

**HEALTH AND WELL BEING BOARD**  
**25/09/2018 at 2.00 pm**



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

Jill Beaumont	Director of Community Services
Julie Farley	Oldham Healthwatch
Nicola Firth	Acting Chief Officer, Oldham Care Organisastion Northern Care Alliance
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Superintendent Daniel Inglis	Greater Manchester Police
Merlin Joseph	Interim Director of Childrens Services
Stuart Lockwood	Chief Executive, Oldham Community Leisure
Donna McLaughlin	Alliance Director, Oldham Cares
Dr. John Patterson	Clinical Commissioning Group
David Smith	FCHO
Mark Warren	Director, Adult Social Care
Carolyn Wilkins OBE	Chief Executive
Liz Windsor-Welsh	Voluntary Action Oldham

Also in Attendance:

Nadia Baig	NHS
Andrea Entwistle	Executive Support
Lori Hughes	Constitutional Services
Vicky Sugars	Strategy, Partnerships and Policy
Rebekah Sutcliffe	Strategic Director of Reform

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chadderton, Councillor Jacques, and Dr. Jeffery.

2           **URGENT BUSINESS**

There were no items of urgent business received.

3           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4           **PUBLIC QUESTION TIME**

1.       The following public question was received from Mr. James Allen:

“After going through NHS England news on 29<sup>th</sup> August 2018, there were three items of interest to be looked at:

1. Backing from mental health services in Cumbria as NHS England calls for support in GP surgeries
2. NHS England on why public sector marketing isn't the private sector's 'poor cousin'

3. NHS England asks GPs to house mental health therapists within practices

I would ask:

- 1(a) Will this be looked at by CCG?
- 1(b) Will this extend to all areas?
- 2) What does this item entail?
- 3) Where is the money to come from to put this into practice?"

The following response was provided:

**1a). When will this be looked at by CCG?**

Articles 1 and 3 both related to MH practitioners working in closer proximity to primary care – specifically in GP practices and better integration of mental and physical health. The CCG commissioned an 'IAPT Plus' services which is a collaborative between Pennine Care Healthy Minds and Tameside, Oldham and Glossop (TOG) Mind to deliver the stepped-care approach to psychological therapies in Oldham. It was recognised by the CCG that a service redesign was required to ensure that we deliver on the Five Year Forward View for Mental Health (FYFVMH) requirements to increase access to IAPT services and improve patient recovery. A key element of the IPAPT Plus service is the provision of 'Step 1' service run by TOG Mind – this is the delivery of drop-in and active monitoring counselling options for people, based in their GP practice. The Mind Services are running out of approximately 75% of Oldham practices and also provides an effective gateway for people who need 'core IAPT' services at step 2/3 (i.e. clinically led CBT or counselling). In addition to this, locality transformation funding has also been approved to deliver a 'Psychological Medicine in Primary Care (PMPC)' service in Oldham. This will support integrated physical and mental health care to significantly improve the quality of care for highly distressed, resource-intensive patients with complex physical health problems who 'fall through gaps' in existing services. There are a large group of underserved people in primary care with persistent physically unexplained symptoms (also known as 'medically unexplained symptoms'). This cohort require more long-term intensive support than IAPT provides. This service will be based in clusters and operate from GP practice, initially in 2 clusters as a pilot scheme, with the intention to scale to all 5 pending evaluation.

Further development of IAPT services is being looked at by the CCG and is on the 'long list' of CCG commissioning intentions. This recognises that there has to be a greater emphasis on supporting the psychological needs of people who have long term physical health conditions such as diabetes, CVD and COPD. Better integration of mental and physical health across both primary and secondary care is a key priority for the CCG and options across IAPT and other services are being explored. In Oldham we already have psychology input as part of an integrated MSK pathway and have commenced discussions with gastro leads at the Acute Trust to identify ways MH can support

on MDTs, etc., where there may be underlying MH issues that exacerbate conditions such as IBD and can result in repeat investigations. This will support GP attendances as people will become better equipped to manage their conditions. On the basis above, Oldham can be confident that either through existing services or planned transformation work, MH therapies within primary care is becoming well established. There is always more that can be done, however, and this continues to be a priority as we plan for 2019/20.

**1b). Will this extend to all areas?**

Yes, the CCG commissions the 'IAPT Plus' model to the whole borough. The PMPC transformation scheme will initially commence in 2 clusters as it is rolled out, however, will expand to 5 if successful and can evidence positive impact.

**2) What does this item entail?**

These developments will require either mobilisation and implementation of new services in Oldham (in the case of transformation schemes such as PMPC) or elements of service design (in IAPT Plus where there will need to be a greater focus on integration with physical health and strengthened links with primary care). Alignment of MH teams to developing clusters is fundamental to ensure that MH services are embedded in primary care where appropriate and this engagement work is underway.

**3) Where is the money to come from to put this into practice?**

The CCG will need to consider any additional funding proposals associated with expansion of IAPT as part of the wider commissioning intentions, although the CCG is committed to meet parity of esteem requirements, which require that the CCG increases the proportion of spend on MH year on year at the same level (or greater) than the annual increase in the allocation for programme budgets. Any FYFVMH investment proposals will be determined first and foremost within this financial envelope, and need to be considered alongside several other MH priorities.

**RESOLVED** that the question and response be noted.

5 **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting held on 26<sup>th</sup> June 2018 be approved as a correct record.

6 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

**RESOLVED** that the minutes of the Health Scrutiny Sub-Committee meetings held on 20<sup>th</sup> March 2018 and 3<sup>rd</sup> July 2018 be noted.

7 **MEETING OVERVIEW**

**RESOLVED** that the meeting overview for the Health and Wellbeing Board held on 25<sup>th</sup> September 2018 be noted.

8           **ACTION LOG**

**RESOLVED** that the Action Log from the meeting held on 26<sup>th</sup> June 2018 be noted.

9           **SEND UPDATE**

The Board gave consideration to an update on the Special Educational Needs and Disabilities (SEND) Inspection and progress on the written Statement of Action. The Board were informed of good news related to the direction of travel where many items has been classed as ‘green’. Thanks were expressed to those who had been involved and the excellent progress which had been made. Attention was drawn to points developed and good examples of joint working and engagement between partner organisations. Both the local authority and the Clinical Commissioning Group (CCG) had made key appointments both at senior management and face to face level. EHC plans which had been examined were judged to be significantly better and the Oldham Parents and Carers had been commended. A further meeting was planned with the Department for Education.

**RESOLVED that:**

1. The progress made on the written Statement of Action and the comments from the Department for Education be noted.
2. A detailed update be provided to the Health and Wellbeing Board after the final submission.

10           **STRENGTHENING THE ROLE OF THE HEALTH AND WELLBEING BOARD AND APPOINTMENT OF SUB-COMMITTEES**

The Board gave consideration to a report which outlined a review of the Health and Wellbeing Board to ensure that it was still fit-for-purpose and not duplicating other arrangements – in particular, the establishment of new forms of governance through Oldham Cares. A number of recommendations were outlined to improve the operation of the Board to ensure it operated effectively and efficiently and to sharpen the focus of the Board by bringing the Joint Strategic Needs Assessment (JSNA) back as a foundation of the Board.

The Health and Wellbeing Board was a statutory body. Direction was sought from the Board on what sub-committees were required to support the Health and Wellbeing Board’s role. There had previously been three sub-committees: Health Protection, Air Quality and the JSNA. It was proposed to merge the Air Quality into Health Protection and seek views on whether a JSNA Sub-Committee was still required. In addition, the Best Start in Life Partnership had reported to the Health and Wellbeing Board and work was currently underway to establish a Children and Young People’s Strategic Partnership Board.

Members raised that as there had been significant change in personnel and the purpose of the meetings needed to be clear. The main reason previously was to promote integration. The Commissioning Partnership Board was now functioning. The Health and Wellbeing Board should have strategic oversight and make contributions. The wider alignment of business intelligence available from various organisations was raised and how to make the best use of information available.

**RESOLVED that:**

1. The operating principles for meetings and members be agreed.
2. The purpose and statutory requirements of the Health and Wellbeing Board be noted.
3. The Joint Strategic Needs Assessment be brought to the forefront of the role of the Health and Wellbeing Board be agreed.
4. The Air-Quality Sub-Group be merged into the Health Protection Group with the terms of reference as outlined in the report.
5. A review of the current arrangements of the Children and Young People's Strategic Partnership Board be undertaken in order to strengthen and build on existing arrangements.
6. Proposals be brought back related to the wider alignment of and making best use of business intelligence available.

11

**OLDHAM'S JOINT STRATEGIC NEEDS ASSESSMENT**

The Board gave consideration to an update on the current status of Oldham's Joint Strategic Needs Assessment (JSNA) and recommendations for the revision of the JSNA approach and process.

The JSNA was a process through which local strategic partners examined 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 scope of the JSNA was potentially vast and there was a need to plan, prioritise and agree the annual JSNA work programme to ensure it met strategic planning and commissioning priorities. JSNA arrangements were last considered in early 2017. To successfully transform the content and use of the JSNA locally commitment was required on the following principles:

- 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 was fit-for-purpose to inform strategic planning and commissioning.

- Beyond the core JSNA dataset, any reports or needs assessment produced to have a clear scope and purpose.
- A predictive approach be taken focusing on what Oldham's population would look like in the future and the services needed to meet the needs of a changing population;
- Reflect both community assets/strengths as well as their needs/'deficits', drawing on qualitative as well as quantitative data and linked to existing asset-based community development and community engagement work in the borough.
- Maximise opportunities to work in partnership with Greater Manchester colleagues; and
- Make full use of intelligence resources produced by Public Health England as well as Oldham's new Thriving Communities index.

The JSNA could operate as a formal sub-group or be a working group of Council and CCG officers. The vision for Oldham's refreshed JSNA was a web portal which provided easy access to key national and local health data. Work was ongoing to review the resources required

Best practice needed to be captured. The JSNA was in the context of Oldham Cares and it was recognised that there was work to be done to put children at the centre of the JSNA linked to having a business-like approach by connecting the work of the board to the JSNA priorities.

**RESOLVED that:**

1. The key principles for the production and maintenance of the JSNA be endorsed.
2. The form and membership of the JSNA Steering Group be agreed.
3. The request that the steering group provide a further report to the Health and Wellbeing Board by January 2019 with recommendations for the development of 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 be agreed.
4. The interim work being undertaken to update and refresh the content of the existing JSNA website and review of the resources needed to support the JSNA process be noted.

**NOTE:** Superintendent Inlgis entered the meeting during this item.

The Board gave consideration to a report outlined the consultation process on the potential reduction of NHS funded In-vitro fertilization (IVF) services.



Oldham CCG was aware of and committed to the fulfilment of their public involvement responsibilities under Section 14Z2 of the Health and Social Care Act 2012 and was bound by the NHS Constitution and the rights of all patients to be involved in decision processes which affect them. NHS Oldham CCG commissioned assist conception care in line with guidance from the National Institute for Health and Care Excellence (NICE). For women under the age of 40, Oldham currently funded up to 3 cycles of IVF as recommended by the NICE Clinical Guideline 156. Only 12% of CCGs now funded 3 cycles with the majority (61%) now only funding 1 cycle. NHS Oldham was under financial strain and was actively seeking to find where savings could be made. Balancing the small number of people potentially affected, but notwithstanding the large impact of childlessness on individuals, the CCG's preferred option was to fund 1 cycle only going forward which would save the local NHS an estimated £147,500 per year. The CCG would undertake public consultation on the options from 12 October to 7 December 2018. The consultation would offer all viable options (3, 2, 1 and 0 cycles funded) and set out the pros and cons of each.

The Board noted that the process of consultation with the public would be carried out through a mixture of face to face and online work. This included targeting groups known to have an interest in conception and online questionnaires would be hosted on Oldham CCG's website and also promoted via social media channels and the Health Huddle database. Consultation would be overseen by a Consultation Oversight Group.

The Board were referred to the timescale and the opportunity for debate. Services needed to be commissioned in line with the resources given. Benchmarking was carried out regularly against other CCGs. The number of IVF cycles was challenged. Oldham had a proud tradition and the CCG was aware of health tourism. All options would be outlined in the consultation. It was also planned to have three events, all interested groups to be invited as well as an online consultation with a survey and presence on social media. A consultation oversight group would also ensure due process was followed.

Members felt that due process would be followed, when living within means sometimes difficult choices had to be made. Members asked if there was a duty to carry out an Equality Impact Assessment. The Board were informed that in commissioning services, an equality impact assessment would always be carried out to look at the potential impact which generated a score. Assessments were carried out as soon as they could.

**RESOLVED** that a public consultation be undertaken by Oldham CCG on the potential reduction of NHS funded IVF cycles following due process.

13

## **HEALTHWATCH AND CITIZEN VOICE**

The Board gave consideration to a report which provided an overview of the main roles and responsibilities of Healthwatch. The role of Healthwatch Oldham was to provide an independent consumer voice for Oldham residents who used the NHS and social care services. Healthwatch Oldham needed to review the impact of its service and the way it worked in light of service redesign at both a local and GM level. The report set out the key challenges Healthwatch Oldham needed to address in the coming and how these would impact on partners. The report also sought feedback on a proposed programme of Healthwatch Service reviews.

The planned reviews between September 2018 to July 2019 were:

- Child and Adolescent Mental Health Services (CAMHS)
- Experience of Carers during hospital discharge
- 'End of Life' care and choice
- Oldham Neighbourhood and GP Clusters
- Youth People's Health Services
- Review of Care Home Provision
- Discharge to Assess and Intermediate Care
- Accessible services for the Deaf Community and People with Sight Loss
- Experiences of refugees and asylum seekers accessing primary and acute healthcare

The Board was requested to recommend five review areas.

The vision for Healthwatch Oldham was to provide an independent voice and source of information and influence for the residents of Oldham. It did 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 established in 2012 with a number of statutory and discretionary functions which provided insight, information, influence and the NHS Complaints Advocacy Service. The service was delivered through a combination of forums or themed engagement events; information outreach services; one to one casework interviews; membership on decision making bodies; statutory enter and view functions; detailed service user reviews; engagement network and e-bulletins and working in partnership with voluntary, community and statutory sector services.

Healthwatch currently faced the following challenges:





- Ability to influence health and social care services; and
- Public and patient voice.

The Board were informed that many organisations had not heard of Healthwatch or had a mixed understanding of what its role was. Service reviews identified two things, where things had gone well and where improvements were needed. In other areas in Greater Manchester, Healthwatch outcomes were challenged but could not force the provider to enact recommendations. It was hoped to create a more systematic approach to the way reviews were undertaken, identify issues that would be in the public interest and JSNA would assist in this area.

Members raised the role of Healthwatch in educating the public and any meaningful data which would provide meaningful data and a good source of intelligence for inform discussions. Discussions with the Alliance Board would also be a useful tool.

Healthwatch were keen to work closely with GPs to raise their profile. In terms of safeguarding, the role of Healthwatch could not be underestimated in holding partners to account. The link to Northern Alliance issues was discussed.

**RESOLVED that:**

1. The report on the Healthwatch Oldham Work Programme be noted.
2. The following five areas were recommended for the Healthwatch to focus on:
  - 'End of Life' Care and Choice
  - Child and Adolescent Mental Health Services (CAMHS)
  - Review of Care Home Provision
  - Discharge to Assess and Intermediate Care
  - Experiences of Refugees and Asylum Seekers accessing primary and acute healthcare services
3. The findings and recommendations from the 5 review areas be brought back to a future meeting.

**OLDHAM CARERS STRATEGY**

The Board gave consideration to a new Oldham Carer's Strategy which had been developed for 2018-2021. The strategy was presented by the Managing Director, Community Health and Social Care Services with the Chair of a Voluntary Group and the Strategic Partnership Manager.

The Oldham Carers Partnership had directed that the strategy be co-produced with carers at all stages of its production which included the priority areas and delivery of outcomes. 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. The six principles which formed the basis of the Oldham Strategy were:

- Early identification of carers
- Getting the right help at the right time
- Improving health and wellbeing
- Carers as real and expert partners
- Young Carers
- Carers in Employment

An extensive consultation process had taken place. The carers strongly agreed that the six principles were appropriate and their input was used to inform the content of the strategy.

The strategy demonstrated an integrated approach, local commitment, outlined the objectives and actions required to deliver outcomes and recognised that improvements in carer support would not only contribute to improved health and wellbeing for those with caring responsibilities but also help with local health and social care economy.

The Board were informed of the number of unpaid carers in Oldham. The Board were informed that voluntary groups had to be formed previously to understand entitlements and used each other for support. The plan had been developed to assist in getting the right help at the right time. The strategy needed to be acted upon with all health, council and community services to support carers. The issues faced by the young carers groups was highlighted. The six principles did not cover everything but an action plan needed to be clear.

The Chair expressed her thanks for the presentation of the strategy. The Clinical Commissioning Group also expressed their thanks and expressed how valuable carers were. Employers would need to address how the strategy would be supported through the commissioning and provision of services.

**RESOLVED** that the Oldham Carer's Strategy 2018 – 2021 be approved and the promotion and achievement on delivery of the strategy over the next three years be supported.

15

## **SAFEGUARDING**

The Board gave consideration to the updated Oldham Children's and Adult's Safeguarding Boards strategies for the period 2018 – 2021 and the annual business plans.

The strategic aims of both boards were highlighted. The aims included excellent practice being the normal, partners holding one another to account; early identification of new safeguarding issues; promotion and embedding of learning; sharing information effectively; and the public feeling confident that the vulnerable were protected. Within the three year plans there were annual action plans with structures in place for each board. Sub-groups would progress the business plans.

Children's Safeguarding Year One Priorities were outlined. Issues outside the family included: modern slavery, domestic violence strategies being in place, safeguarding needs for children in transition, understanding of trauma on children and better understanding of 'lived' experience. Priorities for adult safeguarding included needs of adults in transition; effective domestic violence strategy, making safeguarding personal, safeguarding within the context of community integration initiatives and a clear set of process of procedures.

The Board commented on the huge amount of work and received information on the benchmarking on the determination of what good looked like. The Board also received clarification on the detail behind the business plans and identification of adequate resources. The role of the two boards was to deliver on safeguarding needs. Wellbeing was another consideration. Safeguarding elements also vied with community safety, cohesion and employers. The Boards could draw attention to potential impact of activities and argue for appropriate prioritisation and resource allocations. Members drew attention to statutes and the provision of early help and partners needing to look at what could be done before the problem started and emphasised sharing. The Board asked about the audit and risk approach and links to Healthwatch and were informed that Healthwatch would take a strong position.

The Board sought clarification on the reporting and the prevention of abuse and the dates in the implementation plan. The Board were informed that the core component was to get intelligence from partners and that this was shared. Dialogues were in place. With regard to the updating of business plans, this was reported to the Council's Overview and Scrutiny Board. The two boards produced an annual plans which reflected the delivery of milestones. The Board also sought and received clarification on work with GPs and benchmarking. The Board were informed that when issues were found the system was working, that the Board received in depth data at every meeting.

**RESOLVED that:**

1. The strategic aims of both the Children and Adult Safeguarding Boards be noted.
2. The Children and Adult Safeguarding Strategies for 2018 – 2021 and the Business Plans for 2018/19 be endorsed.
3. A review on the business plans come back to a future meeting.

16

**DATE AND TIME OF NEXT MEETING**

**RESOLVED** that the date and time of the next Health and Wellbeing Board to be held on Tuesday, 13<sup>th</sup> November 2018 at 2.00 p.m. be noted.

The meeting started at 2.00 pm and ended at 4.09 pm