

HEALTH AND WELL BEING BOARD
13/11/2018 at 2.00 pm



Present: Councillor Harrison (Chair)
Councillors Chauhan, Jacques and Sykes

Also in Attendance:

Dr. Zubair Ahmed	Clinical Director, NHS Oldham Clinical Commissioning Group (CCG)
Jill Beaumont	Director of Children's Health and Wellbeing, Oldham Cares
Andrea Entwistle	Principal Policy Officer Health and Wellbeing, OMBC
Majid Hussain	Lay Chair, Oldham CCG
Superintendent Daniel Inglis	Greater Manchester Police
Merlin Joseph	Interim Director of Children's Services
Stuart Lockwood	Chief Executive, Oldham Community Leisure
Donna McLaughlin	Alliance Director, Oldham Cares
Jason Rain	Greater Manchester Fire and Rescue Services
Katrina Stephens	Joint Acting Director of Public Health / Consultant in Public Health, Health and Wellbeing, OMBC
Rebekah Sutcliffe	Strategic Director of Reform, OMBC
Liz Windsor-Welsh	Chief Executive, Acting Together
Mark Warren	Managing Director of Community, Health and Adult Social Care, OMBC
Carolyn Wilkins	Chief Executive, OMBC / Accountable Officer, Oldham Cares
Fabiola Fuschi	Constitutional Services Officer, OMBC

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chadderton, Julie Fairley, Nicola Firth, Dr. Keith Jeffery, Charlotte Stephenson, John Patterson and Julie Daines.

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**

The following public question was submitted by Mr. James Allen:
"To Health and Wellbeing Board,

On the 17/10/18, I received an email from NHS England on 'NHS set to save £150m by switching to a new version of most costly drug'



Oldham
Council

I would like to ask:

- 1) How many CCGs have started changing to the new drug?*
- 2) When savings start to materialise, also on what time scale will it be before money from this to start re-investing, to benefit the patients and the care system, who this drug affects?*
- 3) a. Is the £150m to be distributed across the whole of England?
b. What will each area get in percentage, the whole amount or a share?*
- 4) How will the re-investing money be used in Oldham?*

For this report as a few good points to be looked in to, as we can get a(n) overall view from all perspectives.

*Yours truly,
James Allen*

Cc Healthwatch Oldham, Cllr Jenny Harrison"

The following response was provided from the Health and Wellbeing Board:

We assume you are referring to NHS England guidance issued on 16 October concerning Adalimumab, a drug used for hospital treated, serious conditions such as rheumatoid arthritis, inflammatory bowel disease and psoriasis.

Previously Adalimumab has only been available under the brand name Humira. However, the patent on the drug has recently expired opening up the possibility of 'biosimilar' versions of Adalimumab being produced and prescribed in the NHS.

Adalimumab is the single medicine on which hospitals spend the most, at a cost of more than £400 million a year.

The guidance to Trusts and CCGs says that nine out of 10 new patients should be started on the best value medicine within three months of a biosimilar launch. At least 80% of existing patients should be switched to the best value biologic (which could be the originator or a biosimilar) within 12 months.

Biosimilar versions of Adalimumab are expected to be available to NHS patients from December this year, and could help save at least £150 million per year by 2021 depending on the price agreed for the drugs. The ongoing use of Humira may also continue where clinically appropriate and where it is best value.

To answer your questions:



1. How many CCGs have started changing to the new drug?

None. No biosimilar versions of Adalimumab are available yet.

2. When savings start to materialise, also on what time scale will it be before money from this to start re-investing, to benefit the patients and the care system, who this drug affects?

Once biosimilar versions of Adalimumab are available and necessary arrangements put in place we would anticipate savings starting to be made immediately and be fully realised within 12 months, in line with the guidance.

3. a. Is the £150m to be distributed across the whole of England?

b. What will each area get in percentage, the whole amount or a share?

Any funds arising from savings made would be 'owned' by local services. However, we can't know what the amount or percentage of any savings until biosimilars come to market, their cost is agreed with manufacturers, and we understand how prescribing behaviour changes in practice.

4. How will the re-investing money be used in Oldham?

It is likely that savings made by increasing choice of better value drugs will be used to help make the system more financially sustainable i.e. they will go towards the day to running of existing services.

5 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 25th September 2018 be approved as a correct record.

6 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

RESOLVED that the minutes of the Health Scrutiny Sub-Group meeting held on 3rd July 2018 be noted.

7 MEETING OVERVIEW

RESOLVED that today's meeting overview be noted.

8 ACTION LOG

RESOLVED that the action log from the meeting of the Health and Wellbeing Board held on 25th September 2018 be noted.

9 REFLECTIONS ON PROGRESS ACROSS THE OLDHAM PARTNERSHIP

The members of the Board took part in a reflective exercise and discussion regarding the progress made across the Oldham Partnership in relation to Health and Wellbeing.

The Board acknowledged the achievements on the following aspects of prevention and care provision in the Borough:

- The percentage of MMR immunisation update for 5 year olds in Oldham was higher than the average in England;
- Oldham is the second highest local authority in Greater Manchester (GM) for percentage of flu vaccination for at risk groups under 65s;
- Decreased levels of children dental decay since 2015. Oldham had made the biggest improvement in Greater Manchester; 5000 children had engaged with the Big Brush campaign last year.
- 35 of the 43 GP surgeries in Oldham had been rated “Good” or “Outstanding” by the Care Quality Commission (CQC).
- 33 of the 41 residential care homes in Oldham had been rated “good” by the CQC;
- 79,100 volunteer hours were performed in Oldham yearly;
- 12,000 children in Oldham accessed the “Daily Mile” programme weekly;
- Smoking prevalence in Oldham had reduced by 5.2% since 2015, this was the biggest reduction in GM.

RESOLVED that the Board consider and reflect upon the achievements, opportunities and challenges in Oldham in the context of the Health and Wellbeing agenda.

10

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) UPDATE

Consideration was given to a briefing of the Interim Director of Children’s Services on the progress made on the Special Educational Needs and Disability (SEND) Services against the Written Statement of Action (WSOA). This document had been jointly developed by the Council and the Oldham Clinical Commissioning Group, following the Ofsted inspection in October 2017. A full progress report would be presented to the Board in January 2019.

The Interim Director of Children’s Services presented the information and addressed the enquiries of the Board Members.

The Board was informed that the Department for Education (DfE) and NHS England conducted by-monthly monitoring visits to assess Oldham performance on the five key areas outlined in the WSOA. It was reported that the outcome of the latest review (i.e.: September 2018) had been positive; it had been agreed that four of the five priority areas of the WSOA were RAG (Red, Amber and Green) rated “Green”, with recognition of the work being progressed on the remaining “Amber” priority area in relation to Education Health Care Plans.

The DfE and NHS England had acknowledged that there was a clear and accountable ownership of the SEND agenda across the local SEND partnership, with commitment on a continued focus on SEND from senior leaders. It had also be noted the involvement and engagement of parents and carers in the SEND governance structure, in ensuring a truly collaborative and co-productive system.

The DfE would draft a final report on Oldham's progress against the WSOA to submit it to the Minister. The outcomes of this report would be communicated to Oldham Council via letter from the Minister.



The Board was also informed that, last week, the DfE had announced a programme to revisit local areas that had produced a WSOA. The programme would start in December 2018 and, in Oldham, it would run parallel to the current SEND review. Oldham was likely to be visited by the DfE in March 2019.

The Chair of the Board thanked the Interim Director of Children, Oldham CCG and the other partners and stakeholders for the work done so far to bring the SEND agenda forward.

RESOLVED that:

1. The content of the briefing be noted;
2. The positive progress made against the Written Statement of Action (WOSA) since the last update in September 2018 be noted;
3. A detailed update would be provided to the Health and Wellbeing Board once the Minister has provided a response to the report from the Department of Education on Oldham's progress against the WSOA.

11

LEARNING DISABILITIES STRATEGY

Consideration was given to a joint report of the Managing Director of Community, Health and Adult Social Care and the Head of Learning Disabilities and Mental Health on the newly developed Greater Manchester (GM) Learning Disability Strategy, with a view to the Oldham locality adopting the policy for local implementation.

The Managing Director of Community, Health and Adult Social Care, accompanied by a representative of the North West Training and Development Partnership and a service user presented the information and addressed the enquiries of the Board Members.

It was explained that a renewed strategy was needed to address the issues concerning the learning disability support. Across GM, the cost associated with the service provision remained high and people with learning difficulties still encountered barriers to live as independently as possible in their communities.

It was reported that, throughout 2017 and 2018, a series of public events and workshops had taken place across GM and people with learning difficulties and their families had actively participated in the development of the new strategy and its objectives. Oldham locality had led on the oversight of a new Learning Disability governance structure for GM on behalf of the ten localities. The new governance structure was outlined. The work had been set in the context of a national programme which

also included the following areas: Transforming Care, Learning Disability Mortality Review, Stopping over Medication of People with a Learning Disability or Autism or Both, Annual Health Checks.



Members were informed that the Learning Disability Strategy had been agreed at Greater Manchester level; ten key objectives had been identified which reflected the 12 pillars of independent living. The challenge for each locality in GM would be to develop its own plans to achieve the ten objectives. In Oldham a £4M state of the art apartments were being built where people with learning difficulties could live independently with 24 hour access to support. Other areas of focus were Transition and support through the Criminal Justice System. Oldham Learning Difficulties Partnership Board would oversee the progress against the ten objectives.

A 100 day challenge which started on 17th September 2018 had been launched: each locality in GM would have to demonstrate what could be done differently in 100 days from the implementation of the new strategy. Oldham opted to focus on two priority areas for the 100 day challenge: Employment and Good Health. Work had already started with four GP practices to increase to 15 the number of people with learning difficulties receiving the annual health check. A figure had not been established for employment as this was a complex area; however, there would be a clear methodology to measure progress.

The challenges linked to these two work streams were outlined as well as the measures to address them.

The Board was also informed of the Small Sparks project. One of the main areas of concern for people with learning difficulties was “belonging” and to tackle loneliness. Small Sparks had received funding to create a dating agency.

Members sought and received clarification / commented on the following points:

- Jobs and communications, to commit to easy read documents and avoiding acronyms. Acknowledged GM targets and request for meaningful employment and people feeling satisfied;
- Most powerful co-produced strategy across GM area, Action Together committed to supporting it. Advocacy needed to be extended at neighbourhood level. Social innovation needed to be explored. Also analysis of layers of inequality (e.g.: people with learning difficulties from BME communities and/or from LGBT groups) – It was explained that some work had already been done on inequality. However, this aspect would be embedded in the new strategy.
- Risk for those at the soft end of the spectrum who did not receive support but who could, at some point, face a crisis – it was explained that although there was a definition of “learning disability”, in Oldham the ethos was to support people at best via an integrated care approach. Addressing “belonging”/ relationships would be key as many people did not look for a social worker.
- To simplify processes and forms for all residents;

- To make Access Oldham more accessible for people with learning difficulties (e.g.: not standing in the queue);
- Developing internship and support people through it.

RESOLVED that:

1. The implementation of the strategy be fully endorsed;
2. The implementation of the strategy at local level be supported;
3. Board Members take ownership of the strategy and individually support its implementation;
4. The Oldham Learning Disability Partnership Board be given delegated responsibility for the implementation of the strategy.

12

OPERATIONAL LOCAL HEALTH ECONOMY OUTBREAK PLAN

Consideration was given to a briefing of the Lead Health Protection Nurse on the Operational Local Health Economy Outbreak plan which had been endorsed by Oldham Cares. The Joint Acting Director of Public Health (Consultant in Public Health, Health and Wellbeing) presented the information.

It was explained that this was an agreed joint plan between the Council Health Protection Team and Oldham Clinical Commissioning Group (CCG) to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. The document had been developed to supplement the “Greater Manchester Outbreak Plan” to ensure an effective and coordinated approach to the management of outbreaks and of communicable diseases within Oldham.

RESOLVED that the Operational Local Health Economy Outbreak plan be endorsed to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

13

NUTRITION AND HYDRATION IN OVER 65S

A presentation on nutrition and hydration in over 65s was given by the Greater Manchester Nutrition and Hydration Oldham Programme Manager.

The Board was informed that malnutrition affected over 1M people in UK. One third of those admitted to hospital, presented this condition. It was explained that malnutrition was not a natural part of ageing and the cost to the NHS was superior to obesity. Malnourished people visited their GP twice as often as those who were well nourished and they had three times many hospital admissions.

The GM model to tackle malnutrition mirrored the Salford model; this was based on five principles: raising awareness, working together, identify malnutrition, personalised care, support and treatment and monitoring and evaluating. Through this model, Salford had saved £300,000 on NHS prescribing and had seen a reduction in hospital admissions.

The two year funded pilot project looked at replicating Salford model in five sites: Oldham, Bury, Bolton, Rochdale and

Stockport. Each area had a Public Health lead and a local Age UK partner. The aim was to raise awareness. Training would be offered to different organisation and an e-learning tool would be developed.

It was estimated that in Oldham there were 36,000 people over 65s and about 3,400 of these were at risk of malnutrition. Implementing this model could save £600,000 in prescribing costs per year.

The Board was presented with two of the resources utilised to identify malnutrition: the paperweight hand band tool which was a non-intrusive, non-clinical assessment tool and the one to one “Are You Eating Enough” booklet.

The programme had been in place for six months. So far 876 people had been reached. 98 people had been assessed and two people were found to be at risk. 41 people had been trained. The programme would be evaluated by Manchester University.

Members sought and received clarification / commented on the following points:

- Health Improvement, Thriving Communities and Make Every Contact Count. This new model would link with these work streams.
- Useful tool for Police Community Support Officers;
- How this model could be linked to the Transformation Programme;
- Food as enabler to fight social isolation, links to Ambition for Aging;
- MioCare and DomiCare members of staff could be trained on this model;
- Resources and BMI communities; request for one, inclusive booklet;
- Care at Home delivered by the independent sector – the Provider Forum would be another opportunity for delivering the training on the new model.
- To utilise a video clip to divulge the training – Age UK Salford added a video on their web-site.

RESOLVED that the Board recognise the work of the programme and support the efforts to raise awareness of the issue and to help embed the intervention into everyday interactions of staff and carers with people aged 65 and over who may be at risk of malnutrition and hydration.

14

DATE OF NEXT MEETING

RESOLVED that the next date and time of the meeting of the Health and Wellbeing Board to be held on Tuesday 18th December 2018 at 2 p.m. be noted. This would be a development session.

The meeting started at 2.00 pm and ended at 4.00 pm