

***HEALTH AND WELL BEING BOARD  
Regulatory Committee  
Agenda***

Date Tuesday 25 September 2018

Time 2.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Lori Hughes at least 24 hours in advance of the meeting.
  2. CONTACT OFFICER for this agenda is Lori Hughes Tel. 0161 770 5151 or email [lori.hughes@oldham.gov.uk](mailto:lori.hughes@oldham.gov.uk)
  3. PUBLIC QUESTIONS - Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon, Thursday, 20 September 2018.
  4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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**MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD**

Councillors M Bashforth, Chadderton, Chauhan, Harrison (Chair), Jacques and Sykes

Independent Members: Dr Zubair Ahmad, Dr Zuber Ahmed, Jon Aspinall, Jill Beaumont, Julie Daines, Neil Evans, Julie Farley, Nicola Firth, Majid Hussain, Dr Keith Jeffery, Merlin Joseph, Stuart Lockwood, Donna McLaughlin, Raj Patel, Dr. John Patterson, David Smith, Katrina Stephens, Charlotte Stevenson, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh

Item No

- 1 Apologies For Absence
- 2 Urgent Business  
Urgent business, if any, introduced by the Chair
- 3 Declarations of Interest  
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Public Question Time  
To receive Questions from the Public, in accordance with the Council's Constitution.
- 5 Minutes of Previous Meeting (Pages 1 - 12)  
The Minutes of the Health and Wellbeing Board held on 26<sup>th</sup> June 2018 are attached for approval.
- 6 Minutes of the Health Scrutiny Sub-Committee (Pages 13 - 26)  
The minutes of the Health Scrutiny Sub-Committees held on 20<sup>th</sup> March 2018 and 3rd July 2018 are attached for noting.
- 7 Meeting Overview (Pages 27 - 28)
- 8 Action Log (Pages 29 - 32)
- 9 SEND Update (Pages 33 - 48)
- 10 Strengthening the Role of the Health and Wellbeing Board and Appointment of Sub-Committees (Pages 49 - 58)
- 11 Oldham's Joint Strategic Needs Assessment (Pages 59 - 62)
- 12 Public Consultation Process on Proposed IVF Changes  
Report to follow.
- 13 Healthwatch and Citizen Voice (Pages 63 - 68)
- 14 Oldham Carers Strategy (Pages 69 - 86)
- 15 Safeguarding (Pages 87 - 202)
- 16 Date and Time of Next Meeting



**Oldham**  
Council

The next meeting of the Health and Wellbeing Board will be Tuesday, 13<sup>th</sup> November 2018 at 2.00 p.m.

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**Present:** Councillor Harrison (Chair)  
Councillors M Bashforth, Chadderton, Chauhan and Jacques

Dr Zubair Ahmad	Oldham GP Federation
Jill Beaumont	Director of Children's Social Care and Early Help
Noreen Dowd	Executive Director of Transition
Julie Farley	Oldham Healthwatch
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Dr Keith Jeffery	Oldham CCG
John Heywood	Greater Manchester Police
Merlin Joseph	Interim Director of Childrens Services
Stuart Lockwood	Chief Executive, OCL
Donna McLaughlin	The Pennine Acute Hospitals NHS Trust
Dr. John Patterson	Clinical Commissioning Group
Charlotte Stevenson	Interim Director of Public Health
Mark Warren	Managing Director Community Health and Social Care Services (DASS)
Carolyn Wilkins OBE	Chief Executive/Accountable Officer

Also in Attendance:

Rebekah Sutcliffe	Strategic Director of Reform
Vicky Sugars	Strategy, Partnerships and Policy Manager
Sian Walter-Browne	Constitutional Services

## 1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Jon Aspinal, Zuber Ahmed and Nicola Firth.

## 2 **URGENT BUSINESS**

There were no items of urgent business received.

## 3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

## 4 **ELECTION OF VICE-CHAIRS**

**RESOLVED** that Donna McLaughlin and Dr John Patterson were elected to be Vice Chairs.

## 5 **PUBLIC QUESTION TIME**

The following public question was received from Mr. J. Allen:

N.H.S launches public campaign to highlight new stronger protection around health and carer information.

On the 26th May I received this first of 3 main items from NHS England, also it is how this item going to achieve from the public, to fully understand the full aspect in what is being put forward, (the public campaign) for the people of Oldham. Also looking what others local authorities views and concerns in their own areas and taking on board items that may be helpful for Oldham.

I would like to ask:-

- 1) a. What is the concerns of the NHS, CCGs, HWB and registered social landlords on this item
  - b. With GP practices who have patient participation groups, will they be given a debate on this subject
  - c. How will this item be used to get aware to the general public of Oldham
  - d. For those people who do not use the internet get a chance to get involved in this public campaign
- 2) Will the Health & Wellbeing Board debate this item and take it on board with all its partners
- 3) If so will this be put to the public of Oldham, will there be a public consultation be taking place i.e. (through the internet and general meetings and replies from PPG groups to get a full consensus
- 4) If this is done, I would like to see a written report given so that the public voice is shown to have had a voice, also see what the outcome was.

The following response was provided:-

**1) a. What is the concerns of the NHS, CCGs, HWB and registered social landlords on this item**

All public sector organisations, including the NHS, CCG and Social Landlords have taken steps to ensure it is fully compliant with the GDPR regulations. The Health & Wellbeing

**b. With GP practices who have patient participation groups, will they be given a debate on this subject**

Patient Participation Groups are at liberty to set their own agenda's in discussion with their host practices.

**c. How will this item be used to get aware to the general public of Oldham**

The CCG is not planning any specific work with the public around GDPR. However it is planning to write to every household with patients registered with an Oldham GP, to notify them about arrangements for sharing patient records at the point of care.

**d. For those people who do not use the internet get a chance to get involved in this public campaign.**

The Chair indicated this would be further investigated and a response provided on the particular issue.

**2) Will the Health & Wellbeing Board debate this item and take it on board with all its partners**

The Board discussed the implications of GDPR and data sharing as an enabler to health and care integration at their development session in April (notes can be found attached to the Action log) and the feedback from this meeting is on today's agenda.

**3) If so will this be put to the public of Oldham, will there be a public consultation be taking place i.e. (through the internet and general meetings and replies from PPG groups to get a full consensus )**

A consultation was undertaken by the Department for Culture, Media and Sport in April and May 2017. As GDPR was implemented on 28 May 2018, no further consultation is planned either locally or nationally.

**4) If this is done, I would like to see a written report given so that the public voice is shown to have had a voice, also see what the outcome was.**

The responses to the Department for Culture, Media and Sport consultation were published on 7th August 2017. They can be found at the following link  
<https://www.gov.uk/government/consultations/general-data-protection-regulation-call-for-views#history>

The following further public question was received from Mr. J. Allen:

12 Million people to benefit from better joined up NHS and social care

How has this affected Oldham, mainly from the NHS A & E departments down to the grass routes within Oldham

I would like to ask:-

- 1) What improvements have been achieved within Royal Oldham Hospital, also to what advantage
- 2) What feedback can the CCG give us on Primary Care throughout Oldham
- 3) Has there been any improvement in Social Care throughout Oldham in social care and nursing homes, with the financial budget they have received
- 4) Has there been any increase in the financial budget to come from central government in the foreseeable future?

The following response was provided:-

**1) What improvements have been achieved within Royal Oldham Hospital, also to what advantage**

Royal Oldham Hospital, along with all other Hospitals across Greater Manchester, continues to experience high levels of demand for it's A & E services. Continued effort is being taken to ensure as many people are seen within the necessary 4 hour waiting time.

The Hospital continues to work with its partners to ensure patients are aware of other services they could use to meet their needs, rather than attend A & E, as well as to

ensure as smooth as possible discharge process is in place for those who have been admitted and received care.

## **2) What feedback can the CCG give us on Primary Care throughout Oldham**

Developments in Primary Care are discussed at the CCG Primary Care Commissioning Committee. This committee meets in public and papers are published on the CCG website. The next meeting will be on 2nd August. The latest Primary Care work programme update is attached.

## **3) Has there been any improvement in Social Care throughout Oldham in social care and nursing homes, with the financial budget they have received**

Funding from a number of routes including the Improved Better Care Fund and the Council tax precept has been used to support Adult Social care infrastructure and ensure;

- Social Workers are funded to remain in post
- Investments in the market place which have included working with care homes to improve quality. There are no care homes in Oldham presently with a CQC rating of 'inadequate' and we are working with the homes rated 'requires improvement'
- Supporting the NHS services with safe discharges from the hospital
- Enhancing the support in extra care housing
- Supporting day services
- Short term care services
- Increasing fees to providers
- investing in home from hospital services
- Increasing reablement capacity to support hospital discharge and prevent admission

## **4) Has there been any increase in the financial budget to come from central government in the foreseeable future?**

Much of the funding is non recurrent and we are unclear of the financial position post 2020

## **6 MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Health and Wellbeing Board held on 27<sup>th</sup> March 2018 be approved as a correct record.

## **7 ACTION LOG**

**RESOLVED** that the Action Log from the meeting held on 27<sup>th</sup> March 2018 be noted.



## DATA SHARING & INFORMATION GOVERNANCE

Consideration was given to a report that outlined the progress on data and information sharing.

The Board was informed that data and information sharing remained a critical enabler in delivering high quality joined up care for the citizens of Oldham. There had been a workshop in April that was a catalyst to confirm commitment from system leaders at the highest level to the importance of data and information sharing. A number of key actions had taken place since the workshop which were summarised into three areas; data sharing, risk stratification/ population health and Digital Strategy.

### Data Sharing

The Memorandum of understanding and Alliance Agreement had been signed by all parties by end of May. This included a commitment to have appropriate detailed agreements in place and to move to a population approach to health. A data sharing agreement for Oldham Cares was in development and would be signed off by all partners by September 18.

### Population Health

Agreement had been reached;

- To continue with the existing risk stratification EMIS tool
- To use our BI combined resource and clinical leadership to work with Salford to accelerate the roll out of (Global Digital Excellence Status) GDES tools into Oldham.
- To review this approach in six months' time (November 2018) and in between provide feedback through the Project Highlights Report to the Alliance Board.
- To make a bid to the Health Foundation for a BI integrated platform to support service development and data sharing at a neighbourhood level, the outcome of which would be known in late summer.

### Digital Strategy

Oldham Digital Strategy was in development and would be presented to Greater Manchester Health and Social Care Partnership in July. This included the development of digital solutions to support integration and data sharing.

**RESOLVED** that the progress was noted and the Board would receive quarterly updates on future developments.

## MEETING OVERVIEW

**RESOLVED** that the overview for the meeting be noted.

## URGENT PRIMARY CARE STRATEGY



The Board gave consideration to a report and presentation by Dr Shelley Grumbridge on the next steps in Urgent Primary Care in Oldham.

The purpose of the Urgent Care Strategy was to set out, in a single document, the future plans for commissioning and developing urgent care across Oldham to ensure it is effective, affordable and sustainable. Whatever the urgent need was, and in whatever location, the aim was to ensure that the population had access to the best care from the right person in the best place and at the right time.

The strategy document set out and defines the vision and strategic aims for urgent care in Oldham. It included a detailed description of current services including activity, quality and performance. The strategy finished by describing commissioning principles, priorities for system change, defining 'what good looked like' to drive outcomes-based commissioning and suggested metrics for monitoring system change and development.

The strategic aims were:-

*Strategic Aims:*

- 1. To provide better support for self-care.*
- 2. To help people with urgent care needs get the right advice in the right place, first time.*
- 3. To provide highly responsive urgent care services outside of hospital, so people no longer choose to queue in A&E.*
- 4. To ensure that those people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.*
- 5. To connect all urgent and emergency care services together around place (population of 30-50k) so the overall system becomes more than just the sum of its parts. (Integration and transformation)*

The primary drivers were to:

- Achieve 91% towards the 95% 4 hour wait standard by March 2019
- Reduce A&E attendances by 24% by 2021
- Reduce non-elective admissions by 14% by 2021

The strategy set out the following priorities for change over the next three years:-

Our priorities for change across the urgent care system over the next three years are:

- Move to a more proactive management of long term conditions and those at risk of hospitalisation by taking a population approach

- More actively promote self-care and make it much easier for patients to access high quality, reliable information and services
- Ensure primary care – in hours and out of hours services – is the service of choice for patients to meet their urgent care needs
- 111 direct booking into the 7 Day Service
- Develop options locally for patients to access an “urgent care hub” in each GP Cluster with enhanced skills to manage long term conditions and cases which currently present to hospital.
- Continue to reduce ambulance conveyance rates
- Develop community pharmacies into urgent care providers
- Reduce ED attendance rates and 999 calls for urgent conditions
- For urgent mental health care, achieve parity with physical health care
- Develop a paediatric urgent care pathway, at cluster level
- Develop a frail elderly urgent care pathway dovetailed with a population health approach to falls prevention at cluster level
- Consider prioritisation of services by need to tackle health inequalities
- Create a business intelligence platform to analyse and understand the impact of the wider determinants of health at a neighbourhood level.

The Board asked for and received clarification on resources and staffing. They were informed the strategy was about joining everything together and managing situations before they became emergencies. Urgent care hub appointments would not be used to replace regular GP appointments.

The Board recognised that it was essential to ensure the needs of children were fully included and that the service needed to consider how best to support people at home rather than in hospital. Communication would be the key to ensuring people understood how to get the best out of the service.

**RESOLVED that** the Board noted the progress made and would receive further updates.

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## **GM POPULATION HEALTH PROGRAMME**

The Board gave consideration to a report of the Executive Director for Population Health and Commissioning that provided an overview of activities undertaken in 17/18 towards the priorities set out in the Greater Manchester (GM) Population Health Plan.

The report covered:-

- Work to date to agree allocation of Population Health Transformation Fund monies against a number of strategic business cases and;
- Progress so far in terms of implementation of a number of early programmes of work as part of the plan.
- A forward look at future planned activities.

The Population Health Plan set our collective ambition for delivering a radical upgrade in population health; it was focused on five priority themes: The first three (start well, live well, age well) set out our approach to delivering population health consistently at scale across GM and taking the multiple opportunities across the life course to enhance quality of life. The Plan also set out our ambition to create a unified population health system across the GM economy which was organised to deliver at pace and scale. Our Plan also embraced the concept of asset-based community development and actively involving our communities as a way of doing business. The Board noted that Oldham was a pilot in many of the areas.

The report detailed the key activities undertaken in 2017/18 and the key achievements. Attention was drawn to the difference the population health plan devolution had made to everyday lives in Greater Manchester.

The Board asked for and received clarification as to how the Combined Authority linked into the other Greater Manchester Boards. They were informed that the Combined Authority had its own responsibilities and linked across Boards through the quarterly assurance meetings.

**RESOLVED that** the content of the report was noted and the continued implementation of the population health plan was supported.

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## **UPDATE ON GREATER MANCHESTER POPULATION HEALTH OUTCOMES FRAMEWORK AND COMMON STANDARDS AND THE OLDHAM CARE OUTCOMES FRAMEWORK**

The Board gave consideration to a report of the Joint Acting Director of Public Health that provided an update on the development of the Greater Manchester Population Health Outcomes Framework and Common Standards and the Oldham Cares Outcomes Framework.

In March 2017, the GM Health & Social Care Partnership agreed to a set of proposals to facilitate the creation of a unified population health system, to support the delivery of the GM Population Health Plan at pace and scale. This included a commitment to the reduction of unwanted and unwarranted variation in standards, improvement in population health outcomes, more consistent adoption of evidence based practice, and the enhanced use of benchmarking data.



Over time, this programme had developed to incorporate 3 core elements:

- A GM Population Health Outcomes Framework (as part of a single integrated assurance process)
- GM Population Health Common Standards
- Excellence in GM Sector Led Improvement Programme

On 29<sup>th</sup> March 2018 the GM Population Health Board agreed that the Framework and accompanying online dashboard would be used in future Locality Quarterly Assurance processes and would be tested during the 2017/18 Q4 Assurance Cycle. Work was ongoing to further develop the Framework and to identify alternative means of measuring desirable outcomes.

The GM Population Health Board also reviewed drafts of the first phase of the Population Health Common Standards covering prescribed and non-prescribed core public health functions, tobacco, sexual and reproductive health and oral health, and requested that localities note the development of standards and continue engage with this work to further develop a suite of standards to help improve outcomes, reduce inequalities locally and across GM.

The Oldham Cares outcomes framework set out a range of high level outcomes based on the key changes we want to see in Oldham over the next decade. These were the headline outcomes for Oldham Cares, which the whole system would work together to deliver, in order to improve the health of the population and the way the local health and social care system operates.

The outcomes framework and supporting indicators were agreed at the Health and Wellbeing Board in March 2018 and work to develop targets and ambitions for these indicators was being progressed.

#### **RESOLVED that**

- The GM Population Health Outcomes Framework and the intention for this to be used in Locality Quarterly Assurance processes be noted.
- The development of GM common standards and continue engage with this work to further develop a suite of standards to help improve outcomes, reduce inequalities locally and across GM be noted.
- The progress to date in developing the Oldham Cares outcomes framework and the proposed engagement of commissioners, alliance providers and health and wellbeing board members, to develop ambitions and targets for each indicator, for approval at the next meeting of the Board, be noted.

## CHILDREN'S HEALTH AND WELLBEING



The Board gave consideration to a report from the Assistant Director of Safeguarding and Partnerships that set out the key aspects of Oldham's emerging strategic framework and identified the role of the proposed Children and Young People's Strategic Partnership Board to deliver the ambition of Oldham being '**a place where children and young people thrive**'.

The Board were informed that a draft framework set out how Oldham's partner agencies intended to deliver the ambition for our children and young people and identified how by working together our key organisations and most importantly our children, young people and their families could create and sustain a great future where everyone had the chance to thrive wherever they live in the Borough and whatever challenges they might face.

Alongside the high level outcomes, the framework would set out the key commitments that Oldham partner agencies would make to children and young people such as –

- Every Oldham child will be supported to have the best start in life.
- Every Oldham child will be start school ready to learn.
- Every Oldham child will be prepared for adult life through their school education.
- Every Oldham child will be have the opportunity to study at a school rated good or better.
- Every Oldham child will be supported to achieve their ambitions for post-16 education.
- Every Oldham child will be offered the necessary protection and support if and when they need it.
- Every Oldham child will be supported to make their voice heard to help design and improve children and young people's services.
- Every Oldham child will be supported to enjoy being a part of and make a difference in their local community.

It was intended the framework would also ensure alignment to the emerging GM landscape including the 10 priorities set out in the Greater Manchester Health and Wellbeing Framework for Children and Young People. The three top priorities in the GM Framework were; **early years and school readiness**, **mental health and resilience** and the **prevention of avoidable hospital admissions**, all of which featured in local transformation programmes.

The Children and Young People Strategic Partnership Board would bring partners together in a formal way to ensure delivery of our ambition.

The Partnership Board would oversee the progress in achieving our objectives and partners would support and challenge each other to ensure that collectively and as individual organisations

our commitment to ensuring Oldham's children and young people thrive was relentless. In fulfilling its function, the Partnership Board would hold to account those thematic partnerships which had a particular area of improvement focus.

The Partnership Board would be accountable to the Health and Wellbeing Board.

The Lead Member for Children's Services would chair the Children and Young People Strategic Partnership Board and have reporting accountability to the Health and Wellbeing Board.

The Partnership Board would develop its own set of Key Performance Indicators drawn from existing KPI's across the system. Members of the partnership would play a crucial role in delivering our ambition and would represent statutory and non-statutory partner organisations.

**RESOLVED that:-**

- a) The Health and Wellbeing Board noted and endorsed the approach to establishing a strategic framework within which partners deliver on the ambition for Oldham to be a **'place where children and young people thrive'**.
- b) The Health and Wellbeing Board approved the proposal to establish the Children and Young People's Strategic Partnership Board.

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**SEND UPDATE**

The Board gave consideration to a report and presentation updating them on the Ofsted/CQC Inspection and Progress on Written Statement of Action (WSOA) May/June 2018.

The Board were informed that in October 2017, Ofsted and the Care Quality Commission (CQC), conducted a joint Inspection of Oldham to judge its effectiveness in implementing the disability and special educational needs (SEN) reforms as set out in the Children and Families Act 2014. Although this outlined areas of strength/further improvement it was determined that a joint Written Statement of Action was submitted to Ofsted because of significant areas of weakness in the local area's practice.

A joint Written Statement of Action (WSOA) from the LA/CCG was produced with input from key partners and submitted to Ofsted on 2 March 2018. WSOA approved by Ofsted - 22 March 2018. Ofsted noted that the statement of action could be further improved by having clearer outcomes and this has been responded to.

The WSOA was published on the Oldham SEND Local Offer on 23 March 2018. In line with a WSOA the LA and CCG were subject to joint Bi-Monthly Monitoring and Support reviews from the Department for Education (DfE) and NHS England (NHSE). 3 joint review meetings had been held in Dec18, Mar18 and May18 with DfE and NHSE to review progress against the

WSOA. Further meetings were due in July 2018 and September 2018.



In October 2018 the DfE would submit a report to the Minister detailing progress within Oldham. This report would also recommend whether progress against the WSOA was sufficient for ongoing oversight from DfE and NHSE to cease. Progress would be considered under each priority.

The Board understood that the agenda around SEND was very large and the need to produce constant progress reports had diverted resources. It was hoped these could now be freed up and they were informed that initial recruitment to the service would be over and above the structure to support the necessary change and deal with the huge influx of work. Progress on SEND would be reported to the Partnership Board.

**RESOLVED** that the extensive improvement was noted and further updates would be received.

15            **HEALTHWATCH OLDHAM WORK PROGRAMME**

This Item was deferred for consideration at the next meeting.

16            **DATE OF NEXT MEETING**

**RESOLVED** that the date and time of the next Health and Wellbeing Board would be a development session and would take place at Harry Burns Suite – First Choice Homes Oldham on 24th July 2018 at 2 p.m.

The meeting started at 2.00 pm and ended at 4.05 pm





**HEALTH SCRUTINY**  
**20/03/2018 at 6.00 pm**

**Present:** Councillor McLaren (Chair)  
Councillors Goodwin, Toor and Williams

Also in Attendance:

Michelle Bradshaw	Bridgewater Trust
Oliver Collins	Principal Policy Officer
Mark Drury	NHS
Tracey Harrison	Joint Commissioning for People (Health & Social Care)
Lori Hughes	Constitutional Services
Mark Warren	Director, Adult Social Care

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Williamson.

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 Health Scrutiny Sub-Committee meeting held on 30<sup>th</sup> January 2018 be approved as a correct record.

6           **MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE CARE FOUNDATION TRUST**

**RESOLVED** that the minutes of the Joint Health Overview and Scrutiny Committee for Pennine Care Foundation meeting held on 30<sup>th</sup> November 2017 be noted.

7           **MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE HOSPITALS NHS TRUST**

**RESOLVED** that the minutes of the Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust meeting held on 3<sup>rd</sup> October 2017 be noted.

8           **GM HEALTH AND SOCIAL CARE PARTNERSHIP MINUTES**

**RESOLVED** that the minutes of the GM Joint Health and Social Care Partnership meeting held on 13<sup>th</sup> October 2017 be noted.

9           **GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**



**RESOLVED** that the minutes of the GM Joint Health Scrutiny meeting held 8<sup>th</sup> November 2017 be noted.

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## **MINUTES OF THE HEALTH AND WELLBEING BOARD**

**RESOLVED** that the minutes of the Health and Wellbeing Board held on 12<sup>th</sup> December 2017 be noted.

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## **MEETING OVERVIEW**

**RESOLVED** that the Meeting Overview for the meeting held on 20<sup>th</sup> March 2018 be noted.

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## **RESOLUTION AND ACTION LOG**

**RESOLVED** that the resolutions and actions from Health Scrutiny Sub-committee meeting held on 30<sup>th</sup> January 2018 be noted.

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## **URGENT PRIMARY CARE**

The Sub-Committee gave consideration to a report which provided an update on the outcome of the recent public consultation on the future model for urgent primary care in Oldham and subsequent decisions taken by the Clinical Commissioning Group (CCG) Governing Body on the implementation of the changes. An Equality Health Impact Assessment had been conducted which identified the most likely differential impact being upon people with disabilities or low incomes who may be adversely affected by the change of location of services.

The case for change was outlined in the report. Greater Manchester Devolution encouraged both innovation and financial support to bring about clinically led change across health and social care which included urgent primary care. This was reinforced by national NHS England guidance.

The options outlined considered were Option WI (Walk In) and Option HU (Urgent Care Hubs). Both options were set out in detail in the prospectus. It was noted that 58% of the 2,493 consultees had expressed a preference in the main survey for Urgent Care Hubs as opposed to 42% which wished to retain a Walk-In Service.

The CCG's Governing Body had agreed to proceed with the proposal for a number of Urgent Care Hubs located around Oldham which offered bookable urgent treatment appointments with core characteristics outlined in the report as well as additions to the original proposal.

Members sought and received clarification a definition of urgent care. Members also sought clarification ensuring the availability of phone lines, retention of walk-in alongside urgent care and how that was managed, the impact on accident and emergency and communications. Members were informed that phone lines would trip through and would not get lost in the system. The walk-in appointments would be addressed by the hubs. Communication was recognised as a key point. Members commented about the walk-in centre and limited times which

added pressure on Accident & Emergency. Members were informed that clusters would need to target times and were also informed that the out of hours GP services would still be available.

Members raised that the key to success was communications to the wider community. Members were informed when the time was appropriate, changes would be promoted and sustained. This was also recognised as a significant piece of work. An update would be provided to the governing body next month.

**RESOLVED that:**

1. The update on the future model on urgent primary care in Oldham be noted.
2. An update on the timeline for implementation be brought to the next meeting of the Health Scrutiny.

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**INTEGRATED CARE ORGANISATION**

The Sub-Committee gave consideration to an update on the progress of the development of the Integrated Care Organisation and the work to develop the five integrated cluster teams. The integration of front-line services aimed to provide quality co-ordinated care within a community setting to residents as and when needed. It was hoped that this model would alleviate the extreme pressure which was seen at the Royal Oldham Hospital A&E Department.

Members were informed that the development was linked to the National and Greater Manchester picture. Members were informed about the integrated care model, consolidation of funding and local workforce plan. Financial challenges were also highlighted. Adult social care had been redesigned in Oldham which featured two elements in the new locality care: Commissioning and Provider. NHS and Council funding would be pooled under a S.75 agreement and services would be brought together through a phased approach over the next three years. Members were informed of the single line management and working arrangements across the five clusters. Residents would be supported locally through coordinated care services. A key issue was a common IT infrastructure for staff to facilitate one care plans for residents.

Members asked how performance and services would be monitored. Members were informed that this was a key issue as the NHS had its own performance monitoring performance standards with a range of indicators as did social care. Divisional management teams would review performance and this would form part of the governance arrangements. Every management meeting would be summarised with key messages to staff.

Members asked about the challenge of recruiting qualified staff. Members were informed that keeping qualified staff was difficult, however, the service would continue to make Oldham an

attractive place work and provide options under the service delivery plans.

Members commented that the outcome would be a health service providing services to those who needed them, and were informed that this was linked to the Thriving Communities agenda which was aligning work with cluster models with residents through early help.

Members commented that there was an ongoing need to monitor progress and understand the direction of travel as well as the transition from Phase 1 to Phase 2. Members would be informed when team meetings would be held and be invited to attend.

**RESOLVED that:**

1. The update and progress made in the development of the Integrated Care Organisation be noted.
2. A further update be received by the Health Scrutiny Sub-Committee in the new Municipal Year.

15

**BRIDGEWATER NHS TRUST**

The Sub-Committee gave consideration to an update from the Bridgewater NHS Trust which included:

- The implementation of the Right Start Service;
- Performance Reporting and emerging outcomes; and
- The impact of the Trust's CQC inspection findings and subsequent action plan on the Right Start Service in Oldham.

The aim of the service was to tackle a number of key early childhood outcomes through the delivery of a number of statutory functions which were:

- Health visiting mandated visits
- Healthy child programmes 0-5 and 5 – 19
- Children's Centres

And outcomes:

- Child Development at 2 – 2.5 years
- Prevalence of breastfeeding at 6 – 8 weeks
- Improvement following a package of care delivered at universal/universal plus
- Take up of 2 year old entitlement.

Members were informed of the range of indicators on expected level of development which included: communication; gross motor; fine motor; problem solving and personal/social development. A case study was outlined to members and also informed that data was being refined that could track children who had problems before school. Oldham was leading across Greater Manchester which was a statement to the Council.

Members asked where referrals came from and were informed that this was through a range of places which included children's centres, audiology, nurseries and health services.

Members asked about the focus on parenting and were informed that every child had visits from health visitors which were critical. The assessment in using the Ages and Stages Questionnaire (ASQ) were parent led by educating parents on developmental milestones.

Members asked if percentage information was available for each ward and that the details could be shared with district teams. Members were informed that ward level information was shared at local advisory boards and members were encouraged to participate in the boards.

Members asked about work with parents who did not have English as a first language. Members were informed that bilingual workers in the service were used as well the interpreter's service and also followed best guidance. Children were started in their mother tongue and it was noted that this service was highlighted in the SEND report as an area of good practice. All assessments were carried out in the home language which was valued by the inspectors.

Members noted the quarterly percentages and were informed that percentages were approximate the same per quarter and the four quarters for the year equated to the birth rate. Members asked about patterns emerging across the wards. It was confirmed that patterns had emerged and an analysis would be completed and included in the end of year report.

Members asked about the implementation of the restructure and were informed that this was almost complete. The HR process was ongoing and staff had moved into the districts.

The Bridgewater Trust had also been subject of a trust wide CQC inspection and had developed an action plan which addressed the identified areas of concern. Members were informed that there was nothing specific to Oldham in terms of the action plan but another inspection was due.

**RESOLVED that:**

1. The update on the implementation of the Right Start Service, Performance reporting and the impact of the CQC inspection findings on the Right Start Service be noted.
2. The annual summary be reported to Health Scrutiny in June 2019.
3. A summary of figures for the 2018 be circulated as part of the Work Programme at the meeting in July 2018.

into the provision of child safeguarding provision in the borough. Two focus areas had been identified which were:

- Development of a more engaging and practical core safeguarding training package for elected members; and
- Continued development of the multi-agency offer.



Key actions were identified in the report.

The follow-up meeting was due to be re-arranged. Members agreed to receive a written update and that a further meeting be arranged in the new municipal year.

**RESOLVED that:**

1. The updated on the Children's Safeguarding Task Group be noted.
2. A written update be provided to the Task Group.
3. A further meeting be organised in the new Municipal Year.

17

**MAYOR'S HEALTHY LIVING CAMPAIGN**

The Sub-Committee gave consideration to an update on the Mayor's Health Living Campaign.

The Sub-Committee were informed that a meeting had been arranged with the incoming Mayor to discuss themes during his term of office.

**RESOLVED** that the update on the Mayor's Healthy Living Campaign be noted.

18

**COUNCIL MOTIONS**

There were no Council motions related to Health to be noted.

19

**2018/19 FORWARD PLAN**

The Sub-Committee gave consideration to the Oldham Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year.

Members referred to the future agenda item on Tobacco Control and asked that the use of shisha and e-cigarettes be included. The Annual Public Health Report would also be included on the work programme.

**RESOLVED that:**

1. The Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year be noted.
2. The suggestions made by the Health Scrutiny Sub-Committee members be included on the 2018/19 Work Programme.

The meeting started at 6.00 pm and ended at 7.51 pm



**HEALTH SCRUTINY**  
**03/07/2018 at 6.00 pm**

**Present:** Councillor McLaren (Chair)  
Councillors Ball, Leach, Taylor and Toor

Also in Attendance:

Councillor Iqbal	Mayor OMBC
Nadia Baig	Oldham CCG
Donna McLaughlin	The Pennine Acute Hospitals NHS Trust
Dr. John Patterson	Clinical Commissioning Group
Dr Shelley Brumbridge	Oldham CCG
Nicola Firth	Oldham Care Organisation
Rosie Barker	Service Development & Support Manager (Waste Management)
Sian Walter-Browne	Constitutional Services

1           **ELECTION OF CHAIR**

The meeting was opened by the Constitutional Services Officer who asked the Sub-Committee to nominate a Chair for the duration of the Municipal Year 2018/19.

**RESOLVED that** Councillor McLaren be elected Chair and Councillor Ball be elected Vice Chair of the Health Scrutiny Sub-Committee for the duration of the Municipal Year 2018/19.

2           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Williamson, Rebekah Sutcliffe, Vicky Sugars and Katrina Stephens.

3           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4           **URGENT BUSINESS**

There were no items of urgent business received.

5           **PUBLIC QUESTION TIME**

There were no public questions received.

6           **MINUTES OF PREVIOUS MEETING**

**RESOLVED that** the minutes of the Health Scrutiny Sub-Committee meeting held on 20<sup>th</sup> March 2018 be approved as a correct record.

7 **MINUTES OF THE GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP**

**RESOLVED** that the minutes of the Greater Manchester Health and Social Care Partnership meetings held on 19<sup>th</sup> January 2018 and on 16<sup>th</sup> March 2018 be noted.

8 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY MEETING**

**RESOLVED** that the minutes of the Greater Manchester Joint Health Scrutiny meeting held on 10<sup>th</sup> January 2018 be noted.

9 **MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY FOR PENNINE CARE FOUNDATION TRUST**

**RESOLVED** that the minutes of the Joint Health Overview and Scrutiny for Pennine Care Foundation Trust meeting held on 13<sup>th</sup> March 2018 be noted.

10 **MINUTES OF THE HEALTH AND WELLBEING BOARD**

**RESOLVED** that the minutes of the Health and Wellbeing Board meeting held on 23<sup>rd</sup> January 2018 noted.

11 **ACTION LOG**

**RESOLVED** that the Action Log be noted.

12 **MEETING OVERVIEW**

**RESOLVED** that the Meeting Overview be noted.

13 **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Mayor, Councillor Iqbal, attended for this item and consideration was given to a report of the Corporate Policy Development Officer on the Mayor's Healthy Living Campaign.

Members were informed that the main area that had been chosen by the current Mayor to promote and support the health and wellbeing agenda in Oldham was to promote physical activity, with a particular focus on walking.

The aim would be to raise the awareness of already existing groups, or establish new local community led walking groups, aimed at getting those who did no or very little physical exercise started in an easy and local community setting.

The Mayor outlined events coming up and indicated he would personally be participating as much as he could.

**RESOLVED** that:-

1. The report on the Mayor's Healthy Living Campaign 2018/19 be noted
2. An update report would be submitted to a future meeting
3. The Sub-Committee expressed its support to the Mayor.



## URGENT CARE STRATEGY

The Sub-Committee gave consideration to a report from Nadia Baig, Acting Director of Performance and Delivery, on the next steps in Urgent Primary Care in Oldham.



The purpose of the Urgent Care Strategy was to set out, in a single document, the future plans for commissioning and developing urgent care across Oldham to ensure it is effective, affordable and sustainable. Whatever the urgent need was, and in whatever location, the aim was to ensure that the population had access to the best care from the right person in the best place and at the right time.

The strategy document set out and defined the vision and strategic aims for urgent care in Oldham. It included a detailed description of current services including activity, quality and performance. The strategy finished by describing commissioning principles, priorities for system change, defining 'what good looked like' to drive outcomes-based commissioning and suggested metrics for monitoring system change and development.

The strategic aims were:-

*Strategic Aims:*

1. *To provide better support for self-care.*
2. *To help people with urgent care needs get the right advice in the right place, first time.*
3. *To provide highly responsive urgent care services outside of hospital, so people no longer choose to queue in A&E.*
4. *To ensure that those people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery.*
5. *To connect all urgent and emergency care services together around place (population of 30-50k) so the overall system becomes more than just the sum of its parts. (Integration and transformation)*

The primary drivers were to:

- Achieve 91% towards the 95% 4 hour wait standard by March 2019
- Reduce A&E attendances by 24% by 2021
- Reduce non-elective admissions by 14% by 2021

The strategy set out the following priorities for change over the next three years:-

“Our priorities for change across the urgent care system over the next three years are:

- Move to a more proactive management of long term conditions and those at risk of hospitalisation by taking a population approach



- More actively promote self-care and make it much easier for patients to access high quality, reliable information and services
- Ensure primary care – in hours and out of hours services – is the service of choice for patients to meet their urgent care needs
- Incorporate 111 direct booking into the 7 Day Service
- Develop options locally for patients to access an “urgent care hub” in each GP Cluster with enhanced skills to manage long term conditions and cases which currently present to hospital.
- Continue to reduce ambulance conveyance rates
- Develop community pharmacies into urgent care providers
- Reduce ED attendance rates and 999 calls for urgent conditions
- For urgent mental health care, achieve parity with physical health care
- Develop a paediatric urgent care pathway, at cluster level
- Develop a frail elderly urgent care pathway dovetailed with a population health approach to falls prevention at cluster level
- Consider prioritisation of services by need to tackle health inequalities
- Create a business intelligence platform to analyse and understand the impact of the wider determinants of health at a neighbourhood level.”

The Sub-Committee asked for and received clarification on several areas. They were informed that follow-up appointments could make the best use of resources by referring patients to the correct clinicians, not just their GP. There was awareness that poverty was a major factor and the Strategy was being formulated to offer a high level of service to those who needed more help with access. Working in different ways could avoid the current disadvantage. An example was given as to how homeless people could access the service by removing barriers. Concern was expressed about the proposed cluster areas and Members were assured that no final decisions had yet been made on these and the walk-in centre would not close until all Oldham residents had access to an Urgent Care Hub.

The Sub-Committee proposed that a workshop be set up to share information and experience that could help shape the Strategy and asked that this be open to all Councillors

**RESOLVED that:-**

1. The Sub-Committee noted the progress made and would receive a further update within six months.
2. A workshop be set up in September 2018 to share information and experience, to which all Councillors would be invited.

15

## **AIR QUALITY**

Consideration was given to a report from the Service Development & Support Manager (Waste Management) that provided an update on a report received by the Sub-Committee at its meeting in January 2018.

That report clarified that the government had mandated 29 local authorities, including 7 districts within Greater Manchester, to undertake comprehensive feasibility studies, assessing a wide range of options, to identify solutions to specific local issues as soon as possible. Oldham was not required to undertake this study, but it had been agreed that all 10 districts in Greater Manchester would be included.

This work had been progressed, led by Transport for Greater Manchester (TfGM), and in April 2018 Oldham had been identified in a subsequent wave of local authorities at risk of not meeting the nitrogen dioxide pollution levels on specific road links by 2021. A ruling was made that each authority must produce a plan to achieve compliance as soon as possible.

In order to meet the timescales, Oldham's feasibility study was be restricted to the stretch of road identified in the directive. A shortlist of measures had been drawn up and were being modelled to establish which, if any, would make that stretch of road compliant.

The deadline for submission was the end of July and the Sub-Committee would be updated on progress at its next meeting. An update would also be provided at that meeting on the wider TfGM regional work, for which the deadline was December 2018.

The Sub-Committee received clarification that the Council could bid for funding to implement the proposed measures. How funding would be allocated was not yet clear and an update on this would be provided in future.

The Sub-Committee received clarification on a recent report that indicated planting trees of certain types could reduce pollution. This was a measure that would be considered, as the right trees in the right places could make a significant difference. The dispersal area was approximately four metres, and people walking or living very close to a road were the most affected.

**RESOLVED** that the Sub-Committee noted the progress made and would receive a further update at its meeting in September.

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## **PENNINE ACUTE CQC INSPECTION**

Consideration was given to a report of the Director of Nursing/Acting Chief Officer, Oldham Care Organisation, that provided the Sub-Committee with an update following the recent

publication of the Pennine Acute NHS Trust CQC report in March 2018.



**Oldham**  
Council

This included:-

- The development of an overarching action plan submitted to CQC by 11<sup>th</sup> April 2018
- The development of local action plans in each of the NE sector Care Organisations
- Assurance and monitoring within Care Organisations and Sub-Sub-Committees in Common
- Greater Manchester monitoring of the Trust-wide Improvement Plan

The Sub-Committee were informed there had been continuous improvement and that, following an “inadequate” rating in 2017, the Trust rating had improved to “requires improvement”. It was noted that maternity services at The Royal Oldham Hospital had improved from “inadequate” to “good”. The Sub-Committee was referred to the tables within the report that illustrated the level of achievement.

Clarification was provided as to the date of the next inspection, which was expected within twelve months. It was explained that the inspectors could come in at any time and could choose whether to inspect specific areas or undertake a full inspection. Further detail was provided on staffing issues, where funds had been earmarked to address the identified shortfall. Areas such as procurement were also being looked at to identify how to make them more efficient. The number of agency staff used had been reduced and agencies that provided staff at NHS rates were being used where possible.

**RESOLVED that** the Sub-Committee noted the progress made and the current approaches being taken.

17

## **COUNCIL MOTIONS**

The Sub-Committee gave consideration to two motions that had been considered by Council on 28<sup>th</sup> March 2018.

### Youth Council Motion

This concerned vaping and the use of e-cigarettes. The Youth Council had concerns that vaping was becoming an attractive activity for young people. They believed this was in large part due to the advertising and promotion of e-cigarettes and vaping that they believed targeted young people.

The Youth Council felt more needed to be done to prevent vaping from being seen as fun, acceptable and a ‘cool’ thing to do and wished to see the same controls on vaping as there were on tobacco products. They would like to see advertising banned, plain packaging controls in place and point of sale restrictions. They believed these restrictions on the promotion of vaping

would further reduce the likelihood of people taking up vaping and in turn smoking.

The Chief Executive was requested to write to the minister of Health and to ask for these restrictions to be put in place for vaping products.

### Motion of Opposition Business

A motion was moved in relation to the issue of childhood obesity and the contributory factor of the easy availability to children of unhealthy takeaway food.

Some local authorities had adopted Supplementary Planning Document and Local Plans that include a prohibition on new fast food takeaways within 400 meters of local schools (a buffer zone) and the Council was asked to request the Planning Sub-Committee to:-

“investigate the desirability and practicality of:

- Introducing a prohibition on new takeaways within a 400 metre buffer zone as part of the Local Plan; Council shall also contact all schools within the Borough to seek reassurances they:
- Enforce a ‘stay-on-site’ policy at lunchtimes;
- Ban the delivery of takeaways to the school gates for collection by pupils; And ask them to do so; if they do not.”

The Council had referred the motion to the Overview and Scrutiny Board and the Sub-Committee gave consideration to the draft response. The Sub-Committee noted that information was being gathered from a wide range of sources and discussions were underway to consider a workshop on tackling overweight and obesity issues as part of the Health Scrutiny work programme. Consideration of the desirability and practicality of restricting new takeaways could form part of the agenda for such a workshop.

The Sub-Committee were informed that most Oldham schools had a “stay on site policy” during breaks/ lunch times for safeguarding reasons, and many offered a varied healthy option menu for snack and meal choices. The Education Catering Service provided high quality, high nutritional healthy options to 78 primary schools, which had been recognised nationally (Gold Food for Life Catering Mark and the prestigious Best OF Organic Market – BOOM award), and served circa 13000 meals per day.

Most schools did not allow the delivery of takeaways to the school gates, and this would be confirmed at the next primary and secondary head teacher meetings. All schools would be asked to implement a ban if one was not already in place.

**RESOLVED that:-**

1. The content of the Youth Council motion and the Council's resolution be noted.
2. The content of the Opposition motion and the draft response to the Overview and Scrutiny Board be noted.
3. Consideration would be given to the possibility of incorporating the issue of obesity into the proposed workshop in relation to the report on Urgent Care at Item 14 of this agenda.

18

**FORWARD PLAN**

The Sub-Committee gave consideration to the Oldham Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year.

**RESOLVED that:** The Health Scrutiny Sub-Committee Forward Plan for the 2018/19 Municipal Year be noted.

The meeting started at 6.00 pm and ended at 7.27 pm

# Health & Wellbeing Board – Agenda

## Oldham Health and Wellbeing Board

25 September 2018

Crompton Suite

2pm – 4pm

No	Item	Timings
1 - 9	Apologies Urgent business Declarations of interest Public question time Minutes from last meeting Health Scrutiny minutes Action log Meeting Overview SEND update (for information only)	2.00pm 10 mins
10	<p><b>Strengthening the role of the Health and Wellbeing Board and appointment of Sub-Committee's</b>  <i>Cllr Jenny Harrison and Dr John Patterson</i></p> <p>For the Board to discuss and agree how we will strengthen the Health and Wellbeing Board going forward including operating principles and proposals for using the Joint Strategic Needs Assessment (JSNA) to determine the Board's focus and planning.</p> <p>The Board is also asked to consider the sub-committee structure required to support this and approve appointments to these.</p>	2.10pm 15 mins
11	<p><b>Oldham's Joint Strategic Needs Assessment</b>  <i>Katrina Stephens</i></p> <p>For the Board to discuss and endorse Oldham's process for updating the Joint Strategic Needs Assessment to support the role of the Board.</p>	2:30pm 15 mins
12	<p><b>Public consultation process on proposed IVF changes</b>  <i>Nadia Baig</i></p> <p>For the Board to have oversight and agree the process for public consultation on proposed IVF changes.</p>	2:40pm 20 mins

<p><b>13</b></p>	<p><b>Healthwatch and Citizen Voice</b>  <i>Julie Farley</i></p> <p>For the Board to consider the changing focus of Healthwatch Oldham and how the work programme fits with the GM Health and Social Care agenda. Healthwatch are seeking a steer from the Board on what they should prioritise for review over the next 8 – 10 months.</p>	<p>3.00pm  20 mins</p>
<p><b>14</b></p>	<p><b>Oldham Carers Strategy</b>  <i>Mark Warren and Derek Cannon, Carer and member of the Carers Partnership Board</i></p> <p>For the Board to adopt and endorse the Oldham Carers Strategy and offer.</p>	<p>3.20pm  20 mins</p>
<p><b>15</b></p>	<p><b>Safeguarding</b>  <i>Dr Henry Giller</i></p> <p>For the Board to adopt the three year strategic plans for both the children's and adults' Safeguarding Boards and the 2018-19 business plan and consider the impact and role of the Health and Wellbeing Board upon these.</p>	<p>3.40pm  20 mins</p>
<p><b>Next Meeting:</b>  13<sup>th</sup> November 2018, 2-4pm, Crompton Suite, Civic Centre</p>		



## Actions from the June meeting of the Health and Wellbeing Board

Board Meeting	Agenda Item	Resolution / Action	Update
June	<b>Data Sharing and Information Governance</b>	A data sharing agreement for Oldham Cares was in development and would be signed off by all partners by September 18.	
	<b>Digital Strategy</b>	Oldham Digital Strategy was in development and would be presented to Greater Manchester Health and Social Care Partnership in July.  <b>RESOLVED that</b> the progress was noted and the Board would receive quarterly updates on future developments	
	<b>Urgent Primary Care Strategy</b>	The purpose of the Urgent Care Strategy was to set out, in a single document, the future plans for commissioning and developing urgent care across Oldham.  Board noted the progress made and would receive further updates	
	<b>UPDATE ON GREATER MANCHESTER POPULATION HEALTH OUTCOMES FRAMEWORK AND COMMON STANDARDS AND THE OLDHAM CARE OUTCOMES FRAMEWORK</b>	The Board gave consideration to a report of the Joint Acting Director of Public Health that provided an update on the development of the Greater Manchester Population Health Outcomes Framework and Common Standards and the Oldham Cares Outcomes Framework  The development of GM common standards and continue engage with this work to further develop a suite of standards to help	

Board Meeting	Agenda Item	Resolution / Action	Update
		<p>improve outcomes, reduce inequalities locally and across GM be noted.</p> <p>The progress to date in developing the Oldham Cares outcomes framework and the proposed engagement of commissioners, alliance providers and health and wellbeing board members, to develop ambitions and targets for each indicator, for approval at the next meeting of the Board, be noted</p>	
	<b>SEND</b>	<p>The Board understood that the agenda around SEND was very large and the need to produce constant progress reports had diverted resources. It was hoped these could now be freed up and they were informed that initial recruitment to the service would be over and above the structure to support the necessary change and deal with the huge influx of work. Progress on SEND would be reported to the Partnership Board.</p>	
	<b>HEALTHWATCH OLDHAM WORK PROGRAMME</b>	<p>This Item was deferred for consideration at the next meeting.</p>	



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## **PAPER TO OLDHAM HEALTH AND WELLBEING BOARD**

**Title: Special Educational Needs and Disabilities (SEND): Update on Ofsted/CQC Inspection and Progress on Written Statement of Action**

**Report Author: Shoukat Ali, Change Programme Manager, Oldham Council**

**Date: 16 September 2018**

### **What the issue is:**

SEND is a standing item of the Health and Wellbeing Board. At the June meeting of the Board a full and detailed update was provided against the SEND inspection and Written Statement of Action (WSOA).

The Bi-monthly Monitoring Report compiled by DfE following the latest monitoring meeting in July 18 concluded that;

*'This monitoring period has seen a step change in the progress of key tasks which have been in motion throughout the last 6 months. There are critical areas where it can be seen that Oldham partners are now working together effectively to drive forward change. The appointment of key staff across the partners and the recruitment strategies, including the Open Day, should lead to a new staff dynamic which provides a greater capacity to drive the cultural change forward. The EHC plans examined following the last meeting were judged to be significantly better than those seen previously and arrangements will soon be in place to have a learning session delivered.'*

### **Requirement/recommendations to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:-

- a) Note the progress made and comments from the DfE

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## Health and Wellbeing Board Tuesday 25 September 2018

### Ofsted/CQC Inspection and Progress on Written Statement of Action (WSOA) July/Aug 2018

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### **Special Educational Needs and Disabilities (SEND)**

*Oldham's vision is to be a place where children and young people will thrive. This will be demonstrated by children and young people with SEND achieving well in their early years, at school and in further education, finding employment, leading happy, healthy and fulfilled lives and having choice and control over their support*

## General Updates (L C-Izquierdo/M Joseph)

- Written Statement of Action (WSOA) approved by Ofsted in March 2018 was further improved with clearer outcomes and the amended version was re-published on the Oldham SEND Local Offer.
- A number of significant pieces of work which have been ongoing have now reached key progress markers:-
  - Oldham has an easy access WSOA Tracker to monitor progress across the areas of improvement. There is embedded evidence within the Tracker which is helpful for all parties and provides a valuable tool for Oldham partners. This was discussed in detail during the recent monitoring visit.
  - There is a comprehensive SEND dashboard with time taken to consult partners in developing this tool, which is now populated with key data sets. It was highlighted at the recent monitoring visit that this is seen as a commissioning tool to ensure delivery of the most appropriate services for the community. The Dashboard was positively received by the DfE/NHS England at the recent monitoring visit.
  - Both the LA and CCG have successfully completed key recruitment activity.
  - A multi-agency Steering Group established under the Opportunity Area Board to further develop and support the roll-out of the Whole School Programme.



# Joint Bi-Monthly Monitoring and Support reviews from the Department for Education (DfE) and NHS England (NHSE) (L C-Izquierdo/M Joseph)

- 4 monitoring visits/meetings have been held in Dec17, Mar18, May18 and July18 with the Department for Education (DfE) and NHS England (NHSE) to review progress against the WSOA.
- Final visit/meeting is schedule for 26 Sept18.

Page 37 In Oct18 DfE will be drafting a report for the Minister detailing progress within Oldham. This report will also recommend whether progress against the WSOA is sufficient for ongoing oversight from DfE and NHSE to cease.

- The final draft of the report from DfE will be submitted to the Minister in Nov18.

# Priority 1: Potential non statutory compliance and exclusions per se (M Joseph)

- All concerns identified within the Ofsted Inspection report as being potentially non-compliant with statutory guidance have now been addressed and actions completed.
- Oldham remains confident it is compliant with relevant statutory duties through the robust governance structure that is in place, ensuring all families receive a legally compliant, timely service.
- RAG rating for this priority area agreed as **Green** with the DfE/NHS England at the July18 monitoring visit/meeting.

## Priority 2: Effective Leadership of the reforms (L C-Izquierdo)

- SEND governance structure is fully embedded, operational and ensuring leadership and accountability. This includes the Transformation Assurance Board (TAB), Management Group, Task & Finish Workstreams and Partnership Board and was recognised as 'robust' by Ofsted. Parents/carers are integral to the structure ensuring true collaboration/co-production.
- Dir. of Children's Services (LA) and Executive Nurse (CCG) meet regularly with Task & Finish Workstream Leads to provide assurance on co-production/strategic involvement in all Workstreams and opportunity to unblock issues, mitigate risks and share success.

Page 39 Shirley Woods-Gallagher as AD Education SEND (LA) is in post increasing the leadership capacity for SEND.

- Oldham Parent Carer Forum's Peer Support Group is supporting parents/carers to participate in SEND governance structure. This empowers and supports parents/carers around strategic participation skills as well as strengthening opportunities to share successes, challenges and barriers to participation and co-production across the SEND agenda and partnership. The DfE/NHS England viewed this as an excellent piece of practice at the last monitoring visit.
- Reporting/accountability arrangements within Clinical Commissioning Group (CCG) are embedded with SEND duties aligned to strategic roles across the wider partnership.
- Designated clinical expertise and lead champion roles are now in place to support the Oldham Partnership including primary care.

## Priority 2: Effective Leadership of the reforms *continued*

- Weekly SEND Health Implementation Group (SHIG) continues to monitor/implement all health related SEND activity as outlined in the SEND Health Action Plan.
- Pilot of Service User Evaluation of EHC process commenced and will conclude Sept18.
- Multi-agency Steering Group established under Opportunity Area Board to further develop/support implementation of Whole School Programme. A programme plan for the implementation of the Whole School/College Approach to Social, Emotional and Mental Wellbeing has been finalised, with identified leads and governance.
- Development of a SEND Inclusion Strategy for Oldham is in progress utilising external consultant support. 2 scoping days took place 21 Aug and 6 Sep18 including focused sessions with key leaders and stakeholders in the area of SEND.
- Comprehensive SEND Dashboard is in place to support the monitoring/evaluation of performance across the SEND Partnership. This brings together info/data from health, education, SENDIASS, Dispute Resolution Service and POINT (parent/carer forum).
- A multi agency SEND Performance and Data Group has met 3 times. It's TOR is to provide strategic oversight of data/intelligence to drive forward continuous improvement of SEND Partnership.
- Development of Oldham's Local Offer to ensure it meets best practice is ongoing with this work being led by the Local Offer Task & Finish Workstream.

## Priority 2: Effective Leadership of the reforms *continued*

- Allocations from SEND Reform Grant agreed for:
  - Teaching Assistant support for Behaviour Inclusion Team;
  - Licence costs associated with Local Offer;
  - SENDIASS/DRS contract;
  - External support to develop SEND Inclusion Strategy;
  - Supporting Workstreams linked to SEND support strategy;
  - Health Co-ordinator for EHC plans;
  - Supporting co-production and parental engagement;
- RAG rating for priority area 2 agreed as **Green** with the DfE/NHS England at the July18 monitoring visit.

## Priority 3: The EHC Process and improvement of the quality of EHC Plans (L C-Izquierdo/M Joseph)

- Annual Review Task & Finish Workstream action plan underpins work on EHC processes/plans and ensures clear focus. Parents/carers fully engaged in all developments. Consultation with Barrier Breakers and Oldham's forum for CYP with SEND on developments is continuing. Performance/QA frameworks being developed across the system to support this work and improve timeliness of EHCP's.
- Pennine Care Foundation Trust single point of health access (SPA) for health advice requests to be received, monitored and completed within statutory timescales is in place. SEND health dashboard (tracker) implemented to provide monitoring and evaluation of health input to EHC process and assurance of statutory timescales.
- Service user questionnaire co-produced and circulated to all families with final EHCP from April 18. Feedback will be used to further develop EHC processes and pathways. Development of joint systems for collecting, collating and evaluating the CYP and parent/carer experience continuing. The initial feedback from this has been very positive.
- SEND Dashboard will also support monitoring/evaluation of EHC process. SEND Performance and Data Group established to analyse data/information and offer challenge to the relevant leads.
- NHS Commissioning for Quality and Innovation (CQUIN) scheme has been utilised to build on the recommendations from the CQC/Ofsted SEND inspection.

## Priority 3: The EHC Process and improvement of the quality of EHC Plans *continued*

- CCG recruitment to role of enhanced Designated Clinical Officer (DCO) completed.
- SEN Assessment Service (LA) restructure complete with recruitment of a SEND Service Manager, Team Manager, a new role of Operational Change Manager, 2 Senior EHC Officers and 5 EHC Officers posts.
- The timeliness of EHC plans is a key challenge which will improve from Sept18 with recruitment and additional capacity for the SEN Assessment Service.

Page 43 Recruitment to a new role of SEND Quality Practice Auditor as part of the SEN Assessment Service restructure completed. The post holder will carry out a quality assurance function within the SEND system and together with the new Health Co-ordinator will also allow for multi agency assessment of the quality of EHC plans.

- Children's Workforce Strategy Group established which includes remit to ensure Oldham SEND workforce across the whole partnership has the right number of staff with the right skills to deliver high quality services.
- RAG rating for priority area 3 agreed as **Amber/Green** with the DfE/NHS England at the July18 monitoring visit.

## Priority 4: The Transport Policy which was judged not to be compliant in relation to children with SEND (M Joseph)

- Home to School Transport Policy is compliant and published on Oldham's Local Offer.
- Transport Task & Finish Workstream is now focussed on developing a more ambitious and co-produced policy to better meet needs of children and young people (CYP) with SEND. Parents have identified increased independence and support for travel for CYP as key requirements.
- Work also underway to develop and implement appropriate training for passenger assistant workforce and legal training for members involved in transport appeals.
- CCG Assuring Quality and Performance Committee is considering future resourcing for Transport.
- Robust system now in place to assess those CYP with complex health needs accessing Transport.
- Annual evaluations taking place to ensure packages of support meet needs.
- The RAG rating for this priority area agreed as **Green** with the DfE/NHS England at the July18 monitoring visit.



## Priority 5: Underachievement, fixed term exclusions and persistently absent levels (M Joseph)

- Review of alternative provision commissioned via Opportunity Area (OA) funding is being led by Exec Heads of Oldham Special Schools. This will support children and young people at risk of exclusion by providing appropriate alternative options.
- Primary and Secondary Behaviour & Attendance Groups established with working groups focused on improving attendance, understanding and managing behaviour as well as local partnerships and how they work together to support inclusion.
- Health check of IT systems undertaken across education and social care to ensure solutions can support revised EHCP processes and provide better intelligence on children's progress. Updates to LA Synergy system (formerly Tribal) will allow near real time recording and analysis of school attendance and exclusions.
- Whole School/College approach to Social, Emotional, Mental Health (SEMH) is a key strand in Child and Adolescent Mental Health (CAMHS) transformation plan led by the Integrated Care Organisation (ICO). OA funding has supported appointment of a coordinator to lead / develop the Whole School Approach.
- Two Mental Health & Wellbeing Advisors also appointed to build capacity/up skill teaching and support staff to deliver robust SEMH class room based interventions, peer support, low level interventions and develop supportive networks across all schools/colleges.

## Priority 5: Underachievement, fixed term exclusions and persistently absent levels *continued*

- Education Performance and SEND Dashboards are aligned. Sampling and deeper analysis of data/trend information will allow senior managers to better understand landscape, be more targeted in challenging poor performance and to consider investment decisions with greater confidence.
- Local intelligence from SENDIASS and POINT is being used to triangulate with LA and CCG data sources to inform performance and identify areas of concern.
- Challenging performance targets to raise attainment by 1% greater than national average have been agreed across the SEND Partnership.
- Fixed Term Exclusions (FTE) for the overall SEND cohort have reduced by 2.7%, which is faster than for non-SEND of 0.7%.
- Gap between SEND and non-SEND is further closing, with a reduction of 2% in 2018 compared to the same period in 2017.
- RAG rating for priority area 5 agreed as **Amber/Green** with the DfE/NHS England at the July18 monitoring visit.

# Conclusion of July18 Bi-monthly Monitoring Report (M Joseph)

The Bi-monthly Monitoring Report compiled by DfE following the latest monitoring meeting in July18 concluded that;

*'This monitoring period has seen a step change in the progress of key tasks which have been in motion throughout the last 6 months. There are critical areas where it can be seen that Oldham partners are now working together effectively to drive forward change. The appointment of key staff across the partners and the recruitment strategies, including the Open Day, should lead to a new staff dynamic which provides a greater capacity to drive the cultural change forward. The EHC plans examined following the last meeting were judged to be significantly better than those seen previously and arrangements will soon be in place to have a learning session delivered.'*

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## **PAPER TO OLDHAM HEALTH AND WELLBEING BOARD**

**Title: Strengthening the role of the Health and Wellbeing Board and Sub-Committee's**

**Report Author: Vicky Sugars, Strategy, Partnerships and Policy Manager, Oldham Council**

**Date: 11 September 2018**

### **What the issue is:**

The Health and Wellbeing Board remains a statutory requirement of local authorities but it is important that we regularly review its role to ensure that it is fit for purpose and not duplicating other arrangements - particular with the establishment of new forms of governance through Oldham Cares.

This paper make a number of recommendations to firstly improve the operation of the Board to ensure that it operates effectively and efficiently as a group of system leaders and secondly to sharpen the focus of the Board by bringing the Joint Strategic Needs Assessment (JSNA) back as the foundation for the Board – directing its focus and forward agenda planning.

The paper also seeks direction from the Board on what Sub-Committees the Board requires to support its role. In the past we have had three Sub-Committees – Health Protection; Air Quality and the JSNA. We propose merging Air Quality into the Health Protection Group and seek views on whether a JSNA Sub-Committee is required and if so, what form it should take. In addition, the Best Start in Life Partnership has also reported into the Health and Wellbeing Board in the past and, further to the report that was presented to Board in June 2018, work is currently underway to develop a strategic framework for children and young people and to establish a Children and Young People's Strategic Partnership Board.

Please note that the next agenda item will cover the status of the Joint Strategic Needs Assessment and what we require from the Board to move this forward.

### **Requirement/recommendations to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:-

- a) Agree the operating principles for meetings and members
- b) Note the purpose and statutory requirements of the Health and Wellbeing Board
- c) Agree to bring the Joint Strategic Needs Assessment to the forefront of the role of the Health and Wellbeing Board
- d) To discuss and agree what/if any Sub-Committees the Board requires
- e) To note how this fits with current proposals for the establishment of the Children and Young People's Strategic Partnership Board.
- f) To seek appointments to any agreed Sub-Committees

## **Improving the operation of the Health and Wellbeing Board**

We are lucky to have a Board of committed, talented and dedicated partners but meetings of the Health and Wellbeing Board are busy and it is important that we get the most out of the meetings and operate as an effective group of system leaders.

Minimise presentations – whilst we accept that presentations are sometimes useful we ask that presentations be kept to a minimum especially if a paper has been submitted in advance.

Papers read and considered in advance – we understand that Board members are busy but the meetings will be more efficient and effective if people read and consider the papers and test ideas out with their respective organisations/forums in advance.

Keep to time – try and keep to the time allocated and focus on the asks of the Board and the outcome you want from the item

No item without an ‘ask’ – we will be seeking to reduce the number of items for noting and information only and these will be put on as non-discussion items unless there is a specific ask.

A system leadership role – the Board is one Oldham team that must work collectively to lead on health issues. Please connect what comes here back to your respective organisations and take ownership for what the Board is delivering.

## **Recap - the statutory requirements of a Health and Wellbeing Board**

Health and wellbeing boards were established under the Health and Social Care Act 2012 and became fully operational on 1 April 2013

Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.

The role and purpose as set out in the Council Constitution is as follows:-

To make a real difference to the health, well-being and life choices of the people of Oldham, this means:

a) understanding the Oldham story, knowing what matters most and deciding what this means in terms of priorities; b) focusing on prevention, early intervention and the wider social factors that impact on the local population’s health and wellbeing; c) being ambitious but realistic about what can be achieved; d) setting the strategic direction that will deliver the best outcomes for Oldham.

The Functions of the Health and Wellbeing board will include:

a) To provide a Governance Structure for local planning and accountability of health and wellbeing related services. b) To assess the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA) and the Joint Health and Well-being Strategy (JHWS). c) To promote integration and partnership across areas through promoting joined up commissioning and pooled budget arrangements, where all parties agrees this make sense. d) To review major service redesigns of health and wellbeing related services provided by the NHS and Local Government.

### **3. Bringing the Joint Strategic Needs Assessment to the forefront of the role of the Health and Wellbeing Board**

To sharpen the focus for the Board we propose bringing the Board 'back to basics' by using the chapters of the JSNA and the granular evidence of the Thriving Communities Index to drive the focus for the Board and the forward planning for the next 12 months.

This will enable the Board meetings to hang together better by having items connected to one outcome/theme e.g best start/ageing well/complex and vulnerable adults etc – rather than flitting from one theme to another.

We realise that there will also be items that will need to come to the Board that don't fit with this but we are aiming for a 70/30 split so that the majority of the items stem from the gaps and needs of the JSNA.

The chair team did consider reducing the number of meetings but felt that it needed to retain the current meeting frequency for the next 12 months until the new format had been developed – with meeting frequency perhaps reducing after 2019.

In order to achieve this we recognise that we do need an effective JSNA and the proposals to achieve this are outlined in the following paper.

### **4. Sub- Committees**

In the past we have had three Sub-Committees – Health Protection; Air Quality and the JSNA.

We propose merging Air Quality into the Health Protection Group. A draft Terms of Reference for Health Protection is attached in Appendix A. If the Board agrees this then we would seek appointments to be made to this group.

We also seek direction from the Board on whether a JSNA Sub-Committee is required if the work of the JSNA is to become more integral to the work of the Health and Wellbeing Board itself. If the Board does agree that a Sub-Committee is required we would seek views on its form, function and membership. The previous Terms of Reference for the JSNA Sub-Committee is attached for information in Appendix B.

### **5. Children and Young People's Strategic Partnership Board**

It is proposed, in order to strengthen and build on existing partnership arrangements for children and young people that a review of current arrangements is undertaken via a series of workshops with partners, children and young people to co-produce the strategic

framework which will deliver on the ambition for Oldham to be a 'place where children and young people thrive'. It is also intended to formally establish a Children and Young People's Strategic Partnership Board who will oversee the creation of Oldham's children and young people's strategy and associated action plan and ensure that children and young people's voice is considered and evidenced in the work of the partnership.

End



## **Appendix A: Health Protection Sub-Group of the Health and Wellbeing Board**

### **DRAFT TERMS OF REFERENCE**

#### **What is Health Protection?**

Health Protection seeks to prevent or reduce the harm caused by communicable diseases, AMR and minimise the health impact from environmental hazards such as chemicals and radiation.

As well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.

Local authorities (and Directors of Public Health acting on their behalf) will have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. They will need to have available to them the appropriate specialist health protection skills to carry out these functions.

#### **Aim of the Committee**

To reduce and minimise the risk of threats to the health of the population of Oldham from communicable diseases and environmental hazards and respond effectively to control and manage health protection incidents so that harm is minimised.

#### **Scope**

Health protection covers communicable diseases, environmental hazards and screening and immunisation

#### **Purpose**

The Health Protection sub-group of the Health and Wellbeing Board will develop an approach to Oldham's response to health protection issues, including protection from infectious diseases, environmental hazards and emergency preparedness.

#### **Objectives**

1. To provide scrutiny and assurance of all work programmes in relation to health Protection and hold providers to account.
2. Provide clinical assurance on the prevention and management of HCAs in the population of Oldham.
3. Outline the baseline state of health protection within Oldham
4. Improve the health protection status of the population in Oldham
5. Ensure that we are prepared to deal with health protection incidents and outbreaks both in terms of maximising preventative aspects and in terms of responding to incidents
6. Establish a performance improvement system to provide assurance and help improve health protection outcomes
7. Provide assurance that services and interventions providing the overall health protection function within Oldham will help protect the population of Oldham.
8. Provide consistent communications with other agencies and the public
9. Provide an accountability and governance framework for the health protection function and role

#### **Membership**

The Health Protection sub-group will include the following members;

- Cllr Zahid Chauhan, Cabinet Member for Health and Social Care
- Principle Policy Officer
- Charlotte Stevenson, Interim Director of Public Health
- Yasmin Ahmed-Little, Consultant in Communicable Disease PHE
- Elaine Flynn, Lead Health Protection Nurse
- Gloria Beckett, Health Protection Nurse
- Shabina Alam, Business partner CCRU, AGMA
- Darren McGrattan, Response Services Manager
- Neil Crabtree, Head of Service Public Protection,
- Claire Smith, Executive Nurse, CCG
- Carol Bailey, Immunisation Lead for PHE SIT

### **Meetings**

Meetings of the sub-group will be held every quarter.

### **Reporting**

The sub-group must provide regular updates to the Health and Wellbeing Board, including any recommendations made.

### **Declarations of interest**

Any members of the sub-group must declare at the beginning of the meeting, or at any other appropriate stage, whether they are affected by a conflict of interest or conflict of duties in relation to any item on the agenda.

### **Administration and Support**

The Principal Policy Officer for Oldham Borough Council will service the sub-group of the Health and Wellbeing Board, including taking minutes.

### **Review**

Terms of Reference to be reviewed Bi-annually by the Lead health protection Nurse.

## **Appendix B: JSNA Sub-Group of the Health and Wellbeing Board**

### **DRAFT TERMS OF REFERENCE (from May 2017)**

The JSNA underpins the work of the Health and Wellbeing Board, providing the evidence base for the Health and Wellbeing Strategy and Council and CCG commissioning plans.

#### **Purpose**

The purpose of the Joint Strategic Needs Assessment (JSNA) Sub-Group is to provide strategic oversight and governance of the JSNA process and products on behalf of partners involved in improving the health and wellbeing of Oldham residents. The JSNA Sub-Group is responsible for developing and overseeing the joint strategic needs assessment process for Oldham, ensuring that needs are identified and fed into the relevant commissioning processes

#### **Objectives**

1. To develop and implement a JSNA process which meets the statutory guidance.
2. To provide assurance to the Health and Wellbeing Board that the JSNA process can effectively deliver their statutory function.
3. To have a membership representing key agencies with sufficient skills and capacity to lead and implement the process.
4. To ensure the JSNA responds to and informs, the commissioning decisions and strategic direction of the Health and Wellbeing Board, Local Authority and Clinical Commissioning Group (CCG).
5. Provide the overall guidance and direction on the development of the JSNA.
6. To support and oversee prioritisation of topics within the JSNA based on local health and social care intelligence.
7. Coordinate the JSNA work programme within the participating organisations and ensure that the JSNA/needs assessments are embedded in the commissioning process of each organisation.

#### **Governance**

The Sub-Group will report to the Health and Wellbeing Board at least annually detailing progress and the forward plan for the JSNA.

As Oldham's Integrated Care Organisation arrangements evolve an additional reporting line into the Integrated Care Partnership may be developed for this group.

The Sub-Group may establish time limited working groups to oversee the development of JSNA products e.g. in-depth needs assessments on specific topics.

## Membership

The membership of the Sub-Group consists of:-

<b>Oldham Council:</b>	
Consultant in Public Health	Names TBC
Business Intelligence Service Manager	
Business Intelligence Public Health lead	
Adult Social Care Commissioning	
Children's Commissioning	
Strategy, Partnerships and Policy	
Cabinet Member Health and Wellbeing (Chair)	
<b>Oldham Clinical Commissioning Group:</b>	
Chief Clinical Officer	
Deputy Director of Performance and Delivery	
Business Intelligence	
<b>Action Together (VCS &amp; Healthwatch)</b>	

## Meetings

The sub-group will meet a minimum of 4 times per year.

Meetings will be chaired by the Cabinet Member for Health and Wellbeing.

## Reporting

The sub-committee must provide regular updates to the Health and Wellbeing Board, including any recommendations made.

## Administration and Support

Policy, Strategy and Partnerships team for Oldham Borough Council will service the sub-group, including taking minutes.



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## **BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD**

**Report Title: Oldham's Joint Strategic Needs Assessment Process**

**Report Author: Katrina Stephens, Joint Acting Director of Public Health  
Lucy Rutter, Specialty Registrar in Public Health**

**Date: 25<sup>th</sup> September 2018**

### **Purpose of the report:**

To update the Health and Wellbeing Board on the current status of Oldham's Joint Strategic Needs Assessment (JSNA) and to make recommendations for revising our JSNA approach and process.

### **Requirement from the Health and Wellbeing Board:**

The Health and Wellbeing Board is requested to:

1. Endorse key principles for the production and maintenance of the JSNA.
2. Agree the form and membership of the JSNA steering group.
3. Request that the steering group provide a further report to the Board by January 2019 with recommendations for developing Oldham's JSNA, including the process for designing and updating a new JSNA website, developing new intelligence products and an outline work plan for 2019/20,
4. Note the interim work being undertaken to update and refresh the content of the existing JSNA website, and review the resources needed to support the JSNA process.

## 1. Background / Current Position:

- 1.1 The JSNA is a process through which local strategic partners examine the current and future health and care needs of the local population to inform decision making and guide the commissioning of health, wellbeing and social care services. The Health and Wellbeing Board is responsible for the production and oversight of the JSNA, based on local health and wellbeing strategic priorities.
- 1.2 The JSNA has a central role to play in realising the vision and aims of Oldham Cares; being patient- and people-centred, needs-led, and focusing on prevention and the most disadvantaged, all require an in-depth understanding of the needs of the population. Furthermore, the Oldham Model, adopted by the partnership in the Oldham Plan 2017-22, articulates how Co-operative Services need to work hand in hand with Thriving Communities and an Inclusive Economy to enable us to shift the stubborn inequalities that exist within our borough. High quality intelligence about the needs of our communities is essential to underpin this approach.
- 1.3 Oldham's current JSNA is available at <http://www.oldham-council.co.uk/jsna/>. The JSNA content and process are now due for a refresh following wider local strategic developments and personnel changes. Oldham is keen to learn from best practice across the country and improve its JSNA, both in terms of content and usability. The JSNAs of Sheffield and Swindon have been identified as particularly good examples.
- 1.4 Given the range of population health and social care needs in the borough, the scope of the JSNA is potentially vast. There is therefore a need to plan, prioritise and agree the annual JSNA work programme to ensure that it meets strategic planning and commissioning priorities. A formal process is needed for requesting or prioritising JSNA topics for development. This process will need to consider strategic and commissioning priorities to ensure that the development of content aligns to timelines for strategy development and commissioning cycles. For example, ensuring we have a good understanding of the needs of children and young people is a priority as we develop a new strategic framework for children and young people.
- 1.5 Oldham's JSNA arrangements were last considered by the Health and Wellbeing Board in early 2017, and a steering group was established as a sub-group of the Board to steer the JSNA work programme. The new integrated commissioning arrangements within Oldham Cares, as well as the new membership of the Health and Wellbeing Board, provide a good opportunity to re-examine the process and format for the JSNA in Oldham. To successfully transform the content and use of the JSNA locally, commitment to the following principles is required:

The JSNA should:

- Inform, and be informed by, Oldham's work to establish an Integrated Care Organisation, improve population health, reduce demand and bridge the anticipated gap in health and social care finances.
- Be a shared responsibility of all Health and Wellbeing Board members, with all organisations actively contributing to its development, and ensuring it is fit for purpose to inform strategic planning and commissioning.
- Beyond the core JSNA dataset, any reports or needs assessments produced have a clear scope and purpose. Commissioners are fully involved in setting the scope and developing the report/needs assessment.
- Take a predictive approach, focusing on what Oldham's population will look like in the future and the services needed to meet the needs of a changing population (e.g. substantial increases in the population aged over 85 years).



- Reflect both community assets/strengths as well as their needs/‘deficits’, drawing on qualitative as well as quantitative data, and linking to existing asset-based community development and community engagement work in the borough.
- Maximise opportunities to work in partnership with Greater Manchester colleagues.
- Make full use of intelligence resources produced by Public Health England as well as Oldham’s new Thriving Communities Index.

## **2. Next Steps**

2.1 While the Health and Wellbeing Board is accountable for strategic oversight of the JSNA, the Board may wish to continue to have a steering group to prioritise and oversee a more detailed JSNA work programme. This group would assess requests for developing or updating JSNA content, agree resource allocation and oversee the redesign of the JSNA website. The group could either operate as a formal sub-group of the Health and Wellbeing Board or it could be a working group of Council and CCG officers who then report to the Board. Core membership of the steering group should include:

- Oldham Council
- Director of Public Health
- Specialist Public Health Intelligence Lead
- Director of Children’s Services
- Director of Adult Social Care
- Senior planning and commissioning managers
- Strategy, partnerships & policy managers
- Oldham CCG
- Clinical Director representative
- Commissioning Business Partner representative
- Business Intelligence representative
- Healthwatch
- Community and Voluntary Sector (Action Together)
- Any other Health and Wellbeing Board member organisation wishing to be a member of the steering group

2.2 The vision for Oldham’s refreshed JSNA is a web portal providing easy access to key national and local health data as well as more detailed local intelligence products to support strategy development and commissioning. At the heart of the JSNA will be a core dataset describing the health needs and assets of Oldham’s population. For the first time,

data will be available at a more granular, neighbourhood level through the Thriving Communities Index (TCI).

2.3 Achieving this vision for the JSNA will require resourcing of the infrastructure to present the JSNA in an accessible form (e.g. website design and maintenance), as well as specialist staffing capacity and capability to coordinate the process and support the production of high quality intelligence and insight. Work is being undertaken to review the resources needed, and will be the subject of a paper to the Council and CCG Joint Leadership Team within the next two months.

2.4 As an interim measure, Public Heath are currently overseeing the updating of the content of the existing JSNA website. In the first instance, the priority is refreshing links to key health and social care data to ensure content is up to date. An audit of recent needs assessments and analytical reports has been collated, and this will be uploaded while any outdated content will be removed and archived.

### **3. Recommendations:**

The Health and Wellbeing Board is requested to:

1. Endorse key principles for the production and maintenance of the JSNA.
2. Agree the form and membership of the steering group.
3. Request that the steering group provide a further report to the Board by January 2019 with recommendations for developing Oldham's JSNA, including the process for designing and updating a new JSNA website, developing new intelligence products and an outline work plan for 2019/20,
4. Note the interim work being undertaken to update and refresh the content of the existing JSNA website, and review the resources needed to support the JSNA process.

## BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD

### **Report Title: Healthwatch Oldham Work Programme**

**Report Author:** Julie Farley, Healthwatch Oldham Manager

**Date:** 25<sup>th</sup> September 2018

### **Requirement from the Health and Wellbeing Board:**

**Background:** The role of Healthwatch Oldham (HWO) is to provide an independent consumer voice for Oldham residents who are using NHS and social care services. Just as health and social care is changing to respond to increasing demands on services and reduced investment, Healthwatch Oldham also needs to review the impact of its service and the way it works in light of service redesign at both a local and GM level.

This report provides a reminder of the main roles and responsibilities of Healthwatch. It sets out the key challenges Healthwatch Oldham needs to address in the coming year and how these will impact on OH&WB partners. Finally, this report seeks feedback on a proposed programme of Healthwatch Oldham service reviews. Through these reviews, service users will inform the shape services being developed by Oldham Cares and the Oldham Locality Plan.

**What the issue is (if any):** The issues are outlined in the report

**Relationship with the Oldham Locality Plan:** The report recommends a number of HWO and service user reviews designed to shape and influence services as part of the Oldham Locality Plan.

### **Recommendations:**

The Board is asked to:

- note this report;
- recommend 5 review areas for HWO to focus on; and
- oversee the findings and recommendations from the 5 review areas.

## Healthwatch Oldham

### 1. Introduction

The role of Healthwatch Oldham (HWO) is to provide an independent consumer voice for Oldham residents who are using NHS and social care services. The main services we cover include acute hospital care, primary care, dentists, pharmacies, reablement and long-term residential care. As well as focusing on local services, Healthwatch Oldham collaborates on cross boundary reviews for example as part of the emerging Northern Care Alliance or current CAMHS (Child and Adolescent Mental Health Services) review by Oldham, Bury and Rochdale Healthwatch organisations. We also work in partnership with 9 other Healthwatch organisations across Greater Manchester (GM) to carry out GM wide service reviews as part of Devolution Manchester and the GM Health and Social Care Partnership.

However, just as health and social care is changing to respond to the growing demands on services and tighter financial constraints, Healthwatch Oldham also needs to change. It needs to review its impact and the way it enables Oldham residents to inform and shape the transformation of health and social care services at a local, cross border and GM level.

This report provides a reminder of the main roles and responsibilities of Healthwatch. It sets out the key challenges Healthwatch needs to address in the coming year and how these will impact on OH&WB partners. Finally, this report seeks feedback on the proposed programme of Healthwatch Oldham service reviews. Through these reviews, service users will inform and shape services being developed by Oldham Cares and the Oldham Locality Plan.

### 2. Background

**The vision for Healthwatch Oldham is to provide an independent voice and source of information and influence for the residents of Oldham. It does this by listening, engaging and involving people in matters of health and social care to bring about service improvement and reduce health inequalities, in an open, honest, transparent, confidential and approachable manner.**

Healthwatch Oldham was set up in 2012 as part of the Government's Health and Social Care Act. It has a number of statutory and discretionary functions providing:

1. **Insight:** by gathering feedback and first-hand experiences of patients and families, HWO identifies what matters most to local people using health and social care services. It monitors the quality of services both to highlight best practice and act as a critical friend where services fail to meet the required standards
2. **Information:** by providing information and signposting services HWO supports people to make informed choices about health and social care services available across Oldham, including primary care, acute services, social care, pharmacies etc.
3. **Influence:** through targeted service reviews, Health Forums and engagement events HWO gathers insight from patients and carers and ensures the voices of service users are heard. It influences organisations responsible for both the commissioning and delivery of health and social care services and enables the public, patients, and families to hold services to account
4. **The NHS Complaints Advocacy Service:** by listening to concerns and helping people to focus on the relevant facts, the NHS advocacy service helps people to make a complaint relating to a patient experience with a hospital, GP, dentist, pharmacy or care home provider. The advocacy service works closely with PALS and

aims to prevent the escalation of a complaint. HWO also collates information on the type and frequency of complaints to identify trends or recurring issues.

Healthwatch Oldham delivers these functions through a combination of:

- Formal quarterly Health and Wellbeing Forums or themed engagement events,
- Informal weekly outreach sessions across a range of community and health settings,
- Confidential one to one casework interviews for NHS complaints and signposting,
- Membership on a range of local and regional strategic decision-making bodies,
- Statutory Enter and View functions within hospitals, care homes, nursing homes, residential units and day centres,
- Production of detailed service user reviews of health and social care services,
- Healthwatch engagement network and regular e-bulletins,
- Working in partnership with voluntary, community and statutory sector services.

### 3. key Challenges

Healthwatch Oldham has a successful track record of engaging with diverse communities across Oldham through its Health Forums as well as gathering high volumes of patient and public intelligence through reviews and outreach engagement work. However, in common with other Healthwatch organisations across Greater Manchester it faces the following challenges:

**3.1 Ability to influence health and social care services:** Healthwatch organisations tend to design their work programmes based on local patient and public feedback. They have traditionally distanced themselves from close joint working with statutory partners in order to maintain an independent scrutiny role. The result is a reactive approach that focuses on poor performance within the system and reviews that have little, if any ability to influence change across health and social care commissioning or provider services.

Today there is an ambitious programme of transformation at both a local and GM level and it is vital that HWO adopts a more proactive approach. The challenge will be to develop much closer joint working arrangements with statutory partners whilst maintaining an independent role and the ability to challenge services on behalf of local people when needed. HWO service reviews will be informed by both patient feedback and areas of public interest identified as part of the emerging Oldham Cares, GP Clusters, Northern Care Alliance and GM work programmes.

However, the ability of our service reviews to effect change is still a challenge. HWO has improved its reporting format to include clear executive summaries highlighting both best practice and recommendations for how services can be improved, along with an action plan and timeline for review. In our latest report the provider failed to respond to our invitation to jointly finalise the wording of the recommendations and review timeline. This is a recurring issue for Healthwatch organisations across Greater Manchester. HWO wants to ensure that the reviews make a difference and request that OH&WB provide an oversight role to consider future review findings and oversee any associated recommendations or action plans that emerge from the reviews.

**3.2 Public and patient voice:** HWO wants to review the way it communicates and enables patients, carers and the wider Oldham public to have their say on how they want health and social care services to work now and in the future. We will create a wider range of engagement methods and connect with groups who are traditionally underrepresented in health and social care consultations including young people, working adults, people who are housebound, black and minority ethnic groups (BAME), and refugee groups where language can be a major barrier, amongst others.

To achieve this, we are building on existing relationships with the CCG and Patient Network Groups, local colleges, and voluntary and community sector interest groups. We are also working with District Centre Teams to engage with a growing network of public and patient voices. We will work with partners to create a range of engagement and consultation methods that fit with people's lifestyles and interests and give people the choice for how much or how little they want to get involved. This could range from quick feedback via mobile phone apps to long term co-production processes.

Over the next 18 months Oldham residents face an unprecedented programme of consultation, engagement and co-production as part of the health and social care service redesigns happening at both a local and Greater Manchester level. The key work programmes include:

- Local Level: Oldham Cares
- Cross border level: Northern Care Alliance reconfiguration of acute services across Salford, Bury, Rochdale and Oldham hospital sites
- Greater Manchester Health and Social Care: Acute and specialist care services redesign (also called Theme 3)
- Greater Manchester Health and Social Care Integration work programme

Oldham's existing engagement mechanisms will clearly have an important role to play in this. However, it is vital that we establish a coordinated engagement framework and timelines across all these workstreams to avoid consultation fatigue and a confused picture of service transformation across Oldham and Greater Manchester.

HWO will work with Oldham Cares to support the engagement process, ensuring that the wider framework and purpose of each consultation is made clear to Oldham residents and service users.

#### **4. HWO Work programme**

Against this backdrop HWO is proposing to split its service review programme as follows:

**4.1 Patient led reviews** – these reviews will be flexible and will directly respond to feedback from local people/patients/families. They will be based on trends identified through the NHS Complaints Service, Health Forums, engagement events and through feedback and intelligence gained from the quick survey work undertaken at a range of community locations. These reviews will be responsive so the HWO work programme needs to ensure capacity to respond at short notice to emerging issues.

**4.2 Planned reviews** – these service reviews will be formally agreed in advance by OH&WB, Oldham Patient Network Group and HWO network members. Potential topics are based on intelligence gained from discussions with local partner organisations about service changes, or themes emerging at a local, regional or national level. Planned reviews will enable HWO to align with work streams set up to deliver Oldham Cares and the Oldham Locality Plan.

Appendix 1 sets out a shortlist of potential reviews to be undertaken between September 2018 and July 2019. We are asking for feedback from the OH&WB to identify 5 reviews we should focus on, and the order of priority.

#### **5. Recommendations**

The Board is asked to:

- note this report,
- recommend 5 review areas for HWO to focus on, and
- oversee the findings and recommendations from the 5 review areas

**Healthwatch Oldham: Planned Reviews September 2018 to July 2019**

- 1. Child and Adolescent Mental Health Services (CAMHS)** - Emerging as a GM Health and Social Care Partnership issue and raised nationally as a potential gap in service provision. Issues include early identification and timely access to services and young people going through the transition to adult mental health services. Cross border review with Bury and Rochdale Healthwatch.
- 2. Experiences of Carers during hospital discharge** - Family are often overlooked during the hospital discharge process and health professionals sometimes have unrealistic caring expectations. The Care Act (2014) sets out the minimum support that should be available to family members who provide a caring role/s
- 3. 'End of Life' care and choice** - Patient Choice is a national agenda that sets out standards for patients to choose how their care is provided and who provides it. However, this is a vulnerable group whose wishes often go unheard or get lost in multi-agency and integrated working practices.
- 4. Oldham's Neighbourhood and GP Clusters** - Proposed changes locally will see the development of neighbourhood clusters with multi agency health, social care and voluntary sector teams providing holistic support. Focus of the review could be on the patient experiences in different neighbourhood clusters.
- 5. Young People's Health services** - National issue of low take up of cervical screening, and issue of sexual health services identified by young people at Oldham College
- 6. Review of Care Home Provision** - Care home residents often find it difficult to have their voice heard and the focus tends to be on internal care home provision rather than individual choice and quality of access to routine GP, dentist, optician, chiropodist, and hearing services whilst in a care home setting
- 7. Discharge to Assess and Intermediate Care** - Aim to provide a more accurate assessment of future independent living/care home needs within an intermediate care setting, rather than assessment of need in a hospital ward setting. Joint approach with health, social care, reablement, care coordinators, VCS, patients and families
- 8. Accessible services for the Deaf Community and people with sight loss** - Care Act states that health and social care services should have due regard for people with sensory impairment. Need to consider what reasonable adjustments can be made to ensure key services are fully accessible as part of service redesign in Neighbourhood Clusters and acute settings.
- 9. Experiences of refugees and asylum seekers accessing primary and acute healthcare services** - Vulnerable group who may struggle to navigate services and experience language barriers, especially for minority languages where translation services are not readily available, and who may also experience cultural barriers.

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## BRIEFING TO OLDHAM HEALTH AND WELLBEING BOARD

**Report Title: Oldham Carers' Strategy 2018 - 2021**

**Report Author: Angela Barnes**

**Date: 25<sup>th</sup> September 2018**

### **What the issue is:**

The previous Oldham Carers' Strategy covered 2012 – 2014 and the decision was taken to delay production of a new strategy for a number of reasons, including external factors such as the implementation of the Care Act 2014 and the production of the national carers' strategy. This new strategy has now been developed for 2018 – 2021.

### **Requirement from the Health and Wellbeing Board:**

To approve the strategy, and support its promotion and achievement as we deliver against it over the next three years.

### **Background / Current Position:**

#### **Development & Consultation**

The Oldham Carers Partnership Board directed that the Oldham Carers Strategy should be coproduced with carers at all stages of its production, including agreeing the priority areas and delivery of the outcomes.

Carers were identified as one of four priority themes for the Greater Manchester Health & Social Care Partnership and the Adult Social Care Transformation Programme. The aim being to re-shape the current offer and support available to unpaid carers, including Young Carers, across Greater Manchester.

The Greater Manchester Carers Charter was produced (with input from Oldham Carers) and six key principles were set out to improve the offer for carers as a whole. It was these six principles which formed the basis of the Oldham strategy and the consultation with Oldham carers.

- |   |                                       |
|---|---------------------------------------|
| 1. Early identification of carers           | 4. Carers as Real and Expert Partners |
| 2. Getting the right help at the right time | 5. Young Carers                       |
| 3. Improving health and Wellbeing           | 6. Carers in Employment               |

An extensive consultation process was held between November 2017 and January 2018. Over 2,800 carers were invited to take part by completing a questionnaire and/or attending a focus group. All carers groups in Oldham took part. There were responses from 438 carers by post and 33 carers attended the focus groups.

The carers strongly agreed that the six principles were appropriate, and carers' input was used to inform the content of the strategy.

Each draft of the strategy has been reviewed at every stage of development by carers and in a number of forums involving a range of partners. This includes the Carers Partnership Board, the CCG Carers lead, Positive Steps (who deliver Young Carers services), and carers groups. The strategy has also been reviewed by Adults and Children's DMT and by the Oldham Council Senior management team.

### **Impact**

The strategy demonstrates an integrated approach to health & social care across Oldham. We will ensure the outcomes of the strategy are implemented effectively by working together across the many statutory, voluntary and community organisations in Oldham that come into contact with, and support carers.

The strategy also demonstrates local commitment to working closely with our sub regional partnerships to ensure that the local carers offer incorporates and represents good practice, and that positive local learning is shared more widely.

The strategy outlines the objectives and actions required to deliver outcomes across the six priority areas.

This strategy recognises that improvements in carer support will not only contribute to improved health and wellbeing for those with caring responsibilities, but will also help the local health and social care economy rise to the challenges of a changing local population.

### **Recommendations:**

To approve the strategy, and support its promotion and achievement as we deliver against it over the next three years.

# Oldham Carers' Strategy 2018 – 2021

A carers-led vision for the development of carers services in Oldham



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Oldham's Carers' Strategy has been developed in partnership with carers from across the borough and Oldham Cares. Oldham Cares brings together the Clinical Commissioning Group, the Pennine Foundation Care Trust, MioCare and Adult Social Care, working collectively to improve health and social care services across the local borough.

All quotes from Oldham carers were in response to consultation activity in relation to the development of this strategy.

If you have any questions about this strategy or to find out how you can get involved please contact the Strategic Partnership Team via email on [carers.services@oldham.gov.uk](mailto:carers.services@oldham.gov.uk)

## 1. Joint foreword

Unpaid carers play a vital and exceptional role in supporting their loved ones to live as well as possible, with a good quality of life, sometimes under very challenging and stressful circumstances. Carers typically support a loved one who is older, disabled or seriously ill. The purpose of this strategy is to recognise and value that caring role in its many forms and work towards making improvements that will benefit and support carers including young carers in Oldham to lead fulfilling lives.

Although it is fundamentally important to recognise and support carers and young carers in their own right, and that is the main reason for developing a joint carers' strategy, the contribution of carers can extend far beyond their family members, enriching our social and community fabric and generating a direct benefit to the health and social care system. For example, Oldham has many active carers' groups which offer peer support and encouragement to their members in their various caring roles, run entirely by volunteers. Learning and benefitting from the insights of people with previous experience is often incredibly helpful, but many of the groups also offer the opportunity for friendship, companionship, a social forum, and most importantly, a way to avoid the isolation or loneliness often associated with full-time caring.

Oldham also has the Young Carers Service delivered by Positive Steps which offers support and activities to many young people with a caring role and also utilises local volunteer support.

As our population changes and grows and as people live longer with a range of congenital, acquired and progressive long-term conditions, more of us are likely to experience what it is like to provide part or full-time care for our family members. Carers and young carers are often the most immediate source of support, enabling their loved ones to live well, independently, safely and meaningfully in their own homes, but also supporting adherence to medication, helping to avoid the need for hospital admissions, long hospital stays and enabling a quicker recovery from bouts of illness. In their day to day interactions, they make a huge but often unseen contribution to the smooth running of our health and care services, reducing the demand for appointments, hospital beds and emergency services.

It is these many facets and functions of caring that a comprehensive and effective strategy for carers should value and celebrate. It is also important to recognise that caring can be challenging, obliging many to juggle work, education, and family to fulfil their carer role. This can have a significant personal impact, so a strategy for carers must always maintain a clear emphasis on what carers need to support them in their caring role and to achieve their wider personal and life goals.

However, it's important to realise that it is also simple gestures of support, understanding and recognition, which we can all offer to friends, family members, employees, colleagues, students, pupils and neighbours who are providing care that can contribute significantly to creating a carer-friendly community.

We hope you will join us in this shared effort.

Councillor Zahid Chauhan [Cabinet Member for Health and Social Care](#),  
Councillor Amanda Chadderton [Cabinet Member for Children's Services](#)  
and Sarah Newsam [Chair of the Oldham Carers Partnership Board](#)



[Cllr Zahid Chauhan](#)



[Councillor Amanda Chadderton](#)



[Sarah Newsam](#)

## 2. Carer's foreword

"When I became a carer it wasn't a job which I applied for, it was something that suddenly happened when my second child was born with Downs Syndrome.

I was only 31 years old and suddenly I was a carer. Some carers come to the 'job' much later in life and some much, much earlier but we all have the same goal – to do the very best for the person we care for.

Being a carer isn't just about caring but also means understanding what we are entitled to and how to go about getting it. Carers have rights and it is important that we are aware of them. Caring is hard without the added burden of trying to ensure our rights are met.

It sounds simple but as a carer for the last 35 years I have to say it is not. Organisations that I need to deal with are often very complex and the right person can be hard to identify and even harder to talk to. Documents are becoming more complicated and there are too many of them, making completing them a job for experts.

I am grateful for my network of fellow carers and the group I chair, Carers for Positive Change. Knowledge is everything and shared experiences are often both humbling and informative. Caring is a job for life and can often be a very lonely place to be. It is important to know what the future holds and how I can best plan for the day I will no longer be able to care for my son.

I hope that through having a clearly articulated vision for carers in Oldham outlined in our strategy, we will start to address some of the barriers and obstacles that carers can often face."

**Derek Cannon**

Carer and Carers' Partnership Board Member



Derek Cannon



Personally, I find being a young carer challenging as it is a large responsibility to take on. A large portion of my daily life is dedicated to taking care of my parents and doing activities such as cleaning and going shopping. Along with exams, being a young carer takes a toll on my general mental health. However, I find that I have a lot of people around me willing to support me with any issues I have. The Young Carers' Charity helps as it gives me a break from school and everyday life and allows me to relax."

EM, Young Carer (Age 16)

## 3. Oldham Cares

We are on a journey to achieve the greatest and fastest possible improvement to the health and wellbeing of the population of Oldham by 2020. To take us on this journey, in 2018 we formed Oldham Cares. Oldham Cares is about everyone taking responsibility and doing their bit to ensure significant improvements in health and wellbeing. It brings together everything that keeps local people healthier for longer and reduces health inequalities.

Oldham Cares is one system and approach which includes:

- **Single Commissioning Function for health and social care**
- **Health, social care, housing providers, employers, businesses and Voluntary, Community, Faith and Social Enterprise (VCFSE) providers working together as part of a single alliance agreement**
- **The wider Oldham public as residents, patients and carers**

Oldham Cares is committed to supporting all local carers whatever their age and the invaluable role they play in Oldham, and this strategy is about outlining how we intend to do this.

## 4. Co-production

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Our carers' strategy has been co-produced with carers and professionals involved in carers' services. Their role has been central to the strategy and its development. By being aware of what carers feel is most important we can ensure that carers' services are effective in their approach to achieving carers expectations and that this local strategy reflects the aspirations for carers' services across the borough.

Carers and professionals will continue to be closely involved in achieving the aim and vision for carers services locally throughout the lifetime of this strategy, to ensure meaningful engagement is a consistent theme in our approach.

The strategy has been informed from consultation with carers across Oldham and aligned with the priorities identified in the Greater Manchester regional approach to transforming services for carers. You can find out more about the Carers' Charter for Greater Manchester in section seven.

Our strategy is a three year plan aimed at improving and re-visioning carers services and will be regularly monitored with carers through its development and delivery.

## 5. Carers and the important role they play in society

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Unpaid carers can be any age or background and many of us are likely to have caring responsibilities at some stage in our lives.

A carer is anyone who provides unpaid care for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without their support.

Carers make an enormous contribution to the health and social care system both nationally and locally. The local health and social care economy would not be able to survive without the invaluable contribution of unpaid carers. It is vitally important that we ensure that services for carers meet carers' expectations and requirements, enabling them to continue caring for as long as they wish to do so.

Carers are estimated to save the UK economy £132 billion per year, in Oldham alone this equates to over £380 million worth of support. This support is integral to developing a sustainable health and social care economy where all participants are seen and valued as equal partners.

The Oldham Carers' Partnership Board and Oldham Cares, which includes local health and social care services, share a joint aspiration to raise the profile of carers living in Oldham, ensuring that services meet their needs, enable carers to continue caring and support them in maintaining their own health and wellbeing. Our carers' strategy will seek to ensure that carers are supported in the most appropriate ways and that our focus is on the right issues, at the right time.

With the delivery of health and social care services focussing on how they achieve integrated ways of delivering services, it is more important than ever to have a clear offer and vision for carers' services, which builds on the aspirations and statutory framework of The Care Act (2014) and seeks to ensure parity of esteem with those people who receive care and support services.

The local vision for our children and young people is that Oldham is a 'place where children and young people thrive' and for young carers this strategy will require partners work together to make this happen and ensure that young carers are not disadvantaged in any way.

Our strategy is further underpinned by the Transformation Plan for Adult Social Care, which identified carers as a key priority area, for the Greater Manchester Health and Social Care Partnership.

## 6. About Oldham carers

Oldham's current population is 232,724 and is the seventh largest local authority in Greater Manchester (previously fifth in 2001).

Between 2001 and 2016, Oldham's population increased by 6.5% from 218,537 to 232,724. Oldham has a higher proportion (22.5%) of non-white Black and Minority Ethnic (BME) residents than in the North West (9.8%) and England (14.6%). Oldham is predominantly white (77.5 per cent) with Pakistani heritage (10.1 per cent) and Bangladeshi heritage (7.3 per cent) represented as the largest non-white minority communities.

Research suggests that while all carers face similar difficulties in their caring role, BME carers are known to experience unique challenges in accessing services. These challenges mainly arise from the lack of self-identification as carers among BME individuals, this is often compounded by stereotypical assumptions of how the needs of BME individuals are, or should be, met. BME carers often fail to access support because they are often unaware that such support exists. Raising awareness of carer's issues and available services within BME communities is a critical part of improving the uptake of support.

The age structure of Oldham is relatively youthful with a high proportion of residents aged under 16 (22.6 per cent) and fewer residents aged over 65 (15.8 per cent).

Since 2001, the population across England has aged, with more people aged over 65 and fewer under 16s. This change has certainly been influenced by an increase in the average life expectancy; however the pattern is somewhat different across Oldham with a greater percentage of our local population being younger. This in itself will bring its own challenges and our strategy will need to consider how we also support young people to effectively care and participate in their own growth and development.

Following the 2011 Census it was estimated that there are approximately 24,000 carers living in Oldham. While carers will be able to access a range of services and support, we know that in the last five years only 3,297 carers who care for an adult had come forward to receive a first carers assessment.

Of 7,286 carers who responded nationally to The State of Caring Report 2017 (produced by Carers UK) 19 per cent were aged 65 or over and 21 per cent identified as male. The table below shows the demographics of Oldham carers who care for an adult, who have had a first carers assessment in the last five years. This appears to indicate that Oldham has a slightly higher percentage of older carers and male carers than the national average and should also be a key area of focus in how we support carers locally.

Year		2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Age	16–64	75%	80%	73%	71%	65%
	65+	25%	20%	27%	29%	35%
Gender	Female	75%	71%	70%	70%	69%
	Male	25%	29%	30%	30%	31%
Heritage	Asian/Asian British	17%	18%	13%	12%	13%
	Black/Black British	1%	1%	1%	0%	1%
	Mixed parentage	0%	1%	1%	0%	1%
	Not recorded	13%	12%	20%	18%	19%
	White other	1%	1%	1%	1%	1%
	White UK	68%	68%	66%	68%	65%

In relation to Oldham's young carers, we know that over 500 are registered with the Young Carers Service at Positive Steps but are aware that there could be many more. We encourage services such as schools and colleges and those agencies working with families to make young carers aware of the services on offer and make referrals as appropriate.



## 7. Greater Manchester Health and Social Care Commitment to carers

In January 2018, the Greater Manchester Health and Social Care Partnership launched a Carers' Charter and Commitment to enhance and develop support and opportunities for carers. The Greater Manchester Health and Social Care Partnership is the organisation overseeing devolution of the area's health and social care budget, and they have launched a Transformation Programme with a specific Workstream called Support for Carers to make real and embed the principles of the charter.

One in ten people are known to be carers in Greater Manchester, yet there are many more who are unknown. Identifying and supporting carers is crucial because together, these individual carers make a significant contribution to Greater Manchester by improving the wellbeing of the people they care for.

Out of 28,000 carers that are known in Greater Manchester, 70,000 (nearly a quarter) spend 50 or more hours as carers. To put this into perspective, 50 hours is more time than most people spend at work. In Greater Manchester 24,800 (circa nine per cent) are young carers under 25 years old - two per cent more than the England average.

Similarly, more than 100,000 (circa 38 per cent) are aged between 25 and 49, four per cent more than the national average. This directly impacts on the health and wellbeing and employment prospects of carers.

Carers, as well as supporting the people they care for, have many needs of their own, which are not always met. The charter outlines how it is important to recognise all carers, including young, adult carers and parent carers, to support them to not feel isolated, improve their health and wellbeing and give them guidance and help to access education and continue employment.

The Charter and commitment has been designed by carers and is supported by voluntary, community and social enterprise groups, councils, NHS England and NHS organisations in Greater Manchester. It builds on the aims of the Care Act (2014) and agrees to acknowledge, respect and provide support and opportunities for carers.

The Charter shows how organisations will work better together consistently to recognise and support the role of carers in Greater Manchester. It also sets out a plan for the key priority areas for action, to be delivered over the next year and the Partnership will ensure that the roles and needs of carers are recognised by everyone involved in health and social care services in Greater Manchester.

### Principle one – Early identification of carers

Carers should be identified as early as possible to ensure that appropriate support, advice and information are offered. Often carers only seek or are offered support once they reach a crisis point. Early identification can support the carer with the tools and knowledge to enable them to manage their caring role while still having a life of their own and maintaining their own health and wellbeing.

“ So important to identify carers early, personally it took me three years to get a diagnosis for my husband and by that time I was physically and mentally exhausted.”

### Principle two – Improving carers' health and wellbeing

Caring can have a detrimental effect on the health and wellbeing of carers. Carers report significantly higher levels of poor health and levels of stress compared with non-carers. Carers often put their own health second to that of the person they care for. Supporting carers to maintain better physical and mental health will benefit both carer and cared for.

“ Carers should have regular check-ups to see how they are managing.”

### Principle three – Carers as real and expert partners

Carers should be recognised as “experts by experience” and respected as such. Carers often feel excluded from the planning of care for the person they support and feel that this results in stress for both the carer and the cared for. Carers are a valuable resource and can offer experience and knowledge to support co-production of service design, commissioning and quality monitoring.

### Principle four – Getting the right help at the right time

Information, advice and support should be readily available, easily accessible and appropriate to the needs of carers. Information should be provided in a variety of formats, should be easy to find and should be timely for example at the point of diagnosis or at hospital discharge. Having access to appropriate information can give carers the knowledge to allow them to take control of their caring role. Information provided by professionals should be honest and transparent.

The assessment process takes a person centred whole family approach to the person's care and support journey. The Care Act (2014) sets out the criteria which we must follow when carrying out assessments. The assessment will focus on the impact the caring role has on the carer and includes aspects such as the effect on the carer's ability to manage and maintain his/her own health and wellbeing, developing and maintaining other personal relationships and being able to maintain his/her own personal dignity and the right to be treated with respect. A further important aspect of the assessment is to give carers choice over their caring role including the right not to care.

The assessment involves a discussion with the carer (and the cared for if appropriate) and looks at what needs the carer may have and the support needed to meet this. This support could take the form of advice, information and emotional support. A personal budget can also be provided to meet a carer's needs which carers choose to use for a variety of needs including a break or gym membership for example.

### Principle five – Carers in employment

Many carers either cannot get into employment, or have to reduce hours at work or give up work completely to care for a loved one, many others struggle to balance caring with a full time job. Carers who give up full time work to care often report financial hardship, isolation and increased stress levels affecting their health. Support to carers and employers to help carers remain in, or gain, employment benefits carers, employers, the people they care for and the economy.

### Principle six – Young carers

A young carer is a child or young person who, without payment, provides help or support to a parent, sibling or other family member, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.

Young carers provide levels of care that would normally be undertaken by an adult, therefore impacting adversely on their childhood. The local commitment is that partner agencies will work together and with young carers themselves to ensure that they have the opportunities and life success that we want for all Oldham's children and young people.



“Carers are doing a very hard and stressful job. Their views and opinions should be listened to as very often they understand and know more than the professionals.”

### Oldham Carers Partnership Board

The partnership will focus over the next 12 months on understanding what good support looks like. Carers will be at the heart of this transformation as “experts by experience”. They will be involved in reviewing, designing and checking support is fit for their needs – whether they are a young carer, older carer, parent carer, working carer or caring for someone with a long term condition such as dementia, cancer, HIV, heart and lung problems. Their voice in co-designing and improving carer services matters.

The Charter and Commitment has been signed by Greater Manchester Health and Social Care Partnership organisations including voluntary, community and social enterprise groups.

You can access the Carers' Charter at [www.gmhsc.org.uk/wp-content/uploads/2018/04/Carers-Charter-FINAL.pdf](http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Carers-Charter-FINAL.pdf)

or visit the Commitment to Carers at [www.gmhsc.org.uk/wp-content/uploads/2018/04/GMHSCP-Carers-Commitment-FINAL.pdf](http://www.gmhsc.org.uk/wp-content/uploads/2018/04/GMHSCP-Carers-Commitment-FINAL.pdf)

Alongside embedding the Carer's Charter principles, Oldham are also committed to working closely with Greater Manchester Health and Social Care Partnership our Greater Manchester neighbours, to learn from what works elsewhere, and to share what we have learned here.



“The Greater Manchester Charter is a real commitment to the people who dedicate themselves to helping others and often have to fight every day to get the help they and their loved ones need. Carers play such a vital part in the health and wellbeing of those they care for so it is only right that we should help and support them as well.

To help enable carers to get the support they need to live their lives, or to continue or get back into work, this charter is a major step and will help everyone involved. Greater Manchester is taking a lead and is putting better support at the heart of our integrated health and social care system.”

Andy Burnham, Mayor of Greater Manchester

## 8. Why do we need a Carers' Strategy?

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A key aim of our strategy is to ensure that carers are supported in the most appropriate and effective way. With a strategy we can outline how we will meet the vision for carers' services across Greater Manchester, but also personalise our approach to ensure it reflects what carers locally are saying they need and expect from vital support services.

## 9. Statutory responsibilities

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The Care Act (2014) came into effect from April 2015 and replaced most previous law regarding support for carers and people being cared for.

It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities.

The Care Act is mainly for adults in need of care and support, and their adult carers. There are some provisions for the transition of children in need of care and support, parent carers of children in need of care and support, and young carers. However the main provisions for young carers (before transition) are in the Children and Families Act (2014) and the The Young Carers (Needs Assessments) Regulations 2015.

Under the Care Act a carer is entitled to a carer's assessment where they appear to have needs, this matches the rights to an assessment of the person being cared for. The carer will always be entitled to support if they meet the national eligibility criteria.

It is important that everything we do supports the statutory framework for carers and ensures a transparent and equal offer for carers across the borough.



At last, carers will be given the same recognition, respect and parity of esteem with those they support. Historically, many carers have felt that their roles and their own wellbeing have been undervalued and under-supported. Now we have a once in a lifetime opportunity to be truly acknowledged and valued as expert partners in care”.

Dame Philippa Russell,  
Chair, Standing Commission on Carers

## 10. What carers told us

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The development of this strategy could only be completed with the active engagement and co-production of local carers. To inform the development of the strategy, it was important that carers' voices led how it was developed and what they felt were the priorities for carers' services.

During December 2017, 2,805 carers known to Oldham Council were invited to participate in a carers' strategy consultation. 438 carers responded. An additional 33 carers contributed to focus group events.

The focus of the consultation was on the six principles outlined by the Greater Manchester Health and Social Care Partnership, and whether carers felt these fully reflected local aspirations and needs.

To recap, the six priority areas are:

- Principle one – Early identification of carers
- Principle two – Improving carers' health and wellbeing
- Principle three – Carers as real and expert partners
- Principle four – Getting the right help at the right time
- Principle five – Carers in employment
- Principle six – Young carers

Overall, carers were supportive of all six principles although it emerged that principles one, two and four evoked a stronger sense of agreement in terms of both importance and appropriateness.

Carers felt that the promise of a new Carers' Strategy for Oldham was a sound one but that without the actions agreed to implement it, then its value would be diminished significantly.

Carers felt that the six principles were all closely interlinked and for them all to succeed then there was no room for any to fail.

When considering the early identification of carers, carers commented on the negative health impact of the failure of services to recognise carers. Carers felt that communication could be improved in a number of ways to help remedy this situation. The one gap identified by carers was a broad principle around future planning - i.e. - what happens when the caring role ends?

Improving health and wellbeing was seen as a key area, with carers noting the effects of caring on their own personal health and wellbeing. Again communication was seen as being vital in improving this. Carers felt that more should be done to promote wellbeing ranging from social opportunities to the provision of appropriate breaks for carers.

Carers felt that they should be listened to more and involved more actively with care planning, and more actively engaged with professionals on an on-going basis. However, some carers acknowledged that professional expertise was also vital.

Carers felt strongly about the provision of information in a timely fashion, highlighting issues of communication, flexibility and transparency.

Being in employment was seen as less important or appropriate by carers, however a number of issues around access to employment, employee attitudes' towards carers' roles and opportunities for training and education were all highlighted.

Young carers - of the adult carers who aired views; carers felt a sense of regret about young carers having to complete such a task at a young age whilst others were concerned about their lack of experience and knowledge.

The view from local carers was overwhelming in support of the adoption of the six principles as part of our carers' strategy



It is important that the principles are put into practice. Having those principles in theory is pointless if they aren't carried through into practice.”

Carer response to the consultation

## 11. Our vision for carers' services

Carers are recognised, supported and encouraged to maintain their own health and wellbeing and provided all opportunities to access further education and maintain employment, should they wish to do so.

The following extract from the Government Carers Action Plan 2018 - 2020 Supporting Carers Today highlights the need for services and resources for carers to be available outside of the statutory sector.

Many carers have little contact with services for carers and are not receiving formal support in their caring role. It is, therefore, vital that we work with partners beyond government to raise awareness of caring among the wider population to build carer friendly communities. Responses to the Call for Evidence emphasised the importance of working with the voluntary and community sector. Charities were highlighted as a source of information and support for carers. There was also a desire for carer-led and community-led support, with carers saying they would value local action groups, social activities and peer support.

The actions set out in this chapter aim to raise awareness of caring to build carer-friendly communities that recognise carers, and better support them, including in employment and in combating loneliness. They also seek to encourage innovation, working across government and with our partners in the voluntary and community sector to look beyond statutory services and find creative ways to support carers.

Links with the voluntary sector and community schemes will be strengthened and information on resources available will be developed. This will benefit carers as they will have better choice and control over how they access support, whether this is accessing a local community group to stay socially connected and reduce isolation, access advice and information to help them self-manage their caring role or to request support from health and social care services.

The vision is further underpinned by the six main principles. To fully achieve these principles, it is important that everyone does their bit. The table shows how carers and professionals can work together to achieve our vision and the results if we do these things right.

	#ourbit	#yourbit	#result
<b>Early identification of carers</b>	Identifying carers as early as possible, ensuring access to appropriate support and information	Actively engaging with professionals and services	Informed carers, accessing appropriate services and support
<b>Improving carers health and wellbeing</b>	Developing services across health and social care to improve carers' health and wellbeing	Taking care of your own health and wellbeing	Carers are healthy and able to continue in their caring role
<b>Carers as real and expert partners</b>	Recognising carers as expert partners and acknowledging and respecting their views and opinions	Sharing your knowledge and ideas with health and social care	Carers feel more involved, informed and empowered
<b>Getting the right help at the right time</b>	Ensuring appropriate assessment, information and support is provided at the right time	Engaging with services in an open and honest way and being open to change and new ideas	Carers are supported before reaching crisis point
<b>Carers in employment</b>	Supporting and championing carers' needs across Oldham	Recognising that you can care for someone and be employed	Carers are supported to find or remain in employment
<b>Young carers</b>	Identifying and supporting young carers and offering Early Help assessment to the family if they do not have support in place	Recognising that you are not alone and seeking help when required	Young carers are supported to participate in positive activities and thrive on their journey to adulthood.

## 12. Our priorities

The table sets out our six priorities, the objectives required to achieve these priorities and how we will deliver them

Priority area	Objectives	How we will achieve our priorities?
<p>Early identification of carers</p> <ul style="list-style-type: none"> <li>• Raise awareness of carers across the Oldham so that professionals working with carers are able to understand what a carer is and how they may need supporting.</li> <li>• Promote identification at all levels of health and social care including within acute and community environments.</li> <li>• Increase the number of carers identified on GP registers.</li> <li>• Improve communication between health and social care services so that carers receive an improved experience of services.</li> <li>• Ensure health and social care services work together effectively to refer newly identified carers for an assessment of their needs.</li> <li>• Implement carers' awareness training for all front line staff to equip them with the skills to understand and identify carers.</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness of carers within the borough.</li> <li>• Promote identification at all levels of health and social care including acute and community services.</li> <li>• Aim to increase the number of carers identified on GP registers</li> <li>• Improve communication between health and social care.</li> </ul>	<ul style="list-style-type: none"> <li>• Carers link officers have a strong local presence.</li> <li>• Information about carers available in variety of public areas, including GP surgeries and hospital waiting rooms.</li> <li>• Monitoring the number of carers known to us.</li> <li>• Links to the BME community are to be developed to ensure BME carers of all cultures, backgrounds and age are able to access appropriate information, advice and support.</li> </ul>
<p>Improving carers health and wellbeing</p> <ul style="list-style-type: none"> <li>• Promote carers' health checks in partnership with the wider health and social care economy.</li> <li>• Implement carers' awareness training for front line staff and ensure the health needs of carers are recognised along with those of the cared for person.</li> <li>• Develop a universal offer for carers which reflects the GM regional approach, ensuring a consistent offer for carers across the region.</li> <li>• Work with partners across GM to develop a Carer's Passport and transport offer for carers.</li> </ul>	<ul style="list-style-type: none"> <li>• Training for GP staff.</li> <li>• Promote carers' health checks.</li> <li>• Ensure that assessments are conducted in a timely manner and are good quality</li> <li>• Ensure that reviews are undertaken annually.</li> <li>• Ensure that support within the community has been signposted.</li> <li>• Have a working carer register.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop carers champions within GP surgeries.</li> <li>• Increased numbers of carers accessing health checks.</li> <li>• A proactive approach to contacting carers for reassessment.</li> <li>• Promote community resources to help reduce isolation and the resulting health issues.</li> </ul>

Priority area	Objectives	How we will achieve our priorities?
<p>Carers as real and expert partners</p> <ul style="list-style-type: none"> <li>Strengthen our Carers' Partnership Board role within the decision making structure of health and social care services locally.</li> <li>Ensure carers have a strong voice in local and regional decision making through representation, engagement and co-production in the design and delivery of carers' services.</li> <li>Actively engage carers in the development of services for the cared for to ensure experience-led co-production.</li> <li>Seek opportunities to ensure that carers have parity of esteem in the delivery of services, both to them, and the person they care for.</li> <li>Provide consistent messages and reinforce that it is a carer's choice if they no longer wish to maintain their caring role, and they will be fully supported in that decision.</li> </ul>	<ul style="list-style-type: none"> <li>Embracing experience, knowledge and training of carers.</li> <li>Ensure a personalised support plan is created.</li> <li>Care Act duties are met.</li> </ul>	<ul style="list-style-type: none"> <li>Value and embrace the wealth of information held by carers and former carers.</li> <li>Engaging and consulting carers through their representation on a range of boards, such as the Carers' Partnership Board, The Learning Disability Partnership Board and The Dementia Partnership Board.</li> <li>Prioritising a 'whole family' approach to understanding care and support needs</li> <li>Valuing the insight of carers in the personalisation of care and support for themselves and for those they care for.</li> <li>Identify and develop BME groups and contacts.</li> </ul>
<p>Getting the right help at the right time</p> <ul style="list-style-type: none"> <li>Adoption and development to reflect local requirements, of the GM best practice assessment for carers.</li> <li>Whole system review of our existing statutory processes for carers, to ensure they reflect local requirements and effectively engage with the carer, enabling them to lead and co-produce their assessment and engagement with professionals.</li> <li>Adoption of the GM practice standards across the locality to ensure that professional practice is carer focussed in its delivery and reflects the expected values and behaviours.</li> <li>Roll out of training on practice standards for all staff actively working with carers to ensure practice expectations are embedded in practice.</li> <li>Increase the number of carers receiving support each year to maintain their caring role (linked to early identification of carers).</li> </ul>	<ul style="list-style-type: none"> <li>Develop a variety of methods for signposting and information sharing.</li> <li>Be flexible.</li> <li>Be transparent.</li> <li>Improve communication.</li> <li>Ensure information at GP practices is up to date and utilised.</li> <li>Find out how carers want the information to be accessible to them.</li> <li>Ensure carers have access to information when they need it.</li> </ul>	<ul style="list-style-type: none"> <li>Better recording methods to be introduced for the provision of ad hoc information and advice</li> <li>Increased outreach work to be undertaken by the carers' team – including BME Link worker</li> <li>Develop the use of email as an information network</li> <li>Market place events</li> <li>Carers' week.</li> <li>Carers will receive follow up contact after assessments where appropriate and these will be recorded.</li> <li>Develop an information and advice offer that informs carers about the support available to them in an easy, open and accessible way.</li> <li>Provide a direct phone line to the carers' team.</li> <li>Increase support to younger carers (18–30)</li> <li>Identify target group and provide respite, increase numbers of young adult carers who attend.</li> </ul>

Priority area	Objectives	How we will achieve our priorities?
<p>Carers in employment</p> <ul style="list-style-type: none"> <li>• Adoption and adherence to the GM workforce commitment pledge to carers across the local borough.</li> <li>• Development of employer friendly policies with local businesses.</li> <li>• Close working with the local authority and health partners to raise the profile of carers and the value of their contribution to society.</li> <li>• Staff are effectively equipped to support carers through the roll out of practice standards and mandatory training.</li> <li>• Local health and social care services will act as exemplar organisations to promote support to working carers across all of GM with policies in place which reflect flexible working, awareness of carers and which enable carers to work to care, for as long as they choose to do so.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide carers with their legal rights as a working carer.</li> <li>• Give support and information on employment.</li> <li>• Develop methods of sharing information for employers.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote awareness of rights in the workplace for carers.</li> <li>• Develop monitoring for numbers of carers in employment.</li> <li>• Develop support for younger carers in employment.</li> <li>• Identify and develop support for increasing numbers of younger BME carers in employment.</li> </ul>
<p>Young carers</p> <ul style="list-style-type: none"> <li>• Partnership working across education, health and social care to ensure the identification and support of young carers is a priority.</li> <li>• Development of an active in-reach programme to schools in partnership with our young people service to raise awareness of young carers, their rights and the support available to them.</li> <li>• Actively enabling young carers to reach their full potential through effective support to make important life decisions – such as enrolling in further education or taking up or maintaining employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with primary schools for early identification of young carers.</li> <li>• To continue working with secondary schools for identification of young carers.</li> <li>• Whole family approach.</li> <li>• To develop hubs in schools to identify and support young carers.</li> <li>• Improve support for young carers transitioning to adult services.</li> </ul>	<ul style="list-style-type: none"> <li>• Oldham’s focus on ‘the voice of the child’ includes young carers</li> <li>• Increase in the number of referrals from schools and colleges</li> <li>• Increase in the number of referrals from Adult Social Care services</li> <li>• Increase in self referrals from young carers.</li> <li>• Increase in the number of young carers who access education, employment or training</li> <li>• Increase in the number of those receiving direct support from the Young Carers service</li> <li>• Increase in the number of BME young carers supported</li> </ul>



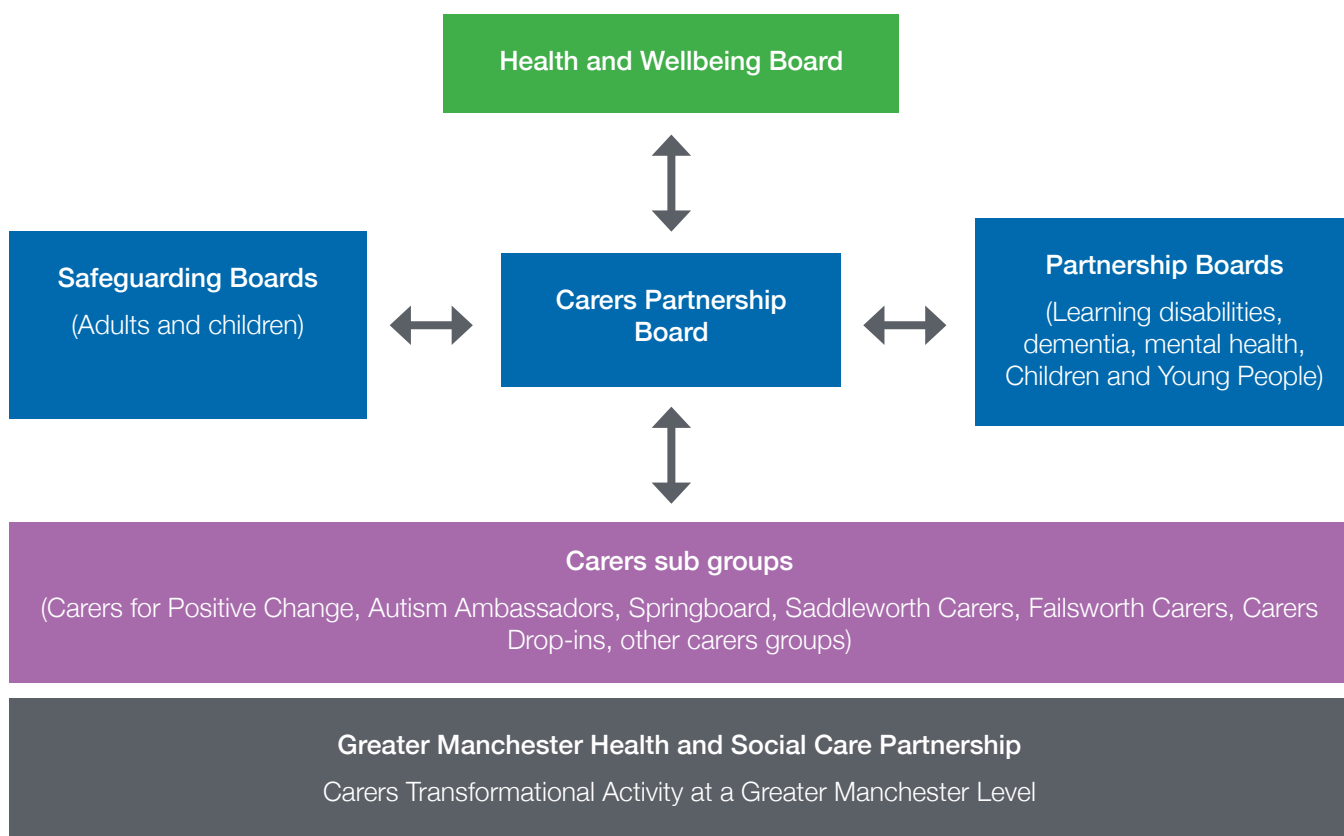
## 13. Achieving our priorities and vision for carers

The success of the strategy will be monitored to ensure that we are achieving our objectives and that we focus on the six key priority areas.

The Carers' Partnership Board will ensure that:

- systems and processes are in place to enable all partner agencies to fulfil the priorities outlined in the carers' strategy
- exercise appropriate influence over the achievement of our local strategy which are carer focussed in their approach
- provide independent, robust and effective challenge on progress
- ensure effective performance management and quality assurance which will support the achievement of the strategy, our priorities and vision for carers, and
- ensure accountable use of resources to deliver the priorities and vision for carers.

The Board will also report into the Health and Wellbeing Board to ensure appropriate oversight and delivery at a local level, aligned with our wider health and social care priorities for the local borough.



## 14. References

Care Act 2014:

[www.legislation.gov.uk/ukpga/2014/23/contents](http://www.legislation.gov.uk/ukpga/2014/23/contents)

State of caring report:

[www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report-2017](http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report-2017)

Greater Manchester Commitment to Carers:

[www.gmhsc.org.uk/wp-content/uploads/2018/04/GMHSCP-Carers-Commitment-FINAL.pdf](http://www.gmhsc.org.uk/wp-content/uploads/2018/04/GMHSCP-Carers-Commitment-FINAL.pdf)

Greater Manchester Carers Charter:

[www.gmhsc.org.uk/wp-content/uploads/2018/04/Carers-Charter-FINAL.pdf](http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Carers-Charter-FINAL.pdf)



Oldham Cares brings together Oldham Council, NHS Oldham CCG and other health and social care providers in an alliance to share skills, experience, talent and resources to deliver a better care experience for all.

### Useful contacts

**Strategic Partnership Team (Carers' Services)**  
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T: 0161 770 7777 (option 4)

## **PAPER TO OLDHAM HEALTH AND WELLBEING BOARD**

**Title: Strategies for the Oldham Safeguarding Boards 2018-2021**

**Report Author: Dr Henri Giller, Chair of the Oldham Children and Adult Safeguarding Boards**

**Date: 16 September 2018**

### **What the issue is:**

The Oldham Children and Adult Safeguarding Boards have recently reviewed and updated their strategies for the period 2018-2021 and their annual business plans.

The Health and Wellbeing Board is asked to review these strategies and business plans enclosed here and discuss the how these can be operationalised.

### **Requirement/recommendations to the Health and Wellbeing Board:**

The Health and Wellbeing Board is asked to:-

- a) Note and comment on the strategic aims of both the Children and Adult Safeguarding Boards
- b) To endorse both strategies 2018-2021 and business plans 2018/19
- c) To discuss how to operationalise these strategies

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# STRATEGIC PLAN

## 2018 - 2021



This Strategic plan is a public document.

It can be accessed on the website of Oldham Local Safeguarding Children Board: [https://www.oldham.gov.uk/lscb/info/1/about\\_the\\_board](https://www.oldham.gov.uk/lscb/info/1/about_the_board)

Approved by Oldham LSCB on 24 May 2018

Independent Chair: Dr Henri Giller

Report compiled and written by: Lisa Morris (LSCB Manager)

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Availability and accessibility: if you would like to receive this report in any other format please contact Lisa Morris - address above.

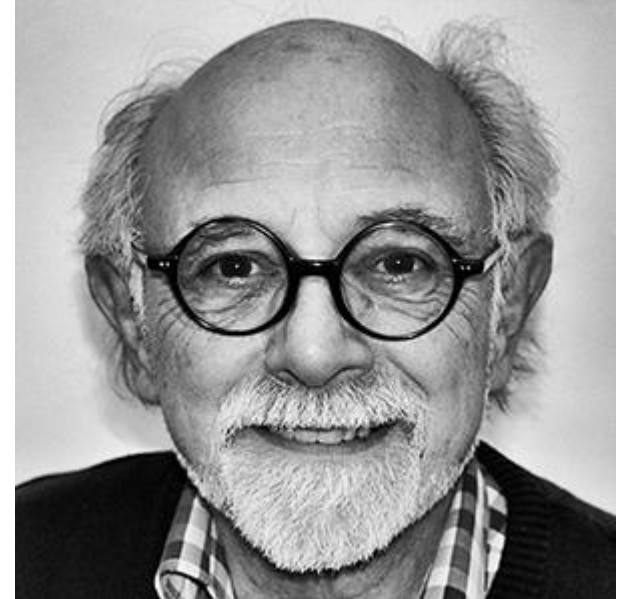
## Foreword

The publication of this three year strategic plan for safeguarding children in Oldham during the period April 2018 to March 2021 marks a significant moment in the Partnership for child protection in the Borough. I wish to highlight three significant aspects of the strategy which seek to impact upon the Partnership, although there are other aspects which merit close attention.

The first 12 months of implementation will see the last full year of the life of the Safeguarding Children Board and the development of revised arrangements for the local governance of safeguarding across the Partnership. This is in line with the findings from the Wood Review (2017) and the subsequent legislation (The Children and Social Work Act 2017) which mandated that change. While we can expect that the local structures for governance of safeguarding may change, we can also expect that the commitment of the Partners to the engagement in effective safeguarding of children will be undiminished. The references throughout this document to the Board/Safeguarding Partnership is to assure the reader that the strategic aims, priorities and standards identified for safeguarding children in Oldham will be consistent across the changes to governance arrangements.

The six strategic aims identified in the strategy are the touchstone to what the Partnership wishes to attain over the next three years. The Board/Strategic Partnership will regularly be monitored and evaluated on its journey to their attainment. The annual business plan which will be produced for each 12 month period will reflect priorities that promote these strategic aims and strategies to accelerate their delivery.

Thirdly the document contains a statement of standards by which the Board/Strategic Partnership will operate and by which it will be further evaluated. We need to ensure the local Partnership is robust, challenging and effective. We hope that public confidence in local safeguarding arrangements will be enhanced by the transparency of our standards.



A handwritten signature in black ink, appearing to read 'H. Giller'.

Dr Henri Giller

Independent Chair, Oldham Safeguarding Children Board.

## Our demography

Oldham's population currently stands at 232,724, with 114,774 males (49.3%) and 117,950 females (50.7%) (ONS: Mid-Year Estimates 2016), making it the seventh largest borough in Greater Manchester.

Levels of deprivation across the borough are generally ranked among the highest in the country. Relative to other authorities, Oldham's ranking in terms of levels of deprivation has maintained a steady downward trend since 2004, according to the Indices of Multiple Deprivation. Despite this, Oldham has managed to maintain its position in terms of employment and has even seen a slight improvement in its relative position regarding income.

Oldham has a higher proportion (22.5%) of non-white Black and Minority Ethnic (BME) residents than in the North West (9.8%) and England (14.6%). This proportion has increased from 13.5% in 2001<sup>1</sup> (See page 8). The ethnic composition in Oldham currently stands at 77.5% White, 10.1% Pakistani, 7.3% Bangladeshi and 5.1% 'other'.

Oldham is home to 58,305 children and young people aged 0-17. This is 25.3% of the borough's population. From 2010 to 2016, Oldham has seen a 12.2% increase in the number of primary school age children, compared to an increase of just 0.2% in secondary age children. A total of 114 schools provide education for the compulsory years with 88 primary schools, 19 secondary schools, 6 special schools and a Pupil Referral Unit.

The number of Children Looked After (CLA) in Oldham has been significantly increasing over the past 3 years. The number of children coming to care has been increasing at a faster rate than those leaving care, and as a result has led to the continued increase in the CLA cohort. There were 540 children who were looked after at the end of February 2018, at a rate of 91.5 (per 10,000). Oldham is now much more in line with the statistical neighbour rate of 92.2, whereas historically Oldham has always been below the CLA rates of stat neighbours.

The number of children subject to child protection plans (CPP) has seen a sharp increase in February at 592. This is due to an increase in the number of children coming onto plans and a decrease of children coming off plans. Over the last 12 months there have been 752 children who have become subject to a CPP, at a rate of 127.9 (per 10,000), which is significantly above the statistical neighbour rate of 73.3. The majority of plans that have started in the last 12 months have been due to emotional abuse, accounting for 52.0% of plans.

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<sup>1</sup> \*The latest official ethnicity figures are from 2011 census



# Our Context

## Working Together and new safeguarding arrangements

Following Alan’s Wood review of Local Safeguarding Children’s Boards (May 2016), the Children and Social Work Act 2017 includes the following recommendations arising from the review:

- A new model of accountability for safeguarding children, placing equitable responsibility on three safeguarding partners: Local Authority, Police and Health. This including a duty on these partners to work together and with any relevant agencies identified with a role in safeguarding and promoting the welfare of children
- A new system of local and national reviews which will replace Serious Case Reviews
- Transfer of responsibility for child death policy from Department for Education to Department of Health.

The Act received Royal Assent in April 2017, but has not yet been commenced.

Oldham LSCB took part in the national consultation in relation to the new Working Together guidance, which is due to be published in Spring 2018 and have started discussions locally and across Greater Manchester about the new safeguarding arrangements for Oldham.

**The proposed arrangements and subsequent implementation will be a key focus for the Board in 2018/19.**

## Police and Crime Plan

The Police and Crime Plan, “Standing Together” was launched in March 2018 and identifies three key priorities: 1. Keeping people safe, 2. Reducing harm and offending and 3. Strengthening communities and places. Priority 1 identifies safeguarding children as a key area of focus for 2018, and specifically transitions, complex safeguarding, missing children, female genital mutilation and so called honour based abuse.

All of these areas are echoed as priority areas for Oldham LSCB over the next three years.

## **Safeguarding Adult Board**

The Oldham Safeguarding Adult's Board strategy statement for 2018-2022 identifies three priority areas of work:

- Transitions
- Prevent
- Domestic abuse

Again these priorities align with those of the LSCB and therefore opportunities for joint working in these areas will be explored throughout year one.

## **Health and Wellbeing Board - Local Care Organisation**

Oldham Cares is a whole system approach, bringing together existing health and social care services to improve health and quality of life; and deliver high quality, joined up health and care services now and in the future. Working under a Section 75 agreement the arrangements are largely focused on the integration of Adult Social Care and Health at present however a single commissioning function will exist across the local care organisation which will include elements of children's commissioned services such as school nursing and care packages/ short breaks for children with special education needs and disabilities.

This move will build on the work of the Early Years' transformational programme which saw the introduction of the Right Start service and Family Nurse Partnership to support the aim of ensuring that children in Oldham are developing well and are ready for school. Whilst oversight of the Early Years transformation programme sits with the Best Start in Life Partnership and ultimately the Health and Wellbeing Board, the strong links between the two will ensure that safeguarding continues to be embedded within the delivery of these services.

## **Community Safety and Cohesion Partnership**

The community safety and cohesion partnership plan 2016-2019, identifies six key priorities. Priority two relates to "Protecting people and communities from harm." Within this priority it highlights areas of concern including: Domestic abuse, Child Sexual Exploitation, Human Trafficking, Modern Slavery and Honour Based Violence. An additional area of focus is young people linked to organised crime.

The work of the CSCP and the LSCB reveal significant overlaps and year one of the Board's plan will focus on working together with the CSCP, as well as other relevant boards to develop a joint strategic approach to the issues affecting our children and young people.

## **Corporate Parenting Panel**

Oldham's corporate parent plan is currently being refreshed.

However as corporate parents the Local Authority and our partners share with the Local Safeguarding Children's Board the responsibility for ensuring the safety and wellbeing of our children looked after and care leavers. Key areas of focus include:

- The extent to which young people in care go missing and are subsequently at risk in a number of ways including Child Sexual Exploitation. There needs to be a robust local response based on an understanding of why our young people go missing and what can be done to prevent this.
- Oldham's comparably high number of children looked after placed at home is another area that the Local Authority is currently scrutinising.
- The sufficiency of provision for children looked after is also a key issue. With rising numbers in the system the type of placement in which young people are placed needs to match their needs and be kept under regular review.
- Our children looked after have often experienced trauma and in addition to making them safe we need to address their therapeutic needs.

The work of the Corporate Parenting Panel will be presented to the Board on a bi-annual basis.

## **Oldham Education Partnership**

Oldham Education Partnership is a Partnership of all Education Providers in Oldham with the purpose of improving outcomes for all children and young people in Oldham. The Partnership and Board have recently introduced a new multi agency subgroup to address safeguarding and wellbeing issues in education. The subgroup will report to both the Partnership and the Board and provide the connectivity between enhancing the safeguarding response of education providers and the improving the educational attainment and achievements of our children in young people. This joint approach recognises that in order for children and young to achieve their full potential they need to feel and be safe in school, at home and in the community.

## Our Vision

***“For everyone to work together to ensure that all children and young people are safe and feel safe within their homes, schools and communities.”***

This vision is underpinned by the strategic aims and priorities identified throughout the business plan for 2018/21. It supports the principle that safeguarding is everyone’s business and reinforces the need for us all to work together in order to support children and young people in Oldham to achieve their full potential.

## Our Strategic Aims

By 2021 safeguarding partners in Oldham will aim to have achieved the following strategic aims:

1. Excellent practice is the norm across all practitioners in Oldham
2. Partner agencies hold one another to account effectively
3. There is early identification of new safeguarding issues
4. Learning is promoted and embedded
5. Information is shared effectively
6. The public feel confident that children are protected

## Our Partners

The following partners are key to the delivery and achievement of our aims:

- Oldham Council
- Oldham Clinical Commissioning Group
- Greater Manchester Police
- Oldham education establishments, including schools, academies, independent schools, colleges and madrassas
- National Probation Service
- Community Rehabilitation Services
- Positive Steps - Youth Justice Service
- Pennine Acute
- Pennine Care
- Bridgewater
- Housing providers
- CAFCASS
- Voluntary and community groups

# Our Standards

In order to ensure that we are effectively delivering our statutory responsibilities we have identified the following key standards to measure ourselves against:

## **1. Outcomes for Children and Young People**

1.1 The Board/Safeguarding Partnership can demonstrate that the development of safeguarding cultures is a key operational and strategic goal for all Partners

## **2. Participation**

2.1 The Board/ Safeguarding Partnership actively engages with children and young people, using what it hears to continually inform policy, strategy and forward planning

2.2 The Board/ Safeguarding Partnership actively engages with safeguarding stakeholder groups using what it hears it continually inform policy, strategy and forward planning

## **3. Vision, Strategy and Leadership**

3.1 The Board/ Safeguarding Partnership has access to a wide range of high quality data and information which feeds into policy, strategy and forward planning

3.2 The Board/ Safeguarding Partnership has a clearly defined, easily accessible and well-communicated strategic plan, which includes clear leadership roles for the implementation of required objectives and milestones

## **4. Working Together**

4.1 The Board/ Safeguarding Partnership can demonstrate the participation and engagement of all safeguarding stakeholders in the annual business plan

4.2 The Board/ Safeguarding Partnership actively promotes strong collaborative working arrangements between themselves, local safeguarding stakeholders and related partnerships and boards

## **5. Resource and Workforce Management**

5.1 The Board/ Safeguarding Partnership is resourced to fulfil its legal responsibilities and manages those resources effectively

5.2 The Board/ Safeguarding Partnership and its stakeholders have clear lines of responsibility and accountability for the identification, response to safeguarding risks and needs and the delivery of quality services

5.3 The Board/ Safeguarding Partnership facilitates the delivery of suitable learning opportunities for the staff of Partners and local stakeholders on safeguarding policies, procedures and priorities

## **6. Service Delivery and Effective Practice**

6.1 The Board/ Safeguarding Partnership defines key indicators and business reports that are used to measure the performance of safeguarding stakeholders' services in relation to risk prevention, the promotion of well-being and intervention in situations of concern

6.2 The Board/ Safeguarding Partnership can clearly demonstrate that assurance mechanisms are in place to monitor the effectiveness of safeguarding activity and the practice of stakeholders

6.3 The Board/ Safeguarding Partnership publishes an annual report that clearly and honestly details how effective the work of the Partners and their stakeholders has been.

## **7. Commissioning**

7.1 The Board/ Safeguarding Partnership can demonstrate that it receives assurance from the Partners and their stakeholders that they are commissioning safe services and that they have the means to act where this may not be taking place

7.2 The Board/ Safeguarding Partnership effectively commissions local safeguarding reviews and where applicable other review and assurance processes.

## 8. Improvement and Innovation

8.1 The Board/ Safeguarding Partnership is committed to continuous improvement in its policies, strategies, service priorities and evaluations of outcomes

**We intend to review progress against these standards at the Board's annual development day.**

## Our core functions

Until the new safeguarding arrangements are agreed and implemented within Oldham the Board will continue to undertake its core functions which include:

Serious Case Reviews

Audit and Scrutiny

Performance Management

Policies and Procedures

Child Death Overview Panel

Multi Agency Safeguarding  
Training

Communications

In addition to core functions, each of which will have its own action plan, the Board has identified priority areas of focus for 2018/19.

## Enhancing the Partnership's role in quality assurance

During 2017/18 the Board has developed its role in terms of scrutiny and oversight with the adoption of a new multi-agency case evaluation process. Using the Joint Targeted Area Inspection (JTAI) framework and themes as a guide the Board, led by the Audit and Scrutiny subgroup, has undertaken three multi-agency case evaluations into the following areas of business:

- Children living with domestic abuse;
- Children experiencing neglect;
- Children at risk of child sexual exploitation

This process has evidenced excellent multi-agency scrutiny and challenge leading to identification of good practice and areas for improvement and will continue to be embedded as the Board's audit process moving forward.

In order to further enhance the Board's role in constructive challenge, both to and from agencies and communities key priorities for 2018/21 will be to:

- develop of a greater understanding across all agencies of "what good looks like"
- embed a culture of effective and confident challenge across safeguarding partners
- encourage transparency and escalation of concerns via agreed pathways
- invite and engage with independent scrutiny of the work of the Board and its partners
- support the development of multiagency supervision for case holders working across the system, sharing the learning from the pilot and developing opportunities for training.

A key driver in the delivery of Board's scrutiny and challenge will be the development of a performance and quality assurance framework that will detail the priorities outlined above and promote a greater use of multi-agency performance data to highlight areas of interest.



By enhancing the partnership's role in quality assurance safeguarding partners will be supported to review their individual and collective response to practice and determine whether it resulted and/or continues to result in the best outcomes for children and families in Oldham.

**Key strategic aim:** Partners hold one another to account effectively

## Our Priorities

### Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

**Where are we now:** Domestic abuse continues to be a significant issue, both with children living with domestic abuse but also a growing trend of young people experiencing abuse within their own relationships. Between Q1 and Q3 of 2017/18 there were 1906 notifications of domestic abuse where a child was recorded as living at the address. This is an increase of 5.5% compared to the same time period in 2016/17. A new domestic abuse competency framework has been developed to ensure professionals are able to access appropriate training. Strategic responsibility for domestic abuse and safeguarding is devolved to the Domestic Violence Partnership who report bi-monthly to the LSCB executive group.

**Where do we want to be by 2021:** To have a competent and confident workforce who are able to recognise and appropriately respond to the needs of children affected by domestic abuse. This will be led by a clear domestic violence and abuse strategy that is fully reflective of children's safeguarding priorities.

#### How are we going to get there:

- Work closely with the Community Safety and Cohesion Partnership and the Safeguarding Adults Boards to ensure that safeguarding is integral in the Domestic Violence and Abuse Strategy for Oldham
- Work with the Domestic Violence Partnership to review the use of Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) risk indicator checklist across agencies to support understanding of risk
- Review multi-agency access and impact of training in line with the domestic abuse competency framework

**What difference will it make for children and young people:** the needs of children and young people affected by domestic abuse will be identified and assessed more effectively resulting in more timely and appropriate intervention.

**Key strategic aim:** Excellent practice is the norm across all practitioners in Oldham

### **Complex and Contextual Safeguarding:**

**Complex safeguarding** includes Modern Day Slavery (including Sham Marriages and Human Trafficking), CSE, FGM, Forced Marriage, and Honour Based Abuse, organised and gang crime and radicalisation.

**Contextual Safeguarding** is an approach to understanding and responding to young people's experience of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

**Where are we now:** Significant work has been undertaken with regards contextual safeguarding in Oldham beginning with the development of resources and ongoing input to schools on issues such as consent, sexting and pornography; mandatory peer on peer abuse training was delivered to all board members and more recently the development of a pathway to define the multi-agency response to peer on peer abuse in Oldham. Oldham LSCB also hosted the contextual safeguarding network event for schools and colleges in February 2018 leading to ongoing work in schools to audit their responses to contextual safeguarding issues. Whilst work relating to complex safeguarding has taken place across Greater Manchester there is more to do locally, with the approach needing to be joined up with the Safeguarding Adult's Board and Community Safety and Cohesion Partnership.

**Where do we want to be by 2021:** To have a clear understanding of the scale of complex and contextual safeguarding within Oldham, with a clear multi-agency response to raising awareness with children and young people, assessing their needs and providing appropriate support.

### **How are we going to get there:**

- Develop a profile analysis for each of the elements of complex safeguarding in order to inform the development of a complex and contextual safeguarding strategy for Oldham
- Identify existing groups across the Partnerships to own and progress work relating to the elements of complex safeguarding
- Embed clear lines accountability for reporting with regards complex safeguarding
- Implement the peer on peer pathway and ensure professionals are aware of the process
- Work in partnership with schools to support the delivery of key messages relating to complex and contextual safeguarding

**What difference will it make for children and young people:** Children and young people will have greater awareness of the risks relating to complex and contextual safeguarding in order to safeguard themselves. Where children and young people are affected by these areas of risk their support needs will be identified and assessed in a timelier manner, leading to more effective interventions.

**Key strategic aim:** Early identification of safeguarding issues

### **Children not accessing education including Elective Home Education**

Section 436A of the 1996 Education Act gives local authorities the duty to identify any child of compulsory school age that is not registered at a school or not receiving suitable education other than at a school. Suitable education must be full time, which is defined as 25 hours per week for 39 weeks per year at a school or in alternative provision. If a young person is not receiving this entitlement fully they are considered to be Missing from Education.

Elective home education is the term used by the Department for Children, Schools and Families (DCSF) to describe parents' decisions to provide education for their children at home instead of sending them to school. This is different to home tuition provided by a local authority or education provided by a local authority other than at a school.

**Where are we now:** In March 2018 there were 182 pupils missing from education in Oldham and 141 who were being electively home educated. Children are not accessing education including those who are electively home educated has been identified as a safeguarding concern the Board's Multi Agency Case Evaluations. Furthermore the current Integrated Communities strategy green paper states, *".....our concern revolves around cases where children are not receiving a suitable education, and those cases where children are said to be 'home educated', .....It is essential that local authorities can identify children who are missing education or who may be neglected or taught to hate and be intolerant."*

In Oldham, closer working has been established between the inclusion team and children's social care with the team now being based within MASH. The LSCB has also established a new Safeguarding and Wellbeing in Education partnership group which jointly reports to the LSCB and Oldham Education Partnership and has clear links to the Behaviour and Attendance Partnership.

**Where do we want to be by 2021:** All children in Oldham are accessing suitable education and where children are electively home educated that this provision is of a suitable standard.

**How are we going to get there:**

- Ensure robust reporting from schools with regards children missing from education including elective home education by developing local guidance for education establishments about what to do if children are missing from education
- Support the development of processes which allow the local authority to undertake welfare checks before a child is taken off roll from school
- Explore options to establish a threshold and response for “educational neglect” when a child is regularly missing from education and/or there are concerns about safeguarding

**What difference will it make for children and young people:** More timely and effective intervention will be available for children and young people when they are not accessing education, ensuring that they are safe and well.

**Key strategic aim:** Information is shared effectively

## Transitions

Young people with ongoing or long-term health or social care needs may be required to transition into adult services. Transition is defined as a purposeful and planned process of supporting young people to move from children’s to adults’ services. The LSCB is particularly interested in the transition pathways relating to:

- Children’s Social care to Adult Social Care including disability services
- Youth Justice to Adult Justice services
- Child mental health to adult mental health services
- Child substance misuse to adult substance misuse services
- Primary education to Secondary education and Further education

**Where are we now:** A report to the LSCB in July 2017 identified that transitions pathways for substance misuse, youth justice and mental health services were robust but that further work was required regarding transition from children’s to adult social care with particular regards to children with disabilities. In addition the safeguarding and wellbeing in education partnership has since identified that transition from primary to secondary school and then on to further education often results in issues relating to sharing of relevant safeguarding information.

**Where do we want to be by 2021:** To have a clear transitions process from children’s services to adult services that ensures that that agencies work together to develop a transition plan that begins at an early stage, involves the young person and their family/carers and ensures that appropriate safeguarding information is shared.

**How are we going to get there:**

- Develop a joint Transitions subgroup with the Safeguarding Adult's Board
- Review current policies and pathways for all of the above areas relating to transitions
- Involve children and young people, family and carers in the review of existing policies and pathways
- Establish clear policies regarding information sharing about safeguarding concerns when children are moving to adult services

**What difference will it make for children and young people:** children and young people will be involved in and clear about their plan for transitions and will be safeguarded at all stages of the move.

**Key strategic aim: Information is shared effectively**

## Understanding the impact of trauma on children and young people

Trauma and neglect at an early age can impair the development of many of the brain functions and affect the development of thinking, relationships memory and health. Exposure to repeated stress means that the structure and function of the brain may not develop properly just as repeated positive experiences help the brain to grow properly have not. This may mean that some young people who have not received nurturing and safe caring will have difficulty in regulating emotions and impulses. They may also have an excess of the stress hormone cortisol which makes them hyper vigilant and wary even in situations where they are safe. (Action for children).

**Where are we now:** Oldham LSCB approved a pilot of the Trauma Symptoms Checklist for Children (TSCC) in Feb 2017. Staff from Children's Social Care, Healthy Young Minds and Youth Justice Service were trained and supported by clinical psychologist, Norma Howes to use the checklist with children and young people over a six month period. Initial feedback from the pilot was very positive and the LSCB approved a further roll out of the TSCC in September 2017.

In addition staff from the Family Nurse Partnership (FNP) are using the Adverse Childhood Experiences (ACES) toolkit with service users they are supporting.

**Where do we want to be by 2021:** To have professionals appropriately trained to utilise a continuum of tools including the ACES toolkit and the TSCC in order to fully assess the impact of trauma on children and young people and to commission appropriate support to meet the needs identified.

**How are we going to get there:**

- Work with partners from the local authority and health to understand the range of trauma tools available and how they can best be utilised.
- Provide cost benefit analysis for both ACES toolkit used within the Family Nurse Partnership and the TSCC used within Children's Social Care, Healthy Young Minds and Youth Justice Service.

- Work with commissioning colleagues to develop a business case for continued workforce development in relation to use of the tools and to ensure appropriate support is available to meet the needs identified.

**What difference will it make for children and young people:** children and young people will be able to access more appropriate support based on their needs resulting in improved wellbeing

**Key strategic aim:** Excellent practice is the norm across all practitioners in Oldham

## Child’s lived experience

In order to meet the needs of children it is necessary to understand what a day in their lives is like. Observation of children’s behaviour and interactions, in addition to listening to and hearing children is essential to ensure that their needs are at the heart of every assessment we undertake and every decision that we make. This is equally applicable to the development of strategies and policies as it is to direct work with the child.

**Where are we now:** A significant amount of work has been undertaken across partner agencies, supported by multi-agency briefings to support professionals to reflect the voice of the child within assessments and decision making. The recent multi-agency case evaluation highlighted that the voice of the child was an area of strength within the cases that were evaluated.

The Board works closely with the Youth Council and Children in Care Council and ensure they are involved in the development of strategies and policies.

**Where do we want to be by 2021:** To be confident that all professionals recognise and fully reflect the child’s lived experience, including those who are non-verbal and that all children and young people have the opportunity to be involved in the work of the board and its partners.

### How are we going to get there:

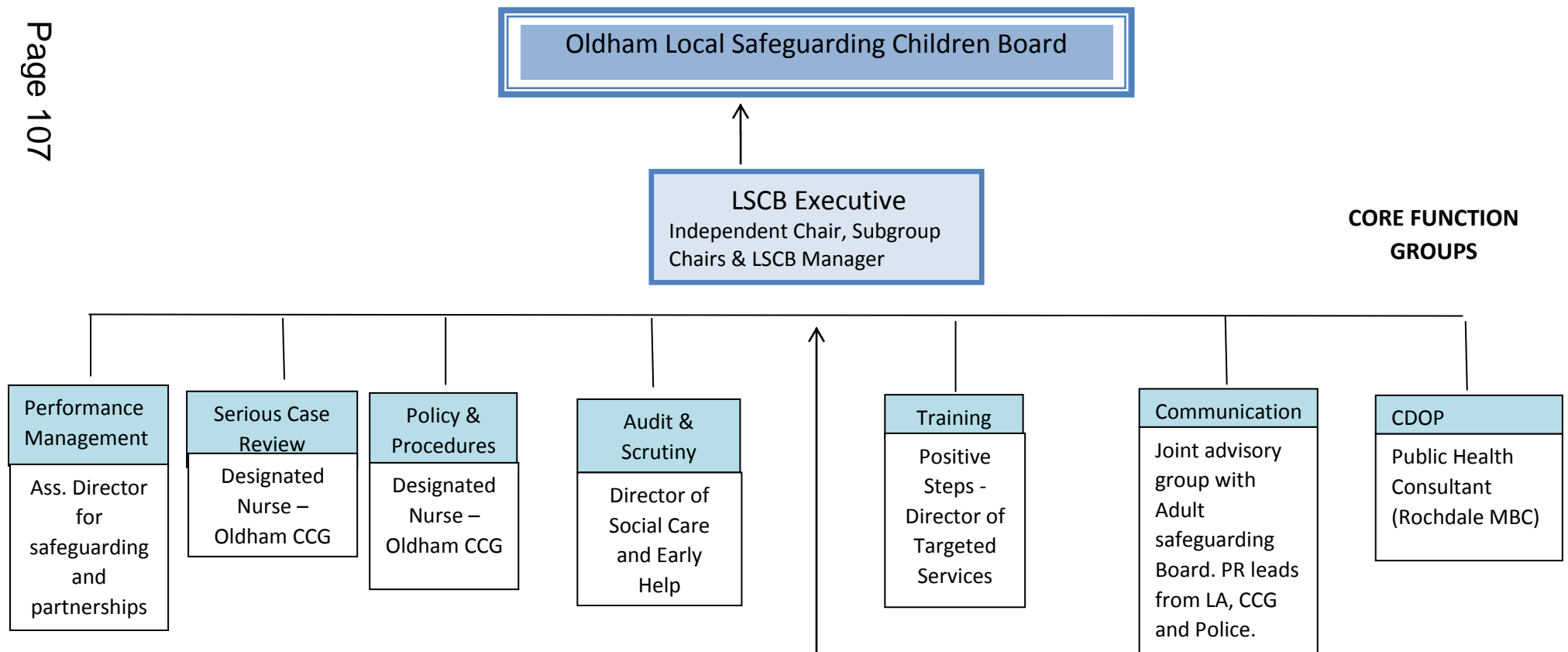
- Change our terminology to refer to the “Child’s lived experience” rather than the child’s voice
- Continue to assess the child’s lived experience via multi agency case evaluations and serious case reviews
- Explore opportunities to work with wider groups of children and young people to support the work of the Board
- Support the development of a new assessment model for use across the partnership

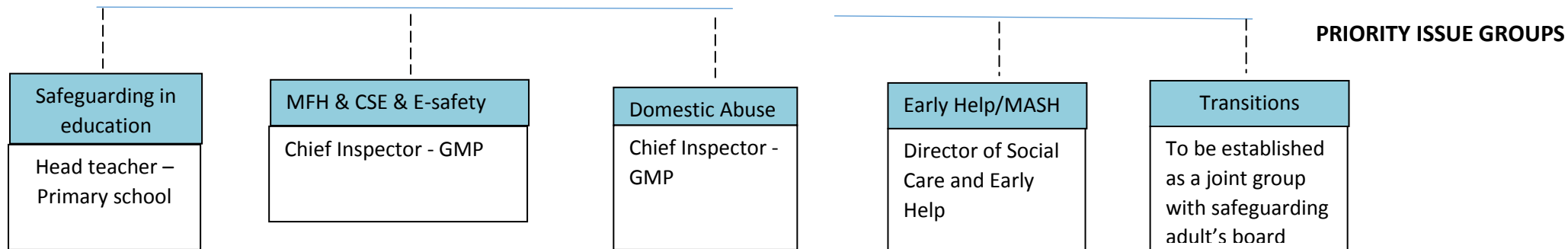
**What difference will it make for children and young people:** planning and decision making will be fully informed by and reflective of children and young people's wishes and feelings.

**Key strategic aim:** Learning is promoted and embedded

## Our Board structure

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## Business Plan 2018/19

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### Priority: Development of the new safeguarding arrangements for Oldham

**Aim:** To have a new model of accountability for safeguarding children supported by relevant agencies identified with a role in safeguarding and promoting the welfare of children.

**Link to strategic aim:** The public feel confident that children are protected

Objective	Date for completion	Who Responsible	Outcome Measure	Progress and Evidence RAG	Impact
Establish a task and finish group to develop the statement of future	April 2018*	Lisa Morris	A task and finish group will have been established with		



arrangements for Oldham			relevant partners engaged		
Development of a proposal for future arrangements	September 2018	Task and Finish group	Partnership proposal will have been developed		
Consultation on proposed future arrangements	October 2018	Task and finish group	Key stakeholders will have had the opportunity to comment and contribute to the proposal		
Independent scrutiny of proposed arrangements	December 2018	Task and finish group	Proposals will have been independently scrutinised and open to challenge		
Submission of proposed arrangements to secretary of state	January 2019	Lisa Morris	Proposal submitted		
Publication of proposed arrangements	April 2019	Lisa Morris	Arrangements publicised		
Implementation of proposed arrangements	July 2019	Task and finish group	New arrangements implemented		

*\*Please note these dates are subject to change as they are dependent upon when the revised regulations have been through parliamentary debate and vote.*

**Priority: Enhancing the partnership’s role in challenge and scrutiny**

**Aim:** To continue to develop the Board’s learning and improvement process leading to improved practice across all partner agencies

**Link to strategic aim:** Partners hold one another to account effectively

Objective	Date for completion	Who Responsible	Outcome Measure	Progress & Evidence RAG	Impact
Develop a performance and quality assurance framework for the Board	May 2018	Lisa Morris  Audit & Scrutiny subgroup  Performance subgroup	A clear framework, is owned and understood by all key partner agencies, that enables the Board to fulfil its duty to challenge effectively		
Develop of a greater understanding across all agencies of “what	June 2018	Audit & Scrutiny subgroup  Training	A consistent, multi-agency agreed vision of good practice		

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good looks like”		subgroup			
Embed a culture of effective and confident challenge across safeguarding partners	March 2019	Audit & Scrutiny Subgroup Performance subgroup Training subgroup	Partners feel confident and competent to challenge and be challenged		
Encourage transparency and escalation of concerns via agreed pathways	March 2019	Policy & Procedures subgroup	Partners understand the escalation pathway and feel confident escalate their concerns		
Invite and engage with independent scrutiny of the work of the Board and its partners	March 2019	Audit & Scrutiny subgroup Performance subgroup			
Support the development of multiagency supervision for case holders working across the system, sharing the learning from the pilot and developing opportunities	December 2018	Serious Case Review subgroup	Professionals are given the opportunity to discuss cases and identify ways to improve the multi-agency response		

for training.					
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**Priority: Complex and Contextual Safeguarding**

**Aim:** To have a clear understanding of the scale of complex and contextual safeguarding within Oldham, with a clear multi- agency response to raising awareness with children and young people, assessing their needs and providing appropriate support.

**Link to strategic aim:** Early identification of safeguarding issues

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	Progress & Evidence RAG	Impact
Develop a profile analysis for each of the elements of complex safeguarding: <ul style="list-style-type: none"> <li>• CSE</li> <li>• Forced Marriage/ HBV/ FGM</li> <li>• Radicalisation</li> <li>• Modern day slavery</li> </ul>	July 2018  August 2018  August 2018	Performance subgroup to lead and task to:  MFH/CSE subgroup  DV Partnership  Prevent steering group	Partners have a clear understanding of the profile of the issues and the levels of concern within in Oldham		

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<ul style="list-style-type: none"> <li>Organised and gang crime</li> </ul>	<p>August 2018</p> <p>July 2018</p>	<p>Challenger silver group</p>			
<p>Develop a complex and contextual safeguarding strategy for Oldham</p>	<p>May 2018</p>	<p>Lisa Morris</p>	<p>Partner agencies understand and own a multi-agency approach to addressing complex and contextual safeguarding</p>		
<p>Identify existing groups across the Partnerships and own and progress work relating to the elements of complex safeguarding</p>	<p>April 2018</p>	<p>Lisa Morris</p>	<p>Each issue is placed with the most appropriate subgroup to progress the work</p>		
<p>Embed clear lines accountability for reporting with regards complex safeguarding</p>	<p>May 2018</p>	<p>Lisa Morris</p>	<p>Governance for complex safeguarding is clear and partners understand where responsibilities for work streams lie</p>		
<p>Implement the peer on peer pathway and ensure professionals are aware of the</p>	<p>July 2018</p>	<p>Policy and Procedure subgroup</p>	<p>A clear multi agency process is embedded which allows agencies to develop plans to</p>		

process			address instances of peer on peer abuse/ violence		
Work in partnership with schools to support the delivery of key messages relating to complex and contextual safeguarding	August 2018	Safeguarding and wellbeing in education partnership	Schools/colleges with have a clear and consistent process for the delivery of key safeguarding messages to children of all ages.		

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**Priority: Domestic Abuse**

**Aim:** To have a competent and confident workforce who are able to recognise and appropriately respond to the needs of children affected by domestic abuse. This will be led by a clear domestic violence and abuse strategy that is fully reflective of children’s safeguarding priorities.

**Link to strategic aim:** Excellent practice is the norm across all practitioners in Oldham

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	Progress & Evidence RAG	Impact
Work closely with the Community Safety and Cohesion Partnership and the Safeguarding Adults Boards to ensure that	May 2018	Lisa Morris DA Partnership	Safeguarding is a key consideration within all domestic abuse related priorities and work streams		

safeguarding is integral in the Domestic Violence and Abuse Strategy for Oldham					
Work with the Domestic Violence Partnership to review the use of Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) risk indicator checklist across agencies to support understanding of risk	September 2018	DV Partnership	A better understanding of how well the DASH RIC is being used by professionals and agencies understanding of risk		
Review multi-agency access and impact of training in line with the domestic abuse competency framework	August 2018	Training subgroup	An understanding of the level of training being accessed by professionals, the appropriateness of the access and the impact on their work		

**Priority: Children missing from education including elective home education**

**Aim:** All children in Oldham are accessing suitable education and where children are electively home educated that this provision is of a suitable standard.

**Link to strategic aim:** Information is shared effectively

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	Progress & Evidence RAG	Impact
Embed robust reporting processes from schools with regards children missing from education including elective home education	July 2018	Safeguarding and Wellbeing in education partnership  Performance subgroup	Partners have a clear understanding of the number of children missing from education and are able to identify possible safeguarding concerns as a result		
Develop local guidance for education establishments about what to do if children are missing from education	June 2018	Safeguarding and Wellbeing in education partnership	Schools/ colleges are aware of and understand the process they must follow when children are missing from education		
Support the development of processes which allow	September 2018	Safeguarding and Wellbeing in education	A process is embedded across all schools and colleges that allows		



the local authority to undertake welfare checks before a child is taken off roll from school		partnership	appropriate safeguarding checks to be undertaken before a child is taken off roll		
Explore options to establish a threshold and response for “educational neglect” when a child is regularly missing from education and/or there are concerns about safeguarding	December 2018	Safeguarding and Wellbeing in education partnership	Partners recognise the links between safeguarding and children missing from education and an appropriate multi agency response is made available		

## Priority: Transitions

**Aim:** To have a clear transitions process from children's services to adult services that ensures that that agencies work together to develop a transition plan that begins at an early stage, involves the young person and their family/carers and ensures that appropriate safeguarding information is shared.

**Link to strategic aim:** Information is shared effectively

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	Progress & Evidence RAG	Impact
Develop a joint Transitions subgroup with the Safeguarding Adult's Board	April 2018	Lisa Morris	A joint group is established to ensure a full understanding of safeguarding issues relating to transitions		
Review current policies and pathways for identified areas relating to transitions	June 2018	Transitions group	Each area identified in the strategic plan is reviewed and action plans established where necessary		
Involve children and young people, family and carers in the review of existing policies and pathways	September 2018	Transitions group	Policies and pathways are appropriate to meet the needs of the people that they serve		
Establish clear policies	March 2019	Transitions group	Clear policies are		

regarding information sharing about safeguarding concerns when children are moving to adult services			established and partners, families and communities are aware of what they are		
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**Priority: Understanding the impact of trauma on children and young people**

**Aim:** To have professionals appropriately trained to utilise a continuum of tools including the ACES toolkit and the TSCC in order to fully assess the impact of trauma on children and young people and to commission appropriate support to meet the needs identified.

**Link to strategic aim:** Excellent practice is the norm across all practitioners in Oldham

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	Progress & Evidence RAG	Impact
Work with partners from the local authority and health to understand the range of trauma tools available and how they can best be utilised.	July 2018	Training subgroup	A clear understanding by partners of the range of tools available to assess trauma in children and young people		
Provide cost benefit analysis for both ACES	August 2018	Training subgroup	An understanding of the benefits across agencies of using trauma tools to		

<p>toolkit used within the Family Nurse Partnership and the TSCC used within Children's Social Care, Healthy Young Minds and Youth Justice Service.</p>			<p>appropriately assess need</p>		
<p>Work with commissioning colleagues to develop a business case for continued workforce development in relation to use of the tools and to ensure appropriate support is available to meet the needs identified.</p>	<p>October 2018</p>	<p>Training subgroup</p>	<p>Appropriate levels of support are available following trauma assessments</p>		

**Priority: Child's Lived Experience**

**Aim:** To be confident that all professionals recognise and fully reflect the child’s lived experience, including those who are non- verbal and that all children and young people have the opportunity to be involved in the work of the board and its partners.

**Link to strategic aim:** Learning is promoted and embedded

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	Progress & Evidence RAG	Impact
Change our terminology to refer to the “Child’s lived experience” rather than the child’s voice	May 2018	All subgroups	A greater understanding across professionals of the need to reflect the experience of the child, irrelevant of whether this is communicated verbally		
Continue to assess the child’s lived experience via multi agency case evaluations and serious case reviews	March 2019	Audit and Scrutiny subgroup	To ensure that the child’s lived experience is reflected across all agencies’ work		
Support the development of a new assessment model for use across the partnership	March 2019	Policy and Procedures subgroup	A holistic model of assessment that is owned and utilise by all partner agencies		

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Explore opportunities to work with wider groups of children and young people to support the work of the Board	September 2018	Lisa Morris	Wide range of young people are involved in and are able to influence the work of the Board and its partners.		
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## 1. Priority: Development of the new safeguarding arrangements for Oldham

**Aim:** To have a new model of accountability for safeguarding children supported by relevant agencies identified with a role in safeguarding and promoting the welfare of children.

**Link to strategic aim:** The public feel confident that children are protected

Objective	Date for completion	Who Responsible	Outcome Measure	What difference will it make for children and young people?	Progress and Evidence RAG
1.1 Establish a task and finish group to develop the statement of future arrangements for Oldham	April 2018*	Lisa Morris	A task and finish group will have been established with relevant partners engaged	This will ensure that key agencies are committed and contribute to a shared responsibility and co-ordinated response to safeguarding children and young people from the start of the process.	Complete
1.2 Development of a proposal for future arrangements	September 2018	Task and Finish group	Partnership proposal will have been developed	This will clearly outline the role and commitment of safeguarding partners and relevant agencies to work	Options paper is currently being finalised and will be sent to LSCB members on 17 September for

**RAG:**

**Green:** if on or better than target

**Amber:** if worse than target, but within an acceptable tolerance level

**Red:** if worse than target, and below an acceptable tolerance level

**Grey:** If complete

				together to achieve the best outcomes for children and young people.	consultation
1.3 Consultation on proposed future arrangements with a wide range of key stakeholders including children and young people	October 2018	Task and finish group	Key stakeholders will have had the opportunity to comment and contribute to the proposal	This will ensure that children and young people have the opportunity to be involved in the development of the arrangements that will aim to co-ordinate safeguarding services across partners in Oldham.	This action is dependent upon the completion of 1.2
1.4 Independent scrutiny of proposed arrangements	December 2018	Task and finish group	Proposals will have been independently scrutinised and open to challenge	This will ensure that the proposed arrangements for Oldham are effective in safeguarding and promoting the welfare of all children in the area.	This action is dependent upon the completion of 1.3
1.5 Submission of proposed arrangements to secretary of state	January 2019	Lisa Morris	Proposal submitted		This action is dependent upon the completion of 1.4

**RAG:**

Green: if on or better than target

Amber: if worse than target, but within an acceptable tolerance level

Red: if worse than target, and below an acceptable tolerance level

Grey: If complete



1.6 Publication of proposed arrangements	April 2019	Lisa Morris	Arrangements publicised	This will provide reassurance to children and young people that partners will work together to ensure the best outcomes are achieved and will be subject to independent scrutiny in order to ensure high quality provision.	This action is dependent upon the completion of 1.5
1.7 Implementation of proposed arrangements	July 2019	Task and finish group	New arrangements implemented		This action is dependent upon the completion of 1.6

*\*Please note these dates are subject to change as they are dependent upon when the revised regulations have been through parliamentary debate and vote.*

**RAG:**

**Green:** if on or better than target

**Amber:** if worse than target, but within an acceptable tolerance level

**Red:** if worse than target, and below an acceptable tolerance level

**Grey:** If complete

<b>2. Priority: Enhancing the partnership’s role in challenge and scrutiny</b>					
<b>Aim:</b> To continue to develop the Board’s learning and improvement process leading to improved practice across all partner agencies					
<b>Link to strategic aim:</b> Partners hold one another to account effectively					
Objective	Date for completion	Who Responsible	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
2.1 Develop a performance and quality assurance framework for the Board	June 2018	Lisa Morris Audit & Scrutiny subgroup Performance subgroup	A clear framework, is owned and understood by all key partner agencies, that enables the Board to fulfil its duty to challenge effectively	The framework supports the Board’s challenge and scrutiny function ensuring that partners are working together effectively and achieving the best outcomes for children and young people in Oldham	Final draft has been approved by LSCB Executive pending a final addition relating to “what good looks like” which is being developed by the audit and scrutiny panel. This will be complete by 13 September 2018
2.2 Develop of a greater understanding across all agencies of “what good looks like”	September 2018	Audit & Scrutiny subgroup Training	A consistent, multi-agency agreed vision of good practice	A consistent vision of what good looks like will support practitioners across the partnership to achieve the	This work is underway but was not finalised in readiness for the Audit and Scrutiny meeting in July

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		subgroup		<p>best outcomes for children and young people.</p> <p>It will also enable practitioners to effectively challenge each other if they feel that decision making and practice is unlikely to achieve a good outcome.</p>	<p>2018. Once finalised it will be added to the learning and improvement QA framework. This will be completed within timescale for the target date. This will be complete by 13 September 2018</p>
2.3 Embed a culture of effective and confident challenge across safeguarding partners	March 2019	<p>Audit &amp; Scrutiny Subgroup</p> <p>Performance subgroup</p> <p>Training subgroup</p>	Partners feel confident and competent to challenge and be challenged	<p>Effective and confident challenge across the partnership will ensure that practitioners are able to reflect on decisions and seek to continuously improve practice resulting in the best outcomes for children and young people.</p>	<p>Trainers have been identified to deliver the professional challenge session. A date for delivery is being agreed.</p> <p>The impact of the training will be monitored via the training subgroup and via the Multi Agency Case Evaluations undertaken by the Audit and Scrutiny subgroup.</p>

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<p>2.4 Encourage transparency and escalation of concerns via agreed pathways</p>	<p>March 2019</p>	<p>Policy &amp; Procedures subgroup</p>	<p>Partners understand the escalation pathway and feel confident escalate their concerns</p>	<p>Clear understanding and use of the escalation policy ensures that professional disagreements are resolved in a timely manner and that partners continue to work together to achieve the best outcomes for the child</p>	<p>A briefing paper is being drafted in relation to the escalation process.</p> <p>The escalation policy for resolving professional disagreements has been re-circulated to LSCB representatives via email on 3 July 2018.</p> <p>The escalation policy was presented to school safeguarding leads on 16 June 2018.</p>
<p>2.5 Invite and engage with independent scrutiny of the work of the Board and its partners</p>	<p>March 2019</p>	<p>Audit &amp; Scrutiny subgroup Performance subgroup SCR subgroup</p>	<p>The Board and its partners receive independent evaluations of the work and drive improvement based on recommendations</p>	<p>Independent scrutiny supports partners to continually drive improvement in their response to safeguarding and promoting the welfare of children and young people</p>	<p>A series of SCRS have been commissioned by the LSCB following screening by the SCR Panel.</p> <p>The Audit and Scrutiny panel recently received a presentation from the YJS following a recent peer</p>

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					<p>evaluation and inspection.</p> <p>The Multi Agency Case Evaluation (MACE) relating to children associated with gangs was completed in June and the overview report was presented to the LSCB in July 2018.</p>
2.6 Support the development of multiagency supervision for case holders working across the system, sharing the learning from the pilot and developing opportunities for training.	December 2018	Serious Case Review subgroup	Professionals are given the opportunity to discuss cases and identify ways to improve the multi-agency response	Multi-Agency supervision provides an opportunity for a core group of professionals to reflection on a case they are working with. The aim of supervision is the improvement of the quality of work to achieve the agreed outcomes for children	<p>Multi agency supervision is being piloted currently with cases being identified by Children’s Social care. Review date has slipped from July but will be completed by October 2018</p>

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<b>3. Priority: Complex and Contextual Safeguarding</b>					
<b>Aim:</b> To have a clear understanding of the scale of complex and contextual safeguarding within Oldham, with a clear multi- agency response to raising awareness with children and young people, assessing their needs and providing appropriate support.					
<b>Link to strategic aim:</b> Early identification of safeguarding issues					
Objective	Date for completion	Who Responsible / linked plan	Outcome measure	What difference will it make for children and young people?	Progress & Evidence RAG
3.1 Develop a profile analysis for each of the elements of complex safeguarding: <ul style="list-style-type: none"> <li>• CSE</li> <li>• Forced Marriage/ HBV/ FGM</li> <li>• Radicalisation</li> <li>• Modern day</li> </ul>	July 2018	Performance subgroup to lead and task to:  MFH/CSE subgroup	Partners have a clear understanding of the profile of the issues and the levels of concern within in Oldham	Understanding the profile of these new and emerging issues allows partners to develop a consistent and effective multi agency approach to safeguarding children and young people	Each of the relevant subgroup chairs has been asked to undertake a profile analysis of the specific areas of complex safeguarding.
	August 2018	DV Partnership			An annual report regarding CSE and profile analysis for Oldham was presented to the MFH/CSE/E-safety subgroup in July 2018.
	August 2018	Prevent steering			A report relating to

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slavery <ul style="list-style-type: none"> <li>Organised and gang crime</li> </ul>	August 2018	group  Challenger silver group			Prevent and radicalisation has been submitted by Ass. Dir for Communities and Early Intervention and will be considered by the Performance subgroup at the next meeting in September 2018.
	July 2018				An annual report relating to domestic abuse which will include forced marriage, honour based violence and female genital mutilation is being written by the DV partnership in readiness for October 2018
					No information received relating to organised and gang crime. This has been chased up with DCI Jim

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					Faulkner
					No information received relating to organised and gang crime. This has been chased up with DCI Jim Faulkner
3.2 Develop a complex and contextual safeguarding strategy for Oldham	May 2018	Lisa Morris	Partner agencies understand and own a multi-agency approach to addressing complex and contextual safeguarding	A clear strategy supports the development of a multi agency response to new and emerging safeguarding concerns	The item was discussed at the LSCB Executive Board in June. It was acknowledged that there are various strands of work looking at youth violence and complex safeguarding both at a local and GM level however the Board felt that work on a local activity map should

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					<p>progress which will inform the development of the strategy along with the profile analyses.</p> <p>Activity mapping session planned for 21 September</p>
3.3 Identify existing groups across the Partnerships to own and progress work relating to the elements of complex safeguarding	April 2018	Lisa Morris	Each issue is placed with the most appropriate subgroup to progress the work	a clear structure for addressing issues of complex safeguarding ensures that the partnership response is co-ordinated and effective	 <p>Complex safeguarding structure</p> <p>Proposed structure developed</p>
3.4 Embed clear lines accountability for reporting with regards complex safeguarding	May 2018	Lisa Morris	Governance for complex safeguarding is clear and partners understand where responsibilities for work streams lie	Clear accountability allows the Board to effectively challenge and scrutinise the multi agency response to complex safeguarding resulting in improved provision for children and young people	Clear terms of reference for complex safeguarding are being developed to ensure clear governance
3.5 Implement the peer on peer pathway and	July 2018	Policy and Procedure	A clear multi agency process is	A clear pathway ensures professionals are able to	Peer on peer guidance has been signed off and

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<p>ensure professionals are aware of the process</p>		<p>subgroup</p>	<p>embedded which allows agencies to develop plans to address instances of peer on peer abuse/ violence</p>	<p>recognise and respond to peer on peer abuse effectively.</p>	<p>the first briefing session was attended by 37 multi agency professionals on 2 July 2018.  Second briefing is planned for September 2018.</p>
<p>3.6 Work in partnership with schools to support the delivery of key messages relating to complex and contextual safeguarding</p>	<p>August 2018</p>	<p>Safeguarding and wellbeing in education partnership</p>	<p>Schools/colleges with have a clear and consistent process for the delivery of key safeguarding messages to children of all ages.</p>	<p>Delivery of key messages in schools highlights emerging concerns for children and young people and ensure children, young people, parents and practitioners are aware of and understand these issues and to respond effectively</p>	<p>Peer on peer guidance was presented to the safeguarding leads network event on 16 June.  Three schools are currently piloting the harmful sexual behaviours audit toolkit – supported by member of the LSCB.  Ongoing input from members fo the LSCB team and Community Safety team to deliver</p>

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					<p>messages relating to consent, knife crime, relationships and sex education.</p> <p>Current mapping exercise underway with schools to identify all inputs relating to safeguarding and any gaps.</p>
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<p><b>4. Priority: Domestic Abuse</b></p> <p><b>Aim:</b> To have a competent and confident workforce who are able to recognise and appropriately respond to the needs of children affected by domestic abuse. This will be led by a clear domestic violence and abuse strategy that is fully reflective of children’s safeguarding priorities.</p> <p><b>Link to strategic aim:</b> Excellent practice is the norm across all practitioners in Oldham</p>					
Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
4.1 Work closely with the Community Safety	May 2018	Lisa Morris	Safeguarding is a key consideration within	Embedding safeguarding children within the domestic	Governance of the DV Partnership has been

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<p>and Cohesion Partnership and the Safeguarding Adults Boards to ensure that safeguarding is integral in the Domestic Violence and Abuse Strategy for Oldham</p>		<p>DA Partnership</p>	<p>all domestic abuse related priorities and work streams</p>	<p>abuse strategy will ensure that the impact of domestic abuse on children and young people is fully considered in assessments and provision of services.</p>	<p>reviewed. Agreed that it will remain with Community Safety and Cohesion Partnership with secondary reporting into both children and adult safeguarding boards.</p> <p>Director of Children’s Social Care and Early Help will now chair the DV Partnership meetings and a refreshed strategy and action plan is underway.</p> <p>LSCB manager is part of a small task and finish group reviewing DV Partnership to ensure that safeguarding children is integral to the strategy and action</p>
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					plan.
4.2 Work with the Domestic Violence Partnership to review the use of Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) risk indicator checklist across agencies to support understanding of risk	September 2018	DA Partnership	A better understanding of how well the DASH RIC is being used by professionals and agencies understanding of risk	A review of the use of the DASH risk assessment will ensure that all agencies are effectively assessing the risk to families as a result of domestic abuse enabling more timely and effective risk management and interventions	Update provided at the DV Partnership stated that the MARAC would not be externally reviewed by Safe Lives due to changes due to take place locally relating to to GMP investigation safeguarding review which will impact on the way in which MARAC will work locally. As such this action needs to be addressed separately by the DV Partnership.
4.3 Review multi-agency access and impact of training in line with the domestic abuse competency	August 2018	Training subgroup	An understanding of the level of training being accessed by professionals, the appropriateness of	The framework ensures that practitioners are supported to access the appropriate level of training resulting in a more competent response to	The domestic abuse competency framework has been finalised and is with PR for graphics.

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framework			the access and the impact on their work	safeguarding children and young people who have experienced domestic abuse	<p>The training offer has been mapped against the framework and a gap relating to perpetrator typologies has been identified. The LSCB training consultant is working with CRC to develop a training session.</p> <p>The training subgroup will monitor agency attendance against the competency framework to ensure appropriate training is being accessed.</p>
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### 5. Priority: Children missing from education including elective home education

**Aim:** All children in Oldham are accessing suitable education and where children are electively home educated that this provision is of a suitable standard.

**Link to strategic aim:** Information is shared effectively

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
5.1 Embed robust reporting processes from schools with regards children missing from education including elective home education	July 2018	Safeguarding and Wellbeing in education partnership  Performance subgroup	Partners have a clear understanding of the number of children missing from education and are able to identify possible safeguarding concerns as a result	Clear sharing of information from schools ensures that appropriate enquiries can be made in a timely manner and safeguarding concerns identified at the earliest opportunity.	Draft flowchart was presented to the safeguarding and wellbeing in education subgroup on 10 July. Few minor amendments to be made. Awaiting sign off by Director of Children’s Services.  A new live data system is due to be implemented by LA education colleagues which will

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					allow the inclusion team to access live attendance data.
5.2 Develop local guidance for education establishments about what to do if children are missing from education	June 2018	Safeguarding and Wellbeing in education partnership	Schools/ colleges are aware of and understand the process they must follow when children are missing from education	Schools are clear and confident in the responsibility to share information with the local authority in order to promote early identification of safeguarding concerns	Draft flowchart was presented to the safeguarding and wellbeing in education subgroup on 10 July. Few minor amendments to be made. Awaiting sign off by Director of Children's Services
5.3 Support the development of processes which allow the local authority to undertake welfare checks before a child is taken off roll from school	September 2018	Safeguarding and Wellbeing in education partnership	A process is embedded across all schools and colleges that allows appropriate safeguarding checks to be undertaken before a child is taken off roll	This will ensure that any safeguarding concerns have been identified prior to children being taken off roll	This has been factored into the the flowchart for school notifications when a child is missing from education.
5.4 Explore options to	December	Safeguarding	Partners recognise	This supports a more holistic	Ass. Dir. For

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<p>establish a threshold and response for “educational neglect” when a child is regularly missing from education and/or there are concerns about safeguarding</p>	<p>2018</p>	<p>and Wellbeing in education partnership</p>	<p>the links between safeguarding and children missing from education and an appropriate multi agency response is made available</p>	<p>assessment of any potential safeguarding concerns for children who are missing from or not accessing education.</p>	<p>Safeguarding and Partnerships has met with Head of Inclusion and Head of School Improvement to progress this. It was agreed that current practice would be mapped as there are existing links between inclusion team and the MASH that can be enhanced.</p> <p>LSCB manager is scoping existing arrangements with other LSCBs in GM.</p>
<p><b>6. Priority: Transitions</b></p>					

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**Aim:** To have a clear transitions process from children's services to adult services that ensures that that agencies work together to develop a transition plan that begins at an early stage, involves the young person and their family/carers and ensures that appropriate safeguarding information is shared.

**Link to strategic aim:** Information is shared effectively

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
6.1 Develop a joint Transitions subgroup with the Safeguarding Adult's Board	May 2018	Lisa Morris	A joint group is established to ensure a full understanding of safeguarding issues relating to transitions	This will ensure appropriate professionals are working together to improve the response to transitions in Oldham	Following a discussion at the LSCB Executive Board it has been agreed that the Transitions work should be lead by both an Adult and Children's Social Care lead therefore Service Manager for Integrated Services will lead this work on behalf of Children's Social Care.
6.2 Review current policies and pathways for identified areas	June 2018	Transitions group	Each area identified in the strategic plan is reviewed and action	The review will ensure eisting pathways are feective and result in the best outcome	Work is progressing but there has been some confusion regarding leads

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relating to transitions			plans established where necessary	for children and young people	therefore LSCB business manager has requested a meeting with adult and children's social care to progress this.
6.3 Involve children and young people, family and carers in the review of existing policies and pathways	September 2018	Transitions group	Policies and pathways are appropriate to meet the needs of the people that they serve	This will ensure that the response to transitions is reflective of the needs and children and young people	POINT are involved in the Transitions group and will be the conduit to engaging and involving parents, carers and young people in this work.
6.4 Establish clear policies regarding information sharing about safeguarding concerns when children are moving to adult services	March 2019	Transitions group Policy and Procedures subgroup	Clear policies are established and partners, families and communities are aware of what they are	Clear policies relating to sharing of information will ensure that safeguarding concerns are managed and considered effectively at the point of transition	This action is dependent upon the completion of actions 6.2 and 6.3.

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### 7. Priority: Understanding the impact of trauma on children and young people

**Aim:** To have professionals appropriately trained to utilise a continuum of tools including the ACES toolkit and the TSCC in order to fully assess the impact of trauma on children and young people and to commission appropriate support to meet the needs identified.

**Link to strategic aim:** Excellent practice is the norm across all practitioners in Oldham

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
7.1 Work with partners from the local authority and health to understand the range of trauma tools available and how they can best be utilised.	July 2018	Training subgroup	A clear understanding by partners of the range of tools available to assess trauma in children and young people	The development of trauma tools will enable more effective support of children’s emotional and mental wellbeing	This work will now be overseen by the Children’s emotional wellbeing and mental health partnership to ensure that it is co-ordinated with other ongoing pieces of work relating to social, emotional and mental health across the partnership.  The LSCB business

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					manager has been invited to join the partnership and LSCB training consultant will continue to lead on this work.
7.2 Provide cost benefit analysis for both ACES toolkit used within the Family Nurse Partnership and the TSCC used within Children’s Social Care, Healthy Young Minds and Youth Justice Service.	August 2018	Training subgroup	An understanding of the benefits across agencies of using trauma tools to appropriately assess need	This will support future commissioning of improved trauma responses for children and young people	Information about cases from services that have used TSCC is being gathered in order to undertake a cost benefit analysis. A similar approach is underway via FNP evaluation regarding ACES.
7.3 Work with commissioning colleagues to develop a business case for continued workforce	October 2018	Training subgroup	Appropriate levels of support are available following trauma assessments	Increasing the range of practitioners trained to use trauma tools will increase the availability of the support for children and young people	A bid is being developed by the LA and CCG into the Governments domestic abuse and

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development in relation to use of the tools and to ensure appropriate support is available to meet the needs identified.					children fund which will seek funding to expand on the TSCC pilot and commission specialist support for children and young people. Deadline is 19 September 2018
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**8. Priority: Child's Lived Experience**

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<p><b>Aim:</b> To be confident that all professionals recognise and fully reflect the child’s lived experience, including those who are non- verbal and that all children and young people have the opportunity to be involved in the work of the board and its partners.</p> <p><b>Link to strategic aim:</b> Learning is promoted and embedded</p>					
Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
8.1 Change our terminology to refer to the “Child’s lived experience” rather than the child’s voice	July 2018	All subgroups	A greater understanding across professionals of the need to reflect the experience of the child, irrelevant of whether this is communicated verbally	This will support practitioners to consider the experiences of a child rather than solely focusing on the verbal communication	All LSCB documentation is being updated to reflect the terminology “child’s lived experience”  This will go live when new website is launched.
8.2 Continue to assess the child’s lived experience via multi agency case evaluations and	March 2019	Audit and Scrutiny subgroup	To ensure that the child’s lived experience is reflected across all agencies’ work	this continued assessment will lead to improved practice with the child at the centre of decision making	Child’s lived experience is included in all multi agency case evaluations and is a key feature in serious case reviews and

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serious case reviews					other reviews.  This will be reflected in the annual report from the two relevant subgroups.
8.3 Support the development of a new assessment model for use across the partnership	March 2019	Policy and Procedures subgroup	A holistic model of assessment that is owned and utilise by all partner agencies	A consistent model will ensure holistic assessments are undertaken by all agencies resulting in better outcomes for children.	The proposed model of Signs of Safety has been approved by the LSCB and project plan is being developed. Due to begin in September 2018 and is likely to take approximately 18 months to embed across the partnership.
8.4 Explore opportunities to work with wider groups of children and young people to support the work of the Board	September 2018	Lisa Morris	Wide range of young people are involved in and are able to influence the work of the Board and its partners.	A wider engagement with children and young people will ensure that we have a better understanding of the needs and wants of children and young people, leading to improved practice across the	Safeguarding lead for schools is currently exploring with schools how to engage school councils in the work of the Board.  The development of

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				agencies	social media platform(s) will seek to engage children and young people in the work of the Board
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# 3 Year Strategy Statement

## April 2018 – March 2021

Approved by Board: March 2018

Published: April 2018



GREATER MANCHESTER  
FIRE AND RESCUE SERVICE



# Foreword

As the Elected Member Representative on Oldham Safeguarding Adults Board, I'm very pleased to commend its Three Year Strategy Statement.

In local government, health and care services and voluntary sector, we're experiencing a period of great challenge and change so it's very important that, in strong partnership, we keep our eyes firmly on the goal of keeping Oldham's vulnerable residents safe from abuse and neglect and promoting their wellbeing.

Safeguarding is everyone's business and must be focussed on the needs of the individual. It's important that we have a shared vision for the growth and development of the board. The Three Year Strategy lays the ground for strong partnership working, improved sharing of information and good practice, mutual accountability and improved learning.

Through this strategy, the Oldham Safeguarding Adults Board can continue to grow and develop thus strengthening support and protection for Oldham people.

**Cllr Jenny Harrison**  
**Lead Member for Social Care & Safeguarding, Oldham Council**

The publication of this three year strategic plan for safeguarding adults in Oldham during the period April 2018 to March 2021 marks a significant moment in the partnership for protecting adults in the Borough. After its initial three year phase of implementing and embedding its then new statutory responsibilities across the safeguarding partners, the Board now seeks to be ambitious in impacting upon the lives of vulnerable adults in the Borough.

This ambition can be seen in the statement of our vision contained in the document, and this vision will guide how we will implement the strategy. Our priority areas of work will be the main focus of the partners' safeguarding activity and through our strategic objectives we will seek to deliver on the vision we have outlined. Throughout the lifetime of this plan we will be monitoring the performance of the safeguarding partnership and the outcomes it achieves. There will be three points of focus for our monitoring and evaluation:

- Delivery on our priorities
- Delivery on our strategies; and
- Delivery on our vision

In this way we seek to ensure the development of public confidence that adults are protected by effective support and intervention from an effective partnership.

**Dr Henri Giller**  
**Independent Chair, Oldham Local Safeguarding Adults Board**

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# 1. Introduction

Oldham Safeguarding Adults Board is a partnership of organisations whose aim is to safeguard adults who are vulnerable to, at risk of or are experiencing abuse and neglect.

As a statutory body the primary role of Oldham Safeguarding Adults Board is to strategically lead adult safeguarding within Oldham. The board is also required to assure itself that organisations and agencies across Oldham are effectively ensuring the safety and promoting the interests of adults who are vulnerable to abuse and neglect.

This strategy statement sets out the strategic aims of Oldham Safeguarding Adult Board over the next three years by identifying the partnerships shared vision and direction for safeguarding adults within Oldham. The strategy statement will also set out how the board will work towards these aims.

The statement is directly linked to:

- Our annual business plans which will detail how we will achieve our aims.
- Our annual report which evaluates our effectiveness in achieving our aims, and identifies where strategy may need to adapt and develop.
- Oldham Safeguarding Adult Boards 2018 peer review summary report and improvement plan which will provide an external analysis of the partnerships effectiveness and highlight further potential areas for strategic prioritisation.

## 2. Our Strategic Partnership

Oldham Safeguarding Adults Board is comprised of both statutory and non-statutory members:

Statutory:

- Oldham Metropolitan Borough Council
- NHS Oldham Clinical Commissioning Group
- Greater Manchester Police (Oldham Division)

Non-statutory:

- Pennine Care NHS Foundation Trust
- Pennine Acute Hospital NHS Foundation Trust
- Greater Manchester Fire and Rescue Service
- North West Probation Service
- Oldham Housing Investment Partnership
- North West Ambulance Service
- Age UK Oldham
- Positive Steps
- Miocare Group Limited
- Roselands Care Home Limited
- Health Watch Oldham
- Elected member representation

### 3. Our Partnership Approach

Our shared vision will be achieved by working together in partnership as communities, organisations and affiliated boards to maximise effective, forward looking strategies which safeguard adults.

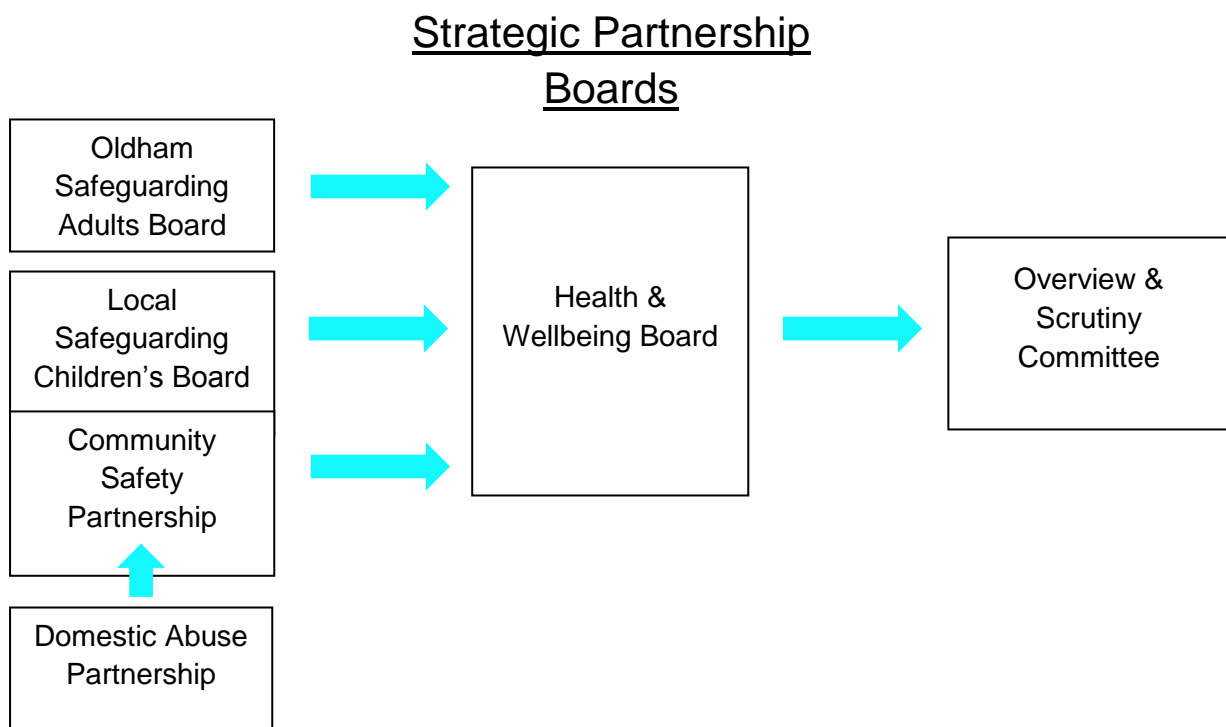
The strategy underpinning our vision will remain flexible in approach. Where new risks are identified, or key aspects require review, the strategy will be amended to support the most effective means of preventing abuse and neglect, and promoting the wellbeing and safety of adults.



## 4. Local Strategic Partnerships

Oldham Safeguarding Adults Board works strategically alongside a number of other key strategic partnership boards within Oldham. As independent bodies, effective connections and working relationship between the boards have the capacity to maximise the effectiveness of joint strategic approaches and to support each other in meeting our safeguarding responsibilities. The relationships between the boards also offer opportunity for scrutiny.

The following diagram represents the current relationship between Oldham's strategic partnership boards. Identifying none hierarchical governance arrangements, this strategy document will be forwarded to Oldham's Health and Wellbeing Board for further discussion,



and to determine if they agree the arrangements reflected in the following diagram:

## 5. Our Statutory Duties

The Care Act 2014 requires that a local authority must have a Safeguarding Adults Board.

The Care Act 2014 states that there are three specific duties which underpin our work:

- We must publish an annual strategic plan detailing the main objectives of the board, who will implement these and how they will be achieved.
- We must publish an annual report detailing how we have worked towards achieving our objectives and what collectively we and individually member organisations have done to implement strategy. The annual report must also report the findings of any safeguarding adult reviews.
- We must decide when a Safeguarding adult review is needed, arrange for this to occur, and if it decides implement its findings. If the Safeguarding Adults Board decide not to implement findings the annual report must also cover why this decision was taken.

The Care Act 2014 also requires that a Safeguarding Adults Board must assure itself that local safeguarding arrangements are in place and help and protect adults in its area who:

- Have needs for care and support (whether or not the local authority is meeting any of those needs), and
- Are experiencing, or at risk of, abuse or neglect, and
- As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## 6. Our Vision

It is our vision as a board that:

The people of Oldham have a right to live safely, free from abuse and neglect, and are supported to do so by co-operative communities and organisations which:

- Do not tolerate abuse and neglect.
- Champion making safeguarding personal.
- Work preventatively through early identification of new safeguarding issues.
- Deliver excellent practice as the norm.
- Share Information effectively.
- Ensure that the public feel confident that adults are protected.

And where board partners:

- Prioritise their commitment to the board.
- Hold one another to account effectively.
- Promote and embed learning.

## 7. Our Underpinning Values

This strategy is underpinned by the collective values of the board which believe that:

- It is a human right to live a life free from abuse and neglect.
- Individualised, outcome focused safeguarding and public protection is the responsibility of the board partnership and the wider community.
- Preventative practice reduces the risk of abuse or neglect to adults with care and support needs.
- Multi agency working supports excellence in safeguarding practice.
- A holistic approach is at the heart of safeguarding practice.
- Individual rights to both to take risks and receive protection should be respected.
- Safeguarding is everyone's business.
- Partnership agencies are responsible for holding each other to account.
- Achieving excellence in safeguarding is a continuous process which occurs through a culture of learning.

## 8. Our Underpinning Principles

The work of the board will be based on the following principles:

**Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

*“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

**Prevention** – It is better to take action before harm occurs.

*“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

**Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.

*“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as is needed.”*

**Protection** – Support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

**Partnership** – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

**Accountability** – Accountability and transparency in delivering safeguarding.

*“I understand the role of everyone involved in my life and so do they.”*

## 9. Our Development

Oldham Safeguarding Adults Board commenced its statutory functions in 2015 following the creation of statutory safeguarding adult's duties under the Care Act 2014. Through its leadership and assurance functions the board has strategically led on embedding Care Act compliance and the ongoing development of adult safeguarding in Oldham.

With a focus on the efficiency and effectiveness, the board itself has undergone a full review throughout 2015 – 18. A new Multi-Agency Adult Safeguarding Policy and operational procedures have been developed and implemented throughout this period. They focus on an outcome based approach to adult safeguarding which puts individuals at the centre of decisions about their wellbeing and safety, and support effective prevention of and responses to public safety issues.

Thorough 2016 –18 the board has responded to requirements for ongoing refinement of our policy and procedures in order to secure the delivery of a strong and consistent approach to adult safeguarding across front line practice in Oldham. The board recognises that that further prioritisation of the Making Safeguarding Personal approach, and a focus on clear and robust quality audit structures are now required to strengthen our safeguarding culture and provide assurance that our safeguarding priorities are embedded in practice.

The board further recognises that embedding care act compliance, promoting an individualised outcomes focused safeguarding culture and achieving strategic priorities is directly linked to the development of a robust and consistent multi agency workforce development strategy. The board has made significant progress in this area through review the partnerships multi-agency training strategies and has secured partnership commitment to a safeguarding competency framework. The framework is aimed to enhance front line provision of high quality safeguarding practice and support better outcomes for individuals. Our continued focus on workforce development will remain a long term priority for the board as part of our commitment to promoting a learning culture around safeguarding.

The appointment of a new independent chair in 2016 has strengthened the leadership of the board and provided clear structure, vision and direction. As a joint chair for Oldham's Safeguarding Children's Board, connectivity with our fellow strategic safeguarding partnership board has supported recognition of joint strategic aims and opportunities for collaborative working. Where these connections now contribute to an enhanced whole family approach to safeguarding in Oldham, the board has identified further opportunities to enhance connectivity with other strategic partnerships boards within Oldham.

The creation of an executive board has supported the development of the way in which work is organised by the board. Through oversight of planning and sub group activity the executive board now assist the transition from planning to delivering change. The commitment to strengthening the efficiency and effectiveness of the board requires consistent senior level membership from all partnership members. As an area of challenge identified in 2015 the position of the board is now significantly improved and an ongoing focus in this area will also remain in order to further improve the partnerships capacity to lead in preventing and responding to adult abuse and neglect.

Enhanced strategic communication between partners has shown real development in the last three years. The board recognises that this translation of enhanced communication to front line practice continues to be impacted by operational context and environmental factors affecting the borough of Oldham. Where continued financial and staffing capacity pressures exist across the partnership, participation, listening to and engaging with people receiving and providing safeguarding support will be essential to working with a resident focus and delivering on strategy.

The board's communication strategy with the wider public on safeguarding adults has to date been delivered largely through the local authority website. It is recognised by the board that wider contributions to communications strategies with the public will enhance our ability to understand the requirements of the local community and assure ourselves that the public understand how to protect themselves from and seek support in relation to abuse and neglect. This wider partnership approach is required to truly make safeguarding everyone's business.

With a continued focus on the efficiency and effectiveness of the board going forward we will now prioritise both our focus on internal development and seek to benefit from external scrutiny and opportunities to learn from others. Engagement in a peer safeguarding review with Stockport in 2018 will support reflection on our effectiveness as a partnership and further inform the direction of our strategic priorities. Opportunities and risks arising from the wider integration of the partnership, and across Greater Manchester will also create new demands. We will look to the wealth of data available across the partnership, Greater Manchester, the Northwest and nationally to support us to best understand our position and deliver on our duties through effective, inclusive plans which prevent and respond to abuse and neglect throughout the period 2018 – 2021.

## 10. Our Strategic Objectives

Oldham safeguarding Adults Board identified its strategic objectives for 2018 – 2021 at the board's development day in January 2018.

As a partnership we will:

- Focus on safety and wellbeing, supporting Oldham to define how it will prevent the abuse and neglect of adults.
- Seek assurance that effective leadership and partnership working is in place to prevent abuse and neglect and respond to adults who are at risk of or experiencing abuse and neglect.
- Raise the profile of the Making Safeguarding Personal approach and lead culture change for safeguarding adults in Oldham.
- Promote participation, listening to and engaging with people who have experienced abuse or neglect, gaining the perspectives of stakeholders, and seeking assurance that individualised, empowering outcomes are being achieved.
- Promote safeguarding adults to the public through effective communication, including benchmarking the local perceptions of confidence that the public has in our safeguarding efforts.
- Ensure that safeguarding adults is actively recognised, considered and responded to as a key part of the integration agenda for health and social care in Oldham.



# 11. Priority Areas of Work

The board will continue to prioritise the following areas of work:

## 11.1. Transitions

The board will continue to maintain oversight of the transitions agenda and priorities via links to existing working groups. In addition the board will expand its prioritisation of this area of work from a focus on learning disabilities to all areas of need. The board will also consider the need for a joint transitions subgroup with the Local safeguarding Children's Board.

## 11.2. Prevent

The board will continue to maintain oversight of the Prevent agenda and priorities via links to existing working groups.

## 11.3. Domestic abuse

The board will continue to maintain oversight of the Domestic Abuse agenda and priorities via links to existing working groups.

In addition the new areas of work which will be prioritised by the board are:

## 11.4. Prevention and wellbeing

The board recognise that preventative safeguarding has the capacity to enhance resilience to abuse and neglect and empower individuals and communities to safeguard themselves.

The board therefore gives priority to a prevention strategy. It will focus on prevention through community engagement which supports early identification of new safeguarding issues, engagement with the development of the prevention offer for adults across Oldham, and leading on the delivery of key messages to front line staff.

## 11.5. Making safeguarding personal

The Making Safeguarding Personal (MSP) approach is an agenda for change aimed at achieving a cultural shift in the way we work with adults who are experiencing or at risk of abuse and neglect. It emphasises the need to move away from process led safeguarding practice and systems, to person centred, interventions based practice which uses preventative, wellbeing and safety approaches to meet the desired outcomes of adults at risk.

The approach requires all organisations to engage with people about the outcomes they want from the point of first contact, and drives safeguarding work which supports people to be in control and can make decisions for themselves about their wellbeing and safety.

The board will lead on culture change from above:

- Adopting and working to local government association guidance.
- Seeking assurance from partners that a multi-agency response is prioritised, and

- Supporting the delivery of enhanced practice standards through the provision of effective, long term support systems.

## 11.6. Integration and safeguarding

Under Oldham's local arrangements for integration it is proposed that all policy and board arrangements for safeguarding adults transfer to a new Joint Commissioning team which will bring together on an initial co located basis the OMBC and CCG commissioning and quality services. Operationally it is proposed that safeguarding enquires will be undertaken via the Community Alliance provider.

Both locally and regionally current conversations on what partnership models for safeguarding practice look like raise as many questions as answers.

The model adopted in Oldham will present both opportunities and challenges and need to be shaped by ongoing dialogue. The board will lead this dialogue, which will be informed through horizon scanning and the emergence of a wider evidence base around integration both locally and nationally.

## 11.7. Next steps

Through the prioritisation of these areas and scrutiny of systems and practice the board will develop task and finish groups to address identified gaps across the borough.

# 12. Implementation

This strategy will be implemented via the planning and delivery of annual business plans by the executive board and the work of its subgroups.

## Our Subgroups

Workforce Development	Performance	Quality Assurance & Audit	PR & Comms.	Safeguarding Adults Review	Policy, Procedures & Operational
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### 12.1. Workforce Development

The sub group is responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding adults training provision. This includes making recommendations regarding the facilitation and commissioning of appropriate training resources and ensuring the regular review and evaluation of the training provision in line with the OSAB business plan.

Activity will focus on delivering on the partnerships commitment to the safeguarding competency framework, and the development and funding of an integrated training strategy and programme.

### 12.2. Performance

The sub group is responsible for monitoring and evaluating the performance and activity of the three statutory board members (Local Authority, Police and Health) and other relevant partners, both individually and collectively, to safeguard and promote the welfare of adults and advise on ways to improve.

Activity will focus on providing a comprehensive view of safeguarding performance across the remit of the partnership through the creation and implementation of an extended dashboard.

### 12.3. Quality Assurance and Audit

The sub-group is responsible for undertaking qualitative assessments of the performance of the safeguarding partners in Oldham, and case study audits to provide assurance that high quality safeguarding responses are provided and hold organisations to account for their work.

Activity will focus on the development of auditing tools and programmes which support assurance that excellence is being delivered or highlight what is required to move towards this.

### 12.4. PR and Communication

The sub group is responsible for develop a multi-agency brand for the board, promoting the identity and purpose of the board and safeguarding to the public and other organisations. It will work with the workforce development sub-group on the development and production of safeguarding materials and communications opportunities for safeguarding.

Activity will focus on two way communication. Telling the public what safeguarding is, how to spot the signs of abuse and neglect, where to seek support, what standards they can expect will be a key area of activity. Engaging with and listening to messages from the public, communities and partners around emergent needs and risk will be the other key area of activity for the subgroup.

## 12.5. Safeguarding Adult Review

The Sub Group is responsible to consider if a serious incident referred into the OSAB meets the threshold for undertaking:-

- Safeguarding Adult Reviews.
- Multi-Agency Concise Reviews
- Individual Agency Reviews
- Multi-Professional Discussion Forums.

The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk. All serious incidents in Oldham referred to the OSAB are discussed and considered to see what threshold it meets in line with the above and what process is going to be undertaken.

Long term activity will focus on providing assurance to the board that partner agencies learn lessons from cases where serious incidents have occurred or cases where it is felt that practice needs to improve within Oldham.

## 12.6. Policy and procedure and operational

The group is responsible for developing, reviewing, and quality assuring multi agency policies and procedures which seek to discharge the statutory responsibilities of the board. This will include making recommendations for any changes within the documents, agreeing review dates, ensuring policies and procedures remain current and reflect any changes in legislation. The group will also act as a forum for discussion of operational issues.

Activity will focus on producing statements which are fit for purpose for all partner agencies, and which support all partners to understand their roles and responsibilities for safeguarding adults.

## 12.7. Participation

The need for a further subgroup with a focus on participation will also be considered as part of this strategy. Following the mapping of existing stakeholder groups across Oldham consideration of whether the creation a distinctive sub group or a derivation of existing groups will provide the most effective participation will be given and fed back to the board for ongoing strategic planning.

## 13. Our Strategic Outcomes

Through the prioritisation of these strategic objectives the board aims to achieve the following strategic outcomes:

- The prevention of abuse and neglect for people who have care and support needs.
- High quality, effective safeguarding responses for those who are at risk of or have experienced abuse and neglect.
- Prioritisation of and respect for individualised outcomes for adults at risk.
- Evidence based, informed safeguarding strategies and support, based on the needs of the locality.
- Assurance that the public of Oldham understand what safeguarding is, are able to spot signs of abuse, build community capacity to prevent abuse, and seek help and support when needed.
- Continuous improvement in safeguarding adults.

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# Business Plan

## April 2018 – March 2019

Published: September 2018

Author: Lia Chelminiak, Business Intelligence Service

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# 1. Introduction

The Oldham Safeguarding Adults Board (OSAB) has identified its strategic objectives, priorities and areas of focus within the OSAB Three-Year Strategy Statement April 2018 – March 2021. These are as follows:

## 1.1. Strategic Objectives

As a partnership we will:

### 1.1.1. Focus on Safety & Wellbeing

Focus on safety and wellbeing, supporting Oldham to define how it will prevent the abuse and neglect of adults.

### 1.1.2. Seeks Assurance of Effective Leadership & Partnership Working

Seek assurance that effective leadership and partnership working is in place to prevent abuse and neglect and respond to adults who are at risk of or experiencing abuse and neglect.

### 1.1.3. Raise the Profile of Making Safeguarding Personal

Raise the profile of the Making Safeguarding Personal approach and lead culture change for safeguarding adults in Oldham.

### 1.1.4. Promote Participation

Promote participation, listening to and engaging with people who have experienced abuse or neglect, gaining the perspectives of stakeholders, and seeking assurance that individualised, empowering outcomes are being achieved.

### 1.1.5. Raise the Public Profile of Adult Safeguarding

Promote safeguarding adults to the public through effective communication, including benchmarking the local perceptions of confidence that the public has in our safeguarding efforts.

### 1.1.6. Ensure Safeguarding Adults is a Key Part of the Integration Agenda

Ensure that safeguarding adults is actively recognised, considered and responded to as a key part of the integration agenda for health and social care in Oldham.

## 1.2. Priorities.

### 1.2.1. Prevention and wellbeing

The board recognise that preventative safeguarding has the capacity to enhance resilience to abuse and neglect and empower individuals and communities to safeguard themselves.

The board therefore gives priority to a prevention strategy. It will focus on prevention through community engagement which supports early identification of new safeguarding issues,

engagement with the development of the prevention offer for adults across Oldham, and leading on the delivery of key messages to front line staff.

#### 1.2.2. Transitions

The board will continue to maintain oversight of the transitions agenda and priorities via links to existing working groups. In addition the board will expand its prioritisation of this area of work from a focus on learning disabilities to all areas of need. The board will also consider the need for a joint transitions subgroup with the Local safeguarding Children's Board.

#### 1.2.3. Making safeguarding personal

The Making Safeguarding Personal (MSP) approach is an agenda for change aimed at achieving a cultural shift in the way we work with adults who are experiencing or at risk of abuse and neglect. It emphasises the need to move away from process led safeguarding practice and systems, to person centred, interventions based practice which uses preventative, wellbeing and safety approaches to meet the desired outcomes of adults at risk.

The approach requires all organisations to engage with people about the outcomes they want from the point of first contact, and drives safeguarding work which supports people to be in control and can make decisions for themselves about their wellbeing and safety.

#### 1.2.4. Integration and safeguarding

Under Oldham's local arrangements for integration it is proposed that all policy and board arrangements for safeguarding adults transfer to a new Joint Commissioning team which will bring together on an initial co located basis the OMBC and CCG commissioning and quality services. Operationally it is proposed that safeguarding enquires will be undertaken via the Community Alliance provider.

Both locally and regionally current conversations on what partnership models for safeguarding practice look like raise as many questions as answers.

The model adopted in Oldham will present both opportunities and challenges and need to be shaped by ongoing dialogue. The board will lead this dialogue, which will be informed through horizon scanning and the emergence of a wider evidence base around integration both locally and nationally.

#### 1.2.5. Domestic abuse

The board will continue to maintain oversight of the Domestic Abuse agenda and priorities via links to existing working groups.

#### 1.2.6. Prevent

The board will continue to maintain oversight of the Prevent agenda and priorities via links to existing working groups.

## 2. Delivery of the Business Plan

This Business Plan details how these strategic objectives, priorities and areas of focus will be delivered upon over the 2018/2019 financial year.

### 2.1. Delivery of the Business Plan

Delivery of these strategic objectives and priorities will be driven by the following sub-groups, supported by the SAB Executive. In order to link the agendas and priorities across the OSAB and the LSCB, joint sub-groups, where appropriate, are in place. The sub-groups are as follows:

- 2.1.1. Safeguarding Adult Review – Chair Janine Campbell (CCG)
- 2.1.2. Operational, Policy & Procedure – Chair Janine Campbell (OMBC)
- 2.1.3. Performance – Chair Matt Drogan (OMBC)
- 2.1.4. Quality Assurance and Audit – Chair Lia Chelminiak (OMBC)
- 2.1.5. Workforce Development – (TBC) (OMBC)
- 2.1.6. PR and Comms – Chair Danny Inglis (GMP) (Joint with LSCB)

Each sub-group will have in place a delivery plan, demonstrating how it will deliver on its priorities and monitoring progress.

Where additional delivery groups are already established, these will report back to the SAB via the nominated board member, through the Executive. These include groups in relation to:

- 2.1.1. Prevention & Wellbeing – Leads Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)
- 2.1.2. Transitions – Lead Susannah Meakin (OMBC)
- 2.1.3. Making Safeguarding Personal – Lead Karen Lloyd (OMBC)
- 2.1.4. Integration & Safeguarding - Lead Mark Warren (OMBC)
- 2.1.5. Domestic Abuse – Lead Jill Beaumont (OMBC)
- 2.1.6. Prevent - Lead Bruce Penhale (OMBC)

### 2.2. Reporting

Reporting on Business Plan progress will be undertaken on a regular basis, via the Executive Board. Sub-groups will be required to submit bimonthly highlight & exception reports for review and, where required, discussion. Groups and areas of work around priorities will be required to report on an appropriate basis, as agreed separately with the Chair.

### 3. Business Plan

PRIORITY 1: PREVENTION & WELLBEING						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Focus on Safety & Wellbeing	Consult Jill Beaumont regarding outcome of the Early Help Review and the community based initiatives, and summarise	July 2018	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	This will be completed by the Lead Findings will identify how the outcomes will impact	A
	Focus on Safety & Wellbeing	Review and summarise the current Thriving Communities and community enablement work	July 2018	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	This will be completed by the Lead Key dates and timelines will be identified to link into and provide feedback	A
	Focus on Safety & Wellbeing	Undertake an options appraisal to assess how adult safeguarding will be impacted by outcomes of the wider work streams and how to link into these	August 2018	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	This will be undertaken by the Lead Actions will be undertaken by the Lead and members of the Safeguarding Board. These will be reported on key dates to the Executive Board and the necessary forums for each work stream.	G
	Focus on Safety &	Contribute to the development of a	October	Julie Farley	This will be completed	G

	Wellbeing	prevention strategy/offer through community engagement work streams	2018	(Healthwatch) & Yvonne Lee (Oldham Age UK)	through engagement with the work streams If necessary a Safeguarding Prevention & Early Intervention Strategy can be developed by the members of the Safeguarding Board, informed by the above findings	
	Focus on Safety & Wellbeing	Deliver key messages to front line staff	Ongoing	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	Key updates will be provided to staff and this will support the wider service redesign Communicated via email	G

PRIORITY 2: TRANSITIONS						
	Strategic Priority Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Seeks Assurance of Effective Leadership & Partnership Working	Review and revision of pathways relating to transitions from children's to adult services	September 2018	OMBC / Oldham Cares Susannah Meakin Team Managers	Revised process map and pathway documented	A
	Seeks Assurance of Effective Leadership & Partnership Working	Review and revision of policies relating to transitions from children's to adult services	March 2019	OMBC / Oldham Cares Susannah Meakin Team Managers	Revised policies in place	R
	Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Undertake an options appraisal to ensure further integration of services impacts positively on transitions	September 2019	OMBC / Oldham Cares Susannah Meakin Team Managers	SEND partnership and Children and Young People's Health and wellbeing boards in place – adult and children services represented at these boards. Options appraisal actioned and reported to these boards.	A
	Seeks Assurance of Effective Leadership & Partnership Working	Undertake action around predictive modelling work to understand cohorts and levels of need post 14+	March 2019	OMBC / Oldham Cares Susannah Meakin	Predictive model in place	R

	Ensure Safeguarding Adults is a Key Part of the Integration Agenda			Team Managers		
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PRIORITY 3: MAKING SAFEGUARDING PERSONAL						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Raise the Profile of Making Safeguarding Personal	To review and map what currently exists across the partnership for the engagement of service users	June 2018	MSP sub-group Lorna Barry	LB to complete mapping of existing engagement with service users across the partnership  This commenced April 2018	A
	Raise the Profile of Making Safeguarding Personal	Review and assess findings from the mapping exercise and determine what user groups could be engaged by the OSAB	August 2018	MSP sub-group Chair (Karen Lloyd)	Mapping to be reviewed by sub-group and LB  Sub-group also to review information available on other partnerships and examples of best practise	G
	Raise the Profile of Making Safeguarding Personal	Undertake an options appraisal for how service user engagement can be undertaken by the OSAB and its sub-groups	September 2018	MSP sub-group Chair (Karen Lloyd)	To be completed by the sub-group and reported to the Executive Board	R
	Promote Participation					
	Raise the Profile of Making Safeguarding Personal	Undertake action in engaging individual sub-groups with service users	December 2018	MSP sub-group Chair (Karen Lloyd) Input from all sub-	MSP sub-group will map how service user engagement will feed into individual sub-groups  To be completed by the sub-group	R

	Promote Participation			groups	and individual sub-group Leads and reported to the Executive Board	
	Raise the Profile of Making Safeguarding Personal	Ensure engagement with service users when required for the individual sub-groups on an ongoing basis	March 2019	MSP Sub-group Chair (Karen Lloyd)	This will be actioned by the sub-group and reported to the Executive Board  An action plan can be developed to keep this ongoing by the sub-group and will be continued through sub-group Leads at the Executive Board	G
	Promote Participation					

PRIORITY 4: INTEGRATION & SAFEGUARDING						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Ensure Safeguarding Adults is a Key Part of the Integration Agenda	<p>All policy and board arrangements for safeguarding adults transfer to a new Joint Commissioning team which will bring together on an initial co located basis the OMBC and CCG commissioning and quality services.</p> <p>The local authority's statutory requirements in relation to safeguarding as set out in the Care Act 2014 (and Mental Capacity Act 2005) continue to be the responsibility of the DASS, with the integration of safeguarding arrangements built into the Safeguarding Adult Board three year strategy and twelve month business plan. Monthly meetings between the DASS and the independent chair of the board will provide additional assurance around integration and safeguarding.</p>	From April 2018 onwards	Oldham Cares Strategic Commissioning Function – Helen Ramsden	<p>Teams collocated at Ellen House (April 2018)</p> <p>Discussion around roles and responsibilities (May 2018)</p>	
	Ensure Safeguarding Adults is a Key Part of the	Opportunities to improve safeguarding performance, activity and processes arising from colocation are identified and acted upon, in the best interests of	Ongoing	Oldham Cares Strategic Commissioning Function –		

	Integration Agenda	the partnership, and with Making Safeguarding Personal at the core.		Helen Ramsden	
		All newly develop contractual requirements and specifications, for jointly commissioned services, reflect responsibilities of both commissioners and providers in relation to safeguarding	Ongoing	Oldham Cares Strategic Commissioning Function – Helen Ramsden	<p>Planning in progress for new jointly commissioned contracts for care home placements, care at home and extra care housing, to be implemented from April 2019.</p> <p>New contract clauses and specifications include safeguarding requirements – July 2018</p> <p>Associated monitoring tools reflect contractual safeguarding requirements – December 2018</p>
		Activity relating to safeguarding and quality concerns in care homes is improved leading to improvements in outcomes, by benefiting from co-located expertise working in a more co-ordinated way	Ongoing	Oldham Cares Strategic Commissioning Function – Helen Ramsden	
	Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Mental Health Integration: health & social care have been integrated for a number of years, but the precise structure continues to be reviewed and will be further linked to the primary care clusters as part of overarching	March 2019	OMBC / Oldham Cares Susannah Meakin	<p>Identification of revised system and data arrangements.</p> <p>Updated training timetable.</p>

	<p>Seeks Assurance of Effective Leadership &amp; Partnership Working</p>	<p>integration of Oldham Cares.</p> <p>A Mental Health Review was undertaken in 2017 and improvements to safeguarding were identified as a key area, with specific requirements for data improvements and training.</p> <p>Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.</p>				
	<p>Ensure Safeguarding Adults is a Key Part of the Integration Agenda</p>	<p>Learning Disability services integration – the service, collocated in October 2017 will, through a workforce redesign, be a single line managed service, with PCFT as lead provider. An audit of safeguarding practise will be undertaken and appropriate training and guidance provided to ensure statutory responsibilities are met.</p> <p>Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.</p>	<p>Ongoing</p>	<p>Oldham Cares Susannah Meakin</p>	<p>Teams co-located from October 2017. Recruitment ongoing.</p>	

<p>Ensure Safeguarding Adults is a Key Part of the Integration Agenda</p>	<p>There will be 5 clusters in place from July 2018, the clusters will consist of health and social care staff. Cluster based working across health and social care will ensure those Oldham residents at risk of harm in the community are supported with a person centred integrated approach. Ensuring making safeguarding personal is central to good practice.</p> <p>Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.</p>	<p>April 2018</p>	<p>Oldham Cares &amp; PAHT Jayne Ratcliffe &amp; Susannah Meakin</p>		
<p>Ensure Safeguarding Adults is a Key Part of the Integration Agenda</p>	<p>The Social care Lead at the hospital will raise the profile of the safeguarding adult's agenda across all hospital wards. This includes working with health colleagues to identify pathways to the Integrated Discharge team (IDT). Safeguarding Adults will be highlighted as one of the pathways to ensure the patients are referred to the team is a</p>	<p>March 2019</p>	<p>Oldham Cares &amp; PAHT Jayne Ratcliffe &amp; Tabatha Darmon</p>	<p>The Social Care Lead for the Integrated discharge team has also undertaken the safeguarding training. Audit of the pathways to take place.</p> <p>A business analyst is working with the Adult Social Care element of the Multi Agency Safeguarding Hub (MASH) to identify the links between</p>	

	Seeks Assurance of Effective Leadership & Partnership Working	<p>safeguarding concern is identified</p> <p>The integration activity will seek to ensure safeguarding (including referrals, responses, communication with those involved) continues to be prioritised</p> <p>Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.</p>			the MASH and the clusters, MASH and the Integrated Discharge team based at the hospital and MASH and QASH.	
	Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Ensure all social care staff receive the two-day mandatory safeguarding training from April 2018	April - Sept 2018	<p>Oldham Cares</p> <p>Jayne Ratcliffe</p> <p>Susannah Meakin</p> <p>Val Little</p>	Training take-up updates	
	Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Audit of the impact of integration on the safeguarding agenda in Oldham	Sept 2018	Oldham Cares	There is potential for the Policy, Procedures & operational Sub-Group to support in providing tests and questions that support the audit	

PRIORITY 5: DOMESTIC ABUSE						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Focus on Safety & Wellbeing	<p>Mapping the victim a pathway building on what is there already. Identifying what is available and offered to victims under the categories of High, Medium and Low.</p> <p>Identify gaps in the support offered to specific groups</p>	June 2018	DVSP Jill Beaumont	Report summarising pathways and provision by cohort, and identifying gaps	G
	Focus on Safety & Wellbeing	Look how support publicised and made available to the public, link in to the website.	June 2018	DVSP Jill Beaumont	Report summarising communications and awareness raising activity	G
	Focus on Safety & Wellbeing	What are the links with the smaller groups, how are they utilized and how is the service quality assured	June 2018	DVSP Jill Beaumont	Report summarising community group provision, their utilisation, linkages, and quality assurance	G
	Focus on Safety & Wellbeing	<p>Review Strive: What happens in relation to Strive (GM volunteer-based model) and make sure it continues.</p> <p>The Major's office has agreed 3 years funding For Strive to continue. There will be a</p>	TBC	DVSP Jill Beaumont	Report outlining results of first cluster roll-out and proposals for Oldham implementation, including linkage to the partnership offer and the Intensive Support Early Help Team	G



		Commission for a single organisation to roll out the volunteer model. This will be done in clusters with the first in Trafford, Stockport and Wigan, and Oldham included in the second Cluster				
	Focus on Safety & Wellbeing	Evaluation of the Victim Champions Network and Community Connectors Projects.	June 2018	DVSP Jill Beaumont	Evaluation Report	G
	Focus on Safety & Wellbeing	Evaluation of Project Choice – This will have its own evaluation next year. A full evaluation will be undertaken GM Level	Nov 2018	DVSP Jill Beaumont	Evaluation Report	
	Focus on Safety & Wellbeing	Understand honour-based violence, FGM and forced marriage in Oldham – how prevalent, how is it recorded and reviewed.	March 2019	DVSP Jill Beaumont	Briefing	
	Focus on Safety & Wellbeing	To develop Multi-Agency Guidance which incorporates minimum standards  Look at a multi-agency policy or guidance around domestic violence (incorporating Adult Social Care)		DVSP Jill Beaumont		
	Focus on Safety & Wellbeing	To develop a task and finish group to look at data and performance	April 2018	DVSP Jill Beaumont		G

		management.				
	Focus on Safety & Wellbeing	Monitor and evaluation of the Reframe Project (MMU commissioned)	December 2018	DVSP Jill Beaumont	Formal Evaluation Report	G
	Focus on Safety & Wellbeing	Map current tools of assessment for victims, perpetrators and children.  Identify any differences in assessment tools resulting in potentially different offers and thresholds.  To task to individuals within each service to look at and report back, information then be collated together.	31/3/2018	DVSP Jill Beaumont		
	Focus on Safety & Wellbeing	Identifying roles and responses across all agencies at standard/medium and high risk.	30/6/2018	DVSP Jill Beaumont		
	Focus on Safety & Wellbeing	Developing a Multi-Agency Triage model that appropriately links to MASH	30/09/2018	DVSP Jill Beaumont	Recommendations and options paper	

PRIORITY 6: PREVENT						
	Strategic Priority Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Seeks Assurance of Effective Leadership & Partnership Working	Annual report on Prevent to Safeguarding Adults Board	May 2018	Prevent Steering Group, Bruce Penhale	Annual Report	A
	Focus on safety and wellbeing	Support the Greater Manchester rollout of Operation Dovetail (local authority led approach to Prevent safeguarding which was piloted in Oldham)	March 2019	Prevent Steering Group, Bruce Penhale	Update April 2018 GM working group established with Oldham involvement Agreement with Home Office to commence 6 month GM pilot in September 2018 Agreement in principle to TUPE Oldham Channel Co-ordinator into team	A
	Promote participation	Undertake programme of engagement activity to build community understanding and confidence in Prevent	March 2019	Prevent Steering Group, Bruce Penhale	Update April 2018 Consultation event undertaken with VCF sector on GM Commission on challenging extremism and promoting social cohesion 21/3/18	A
	Focus on safety and wellbeing	Staff in partner organisations trained on Prevent in order to understand	March 2019	Prevent Steering Group, Bruce	Update April 2018 During 2017/18 17 WRAP	A

		their responsibilities for safeguarding		Penhale	<p>sessions held attended by 521 people.</p> <p>8 further sessions scheduled for April – July 2018</p> <p>300 staff attended Prevent session at Council staff conference January 2018</p>	
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SUB GROUP: OPERATIONAL, POLICY & PROCEDURE						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Focus on Safety & Wellbeing	To review the revised safeguarding procedures and materials, with a focus on implications for wider multi-agency policies, and any required adaptations as health and social care integration continues	Ongoing	Operational Subgroup Janine Campbell	Review paper summarising reflections and recommendations	
	Focus on Safety & Wellbeing	To review any multi agency policies and procedures as agreed by the SAB.	Ongoing	Operational Subgroup Janine Campbell	The Person in a Position of Trust is the policy and procedure currently being reviewed	
	Focus on Safety & Wellbeing	To ensure collaboration with the relevant subgroups in order to publicise new policies and agree any learning requirements.	Ongoing	Operational Subgroup Janine Campbell		
	Focus on Safety & Wellbeing	The Subgroup will discuss operational topics and areas for development. Any potential organisational concerns will be escalated to the executive subgroup as will any barriers to improving outcomes for adult at risk in Oldham.	Ongoing	Operational Subgroup Janine Campbell	Exception and highlight reporting	

SUB GROUP: PERFORMANCE						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Seeks Assurance of Effective Leadership & Partnership Working	Finalise four performance indicator suites, to illustrate and track the breadth of safeguarding adults activity undertaken across the partnership	May 2018	Performance Sub Group Matt Drogan (Chair)	Four Performance Indicator documents	
	Seeks Assurance of Effective Leadership & Partnership Working	Support the OSAB in the development of a 2018/2019 Performance Dashboard	May 2018	Performance Sub Group Matt Drogan (Chair)	Agreed Performance Dashboard indicator list	
	Seeks Assurance of Effective Leadership & Partnership Working	Provide a Performance Report reflecting 2017/2018 Q4 activity	July 2018	Performance Sub Group Matt Drogan (Chair)	Q4 Performance report	
	Seeks Assurance of Effective Leadership & Partnership Working	Provide a summary of 2017/2018 performance data for the Annual Report	July 2018	Performance Sub Group Matt Drogan (Chair)	Annual Performance report	
	Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019	Sept 2018	Performance Sub Group Matt Drogan	Q1 Performance Dashboard and report	

		Q1		(Chair)		
	Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q2	Nov 2018	Performance Sub Group Matt Drogan (Chair)	Q2 Performance Dashboard and report	
	Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q3	Mar 2019	Performance Sub Group Matt Drogan (Chair)	Q3 Performance Dashboard and report	
	Seeks Assurance of Effective Leadership & Partnership Working	Works with the Audit and Scrutiny Sub Group Chair to determine appropriate areas for audit based on what data is indicating	Quarterly	Performance Sub Group Matt Drogan (Chair)	Audits identified and undertaken by Audit and Scrutiny Sub Group	

SUB GROUP: QUALITY ASSURANCE & AUDIT						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Seeks Assurance of Effective Leadership & Partnership Working	Review the Terms of Reference for the Quality Assurance and Audit sub-group, updating where required	July 2018	QA & A Sub Group Lia Chelminiak	Confirmed or updated Terms of Reference	
		Develop a core set of products and tools for the audit of cases and assessment and assurance of quality in safeguarding activity undertaken across the partnership	July 2018	QA & A Sub Group Lia Chelminiak	Set of products and tools, to be defined	
		Ensure the delivery and completion of the Safeguarding Peer Review with Stockport	July 2018	QA & A Sub Group Lia Chelminiak	Oldham Peer Review Report, plus an overall report summarising findings from both Oldham and Stockport	
		Complete the delivery of a safeguarding case file audit around the theme of Domestic Abuse	July 2018	QA & A Sub Group Lia Chelminiak	Case file audit findings report	
		Undertake a safeguarding case file audit around the theme of execution of new policy and procedures	Sept 2018	QA & A Sub Group (TBA)	Case file audit findings report	
	Seeks Assurance of	Undertake a safeguarding case file	Nov	QA & A Sub	Case file audit findings report	



	Effective Leadership & Partnership Working	audit around the theme of MSP	2018	Group (TBA)		
		Undertake a safeguarding case file audit around the theme of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)	Jan 2019	QA & A Sub Group (TBA)	Case file audit findings report	
		Undertake a safeguarding case file audit around the theme of prevention & wellbeing	March 2019	QA & A Sub Group (TBA)	Case file audit findings report	

SUB GROUP: WORKFORCE DEVELOPMENT						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Focus on safety and wellbeing	To raise awareness of and embed the multi-agency Safeguarding Adults Policy, Procedures and practice Guidance		All partner organisations	April 2018 – policy, procedures and practice guidance was signed off by senior managers and Board	G
		To raise awareness of the National Competency Framework for Safeguarding Adults and the Mental Capacity Act		All partner organisations	Briefing to be written to support the implementation of the frameworks across the partnership	A
	Ensure Safeguarding Adults is a Key Part of the Integration Agenda	To review the SA multi-agency training strategy to ensure all partners are aware of learning and development priorities		All partner organisations	An update of the training strategy to be completed by May Board	A
	Seeks Assurance of Effective Leadership & Partnership Working	To develop a robust evaluation of all safeguarding adults learning and development across the partnership		Members of the SA WD subgroup with the support of the Performance subgroup		R
		To develop a recording procedure to capture how partnership organisations ensure their workforce is competent in safeguarding adults		Members of the SA WD subgroup with the support of the		R

		work		Performance subgroup		
		To ensure that commissioned enhanced training is multi-agency in approach and relevant people in specific roles attend training once every 3 years		Karen Lloyd	Enhanced training has been commissioned and pilot sessions have been arranged and will be evaluated	A

SUB GROUP: PR & COMMS						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	RAG
	Raise the Profile of Making Safeguarding Personal Raise the Public Profile of Adult Safeguarding Promote Participation	To develop a multi-agency brand for the board; promoting its purpose. Initially this will be through revision of the website		PR & Comms Sub Group		
		Develop a joint (between Children's and Adults) safeguarding communications and engagement strategy based on the three-year strategies, identifying key stakeholder groups, communication priorities, and identifying preferred communication channels (of which, online is expected be one). This will include scope to respond to communications needs that emerge throughout the period, from the Board and sub groups		PR & Comms Sub Group		
		Develop joint safeguarding board branding based on the values and vision etc outlined in the Strategies		PR & Comms Sub Group		
		Develop a joint website, using the branding, and structured to facilitate the communications priorities		PR & Comms Sub Group	Agreement has been obtained that having a safeguarding page for the group would be a	

		<p>outlined in the strategy</p> <p>Explore potential for linking a public site with a portal arrangement for specified members to access shared resources</p> <p>Incorporate web analytics into the site design, to enable tracking of access and use of site pages, and review as required</p>			<p>positive move. This needs to be agreed by our organisations.</p> <p>Costs have been obtained to create a shared safeguarding landing page with the LSCB, which will provide a platform for us to build from.</p>	
		<p>Development of communication materials, as required, in appropriate formats as per the Strategy</p>		<p>PR &amp; Comms Sub Group</p>		

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