

**HEALTH AND WELL BEING BOARD**  
**16/06/2015 at 2.00 pm**



**Present:** Dr. Ahmed (Vice-Chair, in the Chair)  
Councillors Ahmad, Blyth and Harrison

Independent Members: Jill Beaumont, Gary Flanagan, Denis Gizzi, Sandra Good, Cath Green, Alan Higgins, Majid Hussain, Judy Robinson and Liz Windsor-Welsh

Also in Attendance:

Karishma Chandaria	Principal Policy Officer (Special Projects)
Oliver Collins	Principal Policy Officer (Health and Wellbeing)
Lori Hughes	Constitutional Services
Sian Walter-Browne	Principal Constitutional Services Officer

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Stretton, Councillor Chauhan, Councillor Wrigglesworth, Dr. Jeffery, Dr. Wilkinson, Chief Superintendent Ball, Raj Patel and Caroline Drysdale.

2           **URGENT BUSINESS**

There were no items of urgent business received.

At this point in the meeting the Chair acknowledged Councillor Dearden, former Chair of the Health and Wellbeing Board and thanked her for previous contribution to the Board.

3           **DECLARATIONS OF INTEREST**

Councillor Riaz Ahmed declared a personal interest by virtue of his role as Chair of the Audit Committee with the Pennine Acute Trust.

4           **PUBLIC QUESTION TIME**

There were no public questions received.

5           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Health and Wellbeing Board held on 17th March 2015 be approved as a correct record with the amendment that Jill Beaumont, Director of Neighbourhoods, had been in attendance at the meeting.

6           **RESOLUTION & ACTION LOG**

**RESOLVED** that the Resolution and Action Log be noted.

7           **MEETING OVERVIEW**

**RESOLVED** that the Meeting Overview be noted.

8           **JSNA WEBSITE**

The Board gave consideration to a report and a presentation on the development of the Joint Strategic Needs Assessment (JSNA) website.

Clinical Commissioning Groups (CCGs) and local authorities were required to produce an assessment of the health and wellbeing of their local community. Previously, this information had been produced in a document at a snapshot in time. In the future, all content would be available on the website which allowed information to be updated, accommodated changes such as updates to priorities and links to other relevant publications.

The main section of the website addressed the three main life courses which were: Better Start in Life; Living Learning and Working Well; and Ageing Well and Later Life. A local voice section was highlighted which was for engagement activity with local residents. It was highlighted that the term JSNA would not be relevant to residents and if there was a possibility of a local term.

The Board requested that a press release be prepared regarding the JSNA information being available on the website. Stakeholder organisations were asked to make their organisations aware of the information.

**RESOLVED that:**

1. the report regarding the Joint Strategic Needs Assessment (JSNA) website and information provided at the meeting be noted.
2. a press release be prepared when the website goes live.

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**MENTAL HEALTH DEVELOPMENT SESSION – FOLLOW UP**

The Board gave consideration to a report which provided an update on the outputs of the Health and Wellbeing Board's Development Session on Mental Health and the key themes which had emerged from the three discussion groups.

The three discussion groups had been asked to focus on the following issues: parity of esteem and how this could be achieved; mental health within BME communities and how services worked with those communities to address cultural need.

A number of themes emerged from the discussions which included:

- Training for residents / staff in Oldham - Mental Health First Aid;
- Promotion and Communication of Services – better promotion of mental health services;
- Early Help Offer and an Asset Based Community Development

- BME Communities which included how best to engage with the BME community
- Development of an “Oldham Hub” which could be accessed by all organisations and residents;
- CAMHS officer based in A&E for emotional support; and
- Interlink between physical and mental health to be recognised in clinical diagnosis.

Work being done across the partnership was highlighted which included the development of a Strategic Mental Health Partnership, the development of a mental health strategy for Oldham similar to the Dementia Board. A workshop had been held on 5<sup>th</sup> June which had identified issues on engagement with the BME communities which would include work with the Council, GP practices and a targeted approach for areas of high deprivation and BME communities.

The Board had been impressed with young people who were an asset and who had engaged and expressed disappointment that this was not reflected in the report. The National Youth Parliament had mental health as one of their key issues for this year.

It was also asked how members of the community would be involved. Members also commented that an advertising campaign would be helpful with issues addressed in newsletters and action taken for residents to access services early.

The Board were informed the mental health was a large part of the health budget and two issues were the abuse of alcohol and soft drugs. The Health Protection Sub-Committee would address the legal highs issues and report back to the Board.

There was a strong relationship between physical and mental health. It was recognised that a lot of work was in development and a clear plan with activities would need to be implemented.

**RESOLVED that:**

1. the outputs from the Development Session be noted.
2. the work of the Mental Health Partnership be noted.
3. Work with Young People be included as a theme.
4. a report from the Health Protection Sub-Committee be brought back to the Health and Wellbeing Board regarding legal highs.

**ACCIDENT AND EMERGENCY PERFORMANCE**

The Board gave consideration to a report and presentation on the Accident and Emergency (A&E) Unit Quarter 4 Performance.

The NHS had continued to experience significant issues regarding pressure on A&E Departments. Pennine Acute Hospitals were one of the busiest in the country. Quarter 4 Performance had again failed to meet the four hour standard

target. The Trust had identified as part of its Annual Plan Submission for 2015/16 that the standard was likely to be achieved across the four sites by Quarter 3.

The target was 95% to be treated within four hours, the latest figures reflected 91.3%. Attendance figures had increased. The Trust was developing a Reluctant Leavers Policy which would need to be explored carefully and had participated in the new national initiative “Perfect Week”. The “Perfect Week” focused on a particular hospital for a week and included a focus on A&E performance, testing of ideas, aimed to create a sense of urgency, created headroom to manage crucial flow and created a learning environment which tackled blockages and barriers.

The findings of other organisations was outlined and included senior medical review, discharge dates, escalation of beds closed or reduced, increased number of discharges, improved partnership working and improved staff engagement. Key successes included an improved quality of service, positive patient experience and reenergised staff. As a result of the “Perfect Week” implementation the latest performance figures as 99.3%. Sustained effort had made a difference and information would be analysed.

The following points were highlighted:

- Winter pressure – a workshop to be organised;
- Increased admissions was a complicated picture;
- Public to be educated on alternatives to A&E;
- Investment in prevention;
- Potential changes to the Healthier Together programme and the impact on the flow of patients and the impact and work with colleagues in the Pennine Acute Trust;

**RESOLVED that:**

1. The current position on Accident and Emergency Performance at the Royal Oldham Hospital be noted.
2. The current position related to the Trust’s other sites and that of Greater Manchester as a whole be noted.
3. The action the Trust had taken with regard to address the ongoing situation and, in particular, the Perfect Week initiative be noted.
4. A workshop be organised to address Winter Pressure and other spikes in performance at the Accident and Emergency Unit.

**DEVOLUTION MANCHESTER**

The Board gave consideration to a report which provided an update to the board on the Devolution Manchester and addressed what was being asked of Oldham, the challenges over the next six months and how the Health and Wellbeing Board and other organisations could contribute and the benefits from the Devolution Agreement.

Devolution would bring in a wide range of powers on health and social care with the goal to improve health and wellbeing. Four workstreams had been agreed at Greater Manchester level which included:

- Strategic Plan;
- Leadership, Governance and Accountability;
- Devolving Responsibilities and Resource; and
- Early Implementation Priorities.

The Strategic Plan would be built from the 10 Locality Place Based Plans which incorporated those objectives along with GM level activities. The framework for the development plans had been received. Board members questioned the methodology with the other nine authorities. Past experience of a Greater Manchester Wide plan was enormous and a significant challenge. The scope of the local plan was a place-based ambition and the framework included Strategic Direction; Locality Transformation Proposals; and Financial Plan and Enablers. The approach would build upon what was in place and also the FCHO Health and Wellbeing Offer, Cooperative Oldham and Triple Aim, community development and engagement and social prescribing. The timelines for the development of the Locality Plan were outlined in the report with the first draft of the GM Strategic Plan to be handed to the Treasury by the end of August 2015.

Board Members highlighted concerns about Housing and the effects on health. Board Members also reflected that relationships had been built around the Health and Wellbeing Board and the Oldham Leadership Board.

**RESOLVED that:**

1. Alan Higgins be appointed as the Senior Responsible Officer (SRO) for the Oldham Locality Plan and Dennis Gizzi and Maggie Kufeldt as sponsors.
2. approval of the June Submission of the Locality Plan be delegated to the Chair, Vice Chair, Clinical Commissioning Group Chief Executive Officer, Executive Director – Health and Wellbeing and the Senior Responsible Officer.
3. The report and presentation which provided an update be noted which included the first draft of the Locality Plan was to be produced by the end of June and the second draft to be completed by the end of July to aid the GM submission to Treasury in August.
4. organisational support to the Oldham SRO for the development of the Locality Plan as and when requested be endorsed.
5. the Locality Plan to be finalised at the Development Session on 21<sup>st</sup> July be endorsed.

The Board gave consideration to a report which requested identification of relevant persons to be tasked with actions as outlined in a motion of Opposition Business regarding Sudden Cardiac Request in Young People and First Aid.

The motion had been referred to the Overview and Scrutiny Board, who in turn, referred the matter to the Health and Wellbeing Board.

The motion stated that over 600 young people died every year from sudden cardiac arrest and that 270 of these deaths occurred in schools. The work carried out by Heartstart Oldham had been commended, it was noted that guidance published by the Department for Education encouraged schools to buy Automated External Defibrillators and that school children should be taught First Aid as part of the national curriculum.

**RESOLVED that:**

1. Councillor Stretton and Councillor Akhtar be asked to address the actions within the motion.
2. an update be brought back to the Board meeting in September.

13 **INTEGRATED COMMISSIONING PARTNERSHIP UPDATE**

The Board gave consideration to a report which provided an update on the Integrated Commissioning Partnership (ICP).

**RESOLVED** that the report be noted.

14 **BEST START IN LIFE PARTNERSHIP UPDATE**

The Board gave consideration to a report which provided an update on the Best Start in Life Partnership.

**RESOLVED** that the report on the Best Start in Life Partnership be noted.

15 **DATE AND TIME OF NEXT MEETING**

**RESOLVED that:**

1. the date and time of the Development Session to be held on 21<sup>st</sup> July 2015 at 2.00 p.m. be noted.
2. the date and time of the Health and Wellbeing Board to be held on 15<sup>th</sup> September 2015 at 2.00 p.m. be noted.

The meeting started at 2.00 pm and ended at 4.05 pm