

**HEALTH AND WELL BEING BOARD**  
**12/11/2019 at 2.00 pm**



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

Dr John Patterson	Clinical Commissioning Group
Dr Keith Jeffery	Clinical Commissioning Group
Majid Hussain	Clinical Commissioning Group
Dr Carolyn Wilkins	Chief Executive and Accountable Officer
Katrina Stephens	Director of Public Health
Mark Warren	Managing Director of Health and Adult Care Services
Julie Farley	Oldham Healthwatch
Claire Smith	Executive Nurse, Oldham Cares
Sarah Maxwell (substitute)	Oldham Community Leisure

Also in Attendance:

Rebekha Sutcliffe	Strategic Director of Reform
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services
Dr Henri Giller (item 7)	Chair of Safeguarding Boards
Wendy Meston (item 8)	Chair of local Child Death Overview Panel
Rebecca Fletcher (item 8)	Registrar in Public Health
Richard Cohen (item 9)	Consultant, Transforming Care
Vicky Sugars (item 11)	Head of Reform

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chauhan, Chief Supt. Neil Evans, Mike Barker, Val Hussain, Stuart Lockwood, Vince Roche and Nicola Firth.

2           **APPOINTMENT OF VICE CHAIR**

On the Motion of Dr J Patterson and seconded by Dr K Jeffery, it was **RESOLVED** that Majid Hussain be appointed as a Vice Chair of the Health and Wellbeing Board for the remainder of the 2019/20 Municipal Year.

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.

## MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Health and Wellbeing Board held on 24<sup>th</sup> September 2019 were received.

**RESOLVED** that, subject to addition of Councillor Ball to the list of apologies for absence, the minutes of the meeting of the Health and Wellbeing Board held on 24<sup>th</sup> September 2019 be approved as a correct record.

## CHILDREN'S AND ADULTS LOCAL SAFEGUARDING BOARDS - BUSINESS PLANS UPDATES

Dr Henri Giller, Chair of the Oldham Local Safeguarding Children and Adults Boards attended the meeting to present the Safeguarding Adults Board Annual Report 2018-19 and the updated 2019-20 Business Plans for both the Safeguarding Children and Adults Boards. An annual report for the Safeguarding Children Board was not presented as, due to the recently implemented revised arrangements, an 18-month Report was to be prepared and would be submitted in due course.

The Board gave initial consideration to the submitted Oldham Safeguarding Adults Board 2018-19 Annual Report that detailed safeguarding activity over the 12-month period and assessed the impact of this activity against the Board's Business Plan for 2018-19. Dr Giller drew attention to two key activities in 2018-19. Firstly, a Peer Review had been undertaken by representatives from the Stockport Board, the conclusions from which and the Board's reflection on these conclusions were presented in the Annual Report. Secondly, and on reflection of the Stockport conclusions, a fundamental review of adults safeguarding had been undertaken from which a number of recommendations had been derived.

These review recommendations then formed a significant part of the 2019-20 Safeguarding Adults Business Plan, and issues of ensuring that service integration did not dilute safeguarding, of trying to get a better picture of safeguarding in partner organisations, of making safeguarding more personal, and identifying joint work with the Safeguarding Children Board to consider transition issues looking towards a comprehensive all age safeguarding approach were highlighted to the Board. In response to a query concerning joint working between the Safeguarding Boards, it was noted that the Stockport review was a formal Peer Review, but that issues were picked up among wider peer groups on a regular basis. In addition, the Independent Chairs and Board Business Managers each had their own quarterly meetings to consider best practice and issues arising.

With regard to the 2019-20 Safeguarding Children Business Plan, the Board was advised that this sought to embed the new ways of working and new areas of work including complex and contextual safeguarding which included modern slavery and

exploitation, and workforce development and training were highlighted. The Board was advised of a Joint Communications Group that was seeking to communicate the work of the two Boards to the public, including development of a new website that was to go live with Children's Board content in the near future, with Adults Board content to follow. Work in the Children's area was looking to maximise the profile and the quality of work for children and young people by enhanced commitment from statutory partners, gaining buy-in from relevant organisations, developing accountability mechanisms and seeking the views of the child.

The following issues were raised by Members of the Board in respect of the Safeguarding Boards reports -

- The Strategic Director Reform noted the need to ensure connectivity between the work of the Safeguarding Partnerships into the emerging staffing strategy in the health and social care sector and a need to ensure that structures would deliver this;
- The reported joint work by both Safeguarding Boards around the transition period was welcomed by the Board generally
- Following a query as to when and how the Children's Board was to hear the voice of the child, the Board was advised that while traditional routes had been through the Youth Council and the Children in Care Council, work was being undertaken to configure new arrangements to access a wider constituency. It was also noted that some children would not have a voice and that consideration of lived experience was also important;
- The consideration within the Business Plans of patients with long term conditions who were at risk but were not known of was queried. With regard to children, work had been done around early help and with schools to raise the issues of risk and vulnerability. It was suggested that some organisations were changing their perspectives, the police now treating those subject to child exploitation as victims rather than criminals being highlighted;
- Issues related to home schooling were noted, with a Member requesting a consideration of those children struggling to get into school. The Board was advised that a sub-group of the Safeguarding Children Board was considering these issues and a report would be prepared in due course;
- A Member noted concerns about local authorities placing children and young people in facilities that provided accommodation, as opposed to care, often distant from their home location, and queried use made by the Council of such facilities. The Chair of the Boards advised of recent correspondence from the Minister about unregistered accommodation: a piece of work was ongoing and a report would be prepared in due course. The Managing Director for Health and Adult Social Care undertook to prepare a breakdown as to the types of

accommodation used, and to co-ordinate a report back to this Board on this issue.



**Oldham**  
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**RESOLVED** that -

1. the Oldham Safeguarding Adults Board 2018-19 Annual Report be noted;
2. the updates on the 2019-20 Children and Adults Safeguarding Business Plans be noted;
3. the intent to report further to the Board in respect of home schooling and the provision of accommodation be noted.

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**BURY, ROCHDALE AND OLDHAM CHILD DEATH OVERVIEW PANEL – ANNUAL REPORT**

The Board received a report presenting the Greater Manchester (GM) Child Death Overview Panel (CDOP) Annual Report, which included the work undertaken by the Bury, Oldham and Rochdale Panel. The Annual Report presented data from the four CDOPs across GM, making observations about causes and modifiable factors in order to inform action to promote child safety and reduce child deaths in GM. An Oldham Briefing provided an overview of the implications for Oldham and the current work happening to address the potentially modifiable factors identified.

Wendy Meston, Public Health Consultant from Rochdale Council and current Chair of the Bury, Oldham and Rochdale CDOP, reported to the Board further to the submitted report. Public Health chaired all four CDOPs across GM which collectively operated as a network. A multi-agency approach was adopted, and Panel attendees represented professional areas as opposed to geographical areas. Not every child death in the year was considered, with only those deaths that had been considered through all other stages being reviewed. As such, the Annual Report presented a strategic overview of what had been learned over the previous year.

With regard to Oldham, infant mortality was higher than would be expected and, while work had been undertaken to address causal factors, more needed to be done in the area. The GM report had highlighted potentially modifiable factors for reducing deaths in children as well as the existing evidence around reducing deaths in the early weeks of life, and several current initiatives in Oldham aimed at addressing these factors were outlined in the submitted report.

The CDOP network and co-ordinators also played a role in preventative work and had, for example, undertaken work around safe sleeping and getting messages out about the dangers for children presented by cords/blinds and small batteries.

Members of the Board raised the following issues –

- The average Index of Multiple Deprivation score against the number of closed cases for each local authority as shown in Chart 6 at paragraph 6.10.3 of the Annual

Report and what this meant in terms of Oldham and the linkage of deaths to deprivation was queried. It was suggested that a five-year consideration be given to consider whether the 2018/19 figure was a one year issue.

- It was noted that smoking and maternal BMI (body mass index) were significant contributors to young infant mortality and the potential impact on that cohort of an increased universal health offer being considered was queried. It was suggested that weight would be included, but that smoking in pregnancy was the subject of an ongoing GM-wide approach, though the sustainability of the GM offer needed to be considered.

**RESOLVED** that -

1. the Child Death Overview Panel Annual Report 2018-19 for Greater Manchester be noted;
2. the Oldham Briefing on implications for Oldham and current work being undertaken locally be noted;
3. further work be undertaken to understand the higher rates of infant mortality in the Borough and to develop an action plan to address these issues.

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**OLDHAM HEALTH AND CARE LOCALITY PLAN REFRESH**

The Board received a report advising of the background to and the approach taken to a refresh of the Oldham Locality Plan for Health and Social Care Transformation. The report was submitted to provide visibility to the Health and Wellbeing Board of the process for the refresh and of progress to date, prior to the submission of a draft to Greater Manchester by 30th November 2019.

The Board was reminded that a Locality Plan covering the period September 2016 to March 2021 had been prepared to outline the key transformational programmes that would enable Oldham to deliver significant improvements in the health and wellbeing of residents. The strategic context had moved on since 2016 and Oldham was now better positioned to describe a whole public service approach to transformation. There had also been a recent ask to refresh the Locality Plan in support of the GM Health and Social Care prospectus plan and as a response to the NHS Long Term Plan Commitments. In this regard, the Plan would need completion and submission in 'Draft' by the end of November 2019 in order to influence the GM prospectus.

In considering the current position on the refresh exercise and the development of the Plan it was noted that extensive engagement was being undertaken across partners to form content and ensure that it accurately reflected both current and proposed transformation activity. Considerations in the report addressed the structure and content of the Plan and, to support the evolution of an Integrated Care System for Oldham, the design logic and principles employed to develop a model of health and social care.

In noting that a design logic behind the health and social care model was that the person and their community would be placed at the centre, a Member asked how this had been taken account of and sought assurance that delivery would be for the benefit of residents. The Board was advised that some consultations had been undertaken, and the Chief Executive and Accountable Officer advised that issues raised had been taken on board and, where appropriate, been referred to other groups and Boards. The pathways to care were important, and things were being done differently to the first Plan.

**RESOLVED** that the drivers for the refresh of the Health and Social Care Locality Plan, the structured approach being adopted and the good progress made to date be noted.

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### **UPDATE ON THE OLDHAM LEARNING DISABILITY STRATEGY**

The Board received a report providing an update on the Oldham Learning Disability (LD) Strategy that linked to the Greater Manchester (GM) LD Strategy and a summary of the actions and progress to date in Oldham on each of the ten strategic priorities that form the Strategy.

The GM LD Strategy had been in place from 2018 and had been written by people with a learning disability for people with a learning disability. The Oldham LD Strategy aligned to the GM priorities, with each of the ten work streams having a named responsible lead to provide accountability. The Health and Wellbeing Board had delegated progression of the Strategy and priorities to the Learning Disabilities Partnership Board which included advocates and those with lived experience among the membership.

The Director of Adult Social Care advised the Board of progress made within each of the ten priority areas, highlighting the specific actions for Oldham that had been identified, and further advising of structures in place for learning and best practice to be shared across GM in each of the priority areas. Councillor Marie Bashforth, Chair of the Learning Disabilities Partnership Board, supported the report, advising of the real energy and drive being put into progressing this big piece of work.

**RESOLVED** that the progress to date made in respect of the Oldham Learning Disability Strategy be noted.

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### **GEOGRAPHICAL ALIGNMENT ACROSS PUBLIC SERVICES**

The Board received a report seeking endorsement for partners to progress with geographical alignment across the whole system, including health and social care and wider public services, at populations of 30-55,000 to better enable integrated services to deliver improved outcomes for people and communities in Oldham.



Experience and learning from health and social care and other forms of integrated working had led to agreement in Oldham and Greater Manchester (GM) to scale up place-based integration across the whole system of public services at populations of 30-55,000 so that resources could be better directed to people and communities. This approach had the support of Oldham partners through the Joint Leadership Team and the Oldham Leadership Board and at GM-level through the Wider Leadership Team and the GM Health and Social Care Partnership. Oldham did not currently have coterminous boundaries across all public services making it difficult to achieve full integration and reform of public services as resources and capacity do not align.

The report considered existing forms of multi-agency integration that had already occurred to date and explored the need for geographical alignment at populations of 30-55,000 which was considered to be the optimum size to create economies of scale while remaining small enough to be locally sensitive. Five service footprints based on Ward boundaries had been considered by partners to be legitimate building blocks for service footprints and a number of partner agencies had signed up to amend their existing boundaries to achieve alignment. To reach decisions on geographical alignment a series of criteria and supporting principles, presented within the submitted report, had been determined to assess feasibility. Once agreement was reached, submissions for formal approval would be made to the Council and the Clinical Commissioning Group.

A Member noted that some proposed areas contained some significant social differences within their boundaries and advised of concerns expressed about distances to be travelled to attend a single point of service in an area. In response it was acknowledged that such differences did exist, but that there was an expectation that services would be provided locally from, for example, three delivery points if that was what was needed in a particular area.

**RESOLVED** that –

1. the proposal to develop coterminous public service footprints at populations of 30-55,000 across the Borough be endorsed;
2. the approach to geographical alignment being progressed on the basis of five footprints using Wards as the building blocks for alignment be endorsed;
3. the criteria and principles by which a decision on geographical alignment will be reached be endorsed;
4. the next steps and decision-making process to progress geographical alignment be noted.

## **DATE AND TIME OF NEXT MEETING**

**RESOLVED** that -

1. the meeting of the Board scheduled to be held on Tuesday, 10<sup>th</sup> December 2019 as a Development Session be cancelled;

2. the meeting scheduled for Tuesday, 28<sup>th</sup> January 2020 at 2.00pm be now held as a Development Session.

The meeting started at 2.00 pm and ended at 4.00 pm

