

HEALTH AND WELL BEING BOARD
20/01/2015 at 2.00 pm



Present: Councillor Dearden (Chair)
Councillors Chauhan, Harrison and Price

Independent Members: Dr Zuber Ahmed, Paul Cassidy, Denis Gizzi, Sandra Good, Jacqui Greenfield, Alan Higgins, Maggie Kufeldt, Judy Robinson and Dr Ian Wilkinson

Also in Attendance:

Oliver Collins	Corporate Policy Development Officer
Angela Longsden	District Co-ordinator
Haydn Roberts	Community Safety Service Manager
Helen Smith	Senior Research and Intelligence Analyst
Zoe Tindall	Community Development Worker
Caroline Walmsley	Constitutional Services
Lisa Wilkins	Consultant in Public Health Medicine
Stephen Woods	Senior Medicines Optimisation Pharmacist

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Chadderton, Cath Green, Colette Kelly, Majid Hussain, Ben Gilchrist and Dr Gill Fairfield.

2 URGENT BUSINESS

There were no items of urgent business received.

3 DECLARATIONS OF INTEREST

Dr Zubair Ahmed declared a personal interest in Item 12 – Pharmaceutical Needs Assessment, by virtue of his role as pharmacy contractor.

4 PUBLIC QUESTION TIME

There were no public questions received.

5 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting held on 11th December 2014 be approved as a correct record.

It was reported that the winners of the Get Older Growing competition held at the previous meeting had been included on the Get Oldham Growing blog.

It was further reported there had been a meeting regarding Well North the previous week and good progress had been made,

with Pennine Acute interested in being involved. It was likely that the programme would go ahead.



Oldham
Council

6 **ACTION LOG**

RESOLVED that the content of the Action Log document be approved.

7 **HEALTH & WELLBEING BOARD 20TH JANUARY 2015
MEETING OVERVIEW**

RESOLVED that the overview of the meeting be noted.

8 **HEALTH & WELLBEING PERFORMANCE INDICATORS**

The Board considered a report which outlined the new list of 18 indicators. The table included data on current and past performance with a comparison to England where possible. The changes to the new list included:

- A local measure of Breastfeeding at 6-8 weeks using a “real-time” data feed from Pennine Care.
- Year 6 children classified as obese
- A local measure of the eligible population who had received a health check using “real time” in –year data from GP systems
- Good blood sugar control in people with diabetes
- A&E waiting times - % attendances within 4 hours or less
- Permanent admissions to residential care aged 65+ - both a local in year measure using data extracted from Frameworki and the national annual measure from the Adult Social Care Outcomes Framework (ASCOF).

Some of the new measures had been sourced outside of national performance data frameworks. Whilst alternative local data sources could provide in year data, with shorter time lags it also made benchmarking difficult as there may be inconsistencies in methodologies used compared to national publications.

The Health and Wellbeing Board were asked to rationalise the list and agree a final set of performance indicators which represented the health and wellbeing priorities for Oldham. However Members put forward further suggestions for indicators, which included:

- Children born into poverty
- Teenage pregnancy
- Education and outcomes
- Mental health
- Geographical and ethnic health
- Flu vaccine

Concerns were raised over the wording of the indicators and it was felt that this needed to be made clearer.

The Board had previously requested a maximum of 12 indicators which had been increased to 18; however it was felt that the suggestions should be further considered for inclusion.

RESOLVED that:

1. The report be noted.
2. Consideration be given to the Boards suggestions and finalised indicators, along with proposals for the design and reporting of measures, be submitted to a future meeting of the Health and Wellbeing Board.

9 **CHADDERTON HEALTH & WELLBEING SUB GROUP UPDATE**

The Board considered a report which provided an update from the Chadderton District Executive Health and Wellbeing Sub Group. Members were informed of the health and wellbeing priorities for the area and what progress had been made so far, which included the Good Life project, accessing health programmes, community learning and ageing well.

The District Executive had received approximately £14.4k of health money and the Health and Wellbeing Sub Group had put forward recommendations on the 'Get Moving' project and men's health and reducing social isolation and loneliness, which were to be presented at the District Executive meeting on 28th January.

RESOLVED that the update from the Chadderton District Executive Health and Wellbeing Sub-Group be noted.

10 **INTEGRATED COMMISSIONING PARTNERSHIP UPDATE**

RESOLVED that:

1. The Integrated Commissioning Partnership update report be noted.
2. A further update be submitted to the Board in February 2015.

11 **DEMENTIA WORK PROGRAMME**

The Board considered a report which provided an update on the achievements to date of the:

- Joint Dementia Commissioning Programme
- Oldham Dementia Partnership
- Newly formed Oldham Dementia Action Alliance
- Local peer and carer support groups

The report also outlined the remaining challenges and the suggested priorities for 2015/16. These included:

- Increasing community awareness of dementia (especially in communities of BME heritage) and making Oldham a Dementia Friendly Community

- Supporting peer and carer support groups and developing volunteering roles
- Expansion of extra care housing and development of other housing options and a home care and repair / home improvement agency to support people to maintain and remain in their own homes
- Identifying people with dementia who have not yet been diagnosed and ensuring sufficient capacity in all elements of the new memory service to meet need
- Supporting care homes to enhance the quality of their offer to people with dementia and meeting the mental health and physical health needs of care home residents
- Supporting primary care to further develop the care they offer people with dementia and their carers
- Decrease the use of antipsychotic agents in people with dementia
- Secure a long term psychiatric liaison service for the Royal Oldham Hospital and improve the quality of hospital care
- Undertake the training needs analysis and develop a commissioning framework for dementia training
- Further development of the respite care offer

Other areas that had not yet been looked at but required attention included:

- Advocacy for people with dementia
- Domiciliary care provision
- Reablement and intermediate care
- Hospital care
- End of life care
- Transport.

Overall the Board felt this was a positive report.

RESOLVED that:

1. The achievements to date of people with dementia, their carers, volunteers and service providers be noted.
2. The ongoing challenges be noted and further work be supported.
3. The suggested priorities for 2015/16 be noted.

12

PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered the Pharmaceutical Needs Assessment which required final approval after changes had been made to it following the 60 day consultation.

RESOLVED that the Pharmaceutical Needs Assessment be Approved ready for its publication on 1st April 2015.

13

CHILDREN'S TRUST BOARD PROPOSALS

Further to the report in September 2014 which set out the current Children's Trust arrangements in Oldham and identified that whilst there was no longer a statutory requirement to have a Children's Trust Board or produce a Children and Young People Plan, there was an statutory requirement on local authorities to

fulfil the 'duty to cooperate, the Board considered a report which set out the need to have robust partnership arrangements in Oldham to deliver improved outcomes for children and young people.

The three options for consideration were:

1. Maintain the status quo – two separate boards
2. The Health and Wellbeing Board adopts the role and remit of the Children's Trust Board
3. To introduce revised arrangements under the Health and Wellbeing structure

Option 3 was the recommended option and would include:-

- The current Best Start in Life definition and priorities to be expanded to cover all key outcomes for children and young people. The age ranges covered under this theme to cover 0 – 18 and in the case of SEND 0 – 25.
- A Best Start in Life subcommittee of the Health and Wellbeing Board be established in order to create the capacity to focus on the expanded remit with appropriate representation, fit for purpose including schools/colleges. In effect this group would become the key partnership for children and young people fulfilling residual Children's Trust expectations and would still require high level commitment (DCS Chair).
- Review of the current ways in which the young person's voice can be brought into the Health and Wellbeing Board.
- Twice yearly stakeholder event in order to link children and young people's agendas across Commissioning Clusters.

Overall option 3 was supported with the establishment of a sub group not a sub committee. It was also commented on that the stakeholder event should be early in the year. It was requested that a further report be submitted to the Health and Wellbeing Board in March 2015.

RESOLVED that:

1. Option 3 be supported with the establishment of a working group.
2. A further report be submitted to the health and Wellbeing Board in March 2015.

CHILD SEXUAL EXPLOITATION

The Board considered a report and received a presentation on Operation Messenger and Child Sexual Exploitation (CSE) which outlined the current position within Oldham. Social Care thresholds were explained and it was reported that alcohol, drugs and social media had accelerated CSE and it was crucial that CSE became everybody's business.

It was highlighted that boys as victims were under represented in the Messenger cohort. Boys were being groomed into offending and rewarded for passing on information. It was

further flagged up then that Asian girls were also hidden victims. The psychological impact of abuse on victims was emphasised and how they return to risky situations and fail to engage with services. A faster response and earlier intervention was necessary.

The Risk Of Sexual Exploitation (ROSE) project was outlined to Members along with the Multi Agency Safeguarding and Solution Hub (MASSH). The reporting of random intelligence was encouraged to enable connection with actionable intelligence.

RESOLVED that the report and presentation be noted and the Board considers how to prioritise raising awareness.

15 **ACCIDENT & EMERGENCY QUARTER 3 PERFORMANCE**

RESOLVED that this item be deferred to the February 2015 meeting of the Health and Wellbeing Board where it should be considered early on the agenda.

16 **DEVELOPMENTS IN HEALTH & WELLBEING**

The Board considered a report and discussed the following current topics in Public Health and Wellbeing:

- Breastfeeding Work Programme – looking to commission a peer support service to start in April.
- BME Health Inequalities Work – A number of options had been explored and action research was to be undertaken. Early stage of scoping.
- Health Equity for the North – Due North report highlighted.

RESOLVED that the update be noted.

17 **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)
WORKING GROUP AND HEALTH PROTECTION
WORKING GROUP MINUTES**

RESOLVED that the Joint Strategic Needs Assessment Working Group and the Health Protection Working group minutes be noted.

18 **DATE AND TIME OF NEXT MEETING**

RESOLVED that the next scheduled meeting of the Health and Wellbeing Board will be held on Tuesday, 17th February 2015 at 2pm.

Board Members were invited to meet Duncan Selbie, Chief Executive of Public Health England, who was visiting Oldham on 29th January 2015. The visit would take place in Alexandra Park and lunch would be available from 11.30am.