

## HEALTH AND WELL BEING BOARD

25/06/2019 at 2.00 pm

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

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Jill Beaumont	Director of Children's Health and Wellbeing
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Donna McLaughlin	Alliance Director, Oldham Cares
Dr John Patterson	Clinical Commissioning Group
Dr Keith Jeffery	Clinical Commissioning Group
Katrina Stephens	Director of Public Health
Julie Farley	Healthwatch
Nicola Firth	Royal Oldham Hospital
Ros Hopkins (substitute)	GM Fire Service

Also in Attendance:

Andrea Entwistle	Principal Policy Officer - Health and Wellbeing
Mark Hardman	Constitutional Services
Vicki Gould (item 11)	Public Health Programme Manager
Ed Francis (item 12)	Assistant Director - Safeguarding and Partnerships

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### **APPOINTMENT OF CHAIR AND VICE CHAIRS**

It was noted that Councillor Harrison had been appointed as Chair of the Health and Wellbeing Board for the 2019/20 Municipal Year.

On the motion of the Chair and seconded by Dr Jeffery, it was **RESOLVED** that Dr John Patterson and Donna McLaughlin be appointed Vice Chairs of the Health and Wellbeing Board for the 2019/20 Municipal Year.

With regard to membership, the Chair noted that Dr Bal Duper had replaced Dr Zubair Ahmad as representative of IGB Care (formerly the GP Federation); that Claire Smith, Executive Nurse, NHS Oldham Cares had been appointed to the Board in a position established at the Annual Meeting of the Council; and that Val Hussain had replaced Jon Aspinall as representative of the GM Fire Service. It was further noted that Julie Daines and David Smith had ceased their membership of the Board as former representatives of the CCG and First Choice Housing respectively.

2           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Marie Bashforth, Councillor Amanda Chadderton, Dr Bal Duper, Chief Supt. Neil Evans, Val Hussain, Merlin Joseph, Claire Smith, Rebekah Sutcliffe, Carolyn Wilkins and Liz Windsor-Welsh.

3           **URGENT BUSINESS**

There were no items of urgent business received.

4           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5           **PUBLIC QUESTION TIME**

There were no public questions received.

6           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that, subject to the deletion of the word 'interim' against the name of Katrina Stephens in the attendance list, the minutes of the meeting of the Health and Wellbeing Board held on 26<sup>th</sup> March 2019 be approved as a correct record.

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

The minutes of the meetings of the Health Scrutiny Sub-Committee held on 19<sup>th</sup> February and 26<sup>th</sup> March 2019 were received.

With regard to the considerations given to the items related to the 'Outcome of Public Consultation on Proposed IVF Treatment' at Minutes 14 and 17 of the meetings held on 19<sup>th</sup> February and 26<sup>th</sup> March 2019 respectively, it was commented that the issue had not received full consideration at a public meeting of the Sub-Committee.

**RESOLVED** that (1) the minutes of the meetings of the Health Scrutiny Sub-Committee held on 19<sup>th</sup> February and 26<sup>th</sup> March 2019 be noted;

(2) the notes of the discussion relating to the outcome of public consultation on proposed IVF treatment referenced at Minute 17 of the meeting held on 26<sup>th</sup> March 2019 be circulated to members of the Board.

8           **RESOLUTION AND ACTION LOG**

**RESOLVED** that Resolution and Action Log from the meeting held on 26<sup>th</sup> March 2019 be noted.

9           **MEETING OVERVIEW**

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

## **COMMON STANDARDS FOR POPULATION HEALTH IN GREATER MANCHESTER**

The Board received a report presenting a suite of core standards for population health describing the evidence-based activity proven to improve population health outcomes for seven core population health themes comprising mental health and wellbeing, oral health, sexual and reproductive health; drug and alcohol service standards; physical activity, health protection, and tobacco control.

The core standards had been developed by the Greater Manchester (GM) Health and Social Care Partnership and co-designed by Public Health Practitioners and subject matter experts from the ten Greater Manchester localities following development of a GM Population Health Outcomes Framework. Linked to the Framework, the standards aimed to reduce variations in population health outcomes across the city region and to increase the uptake of activities which are proven to be effective. The standards had been consolidated into a single document to provide localities with an evidence-based tool to review current local activity and identify any gaps in evidence.

The document, 'Greater Manchester Common Standards for Population Health' was appended to the submitted report. While there was no requirement for localities to adopt or implement the GM standards, the Board was asked to review and provide feedback on those standards and endorse them for use in the locality.

The standards and measures were welcomed, the advantages of localities have commonality to support working together being recognised. However, concern was expressed at the potential use of those standards and measures for benchmarking across GM, it being queried how the standards accounted for the differences between localities and what weighting measures applied. There were known issues and challenges locally, and it was recognised that there should not be an adverse effect on staff undertaking good work because of the population demographic.

Comment was made that many measures were system outputs and the extent and gathering of patient outcomes within the framework was queried. The portrayal of these outcomes was queried also, people being keen to share their experiences on issues such as access to dentists, closed lists etc.

A reservation was expressed at the scoring mechanism presented for the Common Standards, comprising just three scores/assessment which, it was suggested, appeared simplistic. It was noted that much of the content of the proposed standards was already measured in Oldham and suggested that the applicability of those standards to Oldham was the most important consideration. Although not suggested, there was a

concern that the GM level outcomes dashboard might impact into the quarterly assurance programme.

The importance of Oldham being able to decide on its own local priorities was emphasised. It was queried how the dashboard information would be judged against local issues as it was important that priorities and how these are shaped should remain locally.

The Director of Public Health advised that weighting was built in to some extent in the outcomes framework and associated benchmarking, and such information needed looking at by Borough, rather than by population, as each Borough had its own challenges. With regard to reflecting the patient experience, further consideration would be given to this point. It was considered that the common standards and measures were a tool that would enable targeting of services, to see whether standards were being met, where service gaps were etc. It was acknowledged that there were a lot of standards presented and suggested that the Board might wish to look at particular areas first.

The Chair noted that further local work needed to be done on the proposed standards and measures, noting concern at the potential for unrealistic targets and the need to be assured that targets were SMART and realistic. It was suggested that the Board had Joint Strategic Needs Assessment sub-groups who could undertake some initial work, including scoring local services against the GM measures.

**RESOLVED** – That (1) further work be undertaken on the Greater Manchester Common Standards for Population Health to ensure that there are SMART and realistic targets, with mandated and non-mandated services, physical activity and mental health and wellbeing being referred to the appropriate Joint Strategic Needs Assessment working groups to assess and score local outcomes against the Greater Manchester standards;

(2) a further report be submitted to the September 2019 meeting of the Board.

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## **SUICIDE PREVENTION UPDATE**

The Board received a report seeking consideration of Oldham's Suicide Prevention Plan and the future governance arrangements for the Oldham Suicide Prevention Group.

Local authorities have held the responsibility for developing local suicide action plans through their work with Health and Wellbeing Boards since 2012. In line with the national picture, Oldham had formed a multi-agency Suicide Prevention Partnership, incorporating public health, the clinical commissioning group, social care, primary and secondary care, the voluntary sector, the criminal justice system and those affected by suicide.

The partnership group had acquired data on an ongoing basis from various sources, including anecdotal information, coroners' reports and service level data from health, social care and community agencies. Oldham's Suicide Prevention Strategy and action plan (2017-2020), appended to the submitted report, was currently owned and reviewed by the Partnership Group. The Oldham Locality Plan for Health and Social Care Transformation 2016-2021 further highlighted a commitment to addressing mental health in Oldham, which included promoting good mental wellbeing, tackling stigma, preventing poor mental health and actions to promote recovery.

Dr Jeffery, Clinical Director for Mental Health and Chair of the Partnership Group introduced a presentation giving specific information about suicide issues in Oldham. To address these issues it was recognised that preventing suicide needed more than just addressing high risk groups, that the emotional health of children and young people was an important focus, and that there was a need to provide support for low level mental health issues and to address social determinants of health. The presentation further considered progress made to date locally and across Greater Manchester (GM) (a GM Suicide Prevention Strategy developed by the GM Health and Social Care Partnership was further appended to the submitted report), and considered future local plans and priorities as contained in a revised action plan. Dr Jeffery also presented a consideration of the governance arrangements for the Suicide Prevention Partnership Group in the context of links to the GM level and the Oldham Mental Health Strategy Partnership Group.

Members noted that after a suicide it was common for family and friends to say that there were not services or support available for suicide prevention/mental health. There are services available, but there needed to be a consideration as to how to promote them so they could be known and readily accessed in the same way as services for, for example, chest pain. Options suggested included bus advertising, digital resources for community workers and, in referencing feedback from the Youth Council, young persons' peer support. Against this was the acknowledged position that people were less likely to admit to a mental health issue.

The Director of Public Health advised on the whole population approach adopted to address suicide, as a targeted approach could miss other people who might be assisted or potential interventions similarly missed. The Board was advised of the GM Fire Service approach around mental health issues which sought to normalise situations, noting that basic skills training around CPR saved lives and so there was a need for something similar for mental health to give staff the confidence to talk about the issue. Reference was made to materials on the GM 'Shine a Light on Suicide' campaign website that provided a useful tool but which needed further promotion.

With regard to governance, the Suicide Prevention Partnership reported to the Mental Health Strategy Partnership Group, but the Board was asked to consider giving its support and lead on delivery.

The Chair thanked Dr Jeffery and Vicki Gould for a thoughtful and thought provoking presentation of this issue.

**RESOLVED** that (1) the current Oldham Suicide Prevention Strategy 2017-20 be noted and supported;  
(2) the governance for the delivery of the Oldham Suicide Prevention Strategy 2017-20 be formally taken on by this Board.

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## **UPDATES FROM SUB-COMMITTEES**

The Board received a report providing updates and assurance on the considerations undertaken by the sub-committees of the Board.

The Joint Strategic Needs Assessment (JSNA) Sub-Committee/Steering Group, chaired by the Cabinet Member for Health and Social Care, had been established in the agreed form and had met in January and April 2019. Key matters considered had included

- the development of the scoping document to be used to inform the prioritisation of JSNA development work and work programme;
- the significant development of the JSNA web-site;
- the receipt of updates providing oversight on
  - the Looked After Children Health Needs Assessment;
  - the Special Education Needs and Disability JSNA;
- the consideration of developing content for the JSNA on the themes of
  - the Armed Forces; and
  - Children's Services.

The agreed alignment of the Health Protection and Air Quality Sub-Groups had taken place and both Sub-Groups were now chaired by the Cabinet Member for Health and Social Care and had work programmes developed to avoid duplication.

The Health Protection Sub-Group had met in October 2018 and in January and April 2019 receiving regular updates and assurance on

- Emergency Planning and Civic Contingencies;
- Communicable Diseases (Public Health England (PHE) NW Health Protection Report); and
- Screening and Immunisation Data Performance

Updates and assurance on the Local Health Outbreak Plan, Oral Health, Sepsis, the Flu Programme 2018/19 and environmental health had also been received, with items on Sexually Transmitted Infections, including HIV, and Substance Misuse and Blood Borne Viruses due for consideration at the next meeting.

The Air Quality Sub-Group met in its new format in October 2018 and discussed local approaches to improving air quality and affecting behaviour change to bring about improvements. Due to the development of the Greater Manchester Clean Air Plan Outline Business Case, the Sub-Group had not met formally since October 2018 due to clashes with a number of GM Air Quality meetings. However, Officers had ensured that the Chair of the Sub-Group and Cabinet Members were briefed and updated on developments.

With regard to the Children and Young People's Partnership, successful workshops had taken place in February and May 2019 to develop Oldham's collaborative vision for children and young people and to promote the open exchange of ideas and learning around the planning and delivery of services by the 'Children and Young People's Strategic Alliance'. It was proposed that the final governance arrangements and work programme for the Children and Young People's Strategic Alliance be shared with the Health and Wellbeing Board in Autumn 2019. The Board was advised that the resultant structure should feel very different from predecessor bodies. In response to a query as to how this body would link to other bodies and an observation that it had taken 18 months to develop a Memorandum of Understanding for the Older People's Alliance, it was commented that there was an intention to build on local strengths and to not duplicate work done elsewhere.

**RESOLVED** that the progress made by the Board sub-committees since September 2018 be noted.

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**DATE AND TIME OF NEXT MEETING**

**RESOLVED** that the meeting of the Board (as a Development Session) be held on Tuesday 23 July 2019 at 2pm.

The meeting started at 2.00 pm and ended at 3.31 pm