

HEALTH AND WELL BEING BOARD
14/03/2017 at 2.00 pm



Present: Councillor Dearden (Chair)
Councillors Harrison and Price

Also in Attendance:

Dr. Zuber Ahmed	Clinical Director for musculoskeletal services, Oldham Clinical Commissioning Group (CCG)
Deborah Ashton	Director, Pennine Acute NHS Foundation Trust
Jon Aspinall	Borough Commander, Greater Manchester Fire and Rescue Services
Jill Beaumont	Director of Children's Social Care and Early Help, Oldham Metropolitan Borough Council (OMBC)
Dr. Paul Cook	Clinical Service Director, Dr. Kershaw's Hospice
Dr. Vernon Cressey	Board Director, Dr. Kershaw's Hospice
Chief Superintendent Neil Evans	Greater Manchester Police
Caroline Drysdale	Service Director for Community Services, Pennine Care NHS Foundation Trust
Lindsey Harper	Nursing Team Manager Dr. Kershaw's Hospice
Alan Higgins	Director of Public Health, OMBC
Superintendent Daniel Inglis	Greater Manchester Police
Dr. Keith Jeffery	Clinical Director for Mental Health, Oldham CCG
Maggie Kufeldt	Executive Director of Health and Wellbeing, OMBC
Stuart Lockwood	Chief Executive, Oldham Community Leisure
Karen Slade	Medical Director, Bridgewater Community Healthcare NHS Foundation Trust
Karen Worthington	Head of Right Start and School Nursing, Bridgewater Community Healthcare NHS Foundation Trust
Mark Warren	Director of Adults, OMBC
Dr. Ian Wilkinson (Vice-Chair)	Chief Clinical Officer and Accountable Officer, Oldham CCG
Liz Windor-Welsh	Chief Executive, Action Together
Fabiola Fuschi	Constitutional Services, OMBC

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Chauhan and Moores, Majid Hussain, Cath Green, Oliver Collins, Denis Gizzi, and Katy Calvin Thomas.

Dr. Ian Wilkinson (Vice-Chair) chaired the Board as Councillor Dearden could not be present from the commencement of the meeting.

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**

Two public questions were received from Mr. James Allen respectively on 19th December 2016 and on 23rd January 2017.

“19/12/16

To Health and Wellbeing Board

After reading a Healthwatch Oldham e-bulletin on a article from the Care Quality Commission, on the CQC calls for action to end missed opportunities to learn from patients deaths.

For this is an important issue for those who have gone through this, also it has raised a few valid points.

I would like to ask:

- 1) Has this body received this report which was published on the 13th December 2016
- 2) Will this body be able to give the meeting its views to date on what this entails on the 31/1/2017
- 3) For this has been going on for too long and if need be, to look into how many families within this borough it has affected
- 4) If this cannot be done on 31/1/17, a full report to be put on as an agenda item on the next full Health and Wellbeing Board meeting after the 31st January 2017

Yours Truly

Jimmy Allen”

The following response was provided by the Bridgewater Community Healthcare NHS Foundation Trust

- Records
Unexpected deaths of patients under the Care of Bridgewater's services are routinely reported as serious incidents.
- Investigates/learn from deaths and identifies necessary improvements
All serious incidents are reviewed by our Serious Incident Review Panel with a view to identifying any actions and learning, which is then shared through our governance processes. Deaths in children under the care of Bridgewater are subject to case review through our safeguarding teams, as directed by Child Death Overview Panels.
- How Trust is responding to the CQC recommendations from the report
During 2017/18 we will be implementing the requirements of the CQC review. NHSI are holding a conference on 21st March 2017 in London about the review findings and new requirements. Dr Karen Slade, Medical Director, will be attending this. It is not yet clear exactly how they will be interpreted by Community Healthcare Trusts. Karen is the executive lead and Marion Carroll is the non executive lead for mortality. Karen will also be taking a paper to our next Board meeting summarising the recommendations and how we will implement them.

“23rd January 2017

To Health and Wellbeing Board,

On the NHS report (Care, Compassion, Competence, Communication, Courage, Commitment: Compassion in Practice – One Year On). For this was completed a while ago, I wish to ask:

- 1) What has been achieved to date, what is still outstanding due to the financial difficulties each year, of which comes from central government each year
- 2) What is being done to the outstanding problems and at what level, from the top down to lower levels, including local authorities Health & Wellbeing Board.
- 3) On item 7, page 48 (page 26 of the pdf. version) (our commitment to the next phase of implementation), where are we now on this item and who is involved, at what level.
- 4) For further reference of which may come, will the grass roots be able to have a voice, before the final outcome is decided.

Yours Truly,

J Allen

cc. Healthwatch Oldham “



The following response was provided by Pennine Acute Hospitals NHS Trust

Pennine Acute Hospitals NHST took the approach of building the 6C's into existing strategies such as Raising the Bar on Quality, The Trust priorities and the Trust Values (many organisations took this approach), therefore I am not able to answer the specific questions being asked.

Moving forward we are developing a Trust wide Quality Improvement Strategy and a workforce and organisational development strategy which will incorporate the values which underpin our professional care.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 31st January 2017 be approved as a correct record.

6 **BEST START IN LIFE PARTNERSHIP SUB-GROUP MINUTES**

RESOLVED that the minutes of the Best Start in Life Partnership Sub-Group meeting held on 19th January 2017 be noted.

7 **ACTION LOG**

With regards to the resolutions of the Health and Wellbeing Board meeting in January 2017, Board members were informed that the Local Safeguarding Children's Board item had been picked up by the Best Start in Life Partnership rather than deferred to today's meeting of the Health and Wellbeing Board.

RESOLVED that the content of the Action Log from the Health and Wellbeing Board meeting held on 31st January 2017 be noted.

8 **MEETING OVERVIEW**

RESOLVED that the meeting overview for the Health and Wellbeing Board held on 14th March 2017 be noted.

9 **DR. KERSHAW'S HOSPICE AT HOME**

The Board gave consideration to a report of the Clinical Service Director of Dr Kershaw's Hospice on the services provided by the organisation and its role in End of Life provision in Oldham.

The author of the report accompanied by the Board Director and the Nursing Team Manager attended the meeting and addressed the enquiries of the Board Members.

It was reported that a 12 month pilot scheme called Hospice at Home had been introduced in February 2016 to offer patients personal care, pain and symptoms control and emotional support. The scheme had been funded jointly by Oldham Clinical Commissioning Group and the Stoller Foundation to increase the existing offer of end of life services in the Borough. The scheme had been able to respond immediately to urgent calls from patients, so that unwanted hospital admission could be avoided, providing greater choice to patients. The feedback from patients, their friends and family members had been very positive.

Board Members sought and received clarification / commented on the following points:

- Acknowledgment that more needed to be done to ensure that End of Life Services had a better presence in the community.
- “Hospice at Home” capacity.
- Integrated Care partnership and opportunity to improve End of Life services in Oldham.
- Need to improve data recording on End of Life for patients in residential care.

RESOLVED that:

1. The Hospice and the vital services provided feature strongly in the Oldham Locality Plan for Health and Social Care Transformation.
2. Consideration be given on how the Hospice can have a closer part in the Health and Wellbeing agenda and help to develop and shape End of Life Care for Oldham.
3. Support be given to the continuation of the Hospice at Home Service following the very successful pilot scheme.

Dr. Kershaw’s Hospice representatives thanked the Cabinet Member for Health and Wellbeing for the invite to attend today’s meeting of the Health and Wellbeing Board and offered an open invitation to all Board Members to visit Dr. Kershaw’ Hospice facilities to see the good work that all members of staff carried out on a daily basis.

GM HEALTH & SOCIAL CARE PARTNERSHIP

Consideration was given to a report of the Corporate Policy Development Officer on the themes discussed at the Greater Manchester Health and Social Care Partnership meeting on 24th February 2017.

The Board received three brief presentations on the main documents contained in the report.

The Chief Executive for Action Together updated the Board on the Memorandum of Understanding between Greater

Manchester Health and Social Care Partnership and the Voluntary, Community and Social Enterprise Sector (VCSE), following the recommendations of the joint review that had taken place in May 2016. It was reported that the document aimed to strengthen the existing relationship between the voluntary sector and the public sector through their commitment to shared ambitions such as the understanding and involvement of people and communities in the transformation of health and social care.



Members sought and received clarification / commented on the following points:

- Oldham Health and Wellbeing Board was already committed to partnership working with the voluntary Sector.
- The role of the voluntary sector in the formation of the Integrated Care Organisation and input to the preventative agenda, thriving communities and maintaining the dialogue with small voluntary organisations.
- Funding under the Memorandum of Understanding.

Oldham Clinical Commissioning Group (CCG) Chief Clinical Officer informed the Board of the progress to deliver a transformation plan for Primary Care in Greater Manchester and how Oldham performed against Greater Manchester Primary Care Standards. It was explained that a RAG (Red, Amber, Green) rating system had been utilised to measure performance. None of the results against the indicators had scored red. This showed that Oldham had a good level of compliance and, in some instances, it was performing above standards: General Practices offered pre-bookable appointments one month in advance, carers were already considered in the health and wellbeing strategy and practice based pharmacists were supported by CCG.

Board members sought and received clarification / commented on the following points:

- Expanding the concept of Primary Care workforce and ambition to better develop and train professionals – it was observed that practice based pharmacists and social prescribing already existed in Oldham.
- Lack of General Practitioners (GPs) and different model of care – how to utilise GP's skills in a team.
- Opportunity to explore the role of GPs in community care.
- Greater Manchester strategy and improved access to routine GP care through clusters of practices working together – It was observed that there were still issues to address; a degree of flexibility was required as not all services could be developed in line with this model.
- 24/7 urgent primary care provision and Greater Manchester urgent care plan.

Oldham Metropolitan Borough Council Director of Adults gave a presentation on the progress made so far on the Greater Manchester Adult Social Care Transformation Programme. Issues on Adult Social Care performance and the financial

sustainability of the care system were outlined as well as increasing service demand and workforce challenges. However, areas of strength and good practice also existed, for example with regards to reablement and homecare.

Four key priorities had been identified for Greater Manchester: Residential and Nursing Care, Care at Home, Learning Disabilities and Support for Carers. A delivery plan was developed for each area to achieve, with a local authority leading on each priority for the region.

RESOLVED that:

1. Documents and information presented at the latest Greater Manchester Health and Social Care Partnership meeting be noted.
2. A copy of the presentation on the Adult Social Care Transformation Programme be circulated to all Board Members for information.

11 **ICS DEVELOPMENTS AND GM TRANSFORMATION FUND**

Consideration was given to a progress report presented by the Executive Director for Health and Wellbeing on the Transformation Fund to support the implementation of the Greater Manchester agreement on devolution of health and social care.

In order to support the implementation of the Oldham Integrated Care Organisation, a plan to access the Transformation Fund had been submitted for scrutiny in October 2016. Oldham Council had joined other local authorities in the North East and a first meeting to discuss progress against service transformations had taken place last week. A further meeting to examine commissioning and finance matters would take place next week and it would be followed by the presentation of the plan to Greater Manchester in April this year.

It was also reported that funding had been provided by the Greater Manchester Health and Social Care Partnership to offset the cost sustained by the local authorities to establish the Integrated Care Organisation in the respective localities and support further work. More information would be provided at the next meeting of the Health and Wellbeing Board.

RESOLVED that:

1. The update on the Transformation Fund be noted.
2. A further progress report be provided at the next meeting of the Health and Wellbeing Board.

12 **TOBACCO CONTROL PLAN 2017-2020**

Consideration was given to a report of the Public Health and Wellbeing Manager on the Tobacco Control Plan 2017-2020. The report was presented by the Director of Public Health.

The Board Members were informed of the fact that tobacco continued to be the single greater cause of preventable illness

and early death for local people. Smokers were more likely to come from more deprived backgrounds which meant that smoking was the single biggest cause of inequalities in health between the best and the worst off in society.

Statistics showed that 22% of the population in Oldham were currently smokers and 13.5% of women who gave birth in 2014/15 smoked at the time of delivery.

Six high level actions had been identified to commit resources to address tobacco control through strong partnership working on a borough wide scale.

A local self-assessment review process (i.e.: CLearR) had also been introduced as a part of the action plan to address tobacco control in Oldham. This was an opportunity for Elected Members to play an active role in supporting the tobacco control agenda.

RESOLVED that:

1. The actions detailed in the Tobacco Control Action Plan be agreed.
2. Tobacco control be addressed through strong partnership working on a borough wide scale
3. The progression of the Tobacco Control Action Plan be monitored.
4. Senior buy-in from elected members, clinical commissioning groups, primary care colleagues and partners be secured to act as advocates.
5. Commit to participating in the CLearR process detailed in the appendix to the report.
6. A follow up paper be received outlining:
 - a. Content of the National Tobacco Control Strategy and GM Tobacco Control Plan (being discussed on 22 March 2017)
 - b. How much is currently invested locally in tobacco control
 - c. What could be achieved with further investment
 - d. Potential for working more collaboratively with NHS partners
 - e. How a "Wellness Service" could better address tobacco control in Oldham.

13

NHS STATEMENT OF SUPPORT FOR TOBACCO CONTROL

Consideration was given to a report of the Health and Wellbeing Manager on the commitments set out in the Statement of Support for Tobacco Control and the impact of it upon Tobacco Control policy and work within Oldham.

Representatives from Oldham Clinical Commissioning Group, Pennine Care, Pennine Acute and Bridgewater NHS Trust were asked to sign the statement on behalf of their organisations alongside the Council.

RESOLVED that:

1. The commitments set out in the NHS Statement of Support for Tobacco Control and the impact of it upon

Tobacco Control policy and work within Oldham be considered.

2. The signing of the Statement, requesting that representatives from Oldham CCG, Pennine Care, Pennine Acute and Bridgewater NHS Trust sign the statement on behalf of their organisations alongside the Council be approved.



14

JSNA UPDATE

The Board gave consideration to a report of the Consultant in Public Health on the Oldham's Joint Strategic Needs Assessment (JSNA) process which informed the commissioning of health, wellbeing and social care services in the Borough via looking at current and future health and care needs of the local population.

The Health and Wellbeing Board was asked to designate a steering group to provide leadership and oversight of Oldham's JSNA process.

RESOLVED that:

1. The key principles and revised process for Oldham's JSNA be agreed.
2. A JSNA steering group be re-established as a sub-group of the Health and Wellbeing Board with senior representation from Oldham Council, Oldham Clinical Commissioning Group, Action Together and Healthwatch, as well as any other interested Health and Wellbeing Board member organisations.
3. The steering group be tasked to:
 - a. Agree a process for developing new JSNA content, such as more detailed needs assessments, equality audits, or original research with local communities or service user groups.
 - b. Set out an annual JSNA workplan which will be reviewed at updated by the steering group bi-annually.
 - c. Oversee the updating of the JSNA website to provide a web portal where key local health data can be easily accessed and used by Health and Wellbeing Board member organisations and other interested individuals.

The meeting started at 2.00 pm and ended at 3.50 pm