

**HEALTH AND WELL BEING BOARD**  
**17/02/2015 at 2.00 pm**



**Present:** Councillors Price

Board Members: Dr Zuber Ahmed (Chair), Paul Cassidy, Caroline Drysdale, Ben Gilchrist, Denis Gizzi, Sandra Good, Alan Higgins, Majid Hussain, Dr Keith Jeffery, Judy Robinson and Dr Ian Wilkinson

Also in Attendance:

Ian Bailey	Borough Manager Oldham Fire Service
Clare Bamforth	Planning and Commissioning Manager – Oldham Council
Oliver Collins	Principal Policy Officer Health and Wellbeing
Fabiola Fuschi	Constitutional Services Officer
Jacqui Galdwin	Thornley House Patient Participation Group
Councillor Bernard Judge	Greater Manchester Fire and Rescue Authority
Julia Taylor	Commissioning Manager – Clinical Commissioning Group

**1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Chauhan, Dearden, Harrison, Chief Superintendent Caroline Ball, Cath Green, 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**

There were no public questions received.

**5 MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting held on 20<sup>th</sup> January 2015 be approved as a correct record subject to the following amendments:

Item 1 – Apologies received from Caroline Drysdale.

Item 8 – Health and Wellbeing Performance Indicators – Members suggested that the indicators should reflect wider determinants of health.

Item 11 – Dementia Work Programme – Other areas that required attention included: how different structures were linked in with the Health and Wellbeing Board.



6 **RESOLUTION AND ACTION LOG JANUARY 15**

**RESOLVED** that the content of the Health and Wellbeing Board Action Log document be approved.

7 **MEETING OVERVIEW**

**RESOLVED** that the overview of today's Health and Wellbeing Board meeting be noted.

8 **ACCIDENT & EMERGENCY QUARTER 3 PERFORMANCE**

The Board considered the information presented by the Director of Strategy and Commercial Development, Pennine Acute Hospital NHS Trust, on the Quarter 3 (October, November and December) Accident and Emergency (A&E) Performance 2014/15.

It was noted that the target for A&E services in England was that 95% of patients needed to be seen, treated, admitted or discharged within four hours. It was explained that this represented a challenge, especially when other agencies needed to be involved in the patient's care.

Performance in England and those of Oldham's neighbouring authorities were reported. Only North Manchester General and Rochdale had hit the target, whereas Oldham Royal Hospital and Fairfield General's performance had scored respectively 91.9% and 91%. Furthermore, a number of Trusts in Greater Manchester had declared emergency status.

It was reported that December had witnessed a significant increase in the number of people attending A&E. Oldham Royal Hospital A&E activity had increased 12% compared to 7.2% in England. Paediatric activity had risen 20%. The week ending on 21<sup>st</sup> December had had the highest weekly attendance since 2001. In addition to the increased number of patients attending A&E services, more serious health conditions had been assessed. It was also reported that a higher percentage of patients had been admitted to hospital after having attended A&E.

In order to address the higher level of patients' attendance in A&E, a number of actions had been taken by Pennine Trust such as participation in System Resilience Group Clinical Summits, opening additional beds to support winter pressure, converting surgical beds to medical beds, purchasing community beds to support discharge, managing the four sites as one to maximise flexibility, additional staffing, increased management support, Physiotherapy and Pharmacy services extended to 7 days, etc..

Year to date performance was 93%.

It followed a discussion on how the whole health and social care community could support an improvement in Oldham Royal Hospital A&E performance.



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The following observations were made:

- The Urgent Care Alliance had been aware of the issue; a project manager had been deployed to work in this area and deflection schemes had been put in place. A track of weekly performance had also been established. Improvements had been noticed, especially amongst young people and families.
- High level of cooperation existed in Oldham.
- What was the percentage of people who could have gone to alternative settings to A&E?
- Health promotion activities made a significant difference.
- How could the voluntary sector support with gaps in the community?
- Were there any forms of social prescribing offers in Oldham?
- Why North Manchester performed consistently better than Oldham and Fairfield? Would this be about capacity?
- This crisis happened every year and it put lots of pressure on different organisations involved with care and health. Demographics represented another issue as over 80 year old population grows of 300 individuals every year. The solution would need to be found in preventative activities that made elderly people's lives healthier.
- The approach followed by organisations to deal with end of life treatments had an impact on A&E performance. Should resources go to environments other than hospitals?
- Impacts of previous changes on health and care system (e.g.: increasing admissions) on current situation.
- Role of Urgent Care Alliance in addressing these issues.
- A greater clarity on the performance figures would be necessary.
- According to Healthier Together consultation, Oldham Royal Hospital would be one of the specialist units in Greater Manchester. How this linked with A&E targets?

**RESOLVED that:**

1. Quarter 3 A&E performance report be noted.
2. Quarter 4 A&E performance report be presented in June 2015; the report examine the A&E performance in relation to the health and care system in its totality (i.e.: Primary Care, Voluntary Sector, Social Services, Pennine Care, etc.).
3. The Director of Strategy and Commercial Development, Pennine Acute Hospital NHS Trust provide the percentage of patients who could have gone to health and care settings other than A&E.



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### **THORNLEY HOUSE PATIENT PARTICIPATION GROUP**

The Board gave consideration to a presentation of the Thornley House Patient Participation Group Tameside, Health Pledge Team, on the Health Pledge concept. The group was represented by one of the patient who was also Principal Lecturer, Department of Nursing, at Manchester Metropolitan University (MMU).

The Health Pledge had been launched in November 2014 to promote the idea of self-care in the community. A web-site had been set up to share information about health and wellbeing. Couples, families and community groups were encouraged to make small changes in their lifestyles to improve their own health and wellbeing. Successful stories to inspire others, health events and tips could be shared on the web-site. This could also be used to make a pledge.

The initiative was supported by MMU Department of Nursing as it also provided opportunities for students to engage with local communities.

The Board welcome the initiative. It was discussed how the Patient Participation model could be developed in Oldham.

#### **RESOLVED that:**

1. The information on Thornley House Patient Participation Group and Health Pledge be noted.
2. Principal Officer Health and Wellbeing to work with Clinical Commissioning Group Head of Public Affairs and Thornley House Patient Participation Group to develop awareness and support for the Health Pledge model in Oldham.

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### **COMMUNITY RISK INTERVENTION TEAM**

The Board considered a presentation of the Borough Manager, Oldham Fire Service, and Councillor Bernard Judge, member of the Greater Manchester Fire and Rescue Authority, on the Critical Risk Intervention Teams (CRIT). CRITs aimed to reduce the demand on health and social care services by providing a holistic approach to home safety (i.e.: advice on falls, fire, crime and general deterioration in health).

It was reported that 75% of calls to Greater Manchester Police were non crime related and 43% of accidental deaths in the home were due to falls. The work of CRITs would reduce the number of calls reporting falls and issues associated with mental health conditions that were currently dealt by Greater Manchester Police, North West Ambulance Services, A&E and other emergency services. This approach would also determine savings of £7.9M to Greater Manchester by the end of year two from the start of the project.

The Department for Communities and Local Government made £75m available through the Fire and Rescue Authority Transformation Funding 2015/16 to enable collaboration, corresponding and colocation of the Fire and Rescue Services with other blue light services. A £3.76m bid had been submitted by Greater Manchester Fire and Rescue Services and other partners to introduce ten CRITs across Greater Manchester (one per borough) from April 2015. Three pilot projects were already operating in Wigan, Salford and Manchester.

A summary of cases where the CRITs had intervened successfully to support vulnerable members of the community were outlined.

Members sought and received clarifications on the following points:

- How CRITs would receive the referrals. It was explained that these would come from the relevant agencies that would pass the calls.
- It was important to engage with other services to implement the project.
- Was an evaluation process in place? Salford University would assess the project.
- Integrated care solutions and people working together represented a common agenda for all agencies in Oldham.

**RESOLVED that:**

1. The information on the Critical Risk Intervention Teams be noted.
2. A report on the results of the Critical Risk Intervention Team piloting project be presented to the Health and Wellbeing Board six months after implementation.

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**HEALTH & WELLBEING SURVEY**

The Board gave consideration to a survey of the North West Employers on the activities and effectiveness of the North West's Health and Wellbeing Boards. Members examined and discussed the four questions that were listed in the survey.

The Clinical Commissioning Group Chief Operating Officer and Accountable Officer had presented comments on each of the four questions. These were further discussed at the meeting and the following points were raised:

- The Health and Wellbeing Board developed opportunities to tackle inequality and to engage with the community and the voluntary sector.
- Clarity about the Health and Wellbeing Board function – how information that had been presented to the Board was utilised.
- Some barriers to the work of the Board were represented by elements which were not under its control, such as the impact of Government's changes to social benefits.

- Changes to the Health and Wellbeing Board might be in connection with a possible scrutiny role and the interaction with the devolution agenda.

The response to the survey would be formulated by the Chair of the Health and Wellbeing Board; this would include the CCG comments and the points discussed above.

**RESOLVED that:**

1. The Chair of Oldham Health and Wellbeing Board submit a response to the North West Employers survey.
2. Principal Policy Officer Health and Wellbeing send information on Health and Wellbeing Board process/governance arrangements to the representative of the Healthwatch.

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**EMOTIONAL WELLBEING & MENTAL HEALTH  
STRATEGY SUMMARY**

The Board considered a document containing the Strategy for Improving the Emotional Wellbeing and Mental Health for Children and Young People in Oldham. The document was jointly prepared by Oldham Council and the Clinical Commissioning Group (CCG) and it was presented by the Planning and Commissioning Manager Oldham Council and the CCG Commissioning Manager.

The strategy reflected the Council's recommendations from the Oldham Joint Strategic Needs Assessment and it looked at the objectives to improve the emotional wellbeing and the mental health of children and young people in Oldham. A three year action plan had been produced to support the strategy. The document had been well received from young people who had been consulted during a session with the Youth Council and the Children in Care Council. The implementation of the strategy and the action plan would be monitored by the Emotional Wellbeing and Mental Health Partnership and progress reports would also be submitted to the Health and Wellbeing Board and the Oldham's Children Trust. The Early Help Offer represented a central part of the strategy together with the role of universal services and partnership working.

Board Members raised the following points that would need to be reflected in the strategy:

- Continuous engagement with Healthwatch and Voluntary Action Oldham.
- To promote in the community the work connected with the strategy.
- To include new population groups in the work of the strategy.
- The Principal Policy Officer Health and Wellbeing to work with the Planning and Commissioning Manager to clarify the spectrum of intervention and service provision within which the mental health services described here sit including the early years' service developments.

The Chair recommended to include the above points in the strategy.



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**RESOLVED that:**

1. The Strategy for Improving the Emotional Wellbeing and Mental Health for Children and Young People in Oldham be endorsed.
2. The strategy and its action plan be published on the Council and CCG's web-site.
3. The Health and Wellbeing Board receive progress report.

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**ICP UPDATE**

**RESOLVED** that the Integrated Commissioning Partnership progress report be noted.

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**DEVELOPMENTS IN HEALTH & WELLBEING**

Members looked at some of the topics for the Health and Wellbeing Board future agendas. References were made to a better use of the Social Value Act, spatial planning and Public Health, the Care Act and the promotion of wellbeing and prevention.

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**DATE AND TIME OF NEXT MEETING**

**RESOLVED** that the next scheduled meeting of the Health and Wellbeing Board will be held on Tuesday 17<sup>th</sup> March 2015 at 2pm.

The meeting started at 2.00 pm and ended at 4.03 pm