

HEALTH AND WELL BEING BOARD
21/06/2022 at 2.00 pm



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

Mike Barker	Clinical Commissioning Group
Majid Hussain	Clinical Commissioning Group
David Jago	Northern Care Alliance
Gerard Jones	Director of Children's Services
Sayyed Osman	Deputy Chief Executive
Katrina Stephens	Director of Public Health
Tamoor Tariq	Healthwatch
Laura Windsor-Welsh	Action Together
Kelly Webb (for Donna Cezair)	First Choice Homes Oldham

Also in Attendance:

Consultant in Public Health
Registrar in Public Health
Head of Adults Learning Disability
and Autism Service
Constitutional Services

1 **APPOINTMENT OF CHAIR AND VICE CHAIRS**

RESOLVED – that

1. the appointment of Councillor Marie Bashforth as Chair of the Board for the 2022/23 Municipal Year be noted;
2. Majid Hussain be appointed as one of the Vice Chairs of the Health and Wellbeing Board for the 2022/23 Municipal Year;
3. the appointment of the second Vice Chair be considered at the next meeting of the Board.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Steve Bashforth, Moores and Munroe, and from Harry Catherall, Donna Cezair, Stuart Lockwood, Gaynor Mullins, Dr John Patterson, Claire Smith and Mark Warren.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

4 **URGENT BUSINESS**

No items of urgent business were considered.

5 **PUBLIC QUESTION TIME**

No public questions had been submitted for consideration at this meeting of the Board.

6 **MINUTES OF PREVIOUS MEETING**

RESOLVED – that the minutes of the meeting of the Health and Wellbeing Board held on 22nd March 2022 be approved as a correct record.

CHILD DEATH OVERVIEW PANEL - OLDHAM, ROCHDALE AND BURY ANNUAL REPORT 2020/21

The Board received the 2020/21 Annual Report of the Oldham, Rochdale and Bury (ORB) Child Death Overview Panel (CDOP) presenting the annual review of CDOP data for ORB. 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 ORB CDOP report is supported by a Greater Manchester (GM) report which gives an overview of patterns across all four CDOPs in GM which, in view of the relatively small numbers, and consequent difficulties with data analysis, can be helpful when analysing 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 ORB CDOP for 2020/21. The Report reviewed the deaths of all children who had died in the ORB areas, with data collected in the period 1st April 2020 – 31st March 2021. 47 cases had been notified, of which reviews had been completed in respect of 29 cases. Noting reported data that Oldham had the highest infant and child mortality rates per 100,000 births by local authority in the period 2018-20, the Board considered the causes of death in closed cases, demographic data, and modifiable factors that were related to deaths across ORB. A number of actions had been identified in the Annual Report to look to change services to address the issues arising, it being key for all services to respond to and learn from child deaths.

While a request was made for sight of Oldham specific data, comment was made that it was sad overall to see causal factors, such as smoking and obesity arising, all of which were addressable. The need for the Board to focus on what is and needs to be done to address issues was therefore stressed. A reflection on the difficult conversations that would be needed with particular communities around genetic conditions was noted, as was a need to consider a non-traditional approach to engage with these communities which, it was suggested, might take the form of grass roots work, possibly through a micro-commissioned piece of work. The Board was advised of a small genetic outreach service provided in the past year where there was much that could be enhanced.

The Board considered the need for services to link up, noting that various service providers were likely to come into contact with families at risk and staff might need training to recognise warning signs; noted the need for an Oldham specific solution, there being linkages between factors linked to child death rates such as, for example, housing, life expectancy and more generally to the range of identified health inequalities; noted that the people described in the Annual Report were those not likely to get their voices heard and how to address this needed consideration; and considered how to ensure access to those services which addressed the modifiable factors.

While noting that work was underway in a number of organisations and locations to address issues highlighted, the dangers of silo working was flagged and the need for a joined up approach to address child mortality issues was accepted by the Board. A Greater Manchester (GM) dimension was noted and a request made for those with links into GM structures to identify and flag up those issues which impacted across the region, with issues around translation services being highlighted. Other issues were noted where further detail might be required, particularly including parental age at the time of child death and getting a better understanding of issues related to the deaths of those under 17 years of age.

While noting the work ongoing to address the issues highlighted in the Annual Report, the concern of the Board was such that an approach to ensure all pieces of work necessary were drawn together was considered of importance. To this end it was proposed that a mini-action plan could be developed, with all services and organisations providing feedback so that actions could be seen.

RESOLVED – That

1. the 2020/21 Annual Report of the Oldham, Rochdale and Bury Child Death Overview Panel be noted;
2. the continuing work to address infant mortality in Oldham, as outlined at Section 5 to the Annual Report, be agreed;
3. a further report, presenting further information in relation to child mortality factors in Oldham and an action plan addressing issues of Child Mortality in Oldham to ensure that actions are joined up, be submitted to the next meeting of the Board.

8

A HEALTH INEQUALITIES PLAN FOR OLDHAM

Since initial discussion by Board members in November 2021, a series of working group meetings had taken place with system partners and a range of engagement opportunities had been drawn upon or carried out to form the basis of a Health Inequalities Plan for Oldham. The recommendations from the Greater Manchester (GM) Marmot Build Back Fairer and GM Independent Health Inequalities Commission report had been used as a starting point for discussions.

The actions identified within the draft Health Inequalities Plan for Oldham sat within a number of key themes:

- Income, Poverty, Housing and Debt;
- Housing, Transport and Environment;
- Work and Unemployment;
- Health in all Policies/Communities and Place;
- Health and Wellbeing, and Health Services; and
- Children and Young People.

Some actions reflected and built upon existing work within the Borough, while others would lead to new work being initiated. The intention was to hold the key actions for reducing Health Inequalities in Oldham in one place, allowing progress to be tracked. It was not intended for the Plan to be a static document, with actions being removed when complete or new ones added where appropriate as the Plan develops.

Following an initial consideration of a draft in March 2022, the final draft Health Inequalities Plan for Oldham was considered, the Board being asked to offer any final feedback or comments; to agree and sign off on the final content of the Plan; agree Health and Wellbeing Board member lead sponsors for each of the themes within the Plan; agree governance arrangement for driving delivery of the Plan's actions; and to agree the timetable for reviewing themes in detail over the next 12 months.

Each theme within the Plan was considered in turn and comments made as outlined below –

- Income, Poverty, Debt – it was suggested that data relating to debt needed to be sourced wider than just Citizens Advice as not all engaged with that agency and, it was suggested, older people were less likely to feature in such data. The issues presented by hard to reach individuals or groups were noted, and the challenge of rolling out the Money Advice Referral Tool to frontline staff referenced;
- Housing, Transport and Environment – comment made that the first objective should be to ensure every resident can access “suitable” housing, while acknowledging the issues of housing supply, the need for landlord enforcement etc. Caution was expressed as to the ambition to develop relevant content for the Local Plan as what might be included could be restricted by law. Noting the requirement for identification of land for housing, the challenges presented by underinvestment and the need for affordable homes for rent were referenced, and comment made that while there was a focus to build on brownfield sites, in some areas such sites were the only opportunity for providing needed green space, particularly in areas of densely populated terraced housing. Issues related to digital access to services were noted and, with reference to the frontline staff promoting services such as the substance misuse offer, the need to ensure that both they and elected Members were fully equipped to respond to issues was acknowledged. The Board noted

that objectives and actions in relation to Transport were under consideration;

- Work and Unemployment – Noted that those in employment enjoyed better health which stressed the need to increase employment in Oldham: bodies such as the Council and NHS organisations needed to work with Colleges to provide real pathways into jobs. Difficulties with filling front line jobs were noted, highlighting the need to understand who applies for jobs, and who gets appointed. Other issues suggested for consideration included how jobs are advertised, and mentoring and support of new employees to aid staff retention;
- Health in all Policies/Communities and Place – supportive comment made as to the review of Equality Impact Assessment processes linked to Council reports to ensure health and health inequalities were considered in all policies. Discussion ensued around the gaining of residents’ views and embedding resident engagement, noting that this issue had been much debated and a lot of work undertaken over the years. It was noted that good practice existed, and that once an engagement process had been determined this needed to be followed and undertaken by all;
- Health, Wellbeing and Health Services – the greater focus on wellbeing in the post-Covid period was noted, and a concern about waiting lists and the need to re-assess the automatic discharging of those not attending appointments considered;
- Children and Young People – the linkage to poverty of food insecurity was noted, suggesting that improved access to food could be an objective supported by re-introduction of the Green Ambassadors. Referring to a previous meeting and discussions around childhood obesity, and to the earlier consideration of child mortality, the need to look at actions and see how things were going to be different was stressed. With regard to obesity, schools would need to know how to make referrals and know how to identify those at risk, messaging around fast food outlets needed to be managed against the licensing by the local authority which had to be undertaken against national rules and criteria. The Board noted work had been done with schools and, given healthy weight was a national issue, lobbying had been undertaken.

RESOLVED that

1. The report and Board considerations be noted;
2. The Health Inequalities Plan for Oldham be agreed;
3. Lead sponsors for each theme within the Plan be agreed as follows –

Themes	Lead Sponsor
Income, Poverty, Housing and Debt	Sayyed Osman
Housing, Transport and Environment	Donna Cezair
Work and Unemployment	Majid Hussain/ Kelly Webb/

	Charlotte Walker
Health in all Policies/Communities and Place	Mike Barker/Laura Windsor-Welsh
Health and Wellbeing, and Health Services	Katrina Stephens/John Patterson
Children and Young People	Gerard Jones



4. the governance arrangements be as outlined in Section 3 to the submitted report;
5. the themes be reviewed by the Board to the following timeline

Board Meeting Date	Theme(s)
13 th September 2022	Health in All Policies/Communities and Place Income, Poverty, Debt
15 th November 2022	Health and Wellbeing, and Health Services
24 th January 2023	Housing, Transport and Environment Work and Unemployment
21 st March 2023	Children and Young People

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OLDHAM INTEGRATED CARE PARTNERSHIP MODEL OPERATING MODEL

The Board considered progress in relation to the establishment and readiness of the proposed Oldham Integrated Care Partnership as part of the establishment of the Greater Manchester Integrated Care System.

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area with the aims of –

- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money; and
- helping the NHS support broader social and economic development.

Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the government set out plans to put ICSs on a statutory footing which were supported by guidance and resources from NHS England and NHS Improvement looking to enable local health and care leaders to build strong and effective ICSs in every part of England. Collaborating as ICSs would help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions

- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

ICSs would be put on a statutory footing from 1 July 2022, alongside the creation of Integrated Care Boards (ICBs) as new NHS bodies. While the local ICB would be Greater Manchester (GM) based, the national implementation framework stated that all systems should establish and support place-based partnerships, with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise. The design of the Oldham arrangements had been driven by two important points. Firstly, the need for local partners to agree the form of governance, and secondly the roles of place-based leaders to include convening the place-based partnership, representing the partnership in wider structures, and potentially taking on delegated responsibilities from the ICS NHS body or local authority.

To this end work had been undertaken on the development of an operating model for Oldham's Integrated Care Partnership, a copy of which was appended to the submitted report. The shadow NHS GM ICS had set out a series of core characteristics that every locality operating model would be required to meet, and a summary of the outcomes of a self-assessment of the proposed operating model against these characteristics was reported.

It was noted that, as referenced in the Health Inequalities Plan, certain health or medical conditions such as obesity or respiratory illnesses were connected to factors such as education, environment and housing, about which the place-based partnership would need to think differently about; there would be a need to challenge health inequalities and to push that challenge to other partnerships.

RESOLVED – that the report and the operating model for Oldham's Integrated Care Partnership be noted.

10

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Board noted that the Terms of Reference of the Health and Wellbeing Board (HWB) had last been reviewed in March 2021, at which time a further review in March 2022 had been agreed. The advent of Integrated Care Systems (ICSs) and the governance arrangements to support them held implications for the role and operation of the HWB and the planned review was therefore timely to ensure these new arrangements could be considered and appropriate changes made.

Establishment of HWBs as formal Council Committees was required by the Health and Care Act 2012 with the purpose of building strong and effective partnerships to improve the

commissioning and delivery of services across NHS and local government. The HWBs had a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for their local population: the JSNA was the process by which the current and future health, care and wellbeing needs of the local community were assessed to inform local decision making, and the JHWS was intended to inform commissioning decisions across local services to ensure they focused on the needs of service users and communities, and tackled the factors that impact upon health and wellbeing across service boundaries.

While ICS statutory guidance confirmed the role of the HWB in the JSNA and JHWS, guidance on the development of place-based partnerships as part of statutory ICSs suggested significant overlap in the role and membership of the Place-based ICS Board and the HWB. A clearly defined role for the HWB distinct from the Health and Care System Board was therefore needed, with a clearly defined relationship between the two Boards. In addition, the pandemic had placed a greater emphasis on the importance of population health and health inequalities, for which both the Council and the HWB hold statutory responsibilities.

Proposed changes to HWB terms of reference were presented on the basis of the Health Inequalities Plan becoming the focus of the Board, with membership changes ensuring appropriate coverage of factors such as housing, environment and employment. The widened membership would also enhance knowledge of the JSNA, and the focus of the HWB on wider determinants of health should give the distinction between the Board and the Health and Care Locality Board. Consideration was also given to the mutual relationship with the Oldham Partnership. The submitted report further considered the agenda arrangements for future meetings of the Board and invited suggestions for items to be considered at Development Sessions, which might include the new working arrangements in practice and public facing strategies.

RESOLVED – that

1. the draft revised terms of reference of the Health and Wellbeing Board be noted and supported, subject to any final amendments prior to submission to Council being determined by the Director of Public Health and Deputy Chief Executive in consultation with the Chair of the Health and Wellbeing Board;
2. recommendations of matters for consideration at Board Development Sessions be forwarded to the Director of Public Health;
3. the Board terms of reference be further reviewed by the Board in March 2023.

DATE OF NEXT MEETING

It was noted that a Health and Wellbeing Board Development Session was scheduled to be held on Tuesday, 26th July 2022 at 2pm.

The date of the next meeting of the Board, currently scheduled for September 2022, was to be further considered by the Chair.

The meeting started at 2.00 pm and ended at 4.11 pm

