

HEALTH AND WELL BEING BOARD
09/09/2014 at 2.00 pm



Present: Councillors Chauhan, Dearden (Chair), Harrison, Price, Dr. Zuber Ahmed (Vice-Chair), Paul Cassidy, Peter Denton, Denis Gizzi, Cath Green, Claire Heaney, Alan Higgins, Majiid Hussain, Richard Spearing, Superintendent Denise Worth, Dr. Ian Wiliknson, Liz Windsor-Welsh.

Also in Attendance:

Elizabeth Fryman	District Co-ordinator
Fabiola Fuschi	Constitutional Services Officer
Michelle Hope	Joint Commissioning
Victoria Wood	Health and Wellbeing Policy Officer

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Blyth, Councillor Chadderton, Chief Superintendent C. Ball, Norma Bewley, Dr. Gillian Fairfield, Dr. Keith Jeffery, Colette Kelly, Maggie Kufeldt, Michael McCourt and Raj Patel.

2 URGENT BUSINESS

There were no items of urgent business received.

3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

4 PUBLIC QUESTION TIME

The following public question was received from Mr. James Allen on 18th July 2014:

“To Health and Wellbeing board
People of Oldham who attend hospitals for appointments or going to A&E are facing problems that we are aware of, for these I am about to raise have been raised time after time at the proper places and no clear directive has been done to alleviate these questions at the right level, at any hospital trusts governing body.

The main points are:

- 1) Consultants cancelling appointments at last minute
- 2) Appointment delays (which in some cases can be more than 1 hour) of which can be a concern for those who have transport booked
- 3) Patients who get new medication on the day of their appointment or through A&E only get enough for a couple of days at least

- 4) There are delays of a number of days before any change of medication is sent to the patients doctor, (also GPs appointment procedure the patients cannot get to see the GP on the appointment time)
- 5) Also at weekend patients who are given medication and need a prescription to see them through till they can see their GP, cannot find a pharmacy that is open at night or weekends
- 6) Patients arriving late due to transport they are using does not get them to the hospital on time for their appointment

As stated above these points have been going on for a very long time, and these have been taken up by the appropriate bodies, I ask that all representatives get together as 1 and try to get a proper solution for the people of the Borough, for debating these problems at each level without action does not help people who need care and attention they deserve”.

The following response was provided:

On Consultants cancelling appointments at the last minute (1)

Our Consultants are required to provide eight weeks notification of planned leave so outpatient capacity may be effectively managed. There are however extenuating circumstances when an entire clinic or part of a clinic may be cancelled at very short notice.

These circumstances are:

- Unplanned/unpredictable Clinician absence.
- A request for the Clinician to attend the Coroners Court.
- To accommodate clinically urgent patients.

The Trust does acknowledge the inconvenience such late notification of cancellation causes patients and makes every effort to minimise this.

On appointment delays in excess of one hour (2)

The Trust's centralised Booking and Scheduling Service schedules to an agreed clinic template for every Consultant. There is an agreed time allocation for new and follow up patient appointments. Some of our patients do require a longer consultation with their Consultant. It is very difficult to predict this in planning appointments so unfortunately delays do occur in clinic.

On occasions it is necessary to overbook the clinic to accommodate additional patients. A patient's GP may ask that an appointment is expedited if they have increasing concerns regarding their patients condition. As a Trust we do our utmost to accommodate these requests however we are aware that this may cause a delay within clinic.

On hospital discharge medication only lasting two days (3)

It is difficult to comment on individual cases however the Trust's standard practice is for our Pharmacy to issue a minimum of seven days supply. However if a patient is discharged from a ward at the weekend then the ward will dispense a two day supply of the medication. Pharmacy will dispense the additional days supply of medication on the next working day if applicable.

On delays notifying GPs about change of medication (4)

The Trust has an electronic discharge summary that is completed within 24 hours of a patients discharge and sent electronically to the patients GP. Within the discharge proforma all medication is detailed. There should therefore not be a delay in GPs receiving this information following a patient's admission to hospital.

Within the Outpatient setting our Consultants will write to the patients GP advising of any suggested change in medication often asking the GP to prescribe if the change is not an immediate requirement. The Trust is expected to send outpatient review letters to the GP within ten days. Again within Oldham these are sent electronically.

On access to GPs (4):

The CCG recognises public concern about timely access to GP services commissioned by NHS England. This is a complex issue with a number of causes including the behaviour of patients who are now seeking medical advice for issues which they would not previously have presented for. The CCG is developing a model of Wider Primary Care At Scale (WPCAS) which will involve practices sharing resources to increase access to services. It is also undertaking work to promote self care and self management, giving patients the confidence to take a more active role in looking after their own health.

On the lack of access to pharmacies at night or weekends (5):

NHS England is responsible for securing pharmaceutical provision within a locality. Oldham Health and Wellbeing Board has recently published a draft Pharmaceutical Needs Assessment (PNA). The PNA looks at the current provision of pharmaceutical services across Oldham Health and Wellbeing Board (HWB) footprint and whether this meets the needs of the population and identifies any potential gaps to service delivery.

The conclusion of the draft PNA is that Oldham HWB footprint has sufficient pharmaceutical service providers to meet their pharmaceutical needs and that there is no current need for any new NHS pharmaceutical service providers in the Oldham area. There are a number of reasons for this conclusion:

1. Oldham Council has 57 pharmacy contractors in the HWB footprint. Of these, nine have 100 hour contracts and four are a distance selling pharmacy.
2. There are 25 pharmaceutical service providers per 100,000 registered populations in the Oldham area. This is less than the North West region average of 26

per 100,000 but greater than the national average of 22 per 100,000.

3. Oldham Council has adequate access for the dispensing of appliances.
4. All areas of the Oldham with high population have a pharmacy located within a 1 mile radius.
5. Each month the Oldham pharmacies dispense on average just slightly more items than the monthly national and North West regional average items.

Over 63% of the pharmacy contractors in Oldham are open on a Saturday with at least one open in most wards except Chadderton Central and South, Failsworth East, Alexandra, St James and Crompton. On Saturday's access to pharmaceutical services provided from a pharmacy can be found between the hours of 6.30am to midnight within Oldham. This gives good cover for Oldham on Saturdays both in terms of opening hours and number of locations.

Nearly two thirds of Oldham wards have no standard pharmacy contractors open on a Sunday. The opening hours across Oldham on a Sunday range from midnight until 10pm. Although there is little standard pharmacy contractual cover in many Wards over Sunday there are pharmacies close by in other districts which are easily accessible to the population via public transport, walking or their own transportation.

Opening Hours of community pharmacies are available via NHS Choices at:

<http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

On access to patient transport (6):

The CCG is aware of performance issues relating to the Non-Emergency Patient Transport Service provided by Arriva Transport Solutions and welcomes the recent survey and report on the service produced by the Greater Manchester Healthwatches. The CCG recognises the importance of this service for patients whose medical condition prevents them from travelling by any other means.

Arriva moves around 2,000 patients a day in Greater Manchester. The contract is managed on our behalf by Blackpool CCG who have agreed a Recovery Plan with Arriva to tackle areas of underperformance. Having said that, most Key Performance Indicators are satisfactory or good. We have worked with Arrive to produce a new patient information leaflet [attached] to help ensure patients understand who and what this service is for, and how to get the best from it.

MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the Health and Well Being Board meeting held on 25th June 2014 be approved as a correct record.

6 **ACTION LOG**

RESOLVED that the Action Log document listing the actions from the previous Health and Well Being Board meeting be approved.

7 **MEETING OVERVIEW**

RESOLVED that the overview of today's Health and Well Being Board meeting be noted.

The Chair of the Health and Wellbeing Board welcome three new members: Majid Hussain, Lay Chair of the Clinical Commissioning Group, Claire Heaney, Director of Strategy for Pennine Acute, and Richard Spearing (present on behalf of Michael McCourt) from Pennine Care.

The Chair and Vice Chair of the Health and Wellbeing Board shared with all the members the core values of Oldham Metropolitan Borough Council and Oldham Clinical Commissioning Group: Fairness, Openness, Responsibility, Working Together, Accountability, Respect, Democracy, Improving the Health of Oldham's people, Integrity, Compassion, Improving people's Health services' experience, achieving best value for money and tackling inequality. These values and objectives also underpinned the work of the Health and Wellbeing Board and its commitment towards Oldham's residents.

8 **BETTER CARE FUND**

A presentation on the Better Care Fund (BCF) was given by the Oldham Clinical Commissioning Group (CCG) Chief Operating Officer and the Accountable Officer. The information outlined in the presentation addressed the questions that had been raised by the Chair of the Health and Well Being Board in her letter to the CCG Chief Operating Officer and Oldham Metropolitan Borough Council Assistant Executive Director for Adults and Commissioning Services. The questions concerned the targets set by the Better Care Fund, in particular the 3.5% reduction in emergency hospital admissions and how this would be implemented.

The following points were highlighted during the presentation:

- BCF aimed to improve health and social care services.
- BCF focused on protecting social care and reducing hospital admissions.
- £1bn payment was linked to performance on planned level of reduction in total emergency admissions.
- Organisations needed to work together to mitigate the risk associated with the BCF.
- Timescales: an extra level of reassurance had been added as the paper would be presented to Sir Bob Kerslake, Simon Stevens and ministers.
- There would be improved access to the right services at the right time, people would be in control of their care.

- Key principles of Integrated Care Management would be implemented.
- BCF embedded the purpose of the Health and Well Being Board.
- BCF Schemes: reduction in non elective admission through more responsive out of hospital services, development of an integrated support offer for carers, development of an integrated support offer for people with dementia.
- Seven day working arrangement represented one of BCF challenges.
- Minimum conditions would be protecting social care, 7 day working, data sharing and named professionals.

Members sought and received clarifications of the following matters:

- BCF Performance managing, how this would it be integrated into the wider framework? BCF measures were part of the whole health and social care integration.
- Would the reduction of unplanned hospital admissions be built into the Healthier Together model? BCF would be part of the same aspiration of joint collaborative working (i.e.: Integrated Commissioning Partnership).
- Had the Integration Plan been agreed? Would the Health and Well Being Board only scrutinise BCF?
- It would be necessary to have professionals working together (e.g.: Palliative Care).
- It would be essential to create the setting first that allowed to achieve the 3.5% target.
- BCF was a small amount compared to the overall health budget. It would be important to apply the principles that underpinned BCF. What would be done with the rest of the budget?
- With regards to the actual BCF implementation, how would it be possible to make the process more effective in order to meet a greater demand with fewer resources (e.g.: Integrated Care Teams in social care)?
- How would the hospital deal with less patients (therefore less funding) going in? Furthermore, older people and children's dental decay were major causes of hospital admissions. Alcohol abuse, week-end admissions and joint working with the Police.
- What would be the consequences of not being able to plan the right level of hospital admissions? This could create a high demand on the system.
- In line with partnership working, Greater Manchester Police worked on Project Solution – interagency professionals' outreach intervention.
- Reducing unplanned hospital admissions could take place via the work of outreach groups, educational and awareness basis which led to changing behaviours.
- The Prevention Plan should outlined methods to implement to reduce unplanned hospital admissions.

- BCF would improve partnership working to achieve better prevention outcomes.
- How would the risk be managed if the 3.5% target was not reached?

RESOLVED that:

1. The Better Care Fund approach and proposals contained in the document be endorsed by the Health and Well Being Board.
2. Oldham CCG Chief Operating Officer circulate a response to the questions raised during today's meeting.

9

PUBLIC SECTOR REFORM

Board Members gave consideration to an update on the work being undertaken on the Public Sector Reform. The information was presented by the Oldham Metropolitan Borough Council Strategic Change Manager. Work was progressing to identify those issues that needed preventative intervention.

Communities pilot schemes had been run in partnership with other agencies (e.g.: Project Solutions). All the projects had produced the same outcome: in order to change behaviours, services needed to work on the causes that led people to smoking, alcohol abuse and obesity.

The All Age Early Help Offer consultation concluded with an all day drop in session on 19th September 2014 at Oldham Civic Centre.

RESOLVED that the Public Sector Reform update be noted.

10

PUBLIC HEALTH TRANSFORMATION FUND

The Board considered a report of the Director of Public Health which provided information on the Public Health Transformation Fund. This was a ring fenced public health budget of approximately £16M that could be available in 2015/16, if the conditions posed by the Government's Grant were met. The fund would be used to pursue the objectives of the Health and Wellbeing Strategy and to implement a "health in all policies" approach whereby Council's services would be commissioned to achieve public health outcomes.

It was observed that this was a modest amount compared to the overall health budget. All partner agencies recognised their responsibility in delivering public health outcomes.

RESOLVED that the Public Health Transformation Fund report be noted.

11

HEALTH AND WELLBEING AMBITIONS

Board Members gave consideration to a report of the Director of Public Health on the Health and Wellbeing Ambitions. The report outlined the 11 performance indicators that had been selected to

measure progress towards health and wellbeing objectives in Oldham.



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Board members made the following observations:

- It would be helpful to link specific issues with geographical and ethnicity information in order to address them appropriately.
- To display two separate indicators with regards to the percentage of children overweight or obese, so that different key actions could be formulated.
- How critical these indicators would be for stakeholders?
- Maintaining people's independence: how many people move to residential care every year?
- Partner organisations could be challenged with other indicators (e.g.: living independently, fuel poverty, health checks).
- Hospital admissions needed to be one of the indicators.
- Greater Manchester Police involvement with people with mental health issue should be an indicator?

RESOLVED that:

1. The Health and Wellbeing Ambitions report be noted.
2. Two additional performance indicators be identified to reflect partner agencies' responsibilities towards health and wellbeing objectives and reduction in non elective hospital admissions.
3. The additional performance indicators together with the previous 11 be agreed outside the meeting and presented at the next appropriate performance update item for the board.

12

HEALTHIER TOGETHER

Board Members were asked by the Director of Public Health to formulate a response to the Healthier Together programme (i.e.: review of health and care services in Greater Manchester).

Oldham CCG Chief Operating Officer and Accountable Officer explained that, as CCG had produced the consultation document, they could not comment on it.

Members clarified that a detailed response on the Healthier Together consultation paper would be issued by individual organisations. Therefore, only a generic response could be formulated by the Health and Wellbeing Board.

RESOLVED that:

1. The Health and Wellbeing Board noted the request for a response to the Healthier Together programme.
2. A generic response be formulated by the Health and Wellbeing Board as individual agencies would provide their comprehensive comments to the document.

13 **DISTRICT PARTNERSHIP UPDATE - ROYTON**

The Board considered a report of the Royton District Coordinator which provided an update on the Health and Wellbeing Sub-Group of the Royton and Shaw & Crompton District Partnerships. Members were informed that alcohol was a major issue in the area. Children used alcohol from a very early age, either because introduced by their parents or due to lack of supervision. Another major cause of concern was obesity: children who went from primary to secondary school showed a significant increase in weight. The area presented a good community provision, but some elderly people suffering from Dementia remained very isolated and not easily identifiable. Work had started with Public Health in order to support people to become part of a network to fight social isolation.

RESOLVED that the update from the Health and Wellbeing Sub-Group of the Royton and Shaw & Crompton District Partnership be noted.

14 **INTEGRATED COMMISSIONING PARTNERSHIP**

RESOLVED that the Integrated Commissioning Partnership progress report be noted.

15 **SUBCOMMITTEES - JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND HEALTH PROTECTION**

RESOLVED that the minutes of the Joint Strategic Needs Assessment and Health Protection Sub-Committees meetings held respectively on 27th March 2014 and 2nd July 2014 be noted.

16 **CARE ACT**

RESOLVED that a briefing to the Health and Wellbeing Board on the housing aspects of the Care Act be circulated by the First Choice Homes Oldham Chief Officer.

17 **DATE AND TIME OF THE NEXT MEETING**

RESOLVED that the next meetings of the Health and Wellbeing Board be:

- Tuesday 21st October 2014 at 2pm – Development Session
- Tuesday 11th November 2014 at 2pm - Full Board meeting

The meeting started at 2.00 pm and ended at 4.03 pm