

HEALTH SCRUTINY Overview & Scrutiny Committee Agenda

Date Tuesday 5 July 2022

Time 6.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Peter Thompson at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Peter Thompson Tel. 0161 770 5151 or email constitutional.services@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 30 June 2022.
 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Ball, Harrison, S Hussain, Ibrahim, Marland, McLaren, McManus and Nasheen

Item No

1 Appointment of Vice-Chair 2022/23

The Committee is asked to appoint a Vice-Chair for the 2022/23 Municipal Year.

- 2 Apologies for absence
To receive any apologies for absence.
- 3 Urgent Business
Urgent business, if any, introduced by the Chair.
- 4 Declarations of Interest
To receive Declarations of Interest in any contract or matter to be discussed at the meeting.
- 5 Public Question Time (Pages 1 - 4)
To receive Questions from the Public, in accordance with the Council's Constitution
- 6 Minutes of Previous Meeting (Pages 5 - 8)
The Minutes of the meeting held on 8th March 2022 are attached for approval.
- 7 Infant Mortality - Update (Pages 9 - 14)
- 8 Healthy Child Programme (Pages 15 - 20)
- 9 A Health Inequalities Plan for Oldham (Pages 21 - 48)
- 10 Thriving Communities Programme Update (Pages 49 - 72)
- 11 Health Scrutiny Committee Work Programme 2021/22 - Outturn (Pages 73 - 80)
- 12 Key Decision Notice (Pages 81 - 90)
- 13 Health Scrutiny Committee Work Programme 2022/23 (Pages 91 - 102)



HEALTH SCRUTINY COMMITTEE

Public Questions

Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer

Report Author: Mark Hardman, Constitutional Services Officer

5th July 2022

Purpose of the Report

To advise of the receipt of a question from a member of the public for response by the Chair of the Committee.

Recommendations

The Chair to respond the submitted question.

1. Background

1.1 Council Procedure Rule Overview and Scrutiny Procedure Rule 10 makes provision for the consideration of questions from members of the public at meetings of the Council. Council Procedure Rule 24 extends that provision to Committee meetings.

1.2 The following question has been submitted for consideration at this meeting of the Health Scrutiny Committee -

Public Question from Diane Drinkwater (and Pamela Griffiths)

“As a former patient from Failsworth Group Practice I am registered with another practice now based at the Keppel building, as are probably most of the former FGP patients. From the Facebook group Pam and I administer we can see there are a lot of issues relating perhaps to the burden of many additional patients.

Can you provide us with answers please about

- 1 What consultation had taken place about the decision to disperse patients from Failsworth Group Practice.
- 2 How many patients were involved in this consultation and what form did the consultation take and what duration was it held over?
- 3 What support has been available to re-list 12000 patients from FGP across other surgeries? What planning and support was offered to other GP services in Oldham to enable this to go smoothly?
- 4 What actions can be taken to resolve issues with patient notes being referred back to FGP rather than the new GP practice patients have chosen?
- 5 What consultation is taking place to show the outcomes of the closure of FGP, signing up process for new GPs and its impacts on existing local surgeries and the impact on local residents.
- 6 What data is available from A&E self-referrals that might indicate the closure of FGP has led to an increased burden at local hospital accident and emergency centres?”

1.3 The Committee Chair will provide a response at the meeting of the Committee.

2 Options/Alternatives

2.1 None – the report is presented for information.

3 Preferred Option

3.1 N/A

4 Consultation

4.1 N/A

5 Financial Implications

5.1 N/A

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- 6 Legal Services Comments**
- 6.1 N/A
- 7. Co-operative Agenda**
- 7.1 N/A
- 8. Human Resources Comments**
- 8.1 N/A
- 9 Risk Assessments**
- 9.1 N/A
- 10 IT Implications**
- 10.1 N/A
- 11 Property Implications**
- 11.1 N/A
- 12 Procurement Implications**
- 12.1 N/A
- 13 Environmental and Health & Safety Implications**
- 13.1 N/A
- 14 Equality, community cohesion and crime implications**
- 14.1 N/A
- 15 Equality Impact Assessment Completed?**
- 15.1 No
- 16 Key Decision**
- 16.1 No
- 17 Key Decision Reference**
- 17.1 N/A
- 18 Background Papers**
- 18.1 None.
- 19 Appendices**
- 19.1 None.

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HEALTH SCRUTINY
08/03/2022 at 6.00 pm

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

Also in Attendance:

Mike Barker

Strategic Director of
Commissioning/Chief Operating
Officer

Kaidy McCann

Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ibrahim.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no urgent items of business for this meeting of this Committee to consider.

4 **PUBLIC QUESTION TIME**

There were no public questions for this meeting of the Committee to consider.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health Scrutiny Committee held on 18th January 2022, be approved as a correct record.

6 **SCHEDULED CARE UPDATE**

The Committee scrutinised a report which provided an update on Scheduled Care

The Committee was provided with details of long waiters which included the breakdown of bands and by month. There had been a slight increase in the >140 weeks from 66 in September 2021 to 83 in November 2021. It was the aim of Oldham Cares to eliminate waits of over 104 weeks by the end of March 2022, however it was important to understand that a long waiter was not necessary a high clinical priority or more urgent due to the wait. Elective activity also slowed annually when winter pressures hit and resources were reprioritised which contributed to increased Elective waits. Patients' choice was a factor in the increased wait times. Some patients opted to wait until the risk of Covid was significantly reduced. This was the cause of the increase in November waits and as Christmas approached,

patients opted to delay to the New Year. The total waitlist in Mar '20 was 16,852 vs. 25,437 Nov '21.



Diagnostic provision continued to be a challenge as increased waitlists resulted in increased demand on diagnostic services. The standard continued to be set at 99% of diagnostics to be delivered within 6 weeks however NHSE/I had published new guidance in May '21 which stated waitlists should be reviewed and prioritised according to clinical need rather than wait time where over half have been waiting over 6 weeks. In Feb '20 the diagnostic waitlist stood at 4,596 but in Nov '21 was 8,798 an increase of 91.4%. Echocardiography, MRI, NOUS and Endoscopy accounted for the majority of diagnostic waits.

The Committee noted that the service continued to operate under challenging circumstances with infection prevention and control (IPC) measures, stretched resources for various reasons (including staff sickness), patient choice and increasing waitlists. When pressures rose in urgent care, Elective activity was the first to take the hit, as resources were prioritised accordingly to urgent and Cancer care. Use of Independent Sector Providers (ISPs) depended on Trusts sending activity across but was supporting the recovery process. It was likely to take a number of years to truly recover from the toll Covid had taken on Elective waits.

Cancer services across Greater Manchester remained very challenged, and this was reflected in the deterioration of the performance position seen in Oldham. The current surge of the Omicron wave was causing pressures across the health system, particularly in terms of staff sickness and isolation. The GM position was to maintain Priority 2 (which included Cancer patients) on green sites, and therefore it was hoped that despite the continuing pressures that cancer treatments would continue wherever possible. Diagnostics were still a main contributor to the delays in 62-day treatment pathways. The Trust had continued to utilise the Rapid Diagnostic Centre (RDC) pathway to support internally and continued to develop the Community Diagnostic Centre which would provide additional diagnostic capacity to Oldham.

General practice had remained open and continued to provide primary medical services 7 days per week through remote access and face to face consultations where clinically appropriate. Practices had continued to provide urgent on the day care and maintained continuity of care for those with long term conditions and complex needs. This year to date, practices had provided 782,210 appointments. The last 3 months had provided over 100,000 appointments per month on average.

Oldham Primary Care Networks (PCNs) were at the forefront of the COVID vaccination and booster programme. In the week ending 19th December 18,890 vaccines were provided in Oldham. This was the highest ever recorded with previous high of 14,765 in April 2021 58.6% of the eligible cohort for a booster

had now been vaccinated. Capacity had been realised to deliver boosters to all eligible residents by 31st December 2021.

RESOLVED that the Scheduled Care Update be noted.

7

HEALTH AND CARE BILL UPDATE

The Committee scrutinised a report which provided an update on the progress in relation to the Health and Care Bill.

The Committee were informed that Integrated care systems (ICSs) were partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area. They existed to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Following several years of locally led development and based on the recommendations of NHS England and NHS Improvement, the government had set out plans to put ICSs on a statutory footing. To support the transition, NHS England and NHS Improvement had published guidance and resources, drawing on learning from all over the country. The aim was to enable local health and care leaders to build strong and effective ICSs in every part of England. Collaborating as ICSs would help health and care organisations tackle complex challenges, which included:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

The continued development of Integrated Care Systems remained a priority for the NHS. The Health and Care Bill, which intended to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, was currently being considered by Parliament. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 had been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaced the previously stated target date of 1 April 2022. The new target date would provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining the momentum towards more effective system working.

Joint working arrangements had been in place at system level for some time, and there had already been significant progress in preparing for the proposed establishment of statutory Integrated Care Systems, which included recruitment of designate ICB Chairs and Chief Executives. CCG leaders and designate ICB leaders were asked to continue with preparations for the closure of CCGs and the establishment of ICBs, working toward the new target date. Designated ICB leaders, CCG AOs and NHS England and NHS Improvement regional teams would be asked to agree ways of working for 2022/23 before the end of March 2022. This would include agreeing how they would work together to support ongoing system development during Q1, including the establishment of statutory ICSs and the oversight and quality governance arrangements in their system.

RESOVLED that the Health and Care Bill Update be noted.

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

The Committee received a report inviting consideration of the Committee's Work Programme for 2021/22.

RESOLVED that the Health Scrutiny Committee's Work Programme 2021/22 be noted.

9 **KEY DECISION DOCUMENT**

The Committee considered the latest Key Decision Document, which set out the Authority's Key Decisions scheduled to be made from 1st March 2022.

RESOLVED that the Key Decision Document be noted.

The meeting started at 6.00 pm and ended at 7.38 pm

Report to Health Scrutiny Committee

Infant Mortality – Update

Portfolio Holder:

Councillor Brownridge Cabinet Member for Health and Social Care

Officer Contact:

Katrina Stephens, Director of Public Health

Report Author: Rebecca Fletcher, Consultant in Public Health

July 2022

Purpose of the Report

The Health Scrutiny Committee has requested an update report on infant mortality in Oldham and our actions to reduce these deaths.

Summary of the issue:

This report provides an overview of the work to reduce infant mortality in Oldham, and focuses on the work on reducing smoking in pregnancy, and advice on safe sleeping.

1. Background to Infant Mortality in Oldham

- 1.1 Infant mortality has a devastating impact on the lives of the families of Oldham. Infant mortality is defined as the death of a child aged under 1 year. The highest priority for the long-term health of the population is to ensure that children are given the best start in life.
- 1.2 Oldham's infant mortality rate has been higher than the North West and England rates consistently for over a decade. Oldham's most recent rate for 2018 - 2020 was 6.2 per 1,000, making it significantly higher than the national figure of 3.9 per 1,000. This is a key priority to improve the health of Oldham

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	
England	–	7,111	3.9	
CA-Greater Manchester	–	497	4.9	
Oldham	–	58	6.2	
Manchester	–	131	6.1	
Bolton	–	61	5.6	
Rochdale	–	42	5.0	
Salford	–	49	4.7	
Stockport	–	41	4.3	
Tameside	–	35	4.3	
Bury	–	27	4.1	
Wigan	–	40	4.0	
Trafford	–	13	1.7	

Source: Office for National Statistics (ONS)

Figure 1: Greater Manchester Infant Mortality Rates 2018-2020, crude rate per 1,000

- 1.3 Oldham ranks 19th most deprived out of 317 local authorities in 2019 Indices of Deprivation (IMD) data. National research has demonstrated that there is a correlation between child poverty and the rates of deaths in children, including infants. The report on this issue from the National Child Mortality Database¹, which is based on data for children who died between April 2019 and March 2020 in England, finds a clear association between the risk of child death and the level of deprivation (for all categories of death except cancer).
- 1.4 Key contributing causes of death locally and nationally include congenital abnormalities, babies that are small for gestational age, and extreme preterm births. To reduce the prevalence of these, public health approaches should focus on those women living in the poorest areas, and work to reduce smoking, unplanned pregnancies, maternal obesity and better engagement with those with maternal disorders such as diabetes. In addition, wider determinants of health were found to be factors identified in deaths of children who live in poverty including overcrowded housing, lack of access to interpreting services, and poor maternal health in pregnancy.

¹ https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_20210513.pdf

2. Current Data in Oldham

- 2.1 The Child Death Overview Panel (CDOP) for Oldham, Bury and Rochdale (ORB), is one of the four CDOPs in Greater Manchester (GM). The CDOP reviews all child deaths under 18 years, but not including still births, late foetal loss or termination of pregnancy. The panel do not determine the cause of death but instead explores all the factors surrounding the death of the child. This learning enables required actions to be taken to protect the welfare of children and prevent future deaths.
- 2.2 Every year, each CDOP collates information on the cases that have been reviewed in the last 12 months in order to identify themes. This enables each area to identify any lessons learnt and recognise where population level interventions are required to reduce future child deaths.
- 2.3 In 2020/2021 there were 47 notified cases and 29 reviewed cases. The duration of the review process can vary meaning that not all cases are closed in the same year that they are notified.
- 2.4 55% of children were within a hospital setting when the fatal event occurred, with home setting being the second most common location. Males were overrepresented in closed cases at 59%, this is consistent with GM and national findings year on year, the reason for this is unclear.
- 2.5 Children are at the highest risk of death in the first year of life, and this is identified within the ORB data, 41% of cases were in the neonatal period and 55% in the first year of life. Across ORB, the leading cause of child death was chromosomal/genetic/ congenital abnormalities equating to 31% of the closed cases. The second most common cause of death was perinatal/neonatal event which was the category of 21% deaths.
- 2.6 Modifiable risk factors are areas which may contribute to an increased risk of child death, and if addressed at a population level can reduce the risk of future child deaths. 48% of closed cases had modifiable risk factors identified. Modifiable factors that were identified in ORB cases included hospital and clinical factors, domestic violence, consanguinity, and parental smoking.
- 2.7 Preterm delivery and the associated complications are the leading cause of infant mortality. Preterm delivery is defined as any birth before 37 weeks of pregnancy and can be subdivided depending upon gestational age. The earlier the gestation at which a baby is born, the higher the risk of infant death². Preterm delivery is associated with risk factors such as poverty and maternal smoking³. 88% of all deaths in children under 1 year were born prematurely across ORB.

3. Update on activities in Oldham to reduce infant mortality

- 3.1 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.
- 3.2 Taking this approach has enabled us to implement approaches such as Family Nurse Partnership (FNP), Right Start Services (0-5s), and Social Prescribing which are able to work whole system and whole person to really understand the wider

²<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2018#:~:text=1.-,Main%20points,of%203.6%20recorded%20in%202014>

³ https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_report_2018-10.pdf

determinants of presenting needs and respond accordingly drawing on assets both within public services and the wider community.

- 3.3 There are key programmes of work that aim to reduce the risk of infant deaths across Oldham. Below are the updates on 1) smoking cessation in pregnancy, 2) genetic outreach 3) safer sleeping 4) maternity services

4. Smoking in Pregnancy

- 4.1 Smoking and exposure to second hand smoke during pregnancy is responsible for an increased rate of stillbirths, miscarriages and birth defects.
- 4.2 Encourage pregnant smokers to stop smoking is one of the most effective ways we can reduce infant mortality and still births. Stopping smoking will not only benefit women who smoke and are planning a pregnancy, are already pregnant or have an infant aged under 12 months but will also benefit the unborn child of a woman who smokes, any infants and children she may have, her partner and others in her household who smoke.
- 4.3 The ambition of the Smoking in Pregnancy programme is to reduce smoking in pregnancy across GM through a standardised smoke free pregnancy pathway with investment in workforce development, equipment, and a targeted intervention aimed at our highest risk population. Initially, the programme aimed for a reduction in smoking status at time of delivery (SATOD) in GM to the England average (10.5%) with an ambition to be better than the England average by the end of 2021 and ultimately for no woman to smoke during her pregnancy.
- 4.4 Oldham has a Specialist Midwife and two dedicated Maternity Support Workers based at The Royal Oldham Hospital. Nicotine Replacement Therapy (NRT) is now available via direct supply on antenatal clinic and ward, labour ward and postnatal ward and progress being made to move towards offering NRT via the community team too
- 4.5 CO monitoring is being undertaken by personal use monitors, supported/funded by GM. This is important as a validation method of smoking status. Midwives are encouraged to refer all women smoking at booking to face to face appointments with the Smoking in Pregnancy team. In addition, midwives are encouraged to refer all women regardless of smoking status with a raised CO of 4 and above.
- 4.6 The Smoking in Pregnancy Team offer training for all midwives/maternity staff as well as e-learning so that all maternity staff are clear of importance of smoking cessation in pregnancy.
- 4.7 Work is also ongoing on smoke free homes. As well as in person advice, a Smoke Free Homes leaflet is included in all packs for women who smoke in pregnancy.
- 4.8 The Smoking in Pregnancy Team work with the Community Stop Smoking Service (as part of Your Health Oldham) to strengthen pathways to support partners and others in the household who smoke by providing clear advice about the danger that other people's tobacco smoke poses to the pregnant woman and to the baby – before and after birth – and offers help to stop smoking by using evidence-based multi-component interventions and pharmacotherapy.
- 4.9 Following the introduction of the Smoking in Pregnancy service, Oldham has seen reductions in the rates of women smoking when they are pregnant, from 12.6% in 2017/18 to 9.8% (2020/21 – Oldham CCG data). This means 945 more babies were born smoke free in Oldham.

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- 4.10 The current four week quit rate is 63% (Q3 21/22) with 100% of women who achieved a four-week quit remaining quit at the time of the birth of their baby
 - 4.11 Shisha remains an issue and midwives are encouraged to ask women about its use. New display boards in antenatal clinic to raise awareness of the dangers.
 - 4.12 No Smoking Day Campaign 9th March 2022 was used as an opportunity to build conversations across the hospital and community sites. Stalls were set up at Royal Oldham Hospital to increase awareness of dangers of smoking and the support available. There was also activity on social media within the trust to continue to highlight the service to staff members.
 - 4.13 Development of the Smoke free Digital Platform is continuing – this will provide more options around virtual appointments, where appropriate, with the platform being able to accept MSTeams meetings and WhatsApp video calls.

5. Genetic Outreach

- 5.1 All the cases reviewed by the Oldham Bury and Rochdale CDOP last year that related to chromosomal, genetic and congenital abnormalities were children of Black, Asian or minority ethnicity. In addition, overall, there were higher rates of child deaths in Black, Asian or minority ethnicity groups across Oldham. This was consistent across GM and it is important that this inequality is addressed.
- 5.2 Consanguinity is a known risk factor for congenital abnormalities and therefore an important risk factor when addressing child deaths.
- 5.3 As a response to this, Oldham Council has commissioned a genetic outreach service since 2015. The service aims to raise genetic literacy and awareness in affected communities in Oldham in order to support informed marriage and reproductive choices. The service was recommissioned last year and is provided by HomeStart. The service also aims to raise awareness of:
 - The impact of genetic disorders on infant and childhood mortality locally
 - Knowledge of genetic and cultural issues related to consanguineous marriage
 - The health services that people can be referred to for further help/information
 - How to initiate conversations appropriately in the community
- 5.4 A key delivery mechanism for this service is via building culturally appropriate conversations about genetics, and consanguinity via existing community groups. These have been held in a variety of settings including local mosques, community centres, and multifaith groups. One example was an Arabic teacher training event at the Ghosia Mosque where the service engaged 26 female teachers in discussions about genetic risk, and awareness of how to support discussions in the community. The focus was on ensuring that the discussions are appropriate to cultural norms, and religious beliefs.

6. Safer Sleeping Programme

- 6.1 Following the completion of a local case review on the sudden and unexpected death of a baby in Oldham the Children's Safeguarding Partnership agreed to undertake a piece of work relating to safer sleep. This work was later reinforced following the publication of the National Child Safeguarding Practice Review of Sudden and Unexpected Deaths in Infancy (SUDI). Both local and national reviews identified challenges relating to the application of safe sleep guidance in the home.

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- 6.2 A multi-agency task and finish group led this work in Oldham and identified that whilst safe sleep messages are provided regularly and consistently by midwifery and health visiting services, they are not always being followed by family members.
 - 6.3 The group carried out an engagement exercise last year with the aim of speaking with new parents and family members about safe sleep, the advice given and any potential barriers to the advice being followed. This engagement exercise has been used to inform the ways in which risks are communicated and so reduce the risks of sudden and unexpected deaths relating to unsafe sleeping arrangements.
 - 6.4 Early Help services have now been supported to share information with their families in relation to safe sleeping.

7. Maternity Improvement Programme,

- 7.1 As highlighted above, preterm delivery and the associated complications are a significant risk factor in relation to infant mortality. A healthy pregnancy, and good maternity care are key to reducing mortality rates
- 7.2 A Maternity Improvement Programme has been established by the Northern Care Alliance (NCA), which operates the Royal Oldham Hospital, in order to ensure that Maternity services in Oldham meet national maternity standards, including the recommendations of the Ockenden Review, and other national guidance.
- 7.3 Included within this programme is a focus on addressing poor outcomes experienced by some, for example higher still birth rates in Pakistani and Bangladeshi patients. While we have highlighted a number of the risks factors, there is evidence to suggest that there are changes within the control of the maternity services which can be made to improve outcomes.
- 7.4 The programme has established a 'Listening to our Communities' workstream to hear the views and experiences of women and families who have used maternity services to inform the improvement work. This approach will be targeted based upon key communities and groups in Oldham and Rochdale who both experience poorer outcomes, but who are less likely to make complaints, and are often under-represented in traditional surveys and patient groups.
- 7.5 We already know from national and local research a number of areas that will improve care, and therefore infant mortality, by improving communication and trust between patient and the clinical team;
 - Access to and quality of interpretation support throughout the patient pathway
 - Culturally appropriate support and advice
 - Trust and perception of health professional, including why some women access ante-natal care late or not at all, meaning problems with the baby are detected late
- 7.6 Alongside the engagement work described, the maternity service is also acting on immediate improvements which can be made such as 'improving flow' to ensure theatre availability for patients requiring emergency caesarean sections.

8. Recommendations

- 8.1 The Health Scrutiny committee are asked to note the data on infant mortality and support the ongoing actions to reduce infant mortality across the borough.

Report to Health Scrutiny Committee

Healthy Child Programme

Portfolio Holder:

Councillor Brownridge Cabinet Member for Health and Social Care

Officer Contact:

Katrina Stephens, Director of Public Health

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

July 2022

Purpose of the Report

The Health Scrutiny Committee has requested an update 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.

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 ongoing 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. The updated programme is being piloted in some local authorities before being launched nationally.
- 1.4 In Oldham, our health visiting, school nursing services, Children's Centres, and Early Education support were previously provided by Bridgewater Community NHS Trust and are now delivered by Northern Care Alliance in partnership with Oldham Council. This new partnership came into place on 1st April 2022.
- 1.5 Local Authorities are mandated to provide some key public health services, and this service includes 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

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."¹
- 2.2 Breastfeeding rates are worse than England. 49.1% of newborns received breast milk as their first feed. The proportion of babies breastfed at 6 to 8 weeks after birth increased during the pandemic and in 20/21 was 41.0%. We have seen improvements in some of our wards with the lowest rates of breastfeeding but emerging information from the service indicates that our rates have not been sustained at the higher level.
- 2.3 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

¹ https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf

which will be included in the new model to support good oral health in children under 5 years. This data is from 2018/19 but we are due an update on this later in the year as the survey has been repeated locally.

- 2.4 The data from last year showed that 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. During COVID, the National Child Measurement Programme only measured a sample of Reception and Year 6 children and so the data is less reliable. Nationally though the indications are that weight in children generally increased over 2020/21. Our 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.
- 2.5 The teenage pregnancy rate is worse than England, with around 120 girls becoming pregnant in a year. The Family Nurse Partnership service provides an intensive service to new young mothers in order to support them and the development of their babies.
- 2.6 The uptake of our routine childhood immunisations has previously been good and generally at or above the recommended coverage. The MMR immunisation level previously has met the recommended coverage (95%). COVID-19 has impacted on this figure though and we are looking at what we can do locally to catch up on any missed immunisations. In 2019/20 by age 2, 95.9% of children had had one dose, in 2020/21 that figure is now 92.5%. We are still higher than the England average, but we are not currently achieving the recommended coverage.
- 2.7 The latest data on immunisations for Children in Care show that this is reaching the recommended coverage and is higher than the England rate.

3. Updates from the current service

- 3.1 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.
- 3.2 The Right Start and School Nursing Service was provided by Bridgewater since 1st April 2016 and until 31st March 2022. 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. The service is now delivered by Northern Care Alliance in partnership with Oldham Council. Health visitors, school nurses, and Family Nurses are employed by the NCA, and the Council employs the Early Education, SEND practitioners, and Children's Centre staff. This new partnership came into place on 1st April 2022.
- 3.3 The service generally performs well in relation to the mandated contacts by health visitors. The latest data from April 2022 shows that 98% of babies receive a face to face New Birth Visit (NBV). The national target is for these to be completed within 14 days of birth. Locally only 79% of babies receive a NBV within 14 days of birth. The service is continuing to work on the challenges to meeting the 14 day timescale. 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 service focused on ensuring that the visits occur as soon as possible dependent on the individual family circumstances.

- 3.4 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.
- 3.5 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 Jan-Mar 2022, 62% of children were at, or above the expected level of development in all five domains.
- 3.6 The service successfully achieved UNICEF level 3 baby friendly accreditation in January 2020 and is now working towards the Gold “Achieving Sustainability Standard” in 2022
- 3.7 The service provides a universal “Babbling Babies” offer that provides strategies for families to support their child’s communication development. Other developments include the delivery of a targeted speech and language programme called “Little Talkers” groups. The service has also been working in partnership with Speech and Language Therapy (SALT) service to ensure that families on the SALT waiting list are provided with appropriate support and a planned approach.
- 3.8 The service introduced Chat Health to support children 5-19 and parents 0-19 with advice. Children, young people and parents using the text service receive a reply to any questions they ask from a registered nurse. Data advises the service that uptake is improving, particularly the parental 0 – 5 line. Chat Health is available 24/7 for requests/questions with response times being during the working day of 9-5. A reply is generated to all using the service which identifies the times when nurses are available to reply to comments/questions and other support services available 24/7 to support need.
- 3.9 A new immunisation team has been set up within the school nursing service to work alongside the generic school nursing service. They will plan and deliver the school aged immunisation programme which includes catch up clinics in locality venues. The team will work with our schools in a more targeted way to increase the uptake for the Borough.
- 3.10 There is a designated Health Visitor who works to deliver the HCP to women and children in our two local women’s refuges. She liaises directly with the school nurses if school aged children are residing there. As an example, at one point there were 23 children resident in the refuges, 10 of which were of preschool age. The service focuses on ensuring appropriate support for these particularly vulnerable families.

4. Future Plans for Healthy Child Programme in Oldham

- 4.1 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.
- 4.2 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.

4.3 A focus of the coming year will be the implementation of the updated and modernised Healthy Child Programme when this is released.

5. Recommendations

5.1 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.

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Report to Health Scrutiny Committee

A Health Inequalities Plan for Oldham

Portfolio Holder:

Councillor Brownridge Cabinet Member for Health and Social Care

Officer Contact:

Katrina Stephens, Director of Public Health

Report Author: Katrina Stephens, Director of Public Health

5th July 2022

Purpose of the Report

This Health Inequalities Plan has been developed through the Health and Wellbeing Board and sets out the actions that Health and Wellbeing Board partners will take over the next 2 years to reduce the gap in life expectancy within Oldham and between Oldham and England.

Summary of the issue:

Like many other areas in England, Oldham saw health and health inequalities worsen in the decade between 2010 and 2020. Life expectancy stopped increasing, inequalities between groups widened, and for the poorest people in the borough life expectancy declined¹. Since 2020 the pandemic has further exposed and amplified inequalities in health and the social determinants of health in Oldham, Greater Manchester, as in the rest of England

The persistent inequalities in health in Oldham, and the missed opportunities this generates for all our residents, particularly the most disadvantaged, are well recognised. Improving health outcomes, but also wider economic and social outcomes, cannot be achieved without concerted effort to address health inequalities and inequalities in the social determinants of health.

¹ [Main-report-GM-report_final.pdf \(gmhsc.org.uk\)](https://www.gmhsc.org.uk/main-report-gm-report-final.pdf)

1. Introduction

- 1.1 Like many other areas in England, Oldham saw health and health inequalities worsen in the decade between 2010 and 2020. Life expectancy stopped increasing, inequalities between groups widened, and for the poorest people in the borough life expectancy declined. Since 2020 the pandemic has further exposed and amplified inequalities in health and the social determinants of health in Oldham, Greater Manchester, as in the rest of England
- 1.2 The persistent inequalities in health in Oldham, and the missed opportunities this generates for all our residents, and particularly the most disadvantaged are well recognised. Improving health outcomes, but also wider economic and social outcomes, cannot be achieved without concerted effort to address health inequalities and inequalities in the social determinants of health.

2. Health Inequalities Plan (Appendix 1)

- 2.1 In November 2021, Health and Wellbeing Board members agreed to develop a Health Inequalities plan for Oldham, which would set out the key actions which will be taken by the Oldham system in response to the stark challenges the borough faces in health inequalities, and drawing on the recommendations of the GM Build Back Fairer report into health inequalities in the City region and the Oldham Public Health Annual Report 2021.

Over the last six months a working group has met to develop the plan, reviewing key themes highlighted in the GM Marmot Build Back Fairer report and the learning from a wide range of engagement activity undertaken in the borough over the last two years.

- 2.2 A final plan has now been produced and was agreed by the Health and Wellbeing Board on 21st June 2022.
- 2.3 The plan is intended to be action focused as opposed to a long strategy document. A lot of the pre-work has been done through the Marmot and Independent Inequalities Commission reviews of Health Inequalities in Greater Manchester. Level of need and the scale of the health inequality challenge and opportunity to improve are documented in the Joint Strategic Needs Assessment and the forthcoming Public Health Annual Report 2021.

The scope of the plan is necessarily broad, and as such this plan aims to reflect and amplify actions already included within other related plans, as well as identify new actions which could impact on reducing health inequalities. The focus of the plan is on actions which can be delivered within in 2 years or less given the pace with which health inequalities need to be acted upon and the ever-changing environment within which the system operates. It is however recognised that reducing health inequalities will need to be a priority for the borough for the long term is progress is to be made.

- 2.4 The primary outcomes which the plan is aiming to achieve is to reduce the gap in life expectancy and health life expectancy within Oldham, and between Oldham and the national average, ensuring that all residents have the opportunity to experience the best possible health and wellbeing throughout their lives. The GM Build Back Fairer report proposes a series of indicators which can be used to monitor progress in addressing health inequalities. It is proposed that these are adopted to monitor

progress in Oldham. Developing a dashboard which tracks these indicators and provides an overview of progress in achieving the actions outlined in the plan is now a priority as we move from plan development into delivery.

- 2.5 Overseeing delivery of the plan will be a primary focus for the Health and Wellbeing Board, with board members sponsoring each theme, and supporting delivery leads. Future Health and Wellbeing Board meetings will be themed to allow deep dives into the plan themes to be undertaken as part of the Board's work programme. Work has commenced to identify other Boards which have a substantial role in delivering the plan's actions. This work will need to be further refined as new governance structures and ways of working continue to develop.
- 2.6 Council teams and departments are the delivery lead for a high proportion of actions in the plan. This reflects the significant role of the Council across the wider determinants of health (and was the reason behind the move of Public Health teams from the NHS into local authorities in 2013). As such, whilst this is a system plan which includes actions across all anchor institutions, the Council's system leadership role in the delivery of this plan is vital.

3. Recommendations

- 3.1 Health Scrutiny Committee are asked to note this report, provide feedback on the content of the health inequalities plan.

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Health Inequalities Plan for Oldham

June 2022

Context

What do we want to achieve?

- Improve the health of our residents with a focus on:
 - Reducing the gap in life and healthy life expectancy between Oldham and other boroughs.
 - Reducing the gap in life and healthy life expectancy within Oldham, particularly between low and high income group and by ethnicity.

Scope

- The intention is to keep this work action focused as opposed to writing a long strategy document. A lot of the pre-work has been done through the Marmot and Independent Inequalities Commission reviews of Health Inequalities in Greater Manchester.
- Actions should be deliverable in 2 years or less given the pace with which health inequalities need to be acted upon and the ever-changing environment within which the system operates.
- No services or organisations are out of scope for this work.

Context

Process and engagement for this work

- The GM Marmot report and Independent Inequalities Commission report for GM were used as starting points for understanding key actions we may want to take in the borough.
- A series of workshops took place every two weeks to discuss the key themes that came out of these reports and identify priorities for the borough. The key themes identified are below; data on each were explored through each workshop:
 - Income, poverty and debt
 - Work and unemployment
 - Children and young people
 - Housing, transport and environment
 - Health, Wellbeing and Health Services
 - Health in all Policies / Communities and Place

Context

Process and engagement for this work

- A retrospective review of the following pieces of resident engagement were carried out ahead of the working group sessions and the key themes from the engagement were presented to inform the discussion.
 - Door step engagement team
 - Insight Tracker
 - Community Champions Network
 - Poverty Truth Commission
 - Early Years Strategy Consultation
 - Homelessness strategy
 - Covid-19 recovery plan
 - Lets Talk Oldham
- Working group members offered their accounts of client/service user experiences to inform the working group discussion about priorities for the plan.
- Dedicated engagement took place in the form of a Poverty Truth Commission session around experiences of using health services, though wider themes about access, trust and relationships emerged are relevant to all aspects of the health inequalities plan.
- As the actions are developed and delivered, further conversations with residents will be needed to inform how actions are taken.

Role of the HWB in supporting delivery of this plan

- HWB sponsors for each area, supporting delivery leads where appropriate.
- Review progress on one theme at each HWB meetings over the course of the year.
- Plan to be iterative and not set in stone.

Measuring Progress

- Draw on GM Marmot dashboard to track against specific Marmot metrics.
- Development of specific indicators to track progress against actions developed as part of Oldham's health inequalities plan.
- Metrics relevant to each theme to be reported and reviewed at relevant HWB meeting.

Income, poverty, debt

What have people told us?

- Workshop:
 - Planned changes to UC may force residents into taking jobs earlier, potentially putting skilled workers into lower skilled, lower paid work.
- Poverty Truth Commission to date:
 - Precarious nature of system linked to skillset of staff in ability to respond to residents who are experiencing poverty.
 - Need to enhance understanding of poverty to help people with its impact and stigma.
- Financial concerns and debt a key issue flagged by residents to the door step engagement team.
- Dedicated PTC session on health:
 - The need for relationships and trust to be built rather than interactions centring around a transaction/specific issue.
 - Being careful in what services to co-locate in hub type settings – services with an enforcement role such as social care may deter residents from engaging.

Income, poverty, debt

Indicators

- Marmot:
 - Indicator 9: Children in low income households (publicly available)
 - Indicator 10: Proportion of households with low income (publicly available)
 - Indicator 11: Debt data from Citizens Advice (GM Tableau)

Income, poverty, debt

Objective	Action	Delivery Lead(s)	Timeframe
Reduce structural barriers which perpetuate inequalities, particularly stigma and staff perception/understanding of those in poverty.	Develop and deliver front line staff training on the background and residents' experiences of poverty/debt/benefits, constituting workforce development around poverty. Include a focus on internal workforce wellbeing, particularly in light of cost of living crisis.	OMBC HR/OD / OD Networks	
	Increase use of the Money Advice Referral Tool across front line staff across the borough to improve signposting to support and impact wider determinants of health.	OMBC Policy / Public Health / Action Together	Q3 2022/23
Support those in most need as utility prices continue to rise.	Continue to support the delivery of, and funding for, Warm Homes Oldham and highlight the gap in support resulting from the cost of living crisis.	CCG / Public Health	Ongoing
Seek to prevent problematic debt levels in the borough.	Through development of new council tax collection policy, emphasise the impact on health of debt and the need to consider health impacts in collection strategies.	OMBC Revenue & Benefits	
	Develop wider programme of work aimed at preventing and reducing levels of problematic debt, including a focus on money management and rent arrears.	Poverty Working Group	

Housing, Transport and Environment

Indicators

- Marmot:
 - Indicator 12: Ratio of house price to earnings
 - Indicator 13: Households/persons/children in temporary accommodation
 - Indicator 14: Average public transport payments per mile travelled
 - Indicator 15: Air quality breaches

Housing, Transport and Environment

Objective	Action	Delivery Lead	Timeframe
Ensure every resident can access housing, while improving the health of our homeless population.	Continue to support the A Bed Every Night initiative and work to improve access to health and wider services for homeless population.	Senior leaders / CCG	
	Expand NHS Health Check eligibility criteria to all people who are homeless regardless of age.	OMBC Public Health	Q2 2022/23
	Continue development of substance misuse offer for people who are homeless.	Turning Point ROAR/ Homeless Service	
Strengthen housing support around minor repairs which can be unaffordable for some residents.	Developing a pilot funded by GM HSCP to improve minor repair provision, linking in participants into health service offers and measuring the impact of house repairs on resident health.	OMBC Public health / Housing	Q3 2022/23
Develop healthier housing provision in the borough.	Further develop the Healthy Homes element of the housing strategy in the next iteration of the housing strategy action plan, including strengthening links between health services and housing enforcement support.	OMBC Public health / Housing	
	Develop a forum for sharing good practice across providers and wider system in terms of making healthy improvements to homes	Housing providers	
Incorporate healthier design principles into all developments (resi and non-resi) in the borough.	Develop and include content on healthy planning and healthy green spaces in the new Local Plan	OMBC Public health /Planning	
	Strengthen the use of health impact assessments as part of the planning process.	OMBC Public health / Planning	

Work and Unemployment

- **What have people told us?**
- Workshop discussion:
 - Certain communities of higher need are poorly represented in Adult Education uptake.
 - Barriers to employment present through recruitment process, particularly for the long term unemployed who may lack confidence and self-esteem after multiple rejections.
 - We need to move away interviews then are not a good measure of a persons ability to do the job from our experience.
 - Unemployment rate is going down but the number of people not in work is going up
- Lets Talk Oldham – Engagement to support corporate plan:
 - 243 participants commented on the need to make Oldham a better place to work. For them securing more job opportunities and making it easy to get around on public transport were of highest priority.

Work and Unemployment

Indicators

- Marmot:
 - Indicator 5: NEETs at ages 18 to 24
 - Indicator 6: Unemployment rate (*report on both normal unemployed, and adjusted percentage for carers, ill health and those in education*).
 - *Also report on long term unemployed rate.*
 - Indicator 7: Low earning key workers
 - Indicator 8: Proportion of employed in non-permanent employment

Work and Unemployment

Objective	Action	Delivery Lead(s)	Timeframe
Ensure Oldham residents have equal access to employment opportunities.	Anchor organisations to work together to develop more equitable and accessible recruitment practices and use contracts and social value procurement to improve employment practices more broadly. Maximise benefit and learning from NCA work and how this can be shared more broadly across anchors.	Anchor Organisation HR/OD Teams	
Improve access to adult education provision across Oldham	Review adult education course uptake data and develop a plan for improving uptake in areas of highest socio-economic need, developing a targeted offer and engagement strategies and considering course time commitments and how they link to UC thresholds.	OMBC Lifelong Learning Team	
Drive uptake in living wage and GM employment charter across Oldham	Develop a campaign to increase participation in the GM employment charter and Living Wage Foundation for Oldham, including enabling social care providers to pay the living wage.	Action Together	Sept 22- March 23
	Strengthen Social Value Procurement emphasis on the need to be a good and fair paying employer	Procurement teams in all anchor organisations	
Improve understanding of inequalities associated with employment across the borough	Collate data relating to employment practices and seek to share these data across the borough to inform understanding of need, the development of plans and monitor progress. Reported unemployment data to include those who are inactive due to illness or caring.	HR/OD Teams	
Maximise opportunities into employment in Oldham, particularly in the most underemployed areas	Work to connect pathways from life long learning into employment opportunities, maximising opportunities from leveraging pre-employment programmes (like the NCAs) and connecting into further learning opportunities (e.g. NCA's English language course for NHS roles.)	OMBC Lifelong Learning Team	

Health in all Policies / Communities and Place

What have people told us?

- Poverty Truth Commission session on health:
 - Poverty was highlighted as a barrier to accessing services (financially) and as a driver of poor health (e.g. poor diet, cold homes). Many residents experience challenges with the cost of bus fares and time to get to appointments. This point links to the need to equality impact assess all services so we can break down barrier issues (links to local plan as well and the need for a HIA)
 - The need to get women into the conversations earlier to inform how services develop and can be accessed.
- Consistent theme throughout all workshop sessions and through resident engagement about the importance of engraining resident voice into everything and every decision

Health in all Policies / Communities and Place

Indicators

- Marmot:
 - Indicator 16: Feelings of safety in local area
 - Indicator 17: People with different backgrounds get on well together
 - Indicator 18: Antisocial behaviour

Health in all Policies / Communities and Place

Objective	Action	Delivery Lead(s)	Timeframe
Health and Health Inequalities are considered in all policies	Embed Health and Health Inequalities into corporate reporting templates and embed into all new contracts that are commissioned.	OMBC Policy team	
	Review metrics which underpin Social Value Procurement as part of the annual review to ensure focus on Health Inequalities, including a focus on how we can add social value to places of particular need and how we support smaller, local providers to apply for competitive contracts which are open to wider tender.	OMBC Procurement/ Public Health	
	Review the Equality Impact Assessment processes and how the EIAs inform decision making.	OMBC Policy team	
	Expand public health/licencing work to consider how health impacts can be a consideration in the range of licencing decisions in Oldham (e.g. gambling).	OMBC Public health / licencing teams	
Residents views represented in all policies	Embed resident engagement and codesign in system culture and everything we do and supporting sustainable investment into it, including sustaining investment into door step engagement teams.	OMBC Communities/ Action Together/ All Anchor Orgs	May 22- March 23
	Develop infrastructure to draw together themes from multiple different resident engagements ensuring that intelligence is used to inform decision making at a corporate and a place based level.	OMBC Communities / Business Intelligence	May 22- March 23
	Involve people with lived experience in changing the way systems respond to, and support people, with multiple disadvantage, drawing on learning from Changing Future programme, Poverty Truth Commission and Elephant Trails.	OMBC ASC & Transformation/ Action Together/ All Anchor Orgs	
Enhance systems awareness of health inequalities and the role staff and organisations can play in reducing them	Provide workforce development sessions/training on Health Inequalities to improve awareness of the impact in Oldham and action required and make this a core part of the placed based workforce development offer.	HR/OD Teams	
Measure and track progress in reducing Health Inequalities	Work with GM and local BI teams to develop a fit for purpose dashboard for Oldham that reflects key data at Oldham level and aligns with the GM Marmot recommendations.	OMBC & NHS Business Intelligence	
Better coordinate local services in places that are convenient and trusted for residents	Place-based boards to be developed for each place to help drive this coordination of services and focus on prevention, early intervention and tackling inequalities	OMBC Communities	

Health, Wellbeing and Health Services

What have people told us?

- Poverty Truth Commission session on health:
 - Participants highlighted their issues with variation in primary care support and access. Waiting times were very variable, phones making it difficult to get through. Concern regarding virtual appointments and their suitability.
 - Lack of resident voice in GP closures.
 - Concern about DNA policies and that members had been discharged when they hadn't been able to make appointments for genuine reasons (or just because they were late).
 - Issues with geography and money to access services.
 - Issues with frequency of repeat prescriptions creating a burden.
 - How can we resource primary care to focus on HIs; how can we focus the workforce on HIs?
 - Multiple examples of poorly coordinate care with residents being passed between services without being supported: The need for services to be more relational than transactional; how can we align how we measure the performance of our services to this? Largely volume based targets currently.

Health, Wellbeing and Health Services

Indicators

- Marmot:
 - Indicator 19: Low self-reported health
 - Indicator 20: Low wellbeing in adults
 - Indicator 21: Numbers on NHS waiting list for 18 weeks
 - Indicator 22: Emergency readmissions for ambulatory sensitive conditions
 - Indicator 23: Adults/children obese
 - Indicator 24: Smoking prevalence

Health and Wellbeing, and Health Services

Objective	Action	Delivery Lead	Timeframe
Have a coordinated approach to prevention and early intervention, supported by a sustainable funding model.	Develop a coordinated whole system approach to delivering Healthy Weight across Oldham to include a focus on schools.	OMBC Public health	
	Reviewing existing provision, commissioning and grant investment arrangements including sustainability of investment, across whole early intervention and prevention system	OMBC Communities	
	Develop a directory of services for the system to clearly communicate what preventative and early intervention services are available for residents to access, carefully considering the capability and capacity of support available.	OMBC Communities / Action Together	
Strengthen mental health offer in the borough responding to increase in need during and post covid-19	Further development of Oldham MH Living Well model, transforming of community MH services. Focus on 'no wrong front door' and MH teams working at a PCN level more focused on population need.	NHS Oldham CCG	
	Increase capacity for, and equity of access to, addiction services, including developing dual diagnosis pathways.	OMBC Public Health / CCG	
	Include questions relating to MH in the NHS Health Check and link patients to appropriate support	OMBC Public Health/Primary Care	Q2 2022/23
	Evaluate and where appropriate identify funding to sustaining our existing prevention resources e.g. TogetherAll, aligning this to the wider early intervention and prevention review.	OMBC Public Health/System Board	Q4 2022/23
Improve social support around the health offer, particularly around debt and benefit advice and referral into employment support programmes.	Work to develop EMIS/elemental referral functionality to make it easier for GPs to refer for social support and behaviour change and showcase at GP training event.	GMSS, Primary care	
	Collect and report on primary care data on referrals into social and employment support to target improvements in uptake.	GMSS, primary care	
	Ensure pathways to wider support exist for those who have suffered a serious or unexpected illness which may impact their finances.	OMBC Public Health	Q1 2023/24

Health and Wellbeing, and Health Services

Objective	Action	Delivery Lead	Timeframe
Improve access to primary care for most vulnerable groups	Talk to residents (through 10GM funding and work) about barriers to accessing health services and seek to reduce these barriers e.g. exploring how travel costs can be subsidised/reimbursed through Healthcare Travel Costs Scheme.	Healthwatch Oldham	
	Foster greater collaborative working between public health, PCNs and place based teams in addressing health inequalities, aligned to Core20plus5, population health management and this plan.	Public health, PCNs, Place teams	Ongoing
	Work with GPs and patients to create a set of standards with regards to how virtual consultations are used in the borough and how patients' confidence in virtual consultations can be improved.	Primary care	
Improve policies which automatically discharging people who don't attend appointments, recognising their social and health impact.	Work with primary, secondary and community care to develop a DNA policy that makes allowances for DNAs due to social reasons and keeps people on care pathways. A specific focus on children non-attendances as part of this work.	Public Health / Primary Care	Q1 2023/24
	Reporting on waiting lists and length of wait by protected characteristics and income level and review the reasonable adjustments that are made for residents where appropriate.	CCG / NCA	
Improve data and intelligence on Health Inequalities to inform preventative work	Work with GM screening and immunisations team to improve Oldham dataset on screening and immunisations to a more granular level of detail so demographic variation in uptake can be understood and action taken.	OMBC Business Intelligence/Public Health	Q3 2022/23
Improve support and access to services for LD residents	Partners to support delivery of the LD strategy and action plan across the borough and ensure that when measuring health inequalities that outcomes for LD residents are reported as a group, drawing on the LD dashboard.	All/ Council & CCG BI	

Children and Young People

- What have people told us?
- Workshop discussion:
 - Research in the past that shows the importance of adult learning in enabling adults to better support their children's learning and development. In a nutshell "adults who read tend to have children who read"
 - OCL would be up for targeted work to reduced-cost swimming or daytime activity classes for early years/children and young mums. Feels like a follow-up meeting to scope options would be useful
 - Lack of confidence as adults -can stem all the way back to childhood - links to Early Years support is also key I think
- Early Years Strategy Consultation
 - Access to parent and child groups/activities a key issue.
 - Access to support for parents and carers also a problem, particularly lack of consistent health visitor support. Accessing breast feeding support also highlighted.
 - Lack of support for children's speech and language issues - this was a common issue highlighted numerous times by different people; the S&L assessment process was also highlighted as challenging.
 - Availability and quality of SEND support for children in schools.
 - Parents don't know what support is available and there is a lack of proactive communication to them. Existing communication needs to be in simple English.
 - Activities prohibitively expensive for low income families who aren't on benefits.

Children and Young People

Indicators

- Marmot:
 - Indicator 1: School readiness
 - Indicator 2: Low wellbeing in secondary school children (#Beewell)
 - Indicator 3: Pupil absences
 - Indicator 4: Educational attainment by FSM eligibility

Children and Young People

Objective	Action	Delivery Lead(s)	Timeframe
Strengthen mental support and preventative offer for young residents	Develop a pathway for 2-5 years olds for MH support.	Children's and mental health	
	Supporting more 18 and 19 year olds to get into employment, encouraging public sector employers to take on more vulnerable residents and use more equitable recruitment practices (linked to action in employment section).	All anchor organisations	
	Build and expand on the work the MH in education team are doing with parents around anxiety.	Education	
	Revisit outcomes from previous poverty proofing the school day audits and develop and develop further actions to ensure education is as responsive to poverty as it can be.	OMBC Policy /Education Teams	
Improve access to physical health support and preventative services for those in most need	Develop a targeted physical activity offer for low income families (driven by data which highlights who should be targeted).	Oldham Community Leisure	
	Work with schools and early years education providers on approaches to healthy weight, healthy eating and physical activity (linked to action under wellbeing on Healthy Weight).	Public health and education	
Identify food insecure residents at an earlier age (I.e. before FSM)	Develop systems and pathways that lead to the earlier identification of, and action on, early years and primary school age food insecurity.	OMBC Children's and education	
Improve Childhood Mortality in Oldham following latest data released	Act on infant mortality review being carried out to understand Oldham's highest rates of infant mortality in GM.	OMBC Public Health	Q4 2022/23
Address inequalities experienced by Looked After Children	Review CYP and health data and ensure that where possible it is being looked at through a LAC lens to help drive further action.	OMBC Public health	Q1 2023/24

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Report to Health Scrutiny Committee

Thriving Communities Programme Update

Portfolio Holder:

Cllr Barbara Brownridge, Cabinet Member for Health & Social Care
Cllr Jean Stretton, Cabinet Member for Neighbourhoods

Officer Contact: Neil Consterdine, Assistant Director for Youth, Leisure & Communities

Report Author: Rachel Dyson – Thriving Communities Hub Lead –
Rachel.dyson@oldham.gov.uk

July 2022

Purpose of the Report

To update members of the Health Scrutiny Committee on the progress of the Thriving Communities Programme and to set out the next steps for the programme in the context of the recent evaluation of the programme, and the Council's wider transformation programme.

Recommendations

Scrutiny are invited to note the progress with delivery of the Thriving Communities Programme, consider the findings of the evaluation, and the proposal to develop of an early intervention and prevention framework.

Thriving Communities Programme Update

1 Background

- 1.1 **Thriving Communities Programme** – In 2018 £2.69m was agreed to fund the Thriving Communities programme from the Greater Manchester Transformation Fund as part of the GM Health and Social Care transformation fund to support devolution. The aim was to accelerate the Thriving Communities element of the Oldham Model and deliver the common objectives of our health and social care integration

The programme was a 3-year programme which focused on;

- building upon our strengths and supporting groups in the voluntary, community, faith and social enterprise sector
- supporting people earlier in the care pathway
- driving the shift to increasing earlier intervention and prevention

The initial funding three year funding period of the programme ended in March 2022, however funding has been agreed with the CCG, alongside reserves from the initial programme budget, to continue some elements of the programme into 22-23.

2 Highlights and key updates

- 2.1 The **Social Prescribing Network** is in operation across the whole of Oldham bridging the gap between medical care and the community, by having link workers in each Primary Care Network (PCN) that work with primary care (and other care forms such as acute, mental health, social care etc.) and connect people into community support and activities. Primary Care Direct Enhanced Services (DES) funding has enabled the service to recruit additional link workers across the five PCNs, in addition the Elemental system is live connecting the primary care system EMIS to social prescribing and enabling direct referrals from other services and reporting from GPs.

The initial 3 year contract period ended in March 2022, however the funding secured from the CCG has enabled a +1 extension of the existing service for 22-23. In addition, it has been agreed as part of the Children's Early Help strategy that the service be expanded to support children during this year, with funding for an additional 2.5FTE dedicated link workers provided by the CCG.

Some key data are shown below, which represent the period between the start of contract in June 2019 and May 2022 unless stated otherwise.

- Referral rates have increase significantly since the last update to O&S. There have been 3,720 referrals into Social Prescribing (this includes 127 during the pilot period during 2018 & 2019), in total with an average of 185 per month during the last 12 months.
- 26% of referrals have come from primary care, with 19% from social care, 12% from TOG Mind and 13% are self-referred, the remainder coming from other services such as housing providers and community organisations. Around 1/3 of referrals are for people living in Central PCN/district, with each of the others making up 1/6 of referrals.

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- Mental health and wellbeing issues are the most common reasons for referral, followed by social isolation and loneliness and housing.
 - The service connects people into more than 80 different voluntary and community organisations or services.

During the last year work has continued to embed the service and strengthen links into the wider system, for example:

- The Social Prescribing Manager and link workers have continued to be actively engaging to help shape and develop both the Place Based Integration work around each of the five Districts, but also the PCN population health approaches development.
- The service have been supporting colleagues in Adult Social Care to embed Strength Based Approaches in Adult Social Care interventions and have co-lead a task and finish group to develop tools for frontline Social Workers to enable them to deliver strength based conversations during their initial engagement with people. The tools are based upon the SBA tools we developed for link-workers to support their strength-based conversations.
- Action Together have invested in some consultancy capacity to develop our Community Activities Directory. The improvements include better search engine capacity, improved accessibility features and a slicker user experience.

2.2 The five **Social Action Fund** projects are three years into delivery of VCFSE led projects tackling loneliness and social isolation. Some of the projects have completed their work, a number have extended the timeframe of their projects utilizing funding not spent during the lockdown period.

- i. BAME consortium – BAME Connect programme of activities e.g. Yoga & Connect, Cook & Connect plus a befriending offer. This project will continue until December 2022 and is actively seeking further external funding to continue the programme.
- ii. Wellbeing leisure (OCL) – community based physical activity, working with community partners to deliver exercise opportunities and train volunteers. This project will continue until March 2023.
- iii. Oldham Play Action Group – intergeneration activities and cooking – virtual activity programmes e.g. families in pre-xmas ‘bake off’ challenge. The SAF funded activity has completed in June 2022, however the organisation is actively seeking external funding to continue the approach developed through SAF.
- iv. Groundwork consortium – focusing on food and growing. Project completed September 2021.
- v. Street Angels – the organisation continues to grow and develop, during 2022 remaining SAF funding is supporting the transition to a new base and work to develop a new operating model in light of changing needs within the town centre nighttime economy.

2.2. **Evaluation** - In December 2019 Commissioning Partnership Board agreed to commission an independent evaluation partner to evaluate the impact of these three elements of the programme, as well as the overall programme, with a view to that evaluation informing decisions about the continuation and development this work.

Although the commissioning of the evaluation was delayed due to Covid19 pressures and budget uncertainty Human Engine were subsequently commissioned as an independent evaluation partner to undertake this work and began working on the programme evaluation since January 2021. The final full evaluation report has now been published alongside an executive summary (Appendix 1 & 2), the findings are summarized below.

The final evaluation report sets out in full the findings in relation to each of the three delivery elements; Social Prescribing, Social Action Fund and Fast Grants, as well as the programme as whole. A core aim of the evaluation approach was to ensure it would reflect the range of outcomes anticipated for residents engaging with the programme, as well as the wider system benefits. The intention being that it would represent a shared view of the impact across partners and as such inform decision making around the continuation and development of the Thriving Communities approach. Reflecting this intention both qualitative and quantitative evaluation is presented, with a particular emphasis on wide ranging stakeholder engagement across the system, and at all levels, alongside a review of evidence from other similar approaches nationally. Initial return on investment modelling for Social Prescribing is presented based on social care deflections as one key area for prevention, providing a model which could be built upon with the addition of wider outcome data over time.

The qualitative evaluation demonstrates the programme's influence on the increased recognition of the value of VCFSE by public services, as well as identifying the continued challenges to integration of those services both on the ground and as part of a wider strategy for prevention across the borough.

Both quantitative and qualitative analysis of Social Prescribing demonstrates the value of the Innovation Partnership as a commissioning model to enable a new approach to be co-designed and adapt to changing demand and need. The evaluation demonstrates the increasing demand and increasing complexity over the life of the service, and a shift in the needs of people accessing the service throughout the pandemic. Although loneliness and social isolation remains the most common reason to access to service, in most cases people are not healthcare 'frequent flyers' as was anticipated at programme initiation, but many have long-term health conditions and/or are at risk of escalation into costly social care, housing and welfare services if not supported. The evaluation demonstrates robust improvements in people's wellbeing following intervention based on ONS4 scores, alongside deflections from social care and healthcare (for those who were frequent attenders prior to intervention).

The evaluation also demonstrates the value of investment, through the Social Action Fund and Fast Grants, in the VCFSE ecosystem which is needed to support effective social prescribing. There are demonstrable benefits for project participants, as well as skills and capacity building within the sector. There is also significant learning provided about how the Council can improve and develop our approach to grant giving and investment to better support these aims.

The evaluation makes eight recommendations:

Recommendations for Oldham System

1. Create a cross-system working group to co-design and co-produce prevention model for the borough
2. Consider a single grant funding pot to pool resources for community-led initiatives and community capacity building. This will ease funding applications for organisations and create a sustained funding stream
3. Continue to progress data sharing arrangements to enable health, care and support organisations to better provide targeted services

Recommendations for Oldham Council

4. Consider funding options and models for the future of Social Prescribing and VCFSE grants from March 2022

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5. Design a refreshed set of objectives, outcomes and measures for Social Prescribing that align to the funding model chosen and monitor through contract management as service becomes business-as-usual. The objectives should also be refreshed for the borough's context post-pandemic given the impact this had on the programme
 6. Undertake a Thriving Communities Index data refresh to support evidence based and targeted commissioning and decision making

Recommendations for Oldham VCFSE

7. Invest in online engagement and computer literacy of your service users. Feedback from surveys has shown this is an area service users wish to maintain but not all have the capability to access
8. Continue to undertake mid-project evaluation collecting quantitative wellbeing statistics of service users to evidence improvements

- 2.3 **Doorstep Engagement** – The Thriving Communities programme team have also been supporting the door to door engagement work originally initiated as part of the Covid19 response, providing programme management and business support. This work has continued into 22-23, and work is now ongoing to put forward a proposed approach to continuing this activity as business as usual within new district working arrangements.

3 **Next Steps**

- 3.1 Thriving Communities programme funded activity, as described above, is currently supported until the end of March 2023. As is recognised in the evaluation recommendations set out above, there is a need to consider the future of this activity in light of wider system priorities, in particular around early intervention and prevention, place-based integration and population health management approaches within the new ICS.
- 3.2 Oldham does not currently have an early intervention and prevention strategy. Whilst there are many programmes, interventions and services, including social prescribing, focused care and early help, undertaking effective work to improve health and wellbeing and reduce demand on health and care services, there is overlap between and a lack of coordination across these approaches. The extension of Social Prescribing for 22-23 has provided an opportunity to undertake a full review of existing early intervention and prevention offers and develop a framework and investment plan for the future. Scoping of this review is currently underway, and a cross system working group will be established to take it forward, sitting under the newly established Reform Board. The scope of this review will include consideration of investment into the VCFSE sector. The One Oldham Fund, established during 2021 utilising Covid19 funds, has built on learning from Thriving Communities to establish a framework for investment in key community anchors, however this funding is also due to end March 2023.

5 **Key Issues for Health Scrutiny to Discuss**

- 5.1 Health Scrutiny are invited to note the progress with delivery of the Thriving Communities Programme, consider the findings of the evaluation, and the proposal to develop of an early intervention and prevention framework.

6 **Key Questions for Health Scrutiny to Consider**

- 6.1 None

7 **Links to Corporate Outcomes**

7.1 The content of this report has a direct link to the Thriving Communities element of the Oldham Plan.

8 **Additional Supporting Information**

8.1 None

9 **Consultation**

9.1 Ongoing consultation on the development of the programme has taken place through Management Board, and the ongoing developments described above will report to the Reform Board.

10 **Appendices**

10.1 Appendices 1 & 2 – Thriving Communities Evaluation Full Report and Executive Summary

Appendix 1 is presented under separate cover as a supplement to the agenda

Appendix 2 is attached to the report

Thriving Communities Programme Evaluation

EXECUTIVE SUMMARY

November 2021



Introduction and Context

The Thriving Communities programme is a flagship programme delivered by the Oldham Cares Partnership. The programme makes up part of Oldham Metropolitan Borough Council's (OMBC) 'Oldham Model'. The model is complemented and underpinned by a focus on two key enablers – public service reform and empowering people and communities.

In 2018, £2.69m was agreed to fund the Thriving Communities programme from Greater Manchester as part of the GM Health and Social Care transformation fund to support devolution. The aim was to accelerate the Thriving Communities element of the Oldham Model and deliver the common objectives of our health and social care integration.

The programme was established with the intention of creating the conditions for sustainable prevention, linking people into community capacity, social action and change. There are three workstreams to the programme; Social Prescribing, Social Action Fund and Fast Grants.

Social Prescribing Innovation Partnership

A Social Prescribing network was commissioned for the borough by Oldham Cares through an innovation partnership from April 2019 to March 2022. This partnership is led by infrastructure organisation Action Together and comprised of Tameside, Oldham and Glossop Mind, Positive Steps, Age UK and Altogether Better.

Social Action Fund

The Social Action Fund made £850,000 available to fund five projects over a three-year period. Applications set out how their project would contribute towards:

- Tackling social isolation in Oldham
- Being transformational / innovative either in the delivery approach or the system change made within the VCFSE sector, with the public or enterprise
- Improving the mental health, physical health and wellbeing of people in Oldham
- Supporting a reduction in the pressure on health services
- Taking a strength-based approach to working with people

Fast Grants

Fast Grants is a 3-year rolling programme of small grants of up to £500. These grants focussed on funding small scale community innovation by grass roots community groups and organisations, with the aim of being accessible and getting funding to community groups quickly. Funds were allocated to meet four priorities of the fund:

- Supporting the community to be fit and healthy
- Developing skills of local people
- Changing the area for the better
- Encouraging community participation

Evaluation Methodology

The evaluation framework asked four key questions:

- What is the impact for the people referred into Social Prescribing or funded activities?
- What is the impact on the public service system?
- What is the impact on local VCFSE sector?
- How effectively has the model been implemented?

Mixed Methods Approach

The evaluation has been completed using a mixed methods approach. This combined qualitative research and analysis to gather and understand stakeholders' experiences, perceptions and attitudes towards the programme, with quantitative research and analysis to determine if the target outputs and outcomes of the programme had been delivered. This mixed method approach also combines primary and secondary research. Primary data has been collected throughout the delivery of the programme and additional fieldwork has been undertaken during the evaluation to complement existing primary data. Primary fieldwork has collected approximately 2,000 unique qualitative data points and over 75,000 unique quantitative data points. Secondary data from existing Oldham Council datasets as well as nationally recognised datasets and methodologies have also been utilised.



Findings and Analysis

In addition to data collected throughout programme delivery, primary data collection and fieldwork was undertaken between April and September 2021. This included completing comprehensive stakeholder engagement with 1:1 sessions, focus groups and workshops and surveys with stakeholders from across the Oldham system, including service users and project participants.

Findings and analysis is presented as four sub-sections:

- Page 58
1. Overview of the programme:
 - a. Thematic Analysis
 - b. Return on Investment modelling
 2. Social Prescribing
 - a. Qualitative feedback from each stakeholder group
 - b. Quantitative analysis of Social Prescribing cohort
 - c. Case studies
 3. Social Action Fund
 - a. Qualitative feedback from each stakeholder group
 - b. Quantitative analysis of SAF cohorts
 - c. Case studies: Project review
 4. Fast Grants
 - a. Qualitative feedback from each stakeholder group
 - b. Quantitative analysis of Fast Grants awarded
 - c. Case studies: Project review by priority

Overview of Programme

Thematic Analysis

Throughout the engagement programme, five key themes emerged from stakeholders. The themes had both positive and negative connotations but together represent the thoughts, experiences and perceptions of the 100+ stakeholders who participated in the evaluation. These have been summarised into five themes:

- Theme 1: Defining 'Thriving Communities'
- Theme 2: System-wide Value of VCFSE in Service Delivery
- Theme 3: Approaches to Partnership and System Working
- Theme 4: Community Capacity and Capability
- Theme 5: Governance and Administration

Findings and Analysis

Financial Return on Investment Modelling

Creating a financial return-on-investment for programmes of this kind is notoriously difficult. Combining data gathered throughout the programme and primary research throughout the evaluation, we are able to estimate a financial ROI based on a series of values to create a formula that presents the impact of every £1 spent on social prescribing.

The programme data shows that Social Prescribing is projected to deliver 300 'pure' deflections from social care services each year. A 'pure' deflection is defined as an individual previously on the social care waiting list whose needs were supported by Social Prescribing and no longer required input from social care services.

For every £1 spent on Social Prescribing services there is potential cost avoidance of between £1.97 and £3.94 in social care.

This implies potential cost avoidance for social care services of between £1.092m and £2.184m per year

This potential cost avoidance figure is determined by the number of social care deflections who are no longer awaiting a Care Act assessment. This

is caveated with the assumption that the 300 referrals from social care to Social Prescribing would have received some social care package. However, if not all referrals would have qualified, there is still substantial cost avoidance for social care. The following table assesses potential cost avoidance based on percentage of 'pure' deflections being eligible of a social care package. This approach has been taken as data on Care Act eligibility of referrals was not captured. It is recommended that this data is captured as part of future social prescribing services to more accurately determine ROI to social care.

% of Social Prescribing deflections from social care that would be eligible for social care package if Care Act assessment was completed	Low End Cost Avoidance	High End Cost Avoidance
1%	£11k	£22k
5%	£55k	£110k
10%	£110k	£220k
25%	£273k	£546k

Findings and Analysis

This table acknowledges the range of cost avoidance to social care is likely to be much lower than the headline figure but there is clear opportunity to reduce demand on the Care Act assessment process, and in so doing, avoiding costs of undertaking Care Act assessments for 300 people per year, supporting people sooner through Social Prescribing services and, at least, delaying their requirement for higher need, higher cost services.

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The ROI analysis focussed on social care as this was the most accurate and valid data available, with limitations in primary and secondary health data due to it being self-reported. Based exclusively on social care deflection data, the breakeven point for Social Prescribing would be approximately 25% of social care referrals being eligible for a care package under the Care Act but being supported through Social Prescribing as an alternative. However, this does not account for the long list of other financial benefits that can be aligned to the work of the programme:

- Inward investment into the borough from grant funding awarded to VCFSE groups who have been part of Thriving Communities and wish to grow projects beyond their current reach. Groups often quoted their application and involvement in Thriving Communities as the catalyst for growth
- Full or part time jobs created in the VCFSE sector providing local jobs for local people

- Increase in trained volunteers across Oldham VCFSE sector, improving resilience and sustainability across the sector. Social Action Fund projects have reported training of over 100 new volunteers
- Jobs and volunteer numbers contributing to overall increase in community capacity
- Skills development and workforce development of VCFSE sector to improve capability of community groups to deliver services in new and engaging ways, as well as supporting increasingly complex referrals
- Demand reduction and cost avoidance for the wider public service system in Oldham, such as housing and welfare support – service user data from across the programme shows high numbers of referrals of people needing support and achieving positive outcomes

Research from Sheffield Hallam indicates total ROI for Social Prescribing could be as much as 1:10. The ROI put together for Thriving Communities has relied predominately on social care deflections data, which already evidences a considerable ROI. Combine this with the additional financial ROI above, social ROI harnessed from the programme, including community cohesion and qualitative benefits would result in a considerably higher ROI for Thriving Communities.

Answering the Evaluation Questions

Q1: What is the impact for the people referred into Social Prescribing or funded activities?

Social Prescribing, Social Action Fund projects and Fast Grants initiatives have, undeniably, had a positive impact on the lives of people living in Oldham. There are headlines to show this.

- 201 'pure' deflections from social care by Social Prescribing since January 2021 – an average caseload of 25 per month
- 70% positive engagements of closed Social Prescribing referrals
- Improvements of between 8 and 32 percentage points on ONS4 data measuring life satisfaction, worthwhileness, happiness and anxiety

In addition to this, qualitative findings from surveys and case studies is also positive

- Case studies show how Social Prescribing has improved people's confidence and 'get my life back on track' by supporting people to overcome issues with wider determinant of health, such as housing, financial advice and employment
- Social Action Fund projects have targeted communities with innovative projects, giving people the opportunity to learn new skills and meet new people
- Fast Grants have connected people with short term initiatives in their community and reducing social isolation

- Fast Grants have also targeted under-represented groups, such as encouraging young girls into STEM learning

The programme, has, of course, had challenges to overcome and still face:

- Social Prescribing and funded activities are having to find the balance between connecting with people online as they have for the last 18 months and encouraging people to meet in groups to maintain participant's confidence
- Computer literacy issues meant some people struggled to engage with online activities
- Despite encourage engaging numbers, there are still over 200 referrals into Social Prescribing that were ended with the service user disengaged
- The impact on the wider health landscape (GP appointments, A&E visits, hospital bed days) is still not proven

Although these challenges remain, quantitative and qualitative data presented in this evaluation evidence that the programme has, on the whole, had a positive impact on people's lives.

Answering the Evaluation Questions

Q2: What is the impact on the public service system?

Evidence presented in the evaluation falls short of showing a sustained or substantial impact on the public service system. As one strategic stakeholder put it *'even if there is to be a positive impact, this is likely to take a few years to filter through the system'*. Return-on-investment for the programme is positive.

Quantitative findings are mixed:

- 201 'pure' deflections from social care by Social Prescribing since January 2021 – an average caseload of 25 per month
- An overall increase in GP appointments 3-months post engagement but a reduction from the majority of people who had more than one appointment in the 3-months prior to engagement
- An overall increase in A&E visits 3-months post engagement but a reduction from everyone who had more than one visit 3-months prior to engagement
- A small reduction in the number of non-elected hospital bed days

Qualitative findings also suggest the programme has not had a fundamental impact, but instead has begun to change the narrative across the wider public service system.

- Stakeholders suggested a disjoint between social care and community

work remains, although Thriving Communities had laid a cornerstone for this

- There is limited oversight of prevention services across Oldham. There is no single approach to prevention, which leads to complexity in commissioning, referrals, and access to prevention services
- Pathways between services are improving, and Thriving Communities has played an important role in that, but they often remain unclear

At an operational level, there have clearly been benefits but strategically, the impact has fallen short of its target across the system. Complex change of this level requires time. This is not only a transformational change in service delivery but a cultural one across organisations encouraging a new way of working, new way of commissioning and as one stakeholder put it, a new 'philosophy'.

Answering the Evaluation Questions

Q3: What is the impact on local VCFSE sector?

Oldham was fortunate to have a flourishing VCFSE sector before the programme. Thriving Communities has been influential at promoting and empowering the sector to demonstrate its qualities. There has been a paradigm shift over the course of the programme in the value the system places on the sector and integral role it plays in service delivery.

The evaluation has evidenced this by presenting qualitative findings that show:

- Increasing reputation of the sector from the programme
- Sector representation at decision making boards and leading parts of the borough's multi-agency pandemic response
- Greater trust placed in the sector to deliver high quality services
- Volunteer numbers have increased
- Organisations now have paid roles that were previously voluntary
- Community groups now have the capability to run sessions online, expanding their reach
- Training and workforce development has been undertaken to increase capability to work with complex referrals
- Improved capability to respond to bids and funding opportunities – many projects cited their experience of bidding for Thriving Communities funding as transferrable to bids and funding they have won since

- Innovation partnership has often been referred to as 'greater than the sum of its parts', paying tribute to the impact of the model
- Fast Grant recipients commented that the funding was the first time they had thought about growth

The impact of Thriving Communities (and, crucially, the role the sector has played in its delivery) on the VCFSE sector in Oldham has been fundamental to the position of the sector. This is the standout positive from the evaluation framework. The sector has been trusted and empowered through this programme and the sector, the council and service users have benefited from it.

Answering the Evaluation Questions

Q4: How effectively has the model been implemented?

Combining stakeholder perceptions of implementation with the quantitative data of project implementation gives a well-rounded view of the success of the model. There have been several standout positives through implementation:

- Huge public value creation in terms of stakeholder satisfaction, delivery of agreed objectives and use of public resources
- The innovation partnership as a tool for commissioning has been successful. This is evidenced from feedback from partnership members, support from commissioners and external recognition of its success with international awards
- Grant funding has been flexible and used to support the local context. Delivering Fast Grants in rounds of funding meant that the grants could be used to fund priorities at that time, as evidenced with the transfer of funding to the pandemic response fund
- Strong programme management and mobilisation meant the programme was built on solid foundations. This allowed delivery partners the autonomy to focus on services
- The thematic analysis shows that although there was confusion around 'defining Thriving Communities', the programme successfully supported community capacity and capability building, encouraged partnership working and increased the value of the VCFSE sector.

With these successes come lessons learned from challenges faced throughout the programme:

- Keeping track of original outputs and outcomes is important. The pandemic has a huge impact on the course of the programme, however, it is important to continually reflect on the original purpose and ensure this is delivered
- Avoid scope creep. Stakeholders made reference to the programme sometimes being 'all things to all people'
- Heavy governance, application process and reporting expectations put additional pressure on community groups
- Differing approaches to prevention across the borough has been a major challenge highlighted by stakeholders. The programme must act as a catalyst for the system to address this

The successes and lessons learned from Thriving Communities and its implementation give the opportunity to influence wider strategy – be that council driven or system wide. The effectiveness of programme implementation was the foundation to delivering the outputs and outcomes for those who benefited from the services, as well as partner organisations who delivered them.

Delivery of Outputs

Output	Delivered	Evidence
Thriving Community Index and Nebula	Yes	System is live and used by partners across Oldham
You & Your Community Survey	No	Survey has not been completed since Thriving Communities programme begun
Asset map of community organisations	Yes	Directory available on Action Together website
Health & Care professionals trained in asset-based approaches	Yes	Strength-based conversation training rolled out
Social Prescribing Network with underpinning targets	Yes	Social Prescribing Innovation Partnership supported with VCFSE projects and groups throughout the borough. Referral pathways in place with health and social care services
300+ Fast Grants delivered	No	133 Fast Grants awarded up to March 2020. Remaining funding was repurposed as part of Action Together Covid Recovery Fund, with a further 68 grants awarded
Attract external funding to deliver health & wellbeing outcomes	Partial	VCFSE groups attribute involvement in Thriving Communities to skills uplift and ability to successfully bid for other grants
Agreed strategic approach to public sector grant funding	Partial	One Oldham Fund proposal has been put forward. Decision making to take place
New approaches to commissioning with VCFSE sector developed	Yes	Social Prescribing Innovation Partnership awarded European Innovation in Politics

Delivery of Outcomes

Outcome	Delivered	Evidence
Commissioners and policy makers are using intelligence and insight to support decision making and commissioning decisions	Yes	TCI live and used by partners across the Oldham system
Residents experience asset-based and person-centred conversations with health and care professionals	Yes	Service user feedback and case study examples from Social Prescribing, Social Action Fund and Fast Grants examples.
Improved social connectedness and participation	Yes	Qualitative feedback from grant funded projects show improvements in community cohesion and connectedness. ONS4 scores show improvements across all four questions
Increased community capacity and community development	Yes – but ongoing	Capacity and capability increased; however further development only increases the service offer to participants
Increasing health and wellbeing	Yes	ONS4 scores show improvements across all four questions
Increasing capacity in VCFSE sector to support residents through community led approaches	Yes	See evaluation Q3 above
Commissioning decisions redistribute resource earlier upstream when they yield more benefits	Partial	Evidence shows this is possible – ie, social care deflections delivered by Social Prescribing. This should be used to inform future commissioning decisions

Delivery of Impacts

Impact	Delivered	Evidence
Increasing health and wellbeing	Yes	ONS4 scores show improvements across all four questions
Reduced social isolation	Partial	Qualitative feedback and case studies highlight the positive impact the programme has had on social isolation and loneliness, however, there has been increased referrals to Social Prescribing for this. It is likely that the pandemic has exacerbated this need
Improved resilience and ability to take control of health and wellbeing	Yes	ONS4 scores show improvements across all four questions. Case studies and qualitative feedback highlight examples of service users moving from crisis to self-supporting
Increasing capacity and sustainability within VCFSE sector	Yes	See evaluation Q3 above
Reduced demand on health and care services	Partial	There is mixed quantitative data showing 'pure' social care deflections but some statistics suggesting an increase in GP appointments from service users

Conclusions and Recommendations

Conclusions

1. The value of the VCFSE has been enhanced and so has public value

There has been a paradigm shift system-wide in the recognition, importance and value public services place on the VCSE sector. Trust in the sector has increased, recognising the capability to deliver services.

Research undertaken in 2018-2019 showed there was a perception that community-led services did not deliver the best public value outcomes.

This evaluation shows this has wholeheartedly changed. Likely facilitated by the role of the VCFSE in the pandemic response, stakeholders system wide and at all levels have demonstrated their value in the sector. From their role in strategic decision-making boards to delivery of frontline services, the VCFSE sector is an integral part of Oldham's system.

2. Social Prescribing is working in Oldham

There is national and international evidence that Social Prescribing can bring benefits to individuals and communities. Thriving Communities has given the local context needed in Oldham. From increasing social care deflections, to improved well-being scores, there is quantitative data showing the positive impact it is having. In addition, stakeholder's qualitative feedback and experiences show the impact on service users, partnership working and the VCFSE sector.

3. There is plenty of work still to do on integration

Partnerships at an operational and service delivery level have been influential in this programme. They are the catalyst for the benefits delivered to service users. Examples of projects working together, flexibility and repurposing of grant funding to adapt to the changing needs during the pandemic and external recognition and awards for the innovation partnership are all evidence of this. But there is more to be done at a strategic and system-wide level to entrench these changes. Stakeholders often mentioned the unclear nature of prevention services across the borough. This is due to the complex picture of commissioned prevention services, leading to a disjointed system. Although Thriving Communities aimed to align this, the complexity led to many suggesting was not always easy to define 'Thriving Communities'.

4. The lessons from this programme must influence wider strategy

Whether that be co-producing a system-wide approach to prevention services, introducing the successes of the commissioning model into new commissioning projects, or improving the ways in which the system engages with its service users, there is potential for Oldham to go further. The Thriving Communities Index can inform place-based commissioning to ensure services are targeted and meet specific needs.

Conclusions and Recommendations

5. Data sharing remains front and centre

Different organisations have different information about the same individual. Without data sharing, no service can provide fully person-centred support and care. Each organisation holds a piece to the puzzle of an individual's support needs. Data sharing agreements are often seen as a wicked issue, but progress is being made in Oldham. This needs to continue to benefit every organisation, and the person at the centre.

The role of digital delivery is not to be under-estimated in prevention services

Perhaps by accident, Social Prescribing and grant funded projects found alternatives to face-to-face sessions or group activities, forced mainly by the coronavirus pandemic and lockdown restrictions. While this wasn't the first-choice delivery method, service users responded positively and have shown a willingness for this to continue. Online delivery enabled groups to increase capacity to reach more people. However, it also raised a challenge of computer literacy with some service users unable to engage. Feedback from surveys also showed that the most common way of finding out about the group was via social media.

7. Community capacity and capability is improving

The programme has laid the foundations for growing the VCFSE sector

in Oldham. Community leaders' experiences and perceptions of the programme identify areas where their capability has improved. There are the skills, resource, and desire in communities to deliver projects the support people locally. Case studies showing service users journey from crisis to self-supporting are tribute to this.

8. Is it sustainable?

Many projects have identified involvement in Thriving Communities as the facilitator for growth of their organisations and led them to bid and win funding from other regional and national schemes. This inward investment helps the whole Oldham system. There, will, of course, be ongoing need to pump-prime projects. The strong network of community projects plays a critical role as the 'social prescriptions' and prevention services.

Recommendations

Based on the findings of the evaluation and above conclusions, a series of recommendations have been put forward.

Recommendations for Oldham System

1. Create a cross-system working group to co-design and co-produce prevention model for the borough
2. Consider a single grant funding pot to pool resources for community-led initiatives and community capacity building. This will ease funding applications for organisations and create a sustained funding stream
3. Continue to progress data sharing arrangements to enable health, care and support organisations to better provide targeted services

Recommendations for Oldham Council

4. Consider funding options and models for the future of Social Prescribing and VCFSE grants from March 2022
5. Design a refreshed set of objectives, outcomes and measures for Social Prescribing that align to the funding model chosen and monitor through contract management as service becomes business-as-usual. The objectives should also be refreshed for the borough's context post-pandemic given the impact this had on the programme
6. Undertake a Thriving Communities Index data refresh to support evidence based and targeted commissioning and decision making

Recommendations for Oldham VCFSE

7. Invest in online engagement and computer literacy of your service users. Feedback from surveys has shown this is an area service users wish to maintain but not all have the capability to access
8. Continue to undertake mid-project evaluation collecting quantitative wellbeing statistics of service users to evidence improvements

Telephone 0203 538 7822

Email info@human-engine.uk

Website www.human-engine.co.uk



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HEALTH SCRUTINY COMMITTEE

Health Scrutiny Committee Work Programme 2021/22 - Outturn

Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer

Report Author: Mark Hardman, Constitutional Services Officer

5th July 2022

Purpose of the Report

To present the outturn Health Scrutiny Committee Work Programme for the 2021/22 Municipal Year.

Recommendations

The Committee is asked to note the attached outturn Health Scrutiny Committee Work Programme for 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 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 13th July 2022.
- 1.3 In the interim, the outturn Work Programme for the Health Scrutiny Committee in 2021/22 is attached for noting, subject to the formal approval of the minutes of the meeting held on 8th March 2022. The outturn Work Programme details the considerations given by the Committee during the 2021/22 Municipal Year and it's submission to this meeting brings a formal conclusion to the 2021/22 Work Programme, complementing the Overview and Scrutiny Annual Report submission to Council.

2 Options/Alternatives

- 2.1 Option 1 – To receive and note the Health Scrutiny Work Programme 2021/22 Outturn.
Option 2 – Not to receive the Health Scrutiny Work Programme 2021/22 Outturn.

3 Preferred Option

- 3.1 Option 1 is the preferred option which brings a formal close to the 2021/22 Committee Work Programme.

4 Consultation

- 4.1 N/A

5 Financial Implications

- 5.1 N/A

6 Legal Services Comments

- 6.1 N/A

7. Co-operative Agenda

- 7.1 N/A

8. Human Resources Comments

- 8.1 N/A

9 Risk Assessments

- 9.1 N/A

10 IT Implications

10.1 N/A

11 Property Implications

11.1 N/A

12 Procurement Implications

12.1 N/A

13 Environmental and Health & Safety Implications

13.1 N/A

14 Equality, community cohesion and crime implications

14.1 N/A

15 Equality Impact Assessment Completed?

15.1 No

16 Key Decision

16.1 No

17 Key Decision Reference

17.1 N/A

18 Background Papers

18.1 None.

19 Appendices

19.1 Appendix 1 – Health Scrutiny Committee Work Programme 2021/22 Outturn

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HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2021/22 - OUTTURN

Tues 6 th July 2021	Infant Mortality	A report highlighting some of the activity that is happening to address issues of infant mortality.	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
	NHS White Paper - Integration and innovation: working together to improve health and social care for all	To receive an update (given in the form of a presentation) on matters/issues arising from the NHS White Paper.	It was noted that the Government had published the Health and Care Bill at 3pm on the day of the meeting. RESOLVED that the presentation be noted.
Tuesday 7 th September 2021	Healthy Child Programme	To report on changes to health visiting and school nursing services in the coming year	RESOLVED that: 1. The Health Scrutiny Committee noted the progress on the transformation and supported the ongoing actions to further develop the integrated model for 0-19 services in Oldham. 2. That a further update report be presented to the Committee after March 2022
	Elective waiting lists and clinical prioritisation considerations	A report on local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations	RESOLVED – 1. That the Health Scrutiny Committee noted the update 2. That a Commissioner chaired informal workshop be arranged for the Health Scrutiny Committee.
	Pennine Acute Transaction - update	To provide an update on the Pennine Acute Transaction Programme.	RESOLVED that the report be noted.

Tuesday 19 th October 2021	Update on local and national policies, strategies and general news related to NHS matters pertinent to the Committee.	To receive an update on matters arising from the Health and Care Bill and other issues arising.	RESOLVED that the National and Regional Updates be noted.
	Urology services across Bury, Oldham, Rochdale and Salford	To endorse the key design features of the pan-locality delivery model, which are fully consistent with the GM MoC, and a phased approach to mobilisation overseen by the Programme Board.	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.
	Women and Disadvantage	To consider issues which disadvantage women across Oldham, with a focus on women's access to mental health services.	RESOLVED that: <ol style="list-style-type: none"> 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.

Tuesday 7 th December 2021	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	RESOLVED that the report be noted.
	Women and Disadvantage	To receive a follow-up report on the recommendations contained in the report to Committee in October 2021.	RESOLVED that the report be noted
Tuesday 18 th January 2022	Health Improvement and Weight Management Service	To receive an update/progress report on the new service that commenced in January 2021	RESOLVED: 1. That the Health Scrutiny Committee notes the progress made by the Health Improvement and Weight Management Service, Your Health Oldham, delivered by ABL Health Limited, and notes the highlights and challenges of the last 12 months. 2. That the Committee requests that representatives of ABL Health Limited be requested to attend the Committee's meeting in January 2023 to provide Members with an update on progress that they were making in relation to the high-level outcomes detailed at paragraphs 2.2 and 2.3 of the submitted report.
	Sexual Health Service	To report on implementation of arrangements established under the new Sexual Health Service main contract.	RESOLVED: 1. That the Health Scrutiny Committee notes the collaborative commissioning exercise undertaken by Oldham, Rochdale and Bury Councils and the outcome of the recent tender exercise to procure a provider for the delivery of the Integrated Sexual Health Service. 2. That the Health Scrutiny Committee commends the new enhanced Integrated Sexual Health Service offer that will contribute to Oldham's vision of improving the sexual health and wellbeing of the people of Oldham, Rochdale and Bury via delivery of innovative prevention-orientated interventions and responding to the changing health needs of our residents, improving the population's health and reducing health inequalities.

			<p>3. That the Committee agrees to consider the establishment of a 'task and finish group', comprising Committee members and relevant partners and stakeholders from across the Reproductive and Sexual Health system to be convened early in the 2022/23 municipal year, to carry out an in-depth study around the adoption of a collaborative approach to improving sexual health outcomes across the Oldham Borough.</p> <p>4. That the Director of Public Health be requested to submit a further update report/presentation to the Committee in approximately 12 months detailing progress of the new enhanced Integrated Sexual Health Service offer, which is to be available from 1st April 2022</p>
Tuesday 8 th March 2022	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	RESOLVED that the Health and Care Bill Update be noted.
	Scheduled Care Update	To receive an update on waitlist performance across the health sector in Oldham.	RESOLVED that the Scheduled Care Update be noted



Report to HEALTH SCRUTINY COMMITTEE

Key Decision Document

Portfolio Holder: Various

Report Author: Constitutional Services

5th July 2022

Purpose of the Report

For the Health Scrutiny Committee to review and note the latest published Key Decision Document.

Executive Summary

Overview and Scrutiny has access to the Key Decision Document and the timetable for decisions and intentions for consultation. For this Committee, there is an opportunity to identify items of particular significance or importance falling within scope of the Committee terms of reference, generally falling within the scope of public health or social care, that are not otherwise listed on the Committee work programme but which it would wish to scrutinize or maintain an overview.

Recommendations

The Health Scrutiny Committee is asked to note the Key Decision Document and to provide any comments.

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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
New!	St Margaret's Primary School New Classroom		June 2022	Cabinet Member - Education and Skills (Councillor Mohon Ali)
<p>Description: St Margaret's have approached the Council asking to increase their PAN from 40 to 45 as they are consistently oversubscribed, and applications have steadily increased over the past 4 years. Currently 40 pupils have places at the school and there are 7 children on the waiting list. The school is always subject to appeals for pupils wanting to attend and the total number of nursery applications has also steadily increased over the past 4 years</p> <p>The Hollinwood Ward has an increasing population with a younger age profile than Oldham as a whole and therefore the pressure on St Margaret's reflects the local demographic.</p> <p>As part of the strategic plan for the improvement of the school, The Trust and the Governing Body need to establish a PAN which will enable the school to plan and manage the curriculum and teaching for single aged and mixed age classes. A PAN of 45 will enable the school to achieve this in a coherent and strategic way, which the current PAN of 40 prevents.</p> <p>Document(s) to be considered in public or private:</p>				
New!	Tommyfield Market - Lease Management	Executive Director for Place & Economic Growth - Emma Barton	August 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To approve recommendations relating to the lease and occupational strategy for traders at Tommyfield Market including the shops on Henshaw Street and Albion Street. The successful implementation of this strategy will assist the traders' continued sustainability and aid the Council's market relocation strategy to the repurposed Spindles.</p> <p>Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council</p>				
<p>New!</p>	<p>Creating a Better Place Update: Spindles Redevelopment</p>	<p>Executive Director for Place & Economic Growth - Emma Barton</p>	<p>July 2022</p>	<p>Cabinet</p>
<p>Description: Update on the Spindles Redevelopment</p> <p>Document(s) to be considered in public or private: Part B - NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the business and financial affairs of the Council.</p>				
<p>New!</p>	<p>Oldham's Monitoring Report 2021-22</p>	<p>Executive Director for Place & Economic Growth - Emma Barton</p>	<p>December 2022</p>	<p>Cabinet Member - Regeneration and Housing (Leader - Councillor Amanda Chadderton)</p>

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Page 85	<p>Description: Under Regulation 34 and 35 of The Town and Country (Local Planning) (England) Regulations 2012 local planning authorities must make monitoring information available for inspection as soon as possible after the information becomes available. The Monitoring Report covers the previous financial year that is 1 April 2021 to 31 March 2022.</p>			
	<p>In line with the Regulations the Monitoring Report provides details on whether the council is meeting the milestones set out in the Local Development Scheme (LDS) for preparing the various Local Plan documents. Performance is monitored against the LDS that was in place at the start of the monitoring period. The Monitoring Report also monitors a range of planning indicators, such as housing, employment and biodiversity, which seek to assess the effectiveness of the council’s land-use planning policies, and whether they are achieving their objectives and delivering sustainable development. This is our 18th Monitoring Report.</p>			
	<p>Document(s) to be considered in public or private: Oldham's Monitoring Report 2021 - 2022</p>			
	Backlog Maintenance 2022/2025	Executive Director for Place & Economic Growth - Emma Barton	August 2022	Cabinet
<p>Description: Backlog Maintenance Priorities for the Council Corporate Property Portfolio Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council.</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Page 86	Housing Delivery Test Action Plan	Executive Director for Place & Economic Growth - Emma Barton	July 2022	Regeneration and Housing (Leader - Councillor Amanda Chadderton), Cabinet Member - Culture and Leisure (Councillor Elaine Taylor)
	<p>Description: The Housing Delivery Test (HDT) Action Plan responds to the HDT Measurement 2021 result published in January 2021. It is made up of two documents: Part 1 – Set's out the context, evidence and root causes for housing under-delivery in Oldham Part 2 – The Action plan itself</p> <p>Document(s) to be considered in public or private:</p>			
New!	Grant Acceptance: City Region Sustainable Transport Settlement (CRSTS) Development Funding 2022/23 and Procurement of Services for Scheme Development	Executive Director for Place & Economic Growth - Emma Barton	June 2022	Executive Director - Place & Economic Growth

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Oldham Council has secured additional revenue development funding of £290,000 from TfGM towards the development of Oldham’s ‘Streets for All’ City Region Sustainable Transport Settlement (CRSTS) schemes during 2022/23.</p> <p>The purpose of this report is to seek approval to accept the additional £290,000 from TfGM towards the development of Oldham’s ‘Streets for All’ City Region Sustainable Transport Settlement (CRSTS) schemes during 2022/23.</p> <p>The report will also set out the various upcoming commissions required across the CRSTS programme for which we need delegated approval to progress the commissions and award them, always following procurement rules, in a timely manner.</p> <p>Document(s) to be considered in public or private: N/A</p>				
Page 87	Old Library Phase 2	Executive Director for Place & Economic Growth - Emma Barton	July 2022	Cabinet
	<p>Description: Approval of the Outline Business Case and appointment of the preferred contractor Document(s) to be considered in public or private: Cabinet Report (Part A)</p>			
	Performance Space	Executive Director for Place & Economic Growth - Emma Barton	August 2022	Cabinet
<p>Description: Approval of Outline Business Case Document(s) to be considered in public or private: Cabinet Report (Part A only)</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-03-22	Approval to Award the Contract for the Delivery of the Early Payment Scheme			Cabinet
Description: Document(s) to be considered in public or private:				
ED-02-22 New!	St Margaret's Primary School Extension	Managing Director, Children and Young People - Gerard Jones	June 2022	Executive Director – Place and Economic Growth
Description: Approval of a grant to build an additional classroom at St Margaret's School to accommodate an increase in Planned admission numbers from 40-45 Document(s) to be considered in public or private: Private Report - St Margaret's Primary School New Classroom. Private due to Para 3 part 1 of Schedule 12A of the Local Govnt Act 1972. Not in the public interest to disclose the info relating to the financial or business affairs of any particular person including the council.				
New!	Transport Capital Programme 2022-2023	Executive Director for Place & Economic Growth - Emma Barton	June 2022	Executive Director - Place & Economic Growth
Description: To seek formal approval of a programme of works to utilise highways maintenance funding in 2022/2023. To seek approval for all tender award decisions, including those with a value of over £400,000, to be delegated to the Cabinet Member for Neighbourhoods and Executive Director for Place & Economic Growth, in order to meet delivery timescales. Document(s) to be considered in public or private: N/A				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
TBC	Contract Award for the Integrated Community Equipment Services	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	June 2022	Cabinet
Description: To approve the award of a joint contract of agreement with Tameside Council and Oldham Council and the successful Contractor				
Document(s) to be considered in public or private: Private - sensitive nature of the report				
<p>Page 29</p> <p>New!</p>	Contract at Site A, Mumps, Oldham			Cabinet Member - Regeneration and Housing (Leader - Councillor Amanda Chadderton), Executive Director for Place & Economic Growth - Emma Barton
Description: To vary an agreement to enable the regeneration of a key gateway into the town centre to commence.				
Document(s) to be considered in public or private:				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 24TH JUNE 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker

Key:

New! - indicates an item that has been added this month

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- Notes:
1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
 2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows: Councillors Amanda Chadderton (Leader of the Council), Elaine Taylor (1st Deputy Leader), Abdul Jabbar MBE (2nd Deputy Leader), Shaid Mushtaq, Jean Stretton, Eddie Moores, Mohon Ali, Barbara Brownridge and Shoab Akhtar.
 3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report is likely to be considered in private) can be found via the online published plan at: <http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0>



Report to HEALTH SCRUTINY COMMITTEE

Health Scrutiny Committee Work Programme 2022/23

Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer

Report Author: Mark Hardman, Constitutional Services

5th July 2022

Purpose of the Report

For the Health Scrutiny Committee to review the Committee's Work Programme for 2022/23.

Recommendations

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2022/23.

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 2022/23 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 In drafting the Committee Work Programme, the work programmes and outcomes from the 2021/22 Municipal Year have been reviewed to ensure continuation of business where appropriate. The business likely to come forward through the year has been considered and, where possible, scheduled in the programme. Such items particularly relate to public health issues and local health and social matters.

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- 1.4 The Health Scrutiny Committee has 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 which presents some difficulties in meaningfully separating out health scrutiny from scrutiny of social care functions which thereby has the potential to cause significant duplication of time and effort. As a result, the Committee now holds some responsibility for scrutiny relating to social care. Reflecting a broader definition of 'health' than the statutory function, the Committee also has a 'lighter touch' scrutiny role in respect of the Health and Wellbeing Board and matters related to the Council's Public Health function.
 - 1.5 With regard to Health Scrutiny and the NHS, the Committee has followed the White Paper "Integration and Innovation: Working Together to Improve Health and Social Care for All" through its passage into law as the Health and Care Act 2022 and will be reviewing the implementation of the resulting integrated care arrangements through the year and, following the transaction of local acute services and the Royal Oldham Hospital to the Northern Care Alliance, will be reviewing the progress of services subject to that process.
 - 1.6 While overview and scrutiny should be regarded as a 'dynamic' process in that issues might be expected to pass from one Overview and Scrutiny Committee to another at appropriate times, because much of the Health Scrutiny Committee terms of reference reflect statutory scrutiny functions, there is a general expectation that all business pertinent to this Committee, whether it might be regarded as a 'policy' or 'performance' issue, would be considered solely by this Committee. Notwithstanding, the flow of business across all three of the Council's Overview and Scrutiny Committees is managed by the Statutory Scrutiny Officer in consultation with the Chairs and Vice Chairs of the Committees. It should, however, be noted that the scheduling of Committee business is, to some degree, in the hands of others: for example, the Council and the various partners contributing to the work of the Committee each have their own business cycles.
 - 1.7 The Health Scrutiny Committee Work Programme at this stage only notes business scheduled for meetings of the Committee. However, the use of workshops or of task and finish groups are a tool of the overview and scrutiny function, enabling longer and more in-depth consideration of issues than is possible in a Committee setting. Such events will be recorded in the Work Programme as they are called for, scheduled and held.
 - 1.8 The initial Health Scrutiny Committee Work Programme 2022/23 is attached as an Appendix to this report. The Work Programme will be updated and re-submitted to each meeting of the Committee as the year progresses.

2 Options/Alternatives

- 2.1 Option 1 – To receive and consider the Committee Work Programme for 2022/23.
Option 2 – Not to consider the Work Programme.

3 Preferred Option

- 3.1 Option 1 is the preferred option as there is a Constitutional requirement for the Committee to have a Work Programme.

4 Consultation

4.1 Consultation has taken place with lead Officers around scheduling and consideration of business relevant to the Committee. Initial consultation has been undertaken with the Chair and will continue with the Chair and the Committee through the Municipal Year.

5 Financial Implications

5.1 N/A

6 Legal Services Comments

6.1 N/A

7. Co-operative Agenda

7.1 N/A

8. Human Resources Comments

8.1 N/A

9 Risk Assessments

9.1 N/A

10 IT Implications

10.1 N/A

11 Property Implications

11.1 N/A

12 Procurement Implications

12.1 N/A

13 Environmental and Health & Safety Implications

13.1 N/A

14 Equality, community cohesion and crime implications

14.1 N/A

15 Equality Impact Assessment Completed?

15.1 No

16 Key Decision

16.1 No

17 Key Decision Reference

17.1 N/A

18 Background Papers

18.1 None.

19 Appendices

19.1 Appendix 1 – Draft Health Scrutiny Committee Work Programme 2022/23.

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HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2022/23

Tuesday 5 th July 2022	Infant Mortality	An update report on some of the activity happening to address issues of infant mortality, with particular reference to smoking and safe sleeping.	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health	Further report on smoking and safe sleeping required by the Committee, 6 th July 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.	Update report on the transformation and ongoing actions to further develop the integrated model for 0-19 services in Oldham required by the Committee 7 th September 2021.
	Health Inequalities Plan	Opportunity for consideration of actions proposed in the Plan.	Portfolio – Health and Social Care Director of Public Health	
	Thriving Communities Programme - Evaluation	To receive the final Thriving Communities Programme evaluation report.	Portfolio - Health and Social Care. Deputy Chief Executive. Rachel Dyson, Thriving Communities Hub Lead	The item was requested by the former Overview and Scrutiny Board at their meeting held in March 2021.
Tuesday 6 th September 2022	Health and Care Bill Changes and the Impact on Oldham	To receive an update on matters, including the establishment of the Oldham Integrated Care partnership as part of the establishment of the Greater	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	

		Manchester Integrated Care System		
	Elective Recovery progress *	An opportunity for the Committee to scrutinize the progress made in respect of local and GM wide elective waiting lists	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	
	Northern Care Alliance – IT issues	To receive a report on the impacts on/implications for patients, and the risk/mitigation issues arising, from the IT issues that occurred at the Royal Oldham Hospital (and other former Pennine Acute Trust Hospitals) in May 2022.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	
Tuesday 18 th October 2022	Northern Care Alliance / Royal Oldham Hospital - update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction
	Health Protection Update	To receive an update/progress report on key health protection issues including plans for the 2022 Flu Programme	Portfolio - Health and Social Care. Director of Public Health. Charlotte Stevenson, Consultant in Public Health	
	Access to Urgent and Emergency Care *	An opportunity for the Committee scrutinise services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	

Tuesday 6 th December 2022	Access to Primary Care *	An opportunity for the Committee scrutinise the Oldham system and how services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	
Tuesday 17 th January 2023	Health Improvement and Weight Management Service	To receive an update/progress report on the new service that commenced in January 2021	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager. Rebecca Fletcher, Acting Consultant in Public Health	Update report to consider progress in relation in relation to high-level outcomes. Report required by Committee, 18 th January 2022, with a request for representatives of ABL Health Limited to attend and report.
	Integrated Sexual Health Service	To receive an update/progress report on the new service that commenced in April 2022	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager.	Update report/presentation to detail progress of the new enhanced Integrated Sexual Health Service offer. Report required) by Committee, 18 th January 2022.
	Mental Health and Wellbeing Service Provision *	An opportunity for the Committee scrutinise the Oldham system and how services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care	

			Integration from July 2022)	
Tuesday 7 th March 2022	Northern Care Alliance / Royal Oldham Hospital - update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction
	Drugs and Alcohol Service	To receive an update/ progress report on the re-tendering of services, and the plans for the newly commissioned service starting 1 st April 2023.	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health.	Update report/ presentation to detail progress and outcome of the re-tendering exercise.

Items marked * - the Committee is invited to consider the order and priority of these items.

STANDING ITEMS

The Committee to have the following issues as 'standing items', receiving reports as and when appropriate from September 2022 onwards -

- Performance of the health and social care system
- Progress update on Health and Care Act 2022 implementation

BUSINESS TO BE PROGRAMMED

Integrated Sexual Health Service	The Committee resolved to consider, early in the 2022/23 Municipal Year, the establishment of a 'task and finish group', comprising Committee members and relevant partners and stakeholders to carry out an in-depth study around the adoption of a collaborative approach to improving sexual health outcomes across the Oldham Borough. The Director of Public Health has clarified the intent as being for Committee to consider inviting the providers of sexual health services in the Borough to a future	RECOMMENDATION – That the Committee determine whether to receive presentations from individual provider(s) of sexual health services in the Borough, in addition to the programmed progress report.
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	Committee to discuss their current offer and the work they are doing – this might be one of the big providers such as the hospital, or possibly from some of the other service providers that are commissioned.	
Section 75 Agreement	Reporting arrangements in respect on integrated commissioning under Section 75 Agreements, to include periodic updates and budget performance to be confirmed.	
Pennine Acute Hospitals Trust Transaction - Complex Services	To receive an update in respect of complex services, to consider areas of particular concern or focus for future report, and identify issues and timescales for future consultative items.	Moneeza Iqbal, Director of Strategy, Northern Care Alliance
Public Health Annual Report	To review the Annual Report which has the theme of Covid-19 and Health Inequalities.	Portfolio – Health and Social Care Director of Public Health

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