

HEALTH AND WELL BEING BOARD
16/11/2021 at 9.00 am



Present: Councillor M Bashforth (Chair)
Councillors Moores and Sykes

Also in Attendance:

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Harry Catherall	Chief Executive
Dr Henri Giller	Independent Chair
Stuart Lockwood	OCLL
Kaidy McCann	Constitutional Services
Dr. John Patterson	Clinical Commissioning Group
Joanne Sloan	Dr Kershaw's
Katrina Stephens	Director of Public Health
Mark Warren	Director, Adult Social Care
Simon Watts	Public Health
Laura Windsor-Welsh	Action Together

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Birch, Councillor Leach, Dr Keith Jeffery, David Jago and Donna Cezair.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting held on 14th September 2021 be approved as a correct record.

6 **OLDHAM SAFEGUARDING CHILDREN PARTNERSHIP
ANNUAL REPORT**

Consideration was given to the Oldham Safeguarding Children Partnership Annual Report. The Board was informed that The Oldham Strategic Safeguarding Partnership had been developed by Oldham Council, Greater Manchester Police, and the Oldham Clinical Commissioning Group to ensure that all children and young people in the area get the safeguarding and protection they needed in order to help them to thrive.

The Board was advised that the business year 2020-21 had proven to be a challenging one for the Oldham Safeguarding Children Partnership, in particular, the challenge of Covid-19 which had tested the strength of Partnership bonds that had only been in their second year of reformulation. It was noted that the impact of Covid on children and families in Oldham had been disproportionate due to the levels of poverty and inequality that affect the Borough. The partnership had responded well to the challenge of the pandemic by:

- Identifying and responding to new levels of safeguarding demand – particularly with respect to harm to infants, increased levels of domestic abuse affecting children and meeting children’s mental health and well-being needs.
- Enhancing the arrangements to enable reflection and learning of good safeguarding practice on a co-ordinated cross-agency basis.
- Examining current safeguarding processes and asking how they could better meet the needs of children and young people. Transitioning from children’s services to adult services being a particular point of focus for this.
- Engaging with children and young people so to ensure that the Partnership identifies and responds to their priorities and concerns.

The Board was advised of the six strategic aims which were as followed:

- Excellent practice is the norm across all practitioners in Oldham
- Partner agencies hold one another to account effectively
- There is early identification of new safeguarding issues
- Learning is promoted and embedded
- Information is shared effectively
- The public feel confident that children are protected

The Board was informed that three areas of safeguarding risk had been identified as priority areas of focus which were as followed:

- Injuries to under 2-year-olds - During both periods of national lockdown Children’s Services saw an increase in the number of children under the age of two years who were experiencing accidental and non-accidental injuries. Whilst the majority of these incidents were as a result of lack of supervision or sibling mishandling the circumstances highlighted the additional stresses and pressures that were being faced by parents of new and young children in the context of isolation and reduced support as a result of the pandemic.
- Significant increases in the number of high-risk domestic abuse incidents - Oldham saw a significant increase in high risk domestic abuse cases in Oldham during the Covid-19 pandemic, with a 92% rise in serious domestic abuse incidents affecting women and children. In the first week of February 2021 alone the Local Authority recorded 58 serious incidents of domestic abuse, compared to 43 in the whole month of February last year.



Many of the families had not previously been known the Children's Services but the severity of the incidents being reported were of significant concern.

- Increased concerns for children's mental health - Oldham Healthy Young Minds saw a large reduction in referrals in Q1 and Q2 of 2020-21 as the Country entered the first COVID-19 lockdown. Despite the reduction in routine referrals there was a notable increase in crisis referrals. Similar increases had been noted in the incidences of self-harm amongst young people which had risen each quarter since the start of the pandemic. Those areas were supported by a Partnership action and communications plans to ensure a coordinated response and awareness raising of the need and the available support for professionals and local communities.

RESOLVED that the report be noted.

7

DEVELOPING A HEALTH INEQUALITIES PLAN FOR OLDHAM

Consideration was given to a report which outlined a proposal for how a Health Inequalities Plan would be produced for Oldham with key timelines and the role of the Health and Wellbeing Board in overseeing the work.

The Board was advised that a development session themed around health inequalities had been held in September 2021 following a discussion by the Director of Public Health on the two reports which made a series of recommendations for reducing health inequalities across Greater Manchester. The first report was from the GM Independent Health Inequalities Commission, titled *The Next Level: Good Lives for All in Greater Manchester*. The second report was from Michael Marmot's team at The Institute for Health Equity, titled *Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives*.

The presentation and discussion highlighted the following:

- Health inequalities had existed and had been known about for a number of years, however Covid had exacerbated them, resulting in worse health and social outcomes for those who were already most disadvantaged.
- Oldham residents in particular were badly impacted by those inequalities given the low levels of income in the borough and the higher proportion of residents from minority ethnic groups.
- Recent reports from the GM Independent Health Inequalities Commission and the Institute for Health Equity were an opportunity for action in the borough. A document had been circulated which summarised system wide initiatives which were aligned with the recommendations made by Michael Marmot's team. This highlighted a number of areas where the Oldham system

was very much fulfilling the recommendations, as well as gaps where more work was needed.

- It was agreed that following the development session a plan would start to be developed for tackling health inequalities in Oldham, which would draw on the findings from those two reports.

The Board was advised that it had been proposed that a Health Inequalities Plan for Oldham would be developed by completing the following:

- Establishing a time limited task and finish group to steer the development of the plan.
- Producing an overview of evidence linked to health inequalities in Oldham, highlighting key areas of concerns. This would be drawn from the Joint Strategic Needs Assessment.
- Engaging with key system partners and residents to understand key issues. Summarise priorities raised linked to health inequalities from discussions.
- Meet with relevant system partners to understand existing programmes of work and governance and how they interact with the health inequalities agenda; summarise which priorities identified are already being progressed (e.g. by the Equality Plan, Anti-Poverty Plan).
- Develop a detailed action plan for the priorities which weren't already being progressed by other workstreams. Named individuals assigned to each action with timelines.
- Outline proposed governance to support implementation of the action plan above, emphasising the role of the Health and Wellbeing Board in driving delivery.

RESOLVED that:

1. The process and timeline outlined in the report be agreed.
2. The work be engaged with as appropriate as the plan is being developed.

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SUPPORTING PATIENTS WITH LONG COVID, CHRONIC PAIN AND FATIGUE

Consideration was given to a report which advised the Board on the services available for patients with long Covid, and how those related to provisions for patients with chronic pain and fatigue.

The Board was advised that, according to research undertaken by the Office of National Statistics, around 1 in 10 people testing positive for Covid-19 exhibited symptoms for a period of 12 weeks or longer. 67% of GPs surveyed nationally reported that they were looking after patients with Covid-19 symptoms lasting longer than 12 weeks. A study by the Lancet published on 8th January 2021 which looked at the long-term health consequences of Covid-19 patients discharged from hospital, identified that at 6 months after acute infection, Covid-19 survivors were mainly troubled with fatigue or muscle weakness,

sleep difficulties, and anxiety or depression. Patients who were more severely ill during their hospital stay had more severely impaired pulmonary diffusion capacities and abnormal chest imaging manifestation and were the main target population for intervention of long-term recovery. The Lancet report added to the growing body of evidence that long Covid syndrome should be considered serious and is a long-term condition.

The Board noted that there was increased evidence that Covid-19 had a disproportionate impact on those in deprived populations and people in black and ethnic minority groups, exacerbating existing health inequalities. Of those people with persistent symptoms at 20 weeks, the current evidence suggested that the most common symptoms were fatigue (98%), breathlessness (87%), persistent cough (74%), headache (83%), fever (75%), chest pain (73%), muscle ache (88%) and joint pain (78%). However, a wide range of other symptoms were reported, affecting almost all body systems. It was noted that people with persistent symptoms often reported multiple different symptoms, which could relapse and remit over time.

The Board were advised that Long COVID Virtual assessment clinics covering Tier 3 assessment were set up at the end of January 2021. The Tier 4 service was in the process of being fully stood up across Greater Manchester. However, Oldham's Tier 3 services have been able to access this since the end of September 2021. Under the pathway development, Tier 1 would cover self-management. Patients would be directed to the Your Covid recovery website and the GP Peer Support Group. Tier 2 covered all GP practices that had signed up to deliver the NHS Direct Enhances Services for Long Covid which included guidance on identification, assessment and appropriate investigations prior to referral. Tier 3 would cover the development of a post-acute Covid assessment clinic.

RESOLVED that the report be noted.

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DATE OF NEXT MEETING

RESOLVED that the date and time of the next meeting of the Health and Wellbeing Board be noted.

The meeting started at 9.00 am and ended at 10.34 am