

HEALTH SCRUTINY
01/09/2020 at 6.00 pm



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

Also in Attendance:

Mike Barker	Chief Operating Officer, Oldham CCG and Council Strategic Director for Commissioning
Nicola Hepburn	Director of Commissioning, Oldham CCG
Bruce Penhale	Assistant Director in Children and Young People
Sian Walter-Browne	Constitutional Services
Mark Hardman	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Cosgrove.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health Scrutiny Committee held on 7th July 2020 be approved as a correct record.

6 **URGENT CARE REVIEW**

The Committee received a report providing assurance that the provision of urgent health care in the community has been maintained through the Covid-19 pandemic period and that the offer to Oldham residents has been improved. A number of national mandates which created the need to redesign some services were highlighted and the intention of Oldham CCG to engage with residents when possible to ensure that the structures were responsive to Oldham's needs was advised.

A national mandate had required the CCG to prevent all walk-in's to primary healthcare settings and to open a Covid

Assessment Centre (CAC). Previously, a consultation had been held in October 2017 to better understand what the community would want to see if the Walk in Service at the Oldham Integrated Care Centre (ICC) was to close, following which the CCG Governing Body had agreed to move towards closure of the Walk In Centre and to a new system offering bookable appointments for urgent primary care closer to home. Development work was still ongoing at the onset of the pandemic and a review of services going forward was now underway.

The Covid-19 pandemic had required all health and social care organisations to quickly develop services to enable residents to access and receive the right care whilst also learning to manage in a new and changing environment. As well as setting up the CAC and stopping walk-in primary care facilities at the ICC to allow the CAC to deal with Covid-related cases, there was a need for the hospital to have as much space in the emergency department (ED) as possible. At the hospital's request, the Out of Hours service moved from the hospital into the ICC and the GP working in the ED relocated into the CAC. As the CCG was required to cease walk-in appointments at the ICC, the same workforce plus extra from IGP Cares was used in the CAC.

The CCG's commissioning intentions had been to provide a digital service which could offer clinical assessment and treatment to residents easily, quickly and link into other services in order to prevent the resident going into hospital or having to leave their home, and this had been in early stages of planning when Covid-19 arrived. In light of the changes to services, this digital aspect had been accelerated to support the community and was introduced quickly alongside the CAC using the same workforce, estates and IT systems. The CAC now sees any patient face to face and the centre in the ICC has been renamed as the "Oldham Clinical Digital Hub" for the time being. The Hub offers a multidisciplinary workforce, including GP's, nurses and allied health professionals, and has direct links with community health and social care services, End of Life services and the ED. Examples of digital patient pathways were described to the Committee and examples appended to a submitted report.

A Member noted that the pandemic had shown a need for change, and that the reported changes were good for working patients and from an infection control perspective. However, Members raised a number of queries and concerns about the roll-out of digital services. Reference was made to practical experience of attempting to make contact electronically or by phone, and comment was made that older patients who, while acknowledging the risks, might prefer personal face to face consultations and would need assurance that the digital system was safe. Accessibility issues were also raised, including for those who might not have access to IT or be confident in its use and for the BAME community and other hard to reach groups. In response, it was noted that any approach proved to be 'good'

would be rolled out at pace and that there was now a better mix of digital and face to face offers. It was further noted that, in addition to the digital offer at the Hub, services over the phone were also available through a patient's own GP surgery. Issues arising with BAME and hard to reach groups had been recognised during the pandemic and work was being undertaken through the Cabinet Member for Covid issues and the Chair of the CCG Governing Body on messaging around the system. It was recognised that language issues did apply to some communities and Members' concerns regarding translation facilities would be responded to. A request was made for the Committee Chair to be included in consideration of communications issues.

A Member commented that the health service had for some time been unable to encourage people not to attend EDs unnecessarily and suggested this may have been down to an inability to explain how the system worked. In response it was suggested that Oldham's system might have been overcomplicated and the intention was to develop a simpler system for accessing health care. Part of this process was to understand why and when people accessed either their GP or the hospital, for example, as it was known that if a patient failed to make contact with a surgery after three calls they were more likely to attend hospital, work was being undertaken on telephony and operating procedures.

With regard to GP access, queries were made as to the seeking of patient feedback and of any actions the CCG could take against GP surgeries requiring attention. In response it was reported that the CCG had enforced regulatory actions and that while three surgeries were rated as 'requiring improvement', most were rated 'good'. The CCG wanted to see thriving GP surgeries but needed to be aware of patients views and expectations. Noting the ratings for GP surgeries, a Member expressed a concern that not all surgeries were holding Patient Participation Group meetings. An undertaking was given to follow up this concern.

RESOLVED – that the work undertaken to date with regard to the Integrated Care Centre, and the development of the Covid Assessment Centre and the Oldham Clinical Digital Hub, be noted, along with the intentions for further developments and the involvement of the public.

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MULTI-AGENCY EARLY HELP STRATEGY

The Committee received an update on the development of the early help offer for children and families in Oldham and on the connections to other areas of activity, including place-based working and linkages to a range of other work relating to prevention and early intervention in the Borough.

'Working together to safeguard children' (2018) is the statutory guidance for inter-agency working to safeguard and promote the

welfare of children which recognises that providing early help is more effective than reacting later in promoting the welfare of children. Early help is defined as “providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years” and which includes addressing parental issues such as poor mental health, drug and alcohol misuse and domestic abuse which impact upon the lives of children in the family. The guidance highlights the need for local organisations and agencies to work together to identify children and families who would benefit from early help, to undertake an assessment of their need for early help, and to provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to promote outcomes for the child. The safeguarding partners needed to publish a threshold document which sets out the local criteria for accessing help and services and the Oldham document, available on the Safeguarding Partnership website, sets out four levels of early help offer that would be made according to the need.

Earlier work on ‘Oldham Family Connect’ arose from an identified need to strengthen the support offer for children and families with multiple or high level needs in order to prevent the need for social care intervention and to reduce the likelihood of needs re-escalating. The Early Help service part of the offer, established in April 2015, had resulted from the recommissioning of a range of services to deliver a better integrated offer based on an approach of multi-skilled key workers supporting a whole family. During 2020 there had been a rethink of the approach to Oldham Family Connect, considering the multi-agency early help offer to children and families at all levels of need rather than focusing on support at the intensive level. Work was therefore being undertaken to refresh the Partnership’s Early Help strategy for supporting children and families, including reviewing and developing the offer and providing clarity about how this operates across the whole range of needs. It was intended that the refreshed strategy will be agreed by the Partnership in late 2020.

The project was no longer being described as Oldham Family Connect given the wider multi-agency offer. As part of the wider development, it was intended to reorganise the targeted early help services within the Council, requiring a governance structure that would enable partners to agree priority outcomes for children and families and to plan how they will work together. Other work included the recommissioning of the commissioned early help offer, inputting into other interconnected activities, and creating an integrated children’s front door into the Multi Agency Safeguarding Hub (MASH).

Noting that the proposal would see a number of services working together, it was queried what assessment could be made as to whether this joint working was happening and what would be the role of elected Members given that they picked up

issues as part of their casework. It was acknowledged that elected Members did forward issues and concerns to the Service and this would continue. The use of the Children's Centre District Advisory Boards, or some adaptation of them, had been proposed as being bodies that might provide appropriate governance and this needed consideration against the wider roles now suggested.

The number of professionals involved in each case was queried. It was advised that this would vary dependent on the complexity of case. For example, in cases of lower need an agency such as a school might be expected to take a lead. For more complex cases there would be a need for a single dedicated worker, with multi agency support, to work directly with the child or family concerned.

Members noted the linkages to place based working and the District Advisory Boards and were advised of proposals to restructure the Early Help Team to work to particular patches. In response to queries as to the proposal to base staff centrally and how this fitted to the place based approach, it was reported that workers would spend much of their time away from the office base working with families or providing training and would have close working relationships with others covering the same areas. Experience through the Covid-19 pandemic period had brought about changes in thought as to how the service could operate, meaning there was less need for a physical base.

With regard to timescales, it was noted that the refresh of the Strategy was planned for completion by the end of 2020 and it was hoped to have the new structures in place by the end of the financial year. Members considered this might be an appropriate time at which to receive an update on progress.

RESOLVED that

1. the update on the developing approach to the multi-agency early help offer be noted;
2. an update on the refresh of the Strategy and the development and implementation of new governance and staffing structures be submitted to the March 2021 meeting of the Committee.

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COUNCIL MOTION - BAN ON FAST FOOD AND ENERGY DRINKS ADVERTISING

Further to Minute 13 of the meeting of the Committee held on 7th July 2020, the Committee received a report inviting consideration of a Council Motion "Ban on Fast Food and Energy Drinks Advertising" that had been referred to the Committee for consideration. The consideration was based upon two appendices to a submitted report. Firstly, a report submitted in the first instance to the Committee at the meeting held on 7th July 2020 (the 'July report'), and secondly a draft 'Health Weight and Physical Activity Strategy' document, the submission of which had been requested by the Committee at

the July 2020 meeting. The Committee was advised that the draft Strategy had been compiled in the pre-Covid-19 period and would require redrafting to reflect changed circumstances and national direction before it could be resubmitted for formal consultation.

The July report had given a consideration to the Council Motion and had included a briefing on the evidence around fast food and energy drinks (or High Fat Sugar and Salt (HFSS) Foods) and which recommended that

- any restriction or ban on such advertising should be accompanied by measures to promote healthier options; and
- in support of a ban, any breach of the Committee on Advertising Practice Guidelines around advertising of HFSS foods should be referred to the Advertising Standards Agency.

The July report had further presented information in respect of the various action points of the Motion and the following issues were highlighted –

- With regard to asking Transport for Greater Manchester (TfGM) to consider an advertising ban similar to that introduced by the Mayor of London, details of the London ban, including the Transport for London (TfL) policy, and an initial view from TfGM which included noting the coverage of the London ban, the use to which TfGM's advertising revenues were put, and some possible support for the promotion of healthier options;
- With regard to the advertising or sale of fast food and energy drinks on Council property, a distinction was drawn between the Council's immediate estate where such matters were considered as being addressed, and the Council's managed or leased estate, it being noted that the equivalent TfL estate sat outside the London policy and that if the policy was extended to Council's managed or leased estate this would lead to financial implications;
- With regard to asking partners to make similar undertakings with regard to bans on sales and advertising, while this might be undertaken in isolation, the briefing paper within the July report noted that work to promote healthier options should sit alongside this. The draft Strategy had proposed a multi-agency approach, to be led by the Health and Wellbeing Board, which would provide the base from which to share the Council's experience and encourage others.

In discussion, it was suggested that the issue was one which would be very difficult to progress in isolation and that Oldham alone could make only small changes. While the intent of the Motion was good, it was suggested that it would take leadership and support across Greater Manchester to make real progress. As such, it might be more appropriate to refer the matter to the

Cabinet, rather than to the Council, to consider the extent to which work with other authorities and bodies might progress this matter, and that any referral to Cabinet should include recommendations that discussions be held between all ten Greater Manchester Leaders and that the Mayor of Greater Manchester be asked to consider running a campaign on this issue in alongside the ten Leaders.

RESOLVED that

1. the Motion be referred to the Cabinet with a recommendation that the issues raised within the Motion relating to a Ban on Fast Food and Energy Drinks Advertising be progressed on a Greater Manchester-wide basis, that the matter be raised with the Leaders of the other Greater Manchester authorities, and that the Mayor of Greater Manchester be requested to run a campaign on these issues in conjunction with the Greater Manchester local authorities;
2. the Cabinet be requested to submit a progress report on actions taken to this Committee.

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COUNCIL MOTION - CHATTY CHECKOUTS AND CAFES

The Committee was advised that the Council, at a meeting held on 17th June 2020, had referred an action arising from a Council Motion 'Chatty Checkouts and Cafés' to this Committee. The Committee was asked, in consultation with Age UK Oldham and District Teams, to examine the practicalities of introducing Chatter and Natter Tables in Council premises, to identify where they could be established, and to identify how referrals to such provision might form part of social prescribing.

The action had, in the first instance been referred to the Thriving Communities Programme Manager for initial consideration, it being noted that social prescribing forms part of the Thriving Communities programme. The action was to be considered alongside other activities and priorities which Covid-19 is presenting and it was proposed that a report to a future meeting be programmed into the Committee Work Programme.

RESOLVED that the referral of the action arising from the Council Motion 'Chatty Checkouts and Cafés' and the initial actions taken be noted.

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HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/21

The Committee gave consideration to the proposed Health Scrutiny Committee Work Programme for 2020/21, outlining those issues which would be considered by the Committee during the municipal year.

Members' attention was drawn to the update with regard to the Public Health team's work programme and the intended submission of an item related to immunisations at the October

meeting; to a request to determine how to receive the agreed consideration of anonymised safeguarding cases as individuals might still be recognisable if this was held in a public meeting; and the need to reschedule the Children and Young Persons Alliance item against the planned agenda for the October meeting.



RESOLVED that –

1. the Health Scrutiny Committee Work Programme 2020/21, as presented, be noted;
2. the consideration of anonymised safeguarding cases be considered in a workshop session, provided that the nature of the consideration does not duplicate training in safeguarding already provided to elected Members.

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DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Health Scrutiny Committee was scheduled to be held on Tuesday 13th October 2020 at 6.00 pm.

The meeting started at 6.00 pm and ended at 7.35 pm