

**HEALTH AND WELL BEING BOARD**  
**15/06/2023 at 10.00 am**



**Present:** Councillor J. Harrison (Chair)  
Councillors M Hussain (Deputy Leader, Cabinet Member for Children and Young People), Mushtaq, Nasheen and Sykes  
Katrina Stephens - Director of Public Health  
Alistair Craig -  
Christina Murray – Pennine Care NHS  
Claire Hooley – ASC Commissioning  
Lorraine Black – First Choice Homes Oldham  
Stuart Lockwood – Chief Executive Oldham Community Leisure  
Dr. J Patterson – Clinical Commissioning Group  
Jon Taylor – Joint Strategic Needs Assessment  
Emily Tunney – Research Officer  
Rebecca Fletcher – Consultant in Public Health  
Charlotte Stevenson – Consultant in Public Health  
Paul Rogers – Constitutional Services

1           **APPOINTMENT OF VICE-CHAIRS**

**RESOLVED:** that Majid Hussain and Dr.J Patterson be appointed Vice Chairs of the Health and Wellbeing Board for the 2023/24 Municipal Year

2           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Brownridge, M Barker, H Catterill, G Jones, T Tariq, A Tebay, D Jago.

3           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4           **URGENT BUSINESS**

There were no items of urgent business received.

5           **MINUTES OF THE PREVIOUS MEETING**

**RESOLVED:** That subject to the following amendments to those present, the Minutes of the meeting of the Health and Wellbeing Board held on 21 March 2023, be approved as a correct record:-

- (i) D. Jago – Northern Care Alliance
- (ii) Dr.C. Stevenson
- (iii) J.Taylor – Public Health Business Intelligence

6           **JOINT STRATEGIC NEEDS ASSESSMENT**

The Health and Wellbeing Board received a presentation by Jon Taylor, Public Health Business Intelligence, regarding Oldham's new Joint Strategic Needs Assessment (JNSA) website.

Jon Taylor informed the Board that the JNSA describes the health, wellbeing and care needs of the Borough and looks to identify and address some of those needs and reduce inequalities in Oldham. It is produced by the Health and Wellbeing Board to inform decisions by the NHS, Oldham Council and other partners about providing services to improve the health and wellbeing of the people living in the Borough. He informed the Board that JSNA for Oldham is not available in printed form. Instead the content is available on the the website <https://www.jsnaoldham.co.uk/>

He advised that the website is more visually appealing and accessible and will be updated when additional information is available. He added that JSNA is work in progress and will always be, in that it is continually being updated with new data. It is designed to be a partnership resource for all to use.

He drew members attention to the website data content and examples of data within the content as follows:

- (i) **Oldham Profile** – population, derivation, life expectancy and growth.
- (ii) **Starting Well** – births, vaccination, early years, A and E attendances. Other information on Children Looked After is under development.
- (iii) **Ageing Well** – Life expectancy and health related information for persons of 65 years of Age and above.
- (iv) **Health Conditions** – strokes, cancer, dementia as examples.
- (v) **People and Places** – ward profiles showing a range of economic, health and social data relating to those areas.
- (vi) **Wider Determinants of Health** – income, employment, crime, housing.
- (vii) **Deprivation** – levels of deprivation, across the Borough.

Jon Taylor informed the Board that within each profile shown above, there is access to reports and he gave population as an example and the Census report. The site is being developed and will show hyperlinks for easy access to more detailed information. He advised that the site highlighted challenges that needed to be addressed and referred to reports that have been presented to the Board in areas of concern suggesting ways forward to tackle those challenges. He added that even though resources are limited he will continue to update the Board via reports.

Katrina Stevens emphasised that JSNA is a partnership resource and is only as good as the combined contributions from everyone to show life in Oldham.

Resolved: That the presentation be welcomed and noted.

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## **HEALTH AND WELLBEING STRATEGY**

Consideration was given to a report regarding the Oldham Health and Wellbeing Strategy 2022-2030. Katrina Stevens reminded the Board that the Strategy had been agreed in March 2023. The Strategy details key priorities for improving the health and wellbeing of residents in Oldham for the coming 8 years 2022-2030.

The Board received a presentation from Kathryn Willan, Public Health Registrar, regarding the supporting the residents of Oldham to gain knowledge and skills to confidently make choices and participate in decisions about their own health. Feedback was given from the 'Community Explorers' session on the health literacy theme of the Strategy.

The Board was informed the Board that the Engagement with 'Community Explorers' will help to gain insight into experiences of voluntary, community, faith and social enterprise organisations operating in Oldham

- The Community Explorers network is facilitated by Action Together, and has presence in each of the five districts. A 2015 study found a 'mismatch between the complexity of health materials and the skills of the English adult working-age population', and our residents told us the health and care system can be difficult to understand. Problems with communication have caused stress.
- Limited health literacy is associated with increased risk of morbidity and premature death. People with limited health literacy are also more likely to use emergency services and incur higher healthcare costs.

Improved health literacy has the potential to:

- Increase health knowledge and empower people to effectively manage long-term health conditions.
- Reduce the burden on health and social care services.
- Reduce health inequalities.

Kathryn Willan highlighted the following goals:

- Develop a common framework for engagement which can be used by all organisations and services, and provide the opportunity for residents



to shape the offer to better suit them and their family.

- Adopt a resident-focused approach to communication, ensuring residents feel listened to, language and communication is tailored to need, and steps are taken to ensure messaging has been understood.
- Support established peer and patient support groups to grow and continue to improve their reach.

Kathryn Willan informed the Board that at the session which was held with residents people shared examples of where they, or residents they had worked with, hadn't felt listened to, and the barriers they had faced to accessing healthcare. So the session focused on this goal for most of the session. The sessions were held each month. The following themes were drawn from the discussion:

(a) Flexibility

- Life course approach
- Digital inclusion
- Community languages
- Location and transport

(b) Familiarity

- Informal settings
- Trusted voices
- Shared language

(c) Expectations

- Clear routes to appropriate care
- Follow-up
- Roles and responsibilities

Kathryn Willan emphasised the limitations of a 30 minute session which allowed one goal to be discussed. The limitations were:

- Small number of organisations represented at a single meeting.
- Representation of populations who are engaged with the community.
- Limited time.

Dr. Jon Patterson concurred that health literacy was extremely important. He drew attention to the need for the safeguarding of disclosures which need to be put in place. It was his view that there should be a clear safety mechanism for disclosures.

It was suggested that digital inclusion was important and how this is taken forward within the communities.

Reference was made to various inner groups within communities who are in touch with each person in that community and people communicate through these inner groups. It was suggested that representatives from those groups would be valuable additions in the Community Explorers sessions.

Katrina Stevens, Director of Public Health, made reference to working with communities during Covid and the communities response. The link with Covid is dealing with the impact that Covid has had on the community. The community has been affected by Covid and therefore, the Covid resource fund can be utilised to help resource health literacy via Community Explorers.

Katrina Stevens, Director of Public Health, advised that due to the limited resources of the public health team it would be difficult to achieve the health literacy goals in order to deliver the Strategy objectives. In terms of the collective responsibility of the Board, there was a need for the individual organisations to work together to deliver those the health literacy goals.

Resolved: That

(1) a further report be submitted to the next Board meeting detailing any positive changes and initiatives to achieve improvements to health literacy in the community in line with the Health and Wellbeing Strategy; and

(2) the possibility of utilising Covid funding in relation to health literacy be explored.

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## **OLDHAM HEALTH INEQUALITIES PLAN UPDATE**

Consideration was given to a report which provided information to the Board on progress to date on Oldham's Health Inequalities plan agreed by Health and Wellbeing Board June 2022.

Oldham Life Expectancy for men is 77.2 years, compared to the national average of 79.4 years (PHOF 2018-20). By contrast, Westminster has an average life expectancy of 84.7 years. The difference in life expectancy for men, between Alexandra ward (most deprived) and Saddleworth South ward (least deprived) is 12 years.

Oldham Life Expectancy for women is 80.5 years compared to the national average of 83.1 years (PHOF 2018-20). By contrast, Kensington and Chelsea has an average life expectancy for women of 87.9 years. The difference in life expectancy between Alexandra ward (most deprived) and Saddleworth South ward (least deprived) is 12.9 years.



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The inequalities that we observe for life expectancy and for healthy life expectancy in Oldham are not just associated with deprivation but are also present between different ethnicities.

In November 2021, the Health and Wellbeing Board members discussed the development of a Health Inequalities plan for Oldham. This process took key recommendations from the GM Marmot Build Back Fairer and GM Independent Health Inequalities Commission report and mirrored broad six thematic areas

- Income, Poverty, Housing and Debt
- Housing, Transport and Environment
- Work and Unemployment
- Health in all Policies / Communities and Place
- Health and Wellbeing, and Health Services
- Children and young people

Each of the thematic areas was underpinned by a series of actions (a total of 57), and senior sponsor(s) assigned. The board agreed the plan in June 2022.

A tracker tool has been developed, detailing all the actions within the agreed Health Inequalities plan. Action owners have been invited to review and update the progress made towards each of the actions utilising commentary boxes and RAG ratings to provide a visual review of where programmes are on track, stalling or behind. Each of the sponsors has access to the tracker tool for oversight and review of their thematic area.

One of the thematic areas – ‘Health and Wellbeing and Health Services’ will undergo a review of the actions to align to the Integrated Care Partnership (ICP) priorities outlined within the ICP 5-year strategy and to ensure that the actions are reflective of existing programmes contributing to the reduction of health inequalities. The wording of the actions will be agreed with action owners before being committed.

Of the 40 actions, within the remaining 5 themes, nearly half (19) are RAG rated as green, indicating that they are on track or have been completed. This indicates that broadly speaking the health inequalities plan is on track to deliver the actions within the agreed 2-year time period, completing May 2024.

Those that are amber, are usually so because of short term funding or staffing capacity issues. Amber can also indicate that services are in place as per action, but that demand is exceeding capacity for example healthy weight support from the commissioned service ‘Your Health Oldham’

The board is asked to note the addition of new sponsors for the theme ‘Housing, Transport and Environment’ Paul Clifford, Director of Economy, and Nasir Dad, Director of Environment. Both directors are well placed to oversee progress of work and have already held a forum bringing together all action owners within this theme to monitor progress.

During the period of September 2022 to March 2023, all six thematic areas had presented focused reviews to the Health and Wellbeing board. This allowed for the sharing of good practice across Oldham organisations, opportunity to accentuate programmes that reduce inequalities and as a system provide a safe place to discuss barriers to delivery.

The table below outlines some of the previously agreed actions or objectives, and a proposed amended version to better align to existing pieces of work or work that will maximise impact in reducing health inequalities.

<b>Theme</b>	<b>Original objective or action</b>	<b>Proposed amended objective or action</b>
Children and Young People	Develop systems and pathways that lead to the earlier identification of, and action on, early years and primary school age food insecurity.	To maximise uptake of the Healthy Start scheme for children in early years.
Children and Young People	Identify food insecure residents at an earlier age (i.e., before FSM)	Reduce food insecurity at an earlier age i.e., before free school meals
Housing Transport and Environment	Developing a pilot funded by GM HSCP to improve minor repair provision, linking in participants into health service offers and measuring the impact of house repairs on resident health.	Explore a housing and health approach so that the warm homes team can signpost individuals with CVD or acute respiratory conditions to 'Your Health Oldham' for targeted support
Housing Transport and Environment	Incorporate healthier design principles into all developments (resi and non-resi) in the borough.	Work towards delivery of key ambitions included in the Oldham Transport Strategy.
Housing Transport and Environment	Embed active travel and improved air quality within the Oldham transport strategy	Develop and embed a delivery strategy for key ambitions included in the Oldham Transport Strategy with actions and timeframes included.
Housing Transport and	Further develop the Healthy Homes	Proactively identify houses with

Environment	element of the housing strategy in the next iteration of the housing strategy action plan, including strengthening links between health services and housing enforcement support.	defects, assessing for category 1 and category 2 hazards.  Roll out of free universal pest control to Oldham residential properties to understand the scale of the issue and direct action accordingly.
Health in all Policies/ Communities and Place	Provide workforce development sessions/training on Health Inequalities to improve awareness of the impact in Oldham and action required and make this a core part of the placed based workforce development offer.	To roll out a number of workforce development sessions under one approach that includes trauma informed, strength based and resident first.

Katrina Stevens, Director of Public Health, emphasised that the Health Equalities Plan is a 2 year plan and in terms of delivering the plan. Referring to the six thematic areas set out in paragraph 1.4 of the report, five of those themes were still in the process of being completed with 40 actions remaining. Half of the total number of actions identified at the beginning of the plan have been concluded with the remainder of those actions on track to be completed with 1 year of the Plan remaining.

Katrina Stevens informed the Board, that she concurred with the suggestion that the wording of the Plan needed to be tightened up to show how the actions are going to be delivered a report to the next meeting will be amended in this regard.

Resolved: That

- (i) the proposed amendments to the actions or objectives as outlined in section 2 of the report be agreed;
- (ii) to continue an approach whereby each of the six thematic areas brings a focused review or more detailed progress update to the board over the next 12 months; and
- (iii) the language in the Plan be tightened up to show how the actions are going to be delivered over the next 12 months.



## BETTER CARE FUND PLAN 2023 YEAR END RETURN

Consideration was given to a report and presentation by Claire Hooley, Head of Commissioning and Market Management – Working Age Adults regarding the Oldham Better Care Fund Plan year end return for 2022-23.



The Better Care Fund (BCF) requires areas to jointly agree to deliver health and social care services supporting improvement in outcomes against the following BCF policy objectives:

- Enable people to stay well, safe and independent for longer
- Provide the right care in the right place at the right time.

In November 2022 the Hospital Discharge Fund was included in the BCF 2022-23 allocation.

Oldham's allocation is as follows:

Funding source	
NHS Greater Manchester ICB Contribution	£20,755,612
Disabled Facilities Grant	£2,343,87
Improved Better Care Fund (iBCF)	£11,187,623
Hospital Discharge Fund	£2,573,295
<b>Total</b>	<b>£37,525,524*</b>

This amount differs from the original amount submitted in the plan (September 2022) due to the inclusion of the Hospital Discharge Fund.

Conditions of the Grant are as follows:

**National Condition 1:** a jointly agreed plan between local health and social care commissioners signed off by the HWB.

**National Condition 2:** NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.

**National Condition 3:** invest in NHS commissioned out of hospital services

**National condition 4:** implementing the BCF policy objectives. Beyond the 4 national conditions and the funding criteria, localities have flexibility in how the fund is spent but need to agree how the spending will improve performance against the following metrics:

- Avoidable admissions to hospital
- Admissions to residential provision
- Effectiveness of reablement
- Hospital discharges that are to the person's usual place of residence

The funding of schemes was utilised across HSC to fund a wide range of provision for residents including the following:

- Residential enablement at Butler Green and Medlock Court
- A range of dementia services across the borough
- Community equipment and wheelchair provision
- Minor adaptations
- A range of Falls Services
- Warm Homes
- Alcohol liaison
- Carers' support
- Healthwatch
- Respite Care
- Stroke support services
- A range of services to support hospital discharge

The year end return requires the inclusion of two successes and two challenges, and to be aligned to at least one of the logic model enablers, those reported were:

**(i) Successes**

**Response Detail**

Joint working on the delivery of the integrated contract for residential and nursing homes.

The focus of the work was to refresh the commissioning and contracting arrangements in place for residential and nursing homes supporting Oldham residents, made possible by HSC partners coming together with clear priorities. Whilst predominantly the arrangements are for in-borough provision, they also cover out of area placements supporting Oldham residents. The approach has provided clarity to internal staff and also external partners such as providers of care.

**Carers**

The Carers team is jointly HSC funded through the BCF and has seen a significant increase in the identification of hidden carers, including individuals who do not identify themselves as carers. As such more information, advice and support has been offered.

2022/23 saw a coproduction refresh on the Carers Strategy with a number of focus groups being held encouraging wide participation from a variety of stakeholders.

**(ii) Challenges**

**Response Detail**

**Care Home market**

During 2022-23 the care home market has become increasingly fragile nationally, with Oldham not exempt from this. A number of providers have approached commissioners advising about considering to deregister from nursing provision or moving away from general nursing to moving towards specialist provision such as Mental Health. We are seeking to address this by reviewing our care home rates, and in particular nursing fee rates, which will have longer term implications for us from a funding perspective enabling us to meet the needs of the Oldham population.

**Discharge to Assess**

The 'Discharge to Assess' process places additional pressures on an already stretched social care resource. This can result in reviews not taking place as quickly as the system would wish. It can also place pressures on community health services such as GPs and Therapy teams where people are placed in short term placements away from where they are normally registered. The Oldham health and social care system is currently exploring opportunities for block booking 'Discharge to Assess' beds in one or two locations which may streamline the review and therapy inputs but more resource/support is required in this area.

The BCF Plan required four key metrics to be measured and reported on, summarised in the table below



Metric	Planned	Actual	Commentary
Avoidable admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,160	Local estimate is 1,113	Oldham are on track to achieve this due to the number of avoidable admissions services in place. The Urgent Care Hub managed over 70,000 patients with a 96% success rate of keeping them out of hospital. Community HSC services have also significantly contributed to the achievement with existing and newly developed pathways for patients, including reablement, 2 hour rapid response service, and district nursing care. Extensive work across health and social care has taken place with care homes in order to better manage patients and enable them to stay in their own place of residence.
Discharge to normal place of residence (from acute setting)	92.3%	90.8% for 12 months to Feb-23	We have seen a decrease in patients returning to their normal place of residence due to two main factors: 1. the emphasis on D2A has resulted in patients being discharged earlier to a D2A setting in order to best establish their needs without being in an acute hospital bed. These patients often do return to their usual place of residence, but the extra move within their journey has an impact on this metric. 2. the acuity of patients presenting and subsequently being

			discharged from hospital. Oldham are seeing an increased number of patients who are sicker or more advanced in their illness than in previous years and so their destination once treatment has taken place is often needed to be long-term care and/or hospice care.
Residential admissions – (Rate of permanent admissions to residential care per 100,000 population (65+))	681	590	Actual rate is better than planned, and this equates to 229 permanent admissions to residential care of people aged 65+
Reablement – (Proportion of older people who were still at home 91 days after discharge from hospital into reablement services)	93.3%	88% - of 108 people 13 didn't stay at home.	To meet target an additional 8 people would have needed to stay at home for 91 days. The acuity of people at the point of discharge is significant and this is having an impact on this measure.

In response to a query regarding the planned and actual expenditure, and the number of packages in paragraph 2.5 of the report, Claire Hooley informed the Board that more detailed information to clarify and update the figures relating to each scheme would be circulated to the Board.

The Board noted that funds would be vired between schemes to cover overspends.

Resolved: That the Better Care Fund return for 2022-23 be signed off in line with national conditions subject to the amendments to clarify and update the figures to the extract from the year end return as shown in paragraph 2.5 of the report.

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## **PUBLIC HEALTH UPDATES**

Consideration was given to a Health Improvement Highlight report presented by Dr.Rebecca Fletcher, Consultant in Public Health, for the period March-June 2023. Dr.Charlotte Stevenson, Consultant in Public Health, presented a Health Protection Highlight report for the period April-June 2023.

In referring to Tobacco Alliance section, Dr. Rebecca Fletcher informed the Board of two areas of focus. Where vapes are being used with other drugs which is a growing problem. The

Board was also informed that North West Trading Standards had seized £4000 of illicit vapes which also is of concern.

The Board was also informed that Trading Standards had seized a large quantity of illicit vapes locally which means that potentially unsafe products have been removed from our shelves.

Resolved: That the Health and Wellbeing Board notes the presentations and agrees that future updates of both reports be presented to future Board meetings.

The meeting started at 10.00 am and ended at 11.39 am



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