

**HEALTH SCRUTINY**  
**05/07/2022 at 6.00 pm**



**Present:** Councillors Ball, Harrison, McLaren, McManus, Nasheen and Ahmad (Substituting for Councillor Ibrahim)

Also in Attendance:

Katrina Stephens – Director of Public Health  
Rebecca Fletcher – Consultant in Public Health  
Rachel Dyson - Thriving Communities Hub Lead (Policy Team)  
Peter Thompson – Constitutional Services  
Two members of the public

1           **APPOINTMENT OF CHAIR FOR THE DURATION OF THE MEETING AND APPOINTMENT OF VICE-CHAIR 2022/23**

Resolved:

1. That Councillor McLaren be appointed Chair for the duration of the meeting.  
*(Councillor McLaren in the Chair)*
2. That Councillor Nasheen be appointed Vice Chair of the Health Overview and Scrutiny Committee for the 2022/23 Municipal Year.

2           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors S. Hussain, Ibrahim and Marland.

3           **URGENT BUSINESS**

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

4           **DECLARATIONS OF INTEREST**

There were no declarations of interests.

5           **PUBLIC QUESTION TIME**

A public question was received 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?"

Councillor McLaren responded as follows:

"I am sorry to learn of some the difficulties that are being experienced.

Due to the Care Quality Commission (CQC) rating Failsworth Group Practice as overall inadequate and subsequent concerns about the quality of care being delivered to patients, NHS Oldham Clinical Commissioning Group (CCG) made the decision to terminate the contract with the providers at Failsworth Group Practice. They were served notice of their contract termination on Wednesday 26th January 2022 with termination taking effect at midnight on Friday 28th January 2022. In rare, emergency circumstances such as this the CCG has to take immediate action to ensure continuity of care for patients and unfortunately these timescales do not allow for the usual consultation with patients about the future of services.

The CCG was responsible for ensuring that patients have continuity of access to essential, safe and high-quality primary care services, so as a result of the current service provider being terminated, the CCG put in place an emergency "caretaker" arrangement with Quayside Medical Practice which is located in the same building as Failsworth Group Practice (The Keppel Building). Caretaking arrangements commenced at midnight on Friday 28th January 2022. These actions were taken to ensure that the practice's patients can access safe and high-quality services. Over the past months the practice list has been dispersed and the practice closed on 20th May 2022. Dispersal involves the closure of the existing practice and requires patients to register with another practice in their locality. As there were two other practices within the Keppel Building both with a 'Good' Care Quality Commission (CQC) rating who were both able to support the process the CCG deemed dispersal possible. Patients have the right to exercise choice in registering with any other practice that they live within the boundary of. Over 90% of patients who were registered at Failsworth Group Practice are now registered at either Quayside Medical Practice or Medlock Medical Practice. The CCG was very grateful to both providers for supporting this process. A small number of patients chose other practices closer to their homes and any patient who chose not to register elsewhere was allocated a GP practice on closure meaning nobody was left without a practice.

NHS Oldham CCG supported the providers via funding increased staffing, equipment and stock issues, IT equipment and to ensure the estate has enough capacity both now and in the future. While some of these workstreams are nearing conclusion works to improve the estate will continue. As you may be aware the two remaining practices in the building now occupy the footprint of what was the three with further works being appraised.

On registering with a new practice a patients electronic record transfers to the new provider and in this case as the vast majority of patients have transferred to another practice in the same building the transfer of the paper record has been straightforward. For patients who chose a practice outside the building their paper records are returned to 'Primary Care Support England' who forward to the new practice. This is the same process that would be followed if for example a patient moves house and registers at a new practice. A great deal of clinical correspondence is now electronic so follows to the new practice but there are still some letters that do arrive by mail. When a practice closes, notifications are sent to all providers, although, sometimes this can take a while to filter through. In this instance mail that comes into what was Failsworth Group Practice is being easily transferred to Quayside or Medlock for the appropriate patients.

While the closure was recent the CCG continued to work with both providers to ensure a safe and smooth transition for patients. One of the CCG's many concerns was that Failsworth Group Practice was not adequately staffed and that is why they subsidised additional staffing during the caretaking period to allow the two remaining providers to recruit. This process of consultation and evaluation will continue in the coming year.

The CCG had not seen any evidence of increases in A&E attendances from the area, this is something they monitor routinely.

The CCG was extremely conscious of the concern and inconvenience in the short term this change has meant for patients, however, these difficult decisions were taken in order to ensure safer, higher quality care for patients previously registered at Failsworth Group Practice.

Thank you for bringing these concerns to our attention and I hope that you will find the information I have been able to provide to date to be helpful."

## 6 **MINUTES OF PREVIOUS MEETING**

Resolved:

That the Minutes of the meeting of the Health Scrutiny Committee, held 8<sup>th</sup> March 2022, be approved as a correct record.

## 7 **INFANT MORTALITY - UPDATE**

The Health Scrutiny Committee received a report of the Director of Public Health that updated members on infant mortality in Oldham and on actions being taken to reduce these deaths. The submitted report provided an overview of the work being undertaken to reduce infant mortality across the Borough of Oldham, with specific focus on the work to reduce smoking in pregnancy, and on advice regarding safe sleeping.

Infant mortality has a devastating impact on the lives of the affected families of the Borough. Infant mortality was defined as the death of a child aged under one year. The highest priority for the long-term health of the population was to ensure that children are given the best start in life.

Oldham's infant mortality rate had been higher than the North West region 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, in the same period, of 3.9 per 1,000. This was therefore a key priority to improve the health of the Borough.

Oldham ranked as the 19<sup>th</sup> most deprived out of 317 English local authorities in 2019 Indices of Deprivation (IMD) data. National research had demonstrated that there was a correlation between child poverty and the rates of deaths in children, including infants. The report on this issue from the National Child Mortality Database, which was 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).

Key contributing causes of death locally and nationally included congenital abnormalities, babies that were small for gestational age, and extreme preterm births. To reduce the prevalence of these, public health approaches should be focusing on those women that resided in the Borough's 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 lived in poverty including overcrowded housing, lack of access to interpreting services, and poor maternal health in pregnancy.

Smoking and exposure to second hand smoke during pregnancy was responsible for an increased rate of stillbirths, miscarriages and birth defects. Encouraging pregnant smokers to stop smoking was one of the most effective ways to reduce infant mortality and still births. Stopping smoking would not only benefit women who smoked and are planning a pregnancy, are already pregnant or have an infant aged under 12 months but it would also benefit the unborn child of a woman who smoked, any infants and children she may have.

In terms of genetic causes, 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 the Borough of Oldham. This was consistent across Greater Manchester and it was important that this inequality should be addressed. Consanguinity was a known risk factor for congenital abnormalities and therefore an important risk factor when addressing child deaths. As a response to this, Oldham Council had commissioned a genetic outreach service, that has been operating since 2015. The service aimed 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 Safe Sleeping initiative saw 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.

The Committee scrutinised the report in some detail and a member noted that there were higher still birth rates in Pakistani and Bangladeshi patients. In this regard the Director of Public Health highlighted a number of the risks factors, adding that there was evidence to suggest that there were changes within the control of the maternity services which could be made to improve outcomes in this regard.

Resolved:

1. That the Committee notes the data on infant mortality, detailed in the report and supports the ongoing actions to reduce infant mortality across the Borough of Oldham.
2. That a further update report on this matter be submitted to the Committee in approximately 12 months.

8

## **HEALTHY CHILD PROGRAMME**

The Health Scrutiny Committee received a report of the Director of Public Health that updated members on the Healthy Child Programme in the Oldham. Borough. The report provided an overview of the delivery of the Healthy Child Programme in Oldham, and the progress over the past twelve months. The report outlined the current performance of the related services.

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

Work was ongoing at a national level to modernise the programme, to ensure that it was both current in terms of evidence and context. There was to be a greater focus on local assets and community-based approaches as well as ensuring that services put children at the heart of how the HCP was delivered whilst ensuring that the programme has a stronger emphasis on what works.

In Oldham, the health visiting, school nursing services, Children's Centres, and Early Education support had previously provided by Bridgewater Community NHS Trust and were now delivered by Northern Care Alliance in partnership with Oldham Council. This new partnership came into place on 1<sup>st</sup> April 2022. 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.

Overall, when compared with England-wide averages, the health and wellbeing of children in Oldham was amongst the worst performing. Health outcomes for children were, it was reported, impacted by poverty in a similar way that health outcomes for adults were. Breastfeeding rates were worse than England-wide averages; 49.1% of new-borns received breast milk as their first feed. The proportion of babies breastfed at between six and eight weeks after birth increased during the Covid-19 pandemic and in 2020/21 was 41.0%. There have been improvements in some of the Borough's Wards which had recorded the lowest rates of breastfeeding but emerging information from the service indicates that these rates were not sustained at the higher level.

Likewise dental health was worse than the England-wide average. 43.2% of five-year-olds had experience of dental decay. As a response to this, the Right Start service includes an Oral Health element which was to be included in the new model to support good oral health in children under five years.

Resolved:

1. That the Committee notes the progress on the transformation programme and support the ongoing actions to further develop the integrated model for 0-19 services in the Borough of Oldham.
2. That a further update report on this matter be submitted to the Committee in approximately 12 months.

## **A HEALTH INEQUALITIES PLAN FOR OLDHAM**

The Director of Public Health reported that the Health Inequalities Plan had been developed through the Health and Wellbeing Board and it set out the actions that the Health and Wellbeing Board partners were due to take over the next two years to reduce the gap in life expectancy within Oldham and between Oldham and England.

In common with many other areas in England, Oldham had seen health and health inequalities worsen in the decade between 2010 and 2020. Life expectancy had stopped increasing, inequalities between groups widened, and for the poorest people in the borough life expectancy had declined. Since 2020 the Covid-19 pandemic had 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 various missed opportunities this generated for all the Borough's residents, particularly the most disadvantaged, were well recognised. Improving health outcomes, but also wider economic and social outcomes, could not be achieved without concerted effort to address health inequalities and inequalities in the social determinants of health.

In November 2021, the Health and Wellbeing Board's members had 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 Greater Manchester Build Back Fairer report into health inequalities in the Manchester City region and the Oldham Public Health Annual Report 2021.

A working group had been established and had met to develop the plan, reviewing key themes highlighted in the Greater Manchester Marmot Build Back Fairer report and the learning from a wide range of engagement activity undertaken in the borough over the last two years. A final plan had been produced and was agreed by the Health and Wellbeing Board, at its meeting on 21<sup>st</sup> June 2022.

The plan was intended to be action focused, as opposed to a long strategy document. A lot of the pre-work had been done through the Marmot and Independent Inequalities Commission reviews of Health Inequalities in Greater Manchester. Levels of need and the scale of the health inequality challenge and opportunity to improve were 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.

The Director of Public Health reported that the primary outcomes which the plan was aiming to achieve were to reduce

the gap in life expectancy and health life expectancy within Oldham, and between Oldham and the national average, ensuring that all residents could experience the best possible health and wellbeing throughout their lives. The Greater Manchester Build Back Fairer report proposed a series of indicators which could be used to monitor progress in addressing health inequalities. It was therefore proposed that these be adopted to monitor progress in Oldham. Developing a dashboard which tracked these indicators and provided an overview of progress in achieving the actions outlined in the plan, was now seen as a priority.

The Committee considered the report, and its findings, in some detail. It was suggested that the representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board work together to determine the best ways of tackling health inequalities in the Borough, possibly as the subject of a 'task and finish' group.

Resolved:

1. That the Committee notes the report, including the contents of the health inequalities plan
2. That an initial informal meeting between the Director of Public Health, representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board be convened to jointly determine the best ways of tackling health inequalities in the Borough of Oldham - possibly as the subject of a 'task and finish' group.

10

## **THRIVING COMMUNITIES PROGRAMME UPDATE**

The Committee scrutinised a report of the Director of Public Health, which updated members on the progress of the Thriving Communities Programme and to establish the next steps for the programme in the context of the recent evaluation of the programme, and the Council's wider transformation programme.

The Committee was advised that in 2018 £2.69m had been agreed to fund the Thriving Communities programme from the Greater Manchester Transformation Fund as part of the Greater Manchester Health and Social Care transformation fund to support devolution. The aim was to accelerate the Thriving Communities element of the Oldham Model and to deliver the common objectives of the Council's 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; and driving the shift to increasing earlier intervention and prevention.

The initial three-year funding period of the programme concluded 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 2022/23.



The report detailed five Social Action Fund (SAF) projects that were three years into delivery of VCFSE led projects tackling loneliness and social isolation. Some of the projects had completed their work, a number had extended the timeframe of their projects utilizing funding not spent during the lockdown period, as follows:

- a. 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.
- b. 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.
- c. Oldham Play Action Group – intergeneration activities and cooking – virtual activity programmes 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.
- d. Groundwork consortium – focusing on food and growing. Project completed September 2021.
- e. 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 night-time economy.

It was suggested that the representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board include this matter (Thriving Communities Programme) in their discussions regarding health inequalities in the Borough, referred to at Minute 9, above.

Resolved:

1. That the report be noted.
2. That the Director of Public Health, representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board include this matter (Thriving Communities Programme) in their discussions regarding health inequalities in the Borough, referred to at Minute 9, above.
3. That, further reports, updating members on progress, be submitted to future meetings of the Committee

## **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2021/22 - OUTTURN**

The Committee received the Health Scrutiny Committee outturn work programme for 2022/23 submission of which represented the formal conclusion of the 2022/23 work programme and complemented the submission to Council of the Overview and Scrutiny Annual Report.



Resolved:  
That the Health Scrutiny Committee outturn work programme for 2022/23 be noted.

12

### **KEY DECISION NOTICE**

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

Resolved:  
That Key Decision Document be noted.

13

### **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/23**

The Committee received a report inviting consideration of the Committee's Work programme for 2022/23 as at July 2022.

The Chair reported that the joint scrutiny committee, overseeing the activities of the Northern Care Alliance that Oldham Council was part of, together with Bury and Rochdale, was disbanded during 2021/22. Henceforth, issues appertaining to the operations of the Northern Care Alliance were to be scrutinised by the Health Scrutiny Committees of the individual authorities. Therefore, it was suggested that representatives of Northern Care Alliance be invited to a future meeting of this Committee, to give members an overview of the work that their organisation undertakes and to give members the opportunity to highlight any issues that can be further scrutinised by the Committee.

Resolved:

1. That the Health Scrutiny Committee's Work programme 2022/23 be noted.
2. That representatives of Northern Care Alliance be invited to a future meeting of this Committee, to give members an overview of the work that their organisation undertakes.

The meeting started at 6.00pm and ended at 7.50pm