

**HEALTH AND WELL BEING BOARD**  
**15/09/2015 at 2.00 pm**



**Present:** Councillor Stretton (Chair)  
Councillors Ahmad and Harrison

Independent Members: Dr Zuber Ahmed (CCG), Denis Gizzi (CCG), Cath Green (First Choice Homes Oldham), Majid Hussain (CCG), Maggie Kufeldt (Executive Director Health & Wellbeing), Judy Robinson (Health Watch) and Dr Ian Wilkinson (CCG)

Also in Attendance:

Jill Beaumont	Director of Community Services
Oliver Collins	Principal Policy Officer
Councillor Peter Dean (Item 10)	Oldham District Executive
Siobhan Ebdon	Pennine Care
Abigail Hitchen (Item 12)	Principal Housing Strategy Officer
Stuart Lockwood	Oldham Community Leisure
Rachel Reid (Items 13 & 15)	Public Health Specialist
John Rooney (Item 12)	Head of Housing, Response Services and Districts
Simon Shuttleworth (Item 10)	District Co-ordinator
Caroline Walmsley	Constitutional Services
John Wilkes	Pennine Acute
Lisa Wilkins (Item 17)	Public Health
Liz Windsor-Welsh	Voluntary Action Oldham
Superintendent Denise Worth	Greater Manchester Police

**1            APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Keith Jeffrey (Clinical Director for Mental Health), Caroline Drysdale (Pennine Care), Sandra Good (Pennine Acute), Councillor Wrigglesworth, Alan Higgins (Director of Public Health), Chief Superintendent Caroline Ball and Dr Gillian Fairfield (Pennine Acute).

**2            URGENT BUSINESS**

There were no items of urgent business received.

**3            DECLARATIONS OF INTEREST**

There were no declarations of interest 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 16<sup>th</sup> June 2015 be approved as a correct record.



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6 **ACTION LOG - JUNE**

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

7 **HEALTH AND WELLBEING BOARD MEETING OVERVIEW**

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

8 **APPOINTMENT OF VICE CHAIR OF THE HEALTH AND WELLBEING BOARD**

**RESOLVED** that Dr Ian Wilkinson be elected Vice Chair of the Health and Wellbeing Board for the remainder of the 2015/2016 Municipal Year.

9 **APPOINTMENT OF THE CHIEF EXECUTIVE OF OLDHAM COMMUNITY LEISURE TO THE HEALTH AND WELLBEING BOARD**

**RESOLVED** that the appointment of the Chief Executive of Oldham Community Leisure as a voting member of the Health and Wellbeing Board be recommended to Council for approval.

10 **OLDHAM DISTRICT UPDATE**

The Board considered a report which provided an update from the Oldham District Executive Health and Wellbeing Sub Group. Members were informed of the health and wellbeing priorities for the area and what progress had been made so far. The priorities included:

- Improved access to physical exercise opportunities
- Improved oral health in the 0-5's
- Supporting people to grow and eat more fresh produce
- Improved awareness of key health issues

Issues discussed included the reduction in resources and funding, ways of getting practitioner buy in and engagement at district level, and how districts could feed into the Locality Plan. It was suggested that asset based community development should be encourage and this could be discussed with the Cabinet Member for Neighbourhoods and Co-operatives.

It was further suggested that District Co-ordinators could provide community and 'roadshow' information.

**RESOLVED** that the update from the Oldham District Executive Health and Wellbeing Sub-Group be noted.

11 **DEVOLUTION MANCHESTER**

The Board gave consideration to a report and presentation which provided an update on the development and production of

Oldham's Locality Plan. It was reported that the second draft was currently being developed and would be significantly different than the first version. The second version would be framed around an adaptation of the King's Fund population health system model. Transformation of health & social care was centred on the Accountable Health Management Organisation model. It was envisaged that the second draft would be complete by 13<sup>th</sup> October.

An overview was given on local priorities and there was a need to conduct a substantial amount of engagement with a range of partners as to the content, aims and impact of the plans outlined in the Locality Plan. The report outlined some of the key milestone dates for the next three months, including a stakeholder event due to take place on 21<sup>st</sup> October.

In addition to the work ongoing in Oldham, an update was given on the key activity streams ongoing at Greater Manchester level, namely the submission to the Government's Comprehensive Spending Review and the development of a Greater Manchester Strategic Sustainability Plan. It was further reported that, in terms of the Greater Manchester Transformation Prospectus, expressions of interest had been requested from localities to lead in development, testing and delivery of 4 transformation initiatives. The meaning of this and the opportunities for Oldham needed to be established.

**RESOLVED** that the report and presentation be noted and the support to the development of the Locality Plan be continued.

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## **OLDHAM HOUSING BOARD - PRIVATE SECTOR HOUSING STOCK**

The Board considered a report regarding the private sector stock condition survey.

It was reported that all Councils were required to undertake regular surveys of private sector stock condition in their areas in order to inform and update local housing strategies and policies affecting private sector housing conditions. The last private sector stock condition survey for Oldham was carried out in 2010 and a further updated sample survey had now been completed. The findings from this survey would be used to inform future policy around private housing and private sector neighbourhoods.

Due to the small sample size the findings had been broken down into District Areas and selective licensing areas.

Four emerging key themes most of note from the survey for the Health and Wellbeing Board were identified as:

- The growth of the private rented sector, which had almost doubled in 5 years
- Health, age and wellbeing (including household illness and disability)

- Home conditions (including properties in disrepair)
- Neighbourhood Perceptions



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The Board discussed the survey findings and expressed views on how the survey would inform future plans and commissioning.

Concerns were raised over private rented properties and the need for a multifaceted approach as enforcement was costly and resource intensive. Links were in place with the fire and rescue service in terms of flagging unfit properties but it was felt that there were further opportunities to develop a more collaborative approach to address issues and inform residents that unfit properties could be reported.

Steps were being taken to address issues around long-term illness and disability through the introduction of the care and repair programme. This programme looked at preventing people from being admitted to hospital through unnecessary falls and injuries and speedier discharge by solving issues such as property access, minor adaptations or downstairs living. The findings from the survey provided a good evidence base for the care and repair work taking place and a good indication of the priorities.

**RESOLVED** that the report and subsequent discussion be noted.

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### **HEALTH OLDHAM - OLDHAM'S JSNA**

The Board considered a report which advised that the JSNA webpage was now live and the current work programme for the JSNA was nearing completion and the next round of priority setting was about to begin. The Board was asked for its input as to what the priorities should be for the forthcoming year. Agreement was also required for the priorities following the priority setting process and support for the outcomes of the needs assessments and work that would be completed in response to the priorities.

A stakeholder session was to be held on 17<sup>th</sup> September 2015 for stakeholders to feed into the prioritisation setting process. The JSNA Priority submission template was provided. Priorities would be assessed against a range of set criteria, culminating in a list of key topics to address.

The timeline of activity was outlined, which included the new identified areas being reported back to the November Board. An overview of progress for 2014/15 was also provided.

**RESOLVED that:**

1. Input into the JSNA priority setting process be provided, identifying priorities via the template and feeding in priorities ahead of 30th September 2015.
2. The process for setting the JSNA priorities for the forthcoming year be approved, and the outcomes of the

needs assessments and work that will be completed in response to the priorities be supported.



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### **NATIONAL NHS DIABETES PREVENTION PROGRAMME**

The Board considered a report on diabetes which was an increasingly common health condition for which there was no cure.

It was reported that type 2 Diabetes made up 90% of cases of diabetes and was potentially preventable as it was caused by lifestyle factors such as diet and obesity. Latest figures had revealed that 7.1% of the population in Oldham were known to have diabetes, this was higher than the rate for England.

In March 2015 the National NHS Diabetes Prevention Programme was launched. The programme was a joint initiative between NHS England, Public Health England and Diabetes UK and aimed to significantly reduce the 4 million people in England expected to have diabetes by 2025, in an attempt to address the health and financial burdens of diabetes. The national programme had called for expressions of interest from CCG and Local Authority partnerships to be first wave implementers of the national programme.

It was felt that peer support should be worked into the bid and include work on community insight. It was reported that if the bid was unsuccessful the issue would still be pursued as a priority.

It was highlighted that a number of Greater Manchester CCGs had expressed an interest in making bids and it was suggested that there could be one Greater Manchester bid and a coherent approach would be discussed with the Director of Public Health.

#### **RESOLVED that:**

1. The report and the extent of diabetes in Oldham, actual and predicted, be noted.
2. The joint work up between Oldham Council and CCG, of the expression of interest for Oldham to become a first wave implementer of the national programme, be supported.
3. The further development of work relating to diabetes prevention in Oldham for which further briefings will be made, be supported.

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### **MOTION OF COUNCIL BUSINESS – CARDIAC ARREST & FIRST AID**

It was reported that at the Council meeting on the 4th February 2015, a motion of opposition business was tabled in respect of sudden cardiac arrest within young people.

The motion was referred to Overview and Scrutiny Board, who had tasked the Health & Wellbeing Board with looking into taking the following actions:

- The relevant Cabinet Member be asked to establish a plan to ensure that First Aid teaching is introduced into every Oldham school in the interim, and to report back to full Council
- The Director of Public Health be asked to fund the phased introduction of Automated External Defibrillators, supported by appropriate training, into every school across the borough, and to report back to full Council
- Mark World First Aid Day 12th September 2015 with a public awareness campaign outlining the importance of acquiring emergency First Aid knowledge.

An update was provided on activity which had been undertaken. It was reported that there was support to introduce First Aid teaching into every school in Oldham but there were some substantial barriers to delivering it. First Aid was not currently part of the National Curriculum so there was no imperative for schools to include it in their curriculum offer. Schools had a great deal of autonomy and it was not within the local authority's powers to instruct them to deliver something that was not part of the national curriculum.

It was possible that if some teaching resources were made available to schools, and if these were underpinned by some training, it could be possible to encourage schools to make use of them as part of the Personal, Social, Health and Economic curriculum.

The Director of Public Health provided a response on the phased introduction of Automated External Defibrillators (AEDs). Over recent years AEDs placed within communities provided early defibrillation in order to help resuscitate lives of those having sudden cardiac arrest. There was evidence to suggest that AED had been used successfully in many cases, with the ability to save lives. However, most out of hospital cardiac arrest occurred at home, where the community placed AED would be of no benefit. There had been some benefit to placements of AED in places where large numbers of people gathered, such as football grounds and airports. The evidence suggested the effectiveness of public access defibrillators to increase sudden cardiac arrest survival in some settings, however fewer cardiac arrests occurred in public places than at home. Alternatively basic skill in relation to Cardio Pulmonary Resuscitation had proven to be effective in all settings, and investment in a wider programme of skills building amongst all community members regarding resuscitation skills was likely to benefit many more individuals at substantially less cost.

It was reported that a substantial number of machines were already in place across Oldham. This was supported by investment in CPR and first aid training. Given the evidence of effectiveness about community AEDs Oldham was reaching saturation in terms of cost benefit. Faced with the financial

pressures there was a need to further prioritise areas of investment to those where there was stronger evidence of effectiveness. Oldham Council and its partners would continue to assess need and review a range of approaches to tackle the causes of premature mortality.

It was further reported that Oldham's Health partners have been made aware of the World First Aid Day date and had all agreed to promote this through their own websites and social media channels with relevant links and information.

It was highlighted that St Johns Ambulance provided first aid training to community groups, and that the Heartstart UK Schools Programme, coordinated by the British Heart Foundation, delivered emergency life support training to pupils so they learn when and how to act in a life-threatening emergency. Take up of these opportunities was questioned and it was suggested that the issue be discussed with District Co-ordinators.

**RESOLVED that:**

1. The report be noted.
2. Training opportunities be discussed with District Co-ordinators.

16 **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.

17 **HEALTH INEQUALITIES REPORT**

The Board considered a report on health inequality indicators. It was reported that the Five Year Forward View required Clinical Commissioning Groups (CCGs) to work with local government partners to set and share in 2015/16 quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing.

Oldham Clinical Commissioning Group developed a health inequality plan in March, with Public Health support, that included a draft set of health inequality indicators and trajectories. The Health and Wellbeing Board had previously considered the Health Inequality Plan and indicators as part of the CCGs Operating Plan prior to its submission to NHSE. The indicators had subsequently been discussed with the CCG's Clinical Directors and Cluster chairs in a workshop held in May and were supported in full, and had also been agreed with the Director of Public Health and the Council's Executive Director for Health and Wellbeing.

The CCG's Health Inequality plan and indicator set had been credited by Public Health England as an example of good practice. Seventeen indicators, some with sub indicators, had

been included. A summary of key points in the CCG's health inequality plan and the CCG's legal duties regarding health inequalities was appended to the report.



Ways of strengthening links and closing gaps was discussed in terms of improving joined up working and it was felt that the devolution locality plan would address this.

It was suggested that the report be circulated to all Elected Members.

**RESOLVED that:**

1. The CCG's and Local Authority's agreed set of quantifiable levels of ambition to reduce local health and healthcare inequalities and improve outcomes for health and wellbeing in Oldham be noted.
2. The credit given by Public Health England be noted.
3. The identified areas be considered as priorities for the developing devolution locality plan.
4. The indicators be considered for inclusion in the revision of the Health & Wellbeing Strategy.
5. Member organisations consider how their organisation can help support the achievement of the health inequality ambitions.
6. The report be circulated to all Elected Members.

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**DATE AND TIME OF NEXT MEETING**

**RESOLVED that:**

1. The date and time of the Development Session to be held on 13<sup>th</sup> October 2015 at 2.00 p.m. be noted.
2. The date and time of the Health and Wellbeing Board to be held on 10<sup>th</sup> November 2015 at 2.00 p.m. be noted.

The meeting started at 2.00 pm and ended at 3.59 pm