTES OF PREVIOUS MEETING

RESOLVED - That the minutes of the meeting of the Health Scrutiny Committee held on 7th September 2021, as set out in the supplement to the agenda, be approved as a correct record.

4 URGENT BUSINESS

There was no urgent business received.

5 PUBLIC QUESTION TIME

There were no public questions received.

6 NATIONAL & REGIONAL UPDATES

The Committee gave consideration to a report of the CCG Accountable Officer and Strategic Director of Commissioning, Oldham Council which contained summaries of local and national policies, strategies, and relevant news to ensure the Committee remained up to date on the latest developments relevant to the Council.

An update was provided on the Greater Manchester Integrated Commissioning System (ICS), which would come into place on 1st April 2022. The ICS would include the creation of a statutory Integrated Care Partnership (ICP), which would be a joint committee, and an Integrated Care Board (ICB) (previously referred to as the ICS NHS body/board).

Members were reminded that in Greater Manchester, under the Devolution Agreement, we had been working as 'more than an ICS' for the last five years, with strong working partnerships between health and social care and the voluntary sector. The creation of a statutory Integrated Care Partnership and Integrated Care Board would formalise those arrangements. The new statutory nature of an ICS would enable building on the

ambitious and groundbreaking ways of working over the last five years and evolution to deliver even better health and care for the people of Greater Manchester.

The GM ICS would operate on three levels to deliver a new five-year vision and plan:

- Neighbourhood
- Locality
- Greater Manchester

The Committee was informed that a GM Statutory ICS Transition Programme had been established, led by a Board meeting fortnightly, to oversee the transition to the new ICS arrangements. The Board was made up of representatives from all organisations which would become part of the new NHS body, as well as NHS providers and local authorities. The intention was for the GM ICS, including localities to operate with shadow arrangements ahead of the statutory change on 1 April 2022.

The Oldham transitional arrangements would be overseen by a Governing Body which would oversee the two core work areas that would work in tandem with the GM approach:

- HR and transfer of people
- CCG closedown and transfer of data and statutory duties

Locality system developments would focus on:

- Set-up of the new Oldham Health and Care System Board (including placebased responsibilities, shift of some commissioning oversight, and also oversight of strategic planning functions)
- Development of a new provider 'collaborative'
- System finances and use of resources

In relation to the National Employment Committee, Members noted the majority of Oldham CCG would be covered by an employment commitment to continuity of terms and conditions. For those not covered by this commitment,
guidance had set out the support that they would receive during the HR process to be followed. There was an expectation that all CCG employees would 'lift and shift' into the GM ICS on 1 April 2022, with any remaining work to determine exact roles and structures continuing after that date.

The Committee noted the appointment of Amanda Doyle as the new Regional Director for the North West.

The Committee noted the guidance and publications recently issued.

Member asked for and received clarification on the following:-

What was the wider communities understanding of the updates as there was a fair amount of confusion. It was explained that Accident and Emergency became an outlet for residents due to

not knowing where to turn, however this was also a national problem. An urgent treatment centre was being created in the Intergrated Care Centre, that was currently used as a digital assessment hub.

RESOLVED that the National and Regional Updates be noted.

7 **UROLOGY SERVICES ACROSS BURY, OLDHAM, ROCHDALE AND SALFORD**

Members gave consideration to a report of the Director of Commissioning and Operations which outlined the response to the significant service resilience issues and unwarranted variation in Urology services within Greater Manchester (GM). The GM Improving Specialist Care (ISC) programme had developed a GM-wide Model of Care (GM MoC), which had been endorsed by the GM Joint Commissioning Board (JCB).

The Committee was informed that the proposed pan-locality delivery model was fully aligned to the approved GM MOC and would support the delivery of a single urology service across Bury, Rochdale, Oldham and Salford.

This delivery model, which was designed to deliver high quality and accessible services for patients, was essentially the establishment of a hub-and spoke model – connecting Salford Royal and Royal Oldham hospitals to locality-based spokes, with most care delivered through locality based Urology Investigation Units (UIs).

The report sought endorsement of the proposed delivery model.

Members were reminded that, as a result of the Pennine Acute Trust (PAT) transaction, in April 2021 responsibility for the provision of local urology services in Bury, Rochdale and Oldham passed to Salford Royal and would, on completion of the Transaction, formally transfer to the Northern Care Alliance (NCA).

The Committee was informed that the key features of the pan-locality model were:

- A single comprehensive Benign Urology Service delivered across Bury, Rochdale, Oldham and Salford.
- Hub-and-spoke delivery model –
    - ROH and SRH as inpatient hubs and Rochdale Infirmary and Fairfield General Hospital as spokes.
    - Virtual corridors running from Bury to Salford and Rochdale to Oldham.
- Single workforce within two integrated functional teams – NCA West & NCA East.
- Bury, Rochdale and Oldham IP activity being aligned with the hub-and-spoke model whilst recognising that patients (and their GPs) would be free to choose their service provider.

- Expansion and enhancement of clinic and diagnostic capacity at each site in the form of UIUs - increasing local access to urology services.
- A full range of sub-speciality services (e.g. stone services, andrology etc.) would be offered, in line with the GM MOC.

The proposed delivery model was fully aligned to the approved GM MoC for benign urology and addressed the following drivers for change:

- Risks to service sustainability, ability to meet performance requirements (exacerbated by COVID), and inequalities in access. Implementation of the first phases of the pan-locality delivery model would begin to address these issues.
- Recommendations made in the national Getting It Right First Time (GIRFT) report for Benign Urology, largely relating to the reduction of unwarranted variation in both access and outcomes, and the future development of the urological workforce. The pan-locality delivery model addressed those issues.
- If a new delivery model was not implemented, there would be increased movements of patients between providers, impacting upon continuity of care.
- MFT's long term model saw no IP surgical activity being delivered at NMGH, reinforcing the need to establish a new model that delivered more care as close to home as possible.

Members were informed that the pan-locality model would deliver high quality care for urology patients, address longstanding health inequalities, make the best possible use of available capacity, utilise new ways of working and increase the amount of care that was delivered locally.

RESOLVED that the key design features of the pan-locality delivery model, which were fully consistent with the GM MoC, and a phased approach to
Mobilisation, overseen by the Programme Board, be endorsed.

8 **WOMEN AND DISADVANTAGE**

The Committee gave consideration to a report of the Director of Public Health which outlined a number of issues which disadvantaged women in Oldham, focusing on women's access to mental health services. The report drew on research undertaken with women experiencing poverty and mental health illness by Oxfam and Inspire Women in 2019/20, together with a brief summary of the emerging national picture in relation to mental health during and post-pandemic.

Members were informed that the Council, together with other partners in the Equality Advisory Group, had developed an Equality and Diversity Strategy which aimed to tackle inequalities across all ten of the protected characteristics

defined under the Equality Act 2010. Evidence had shown that it was generally the least affluent communities and people on the lowest/fixed incomes who had been hit the hardest by the pandemic. Women, together with younger workers; disabled people; lone parents; people in low-paid employment and people of BAME heritage were included in this group. Often disadvantage was compounded as women were more likely to work part-time
or in lower paid employment and/or be a lone parent.

It was recognised that Covid had impacted hugely on mental health and wellbeing. The Office for National Statistics (ONS) had found that an estimated one in five adults experienced some form of depression during the coronavirus pandemic, which was double the pre-pandemic rates.

In Oldham feedback from TOG Mind and Positive Steps in 2020 indicated increased demand across all services, especially in relation to counselling services and the impacts of social isolation.

Domestic violence had escalated during the pandemic and more children had been taken into the care of the local authority, as financial and other pressure on families increased. In Oldham, this had been most obvious in relation to high-risk domestic abuse, reflected in the demand on the Independent Domestic Violence Adviser (IDVA) team.

The Domestic Abuse Partnership was leading on the refresh of the Domestic Abuse Strategy which, following a needs analysis, identified areas for development or improvement. There was much ongoing activity to ensure that women experiencing domestic violence received the support they needed.

Members noted that it was timely as the country emerged from the pandemic, that there was further exploration of the issues that placed women at a particular disadvantage in society, to better understand their nature and scale and, working across the system, take action to reduce and/or mitigate against the impacts of this disadvantage. The Leader had recently established a Women's Taskforce to better understand and address the issues facing women in the borough. The Mayor had also identified her support for tackling women's disadvantage, supporting Inspire Women along with other charities working to promote healthy living through the Mayor's Charities Fund.

Phase 1 of the LIFT project had identified four challenges to economic empowerment, including mental health, where women reported that they found it difficult to access support, which then led to further escalation and additional impacts on their family life. In turn this created a vicious circle of worsening mental health and increased financial and family worries.

Potential solutions were identified, which would be further developed as Phase 2 of the project began in October 2021.

- Creation of a community childcare hub;
- Training for service providers, professionals and key stakeholders from women with lived experience on mental health sensitivity and sustainable livelihoods approaches (holistic and asset-based approaches to tackling poverty) to the provision of services and support;
- Creation of specific slots for mental health appointments for women with GP's and nurses, ensuring that women receive adequate support.

The first meeting of the Leader's Taskforce identified similar themes

- Democratic engagement/Inclusivity
- Health
- Pay and opportunity
- Finances
- Education and childhood
- Parenting and caregiving
- Gender-based violence and crime
- How the intersection of these issues compounds women's disadvantage

The Committee members were asked to consider:

- how they could help to take the actions proposed forward for example by referring to the Women's Taskforce or Equality Advisory Group any relevant sources of information, research and intelligence which was available to inform the discussions
- exploration of funding opportunities to tackle women's disadvantage including mental health support

Members asked for and received clarification on the following:-

Did the focus on women start at 16 plus due to the limited support in schools. It was explained that the focus was on 18 plus due to the limited expertise available as the work did not want to be spread too thin.

Members made reference to childcare issues and minders being available after 6.00pm. it was noted that community childcare was being looked into however before that was considered the appropriate steps would need to be taken.

Employment rates of those with Special Educational Needs and Mental Health were at the bottom of both the private and public sectors. It was explained that the scale of the problem had increased due to Covid-19. There was also an issue of attracting Mental Health workers into the North due to housing and pay.

RESOLVED that:

1. Further research be undertaken into women's mental health and wellbeing and access to local services; including the collation, analysis and interpretation of any existing data and intelligence; and the engagement of women with lived experience in the development of this

evidence base and any future work to respond to the issues it may raise.

2. Further research be undertaken into the current situation in Oldham in relation to the other key themes raised in the LIFT research: childcare and work, benefits and voice, to understand how the needs of women in the borough could best be met and inequality reduced.
3. This report and the issues raised be referred to the Cabinet Member for Health and Social Care, the Women's Taskforce and Equality Advisory Group for further consideration.
4. An update on the report be brought back to the Committee in March 2022.

9 **HEALTH SCRUTINY WORK PROGRAMME 2021/22**

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

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

10 **KEY DECISION DOCUMENT**

The Board gave consideration to the latest Key Decision Document setting our decisions to be made from 1st October 2021

RESOLVED That the Key Decision Document be noted.

The meeting started at 6.00 pm and ended at 7.26 pm