

HEALTH AND WELL BEING BOARD
10/11/2020 at 2.00 pm



Present: Councillor Stretton (Chair)
Councillors Ball, M Bashforth, Chauhan and Moores

Dr John Patterson	Oldham CCG
Majid Hussain	Oldham CCG
Mike Barker	Executive Director Commissioning and Chief Operating Officer (Oldham Council/Oldham CCG)
Mark Warren	Managing Director of Health and Adult Care Services
Gerard Jones	Managing Director of Children and Young People
Rebekha Sutcliffe	Executive Director Communities and Reform
Katrina Stephens	Director of Public Health
David Jago	Pennine Acute NHS Trust
Karen Worthington	Bridgewater NHS Trust
Tamoor Tariq	Oldham Healthwatch
Stuart Lockwood	Oldham Community Leisure
Keith Wrate	First Choice Homes
Liz Windsor-Welsh	Oldham Together

Also in Attendance:

Hayley Eccles	Head of Strategic Safeguarding
Abigail Pemberton	Strategic Safeguarding and Safeguarding Adults Board Manager
Sian Walter-Browne	Constitutional Services
Kaidy McCann	Constitutional Services

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Chadderton, Dr Bal Duper, Dr Keith Jeffrey, Chief Supt. Chris Allsop, Val Hussain, Claire Smith and Joanne Sloan.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 URGENT BUSINESS

There were no items of urgent business.

4 MINUTES OF PREVIOUS MEETING

RESOLVED – that the minutes of the meeting of the Health and Wellbeing Board held on 21st July 2020 be approved as a correct record.

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PUBLIC QUESTION TIME

No public questions had been received.



Oldham
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OLDHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT

The Board gave consideration to the Oldham Safeguarding Adults Board (OSAB) 2019/20 Annual Report and priorities for 2020/21, the OSAB being a statutory partnership set up to safeguard adults at risk of experiencing abuse, neglect or exploitation and which had duties to produce a Strategic Plan; to publish an Annual Report; and to undertake a Safeguarding Adult Review (SAR) where it believes someone has experienced harm as a result of abuse, neglect or exploitation.

Over the past year the OSAB had introduced a series of measures designed to remodel adult safeguarding arrangements across Oldham, looking to strengthen and improve multi-agency working through a combination of new safeguarding structures, greater alignment with the Children's Safeguarding Partnership (CSP) and integrating safeguarding structures across Community Health and Social Care. The 2019/20 Annual Report was the first under these new arrangements and reflected the OSAB's ambition to develop a more outward facing role to ensure that there is 'no wrong door' to reporting safeguarding concerns and that the work of the OSAB is publicly accountable.

The Annual Report provided information on the number and type of safeguarding concerns reported during 2019/20, setting out the actions taken to ensure that lessons learnt from the SARs have been used to change front line practice and improve the way services work. The Board's specific attention was drawn to the following matters from the 2019/20 period -

- 1,580 safeguarding referrals were made and, of these, 556 became the subject of a formal safeguarding Enquiry. The number of referrals had almost doubled in the last two years, possibly due to a combination of improvements in data recording and campaigns encouraging people to report safeguarding concerns;
- 1,543 safeguarding referrals and enquiries were dealt with and closed, an increase over the 960 in the previous year. Of the cases closed, 48% were complex cases involving people who lacked capacity to make their own decisions. The breakdown by sex, age and ethnicity suggested that White British women aged between 18 and 64 were more likely to be the subject of a reported safeguarding concern compared to any other group;
- an increase in the number of safeguarding concerns relating to self-neglect, acts of omission and domestic abuse had been seen. Some of the increase in domestic abuse cases coincided with the start of the Covid-19 lockdown where those living with an abusive partner may have experienced an escalation in abuse, coupled with

restricted access to community contacts and professional support; and

- five SARs had been conducted, compared to two in 2018/19. In each case, the OASB adopted the recommendations of the independent reviewer and overseen changes designed to prevent similar cases happening again. These changes had also been informed by 'Making Safeguarding Personal' conversations with local people who had first hand experience of safeguarding issues.

For 2020/21, the ambitions for Oldham's new safeguarding arrangements included an effective 'all age' safeguarding offer and progress had been made over the past year to align the work of the OSAB with the SCP. The ongoing impact of the Covid presented challenges for adult safeguarding with lockdown restrictions and social isolation creating conditions for new safeguarding concerns to emerge, as well as escalating existing safeguarding issues. A trend in SAR referrals for people experiencing neglect or abuse compounded by the first wave of Covid-19 restrictions could already be seen and the OSAB was prioritising the sharing of lessons from these cases as quickly as possible to inform current and future waves of restrictions.

In response to a query, it was confirmed that multi-agency work and communications between organisations had continued over the Covid period, the developing extent of greater partnership working over the period being advised.

The near doubling of safeguarding referrals over two years was noted and the capacity to investigate these referrals and to support those at risk was queried. It was acknowledged that the 'no wrong door' approach would generate increased recorded demand, but the partnership approach meant that issues reported under safeguarding need not necessarily be dealt with by the organisation initially contacted. The operational team would be dealing with safeguarding issues among other work, but Duty Managers kept the overall position under review. With regard to the increase in referrals, it was noted that the proportion of referrals leading to full Investigations had not risen proportionately and assurance sought that this was not due to capacity issues. The Board was assured that all safeguarding referrals raised were considered and addressed, and that those proceeding to full Investigations were considered against Care Act provisions. Where cases did not meet Care Act criteria, the service would look to see trends in reporting and look to develop targeted preventative solutions.

With regard to communications and the reported greater use of websites, the need to ensure that other means of accessing information and services were robust enough was suggested. A Member commented that there was a need to further promote the Helpline service which, it was suggested, was considered by some in the community as being for Covid-related issues only.

Further to a query as to the helpfulness of the Community Hubs in generating safeguarding referrals, it was advised that while there was little evidence at this time, some referrals had come through this route and it was acknowledged that proactive links between the Hubs, community services and safeguarding to provide preventative measures was key.

With specific regard to incidents of domestic violence which were known to have increased during lockdown, the experience of families in need of emergency accommodation was queried in terms of emergency accommodation availability and capacity. It was advised that part of a person's protection plan would include inputs from Children's Services in instances where children were involved, would look at the availability of community support, and would involve other agencies such as housing, the police, and probation as necessary.

RESOLVED that the Oldham Safeguarding Adults Board 2019/20 Annual Report, including the plans for keeping people safe in the future, be noted.

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OLDHAM SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

The Board was reminded that the Local Safeguarding Children Board (LSCB) had been replaced by the Oldham Safeguarding Children Partnership (OSCP), a statutory partnership, on 30th September 2019. The Board was invited to give consideration to the LSCB annual report covering the period 1st April 2018 to 30th September 2019 in order to conclude the work of the LSCB.

LSCBs had been introduced in April 2006 with the primary responsibility of coordinating and ensuring the effectiveness of the work undertaken by partner agencies for the purposes of safeguarding and promoting the welfare of children and young people. The 18-month report demonstrated the activity and impact that the Oldham LSCB had in year one of a three-year strategic plan (2018-2021) across six key priority areas of domestic abuse; complex and contextual safeguarding; children not accessing education; transitions; understanding the impact of trauma; and the child's lived experience.

It was noted that in the 18 month period progress had been evident in all priority areas with key successes including the introduction of Operation Encompass to support information sharing about domestic abuse between police and schools; the introduction of multi-agency training to support trauma informed practice across the Partnership; and dedicated work with children and young people to develop tools to support access to mental health support services. Learning and improvement activity focused on areas of complex safeguarding, and the Greater Manchester peer review of September 2019 highlighted both good practice and areas for improvement, all of which are being used to shape and develop Oldham's Complex Safeguarding offer.

Six serious case reviews and two multi agency concise reviews were held during the period of the report, highlighting key learning themes including -

- the need for evidence-based approaches and interventions relating to children's mental health and trauma;
- a focus on improving the quality of assessments;
- a collective commitment to addressing neglect;
- a focus on collaborative working, decision making and planning;
- early identification of risk specifically in relation to unborn babies, non-mobile children and those at risk of exploitation; and
- supporting professionals to be culturally competent in their practice.

Considering the period following the annual report, the Board was advised that the vision and aims of the OSCP were those stated in the three-year strategic plan (2018-2021), with the local safeguarding partners continuing to be committed to this vision and aims, demonstrating continuity of commitment to the safeguarding partnership, irrespective of change to governance structures. Joint working with the Oldham Safeguarding Adults Board was continuing to develop a joint Safeguarding Oldham brand, social media and website platforms and to engage with adult safeguarding colleagues in a new model of learning and improvement which will ensure that cross cutting themes are identified and responded to quickly and effectively.

RESOLVED that the Oldham Safeguarding Children Partnership Annual Report for 1st April 2018 to 30th September 2019 be noted.

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THE OLDHAM RESPONSE TO COVID-19

The Board received a report providing an update on how the Council and its partners continued to monitor and manage the impact of Covid-19 in Oldham. The report advised of the position in Oldham as at 29th October 2020 with regard to the number of Covid cases, tests carried out and deaths. Within the report, Oldham's response was broken down into four key themes of Test, Trace, Enforcement and Compliance, and Community Engagement and Communications, with a commentary of activities under each theme being provided. Board Members were asked to note that notice of a national lockdown commencing on 5th November 2020 and to run to 3rd December 2020 had been given as the submitted report was being completed.

The Board was advised that the evidence available did not link Covid transmission to any specific setting but did suggest transmission happening in a range of settings where there is social contact between people that is not socially distanced. In order to reduce transmission and bring the R value below 1, it was therefore necessary to substantially reduce the amount of

social contact between people from different households and there had been some recognition that measures which go further than the current tier 3 package of measures may be needed in order to substantially reduce infection rates.

Beyond the current period of national lockdown, it was necessary to consider what package of measures/strategy would be needed for the coming months, as the challenges of controlling transmission will persist throughout the winter and into the spring, periods which would normally see increases in viral infections and pressures on health and social care services. Control measures would need to be supported by effective communications, engagement and enforcement as well as testing and contact tracing and the ongoing work on these remains a vital part of Oldham's ongoing strategy.

In response to a query regarding facilities for homeless people, the Board was advised that a seven day testing service was provided and that should a homeless person be found to have Covid or be required to isolate, partners would be engaged to find appropriate accommodation as set out in Oldham's response plan. Further to a concern as to access to testing provision for those without internet access or a mobile phone, it was advised that this had been raised with the national testing programme which relied on email or text communication: a response to this approach was awaited. It was hoped that newer tests providing more immediate results might offer a solution, and locally a scheme involving a 'trusted contact' was being investigated.

The Board was further advised that Healthwatch Oldham had undertaken a survey of patient experience across Oldham during the Covid period. This survey had concluded at the end of October following particular efforts to ensure the input of disadvantaged groups. It was hoped that an interim report could be shared by late 2020/early 2021, with a full report following.

RESOLVED that the report be noted.

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IMPACT ON THE HEALTH AND CARE SYSTEM

The Board received a briefing, supported by a presentation, regarding the impact of Covid on the health and care system, with a particular focus on the Royal Oldham Hospital and acute services. Board members were advised that data presented had been taken from the date of circulation with the Board agenda, and brief updates were provided at certain points during the presentation. The briefing also considered the overall picture, the changes that had been made in across the health and care system, and the impact on various aspects of acute services across both the North East Sector of Greater Manchester and Oldham specifically.

The Board was reminded that the Oldham response to Covid had been the result of great efforts by many people working across the various partner organisations in Oldham. All parts of

the system had needed to continue to adjust and change ways of working in order to address the Covid pandemic, embracing ways of working that could not have been envisaged earlier in the year. The presentation indicated the changed ways of working in the acute sector, primary care, mental health services and community services, and provided a 'snapshot' listing of those services and arrangements that had been changed.

The presentation provided a series of graphs showing various trends across the North East Sector and on the emergency department at the Royal Oldham Hospital during the pandemic period. It was highlighted that locally, relatively more cases of Covid were being found and were being treated, but that a related increase in excess deaths was not being seen. Looking ahead, each system within Greater Manchester had submitted their plans outlining how they proposed to manage and mitigate the impact of a rise in COVID cases and a number of illustrative scenarios had been modelled. The presentation concluded with a listing of highlights of activities and approaches that had worked well during the Covid response.

The Board was reminded that there remained significant challenges to be faced. It was to be hoped that lockdown would reduce instances of community transmission, and the prospect of mass vaccination was a hopeful sign. It was however noted that delivery of such vaccinations would likely fall on primary care which was already responsible for flu vaccination and some Covid testing.

RESOLVED that the report be noted.

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IMPLEMENTING THE PHASE 3 RECOVERY PLAN

The Board gave consideration to a report which provided an overview of the confirmed 'Phase 3 Recovery' Plan within local health and care services that had been prepared in response to the NHS National activity target expectations and targets for dealing with referrals, elective inpatients, elective outpatients, non-elective inpatients, and emergency department attendances. The Plan has been prepared and submitted as part of the Greater Manchester system and considered the actions required under each of the target strands.

Consideration was given as to the realistic ability to deliver on the national targets, and actions either underway or planned for delivery in respect of cancer services; elective activity; primary care and community services; mental health, learning disability and autism services; winter activities; workforce issues; and in addressing health inequalities and prevention were advised. The core transformation programmes would centre around developing a new model of managing long-term conditions, a new model for urgent care as linked to the Greater Manchester model, and the redesign of local community services.

It was considered that the success of the Phase 3 Recovery Plan would be reliant on robust partnership working; strong

clinical leadership and engagement; effective engagement with communities and patients; clear programmes for service redesign and transformation; and good governance, while noting that changes to Covid-19 infection rates and the need to support the management of any outbreaks, as well as potential changes to the future of commissioning, might affect delivery of the recovery plan.

The Board was advised that there was a big focus on the winter period, and that the position with regard to elective surgery was fluid. There were issues to focus on, such as future provision of mental health services and ensuring that the joint working seen to date in response to Covid was capitalised upon. It was acknowledged that this would not be an easy plan to implement, and some changes in tack had already been seen. There was also a lack of clarity on future financial arrangements to consider. Notwithstanding, the restoration of NHS services and their taking forward on a partnership basis were key tasks.

Looking ahead to Spring 2021, it was stressed that people would need to have had their flu vaccinations by this time as primary care would be required to deliver Covid vaccinations as these came on line: there would not be capacity in the system to deliver both. Further, as new testing came on-line, it would be necessary to deliver this in order to take infective people out of the system.

RESOLVED that the report and the Phase 3 Recovery Plan be noted.

11

FUTURE DEVELOPMENTS IN THE NHS

The Board received a presentation intended to introduce a continuing discussion around the setting of a direction of travel for the Oldham health and care system which assumed that the current system evolving into a new, more dynamic place based unified health and care system capable of operating within a Covid-19 environment and that the move forward would erode the current descriptors of commissioning and provision.

The presentation considered the intentions and vision of the NHS Long Term Plan alongside the possible and emerging outcomes of a Greater Manchester strategic review of commissioning arrangements. Arising from these considerations there was an acknowledgment that Oldham's system needed to adapt and evolve, and a new Oldham model and approach to health and social care was presented for consideration. The need to give a balanced consideration, one that focused upon local authority's general duty to promote wellbeing as well as on the NHS, was stressed, and an integrated model of care based firmly on population health management, a reduction in health inequalities and the enabling of people to live well at home that would be delivered through community resources, primary care, integrated community health and social care, and specialist and hospital based care was presented.

This model would be delivered by a core group of partners who would be supported by key partner organisations and, where appropriate, there would be support for developing provider alliances to help with the delivery of holistic pathways. The model would be delivered by integrated teams working through integrated community hubs which would offer opportunities to connect services such as schools, vulnerable tenants etc, and a new Assurance Framework would be developed to ensure standards and quality. The next steps and timescales for what was acknowledged as a challenging activity to develop a system fit for the 21st century were considered.

The submission and consideration of the presentation as a starting point to enable people to focus on the necessary developments needed to develop the local health and social care system was noted.

RESOLVED that the presentation be noted.

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DATE OF NEXT MEETING

It was noted that the next meeting of the Board was scheduled to be held as a Development Session on Tuesday, 15th December 2020 at 2.00pm.

The meeting started at 2.00 pm and ended at 4.00 pm