

**HEALTH AND WELL BEING BOARD**  
**26/01/2021 at 2.00 pm**



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

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
Katrina Stephens	Director of Public Health
Tamoor Tariq	Oldham Healthwatch
Stuart Lockwood	Oldham Community Leisure
Donna Cezair	First Choice Homes

Also in Attendance:

Rebecca Fletcher	Consultant in Public Health and Chair of the Bury, Rochdale and Oldham Child Death Overview Panel
Annie Lowe	Public Health Registrar
Sian Walter-Browne	Constitutional Services
Mark Hardman	Constitutional Services

**1            APOLOGIES FOR ABSENCE**

Apologies for absence were received from Chief Supt Chris Allsop, Val Hussain, David Jago, Dr Keith Jeffrey, Joanne Sloan, Claire Smith, Rebekah Sutcliffe, Carolyn Wilkins, Liz Windsor-Welsh and Karen Worthington.

**2            DECLARATIONS OF INTEREST**

Tamoor Tariq declared a personal interest in agenda items 6 – 8 (Child Death Overview Panels and the National Child Mortality Database Annual Reports 2019/20) by virtue of being an elected member of Bury Council and a member of the Bury Health and Wellbeing Board.

**3            URGENT BUSINESS**

There were no items of urgent business.

**4            PUBLIC QUESTION TIME**

No public questions had been received.

5

## **MINUTES OF PREVIOUS MEETING**

**RESOLVED** – that the minutes of the meeting of the Health and Wellbeing Board held on 10<sup>th</sup> November 2020 be approved as a correct record.



6

## **BURY, ROCHDALE AND OLDHAM CHILD DEATH OVERVIEW PANEL 2019/2020 ANNUAL REPORT**

The Board received the 2019/20 Annual Report of the Bury, Rochdale and Oldham (BRO) Child Death Overview Panel (CDOP) presenting the annual review of CDOP data for BRO. The CDOP reviews all child deaths under 18 years, but not including still births, late foetal loss or termination of pregnancy. The Panel do not determine the cause of death but instead explores all the factors surrounding the death of the child. This learning enables required actions to be taken to protect the welfare of children and prevent future deaths.

Each CDOP collates information on the cases that have been closed in the last 12 months in order to review for themes. This enables each area to identify any lessons learnt and recognise where population level interventions are required to reduce future child deaths. The BRO CDOP report is supported by a Greater Manchester (GM) report which gives an overview of patterns across all four CDOPs in GM. In view of the relatively small numbers, and consequent difficulties with data analysis, this can be helpful when analysing for themes. The Annual Report presented an analysis of data gathered and presented recommendations and actions arising from considerations in the previous year.

The annual report was supported at the meeting by a presentation introduced by Rebecca Fletcher, Consultant in Public Health and Chair of the BRO CDOP 2019/20 and Annie Lowe, Public Health Registrar. The Report contained a review of the 29 closed cases in Oldham, Rochdale and Bury and Data collected between 1<sup>st</sup> April 2019 -31<sup>st</sup> March 2020. Highlighted report findings were that

- 66% of closed cases were expected deaths;
- 69% of closed cases occurred in a hospital setting;
- 34% of closed cases occurred in the neonatal period; and
- 58% of closed cases occurred in the first year of life, with identified themes of prematurity, gender, deprivation and ethnicity being further considered. Modifiable risk factors associated with child deaths, such as maternal obesity and smoking were considered, along with interventions seeking to modify such behaviours and risk.

The Annual Report recommendations were summarised to the Board as

- giving consideration to other factors such as maternal age and breastfeeding;
- ensuring that data is recorded for unbooked pregnancy and concealed pregnancy;

- recognising that maternal obesity is a growing concern, and ensuring that is recorded in child deaths under 1 year;
- acknowledging and addressing that children living in deprived neighbourhoods or of BME ethnicity are over-represented in child deaths; and
- disseminating the report to the relevant departments within the health and wellbeing partnership to ensure shared learning.

In response to a query regarding actions that had been and were being undertaken to address key factors of ethnicity and deprivation, it was reported that advice was given through health visitors and midwifery services and that work was being undertaken to ensure services are appropriate and accessible, the aim being to make the wider sector aware of these issues. Further comment was made as to the impact of domestic violence which may lead to severe accidents and life threatening injuries and to the difficulties families are facing at this time. The Board was advised that work was currently going ahead to improve offers to families, with parenting advice and advice being given for people struggling with domestic violence.

Further matters raised regarding promotion of Healthy Start Vouchers in support of healthy diets and work with the Communications Team to develop the CDOP Annual Report in a more 'user friendly' format to aid dissemination would be pursued.

**RESOLVED** that the Oldham Rochdale and Bury Child Death Overview Panel Annual Report 2019/20 be received and noted, and the recommendations contained therein be supported.

7

## **GREATER MANCHESTER CHILD DEATH OVERVIEW PANELS 2019/2020 ANNUAL REPORT**

The Board received the 2019/20 Annual Report of the Greater Manchester (GM) Child Death Overview Panels (CDOP) reviewing all infant and child deaths reported to the four GM CDOPs and including data from cases closed between 1st April 2019 and 31st March 2020. All deaths of children between 0-17 years of age are reported to a CDOP which analyses the social and medical circumstances surrounding these deaths, including risk factors which could potentially be avoided to prevent future child deaths. The aim of the Annual Report was to inform and guide local organisations on preventing further child deaths.

The Annual Report presented an analysis of data gathered and presented recommendations and actions arising from considerations in the previous year. The Report was supported at the meeting by a presentation introduced by Rebecca Fletcher, Consultant in Public Health and Chair of the ORB CDOP 2019/20 and Annie Lowe, Public Health Registrar. The Report contained a review of the 129 closed cases in GM and data collected between 1<sup>st</sup> April 2019 -31<sup>st</sup> March 2020.

Highlighted report findings were that a reduction in the number of cases reviewed across all CDOPs were mainly due to changes in the child death review process; and potentially modifiable factors were identified in 40% of all closed cases, with identified themes of age, causes, deprivation and ethnicity being further considered. Modifiable factors highlighted in the GM report included unsafe sleeping, maternal obesity in pregnancy, consanguinity, and smoking

The Annual Report recommendations were summarised to the Board as

- local areas should use the information on BAME communities being disproportionately represented, along with other local information, to inform work to address health inequalities;
- a continuing focus be given to smoking cessation in pregnant women;
- GM local authorities needing to reduce levels of obesity throughout the population, including women;
- GM CDOP Chairs to commission a 5-year GM CDOP analysis of cases;
- local areas to consider real time data on suicides to inform more timely responses; and
- implementation of an electronic CDOP reporting system to improve the process.

Further to a query as to whether future reports might include a trend analysis, it was suggested that as numbers were small these might be difficult to demonstrate. However, local figures were reviewed to see if trends were emerging and the proposed five year report may enable trends, particularly at the GM level, to be identified.

**RESOLVED** that the Greater Manchester Child Death Overview Panels Annual Report 2019/20 be received and noted, and the recommendations contained therein be supported.

8

## **NATIONAL CHILD MORTALITY DATABASE ANNUAL REPORT 2019-2020**

The Board received the 2019/20 Annual Report of the National Child Mortality Database (NCMD). The NCMD collates data collected by all the Child Death Overview Panels (CDOPs) in England from their reviews of all children who die at any time after birth and before their 18<sup>th</sup> birthday. The Annual Report, the first prepared by the NCMD, covered the deaths of those children whose death was reviewed by a CDOP between 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020, the purpose of the Report being to understand why children die and to put in place interventions to protect other children and reduce the risk of future deaths. A second NCMD annual report was to follow in Spring 2021 to include detailed analysis along with key messages and recommendations informed by the data and in consultation with the NCMD stakeholder professional and public representation groups.

The Annual Report was supported at the meeting by a presentation introduced by Rebecca Fletcher, Consultant in Public Health and Chair of the Bury, Rochdale and Oldham CDOP 2019/20 and Annie Lowe, Public Health Registrar. The presentation highlighted the following key points from the Annual Report -

- the NCMD received 3,347 child death notifications 1 April 2019 and 31 March 2020;
- there had been a decrease in the numbers of cases reviewed and closed nationally;
- “Perinatal/neonatal event”, and “Chromosomal, genetic and congenital anomalies” combined represented over half (56%) of reviews completed. For 63% of deaths reviewed the child was aged under 1;
- 31% of the reviews identified one or more modifiable factors; and
- sudden, unexpected and unexplained deaths, deliberate injuries and trauma had the most modifiable factors identified

**RESOLVED** that the National Child Mortality Database Annual Report 2019/20 be received and noted.

9

## **THE OLDHAM SIX-MONTH PLAN FOR COVID**

The Board received a presentation introduced by Katrina Stephens, Director of Public Health which set out what Oldham planned to do to contain Covid-19 over the next six months.

The presentation reflected on the efforts across Team Oldham and local communities to respond to the unprecedented challenge to life posed by Covid-19, with Oldham suffering some of the highest rates of infections and deaths in the country. A number of successes had been achieved by working together across Oldham and Greater Manchester, such as localised containment measures, improving Covid-safe practices across various settings and sectors, and supporting the most vulnerable. The impact of Covid and the measures to contain it in Oldham had already had far reaching impacts, and had exacerbated health, social and economic inequalities both within Oldham and between Oldham and the rest of the UK.

Looking ahead to the next six months, there were a number of challenges to overcome but through collective action and scientific developments it was hoped that a position could be reached where the virus no longer posed a significant risk. However, while Covid-19 continued to pose a very serious threat the Plan set out what Team Oldham will do to contain Covid-19 over the next six months. The Oldham Plan was based on the Greater Manchester Covid-19 Six-Month Plan, but contained specific detail about Oldham’s response, setting out how an evidence-based approach would be taken through the assessment framework which had been developed, and how work would be undertaken within the Government’s tiered

approach to contain Covid. Recognising the impacts that the containment measures have, the mitigations which will put in place over the next six months to support health, reduce social harms and protect the economy were also considered. The Plan also set out what will be done in terms of the rollout of a vaccine and testing to enable us to live with Covid in the longer term.

The presentation gave detailed consideration to the impact of Covid-19 in Oldham; the containing of Covid-19; communicating, engaging and activating our communities; mitigating harms; and living with Covid-19, setting out priorities and planned actions for the coming six months in each case.

It was noted that action would be required from national Government over the coming months to support the Oldham and GM response to control the spread of the virus and to provide the support our individuals, communities and businesses need to survive the next six months. It was also recognised that the socioeconomic implications of Covid-19 may only just be starting to be seen and packages of further support would be required to ensure that GM is able to recover from the virus and we can continue to tackle the inequalities within Oldham, and between Oldham and the rest of the UK.

**RESOLVED** that the Oldham Six Month Plan for Covid be noted.

10

## **UPDATE ON NHS DEVELOPMENTS AND IMPACTS ON AND IN GREATER MANCHESTER**

Mike Barker, Chief Operating Officer introduced a presentation advising the Board of NHS developments over the coming months.

Considering the final quarter of 2020/21, given the Covid second wave and the new, more transmissible, variant of the virus, it was clear that the winter period would be another challenging time for the NHS and presented five key tasks of responding to Covid-19 demand; implementing the Covid-19 vaccination programme; maximising capacity in all settings to treat non-Covid-19 patients; responding to other emergency demand and managing winter pressures; and supporting the health and wellbeing of the workforce. Activities and programmes supporting each of these key tasks were advised.

Looking to 2021/22, national priorities would be on recovering non-Covid services; primary and community care; health inequalities; people and workforce; mental health; and integrating care. While the Government had announced further funding for the NHS for 2021/22 within the Spending Review, the Government would consider what additional funding would be required to reflect Covid-19 cost pressures once impacts were clearer. Locally, Oldham's health and care phase 3 recovery assessment had been established and a six month plan with eight priorities of cancer; elective; workforce; mental

health and learning disabilities; health inequalities; primary care; winter; and integrated care determined. Actions underway and planned to further address these priorities were outlined in the presentation.



A process for the transition to an integrated system model for health and social care during 2021/22 was advised, with a view to shadow running from September 2021. The presentation considered the vision and principles behind this development and the issues being considered in the development of new systems and arrangements. Key areas for focus in the period to March 2021 relating to governance options, the financial framework, the clinical and professional leadership model and framework, the determination of appropriate geographies for specific services and commissioning responsibilities, a detailed CCG functional analysis and People/HR implications, were noted.

The opportunity that the proposals presented to have a system wide approach to issues such as deprivation and health inequalities was noted, it being further observed that while Oldham had recently faced a number of challenges, these had been responded to by Oldham organisations speaking with one voice and working together.

**RESOLVED** that the update on NHS developments be noted.

11

#### **DATE OF NEXT MEETING**

It was noted that the next meeting of the Board was scheduled to be held on Tuesday, 23<sup>rd</sup> March 2020 at 2.00pm.

The meeting started at 2.00 pm and ended at 3.30 pm