

HEALTH AND WELL BEING BOARD
19/09/2017 at 2.00 pm



Present: Councillor
Councillors Harrison, Moores and Price

Dr Zuber Ahmed	Oldham CCG
Jon Aspinall	Manchester Fire
Michelle Bradshaw	Bridgewater Trust
Julie Daines	CCG
Neil Evans	Chief Superintendent, Greater Manchester Police
Kirsty Fisher	Healthwatch Oldham
Alan Higgins	Director of Public Health
Maggie Kufeldt	Executive Director - Health and Wellbeing
Mark Warren	Director, Adult Social Care
Liz Windsor-Welsh	Voluntary Action Oldham

Also in Attendance:

Oliver Collins	Principal Policy Officer
Lori Hughes	Constitutional Services

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Dearden, Councillor Chauhan, Ian Wilkinson, Stuart Lockwood, Keith Jeffery, Karen Slade, Teresa McDermid, Cath Green, Daniel Lythgoe and Dennis Gizzi.

In the absence of the Chair and Vice-Chair, Dr. Zuber Ahmed was elected Chair for the duration of the meeting.

2 URGENT BUSINESS

There were no items of urgent business received.

3 DECLARATIONS OF INTEREST

Dr. Zuber Ahmed declared a personal and prejudicial interest at Item 14 and did not participate in the discussion of the item thereon.

4 PUBLIC QUESTION TIME

The following public question was received from Mr. J. Allen:

“After looking at NHS England news on the 6th September 2017, two items caught my attention, one on ‘We couldn’t see a NHS dentist so we pulled our own teeth’ (BBC News) and ‘Patients having to pull out their own teeth because of NHS dentist (Independent).

Could the Health and Wellbeing Board check into the validity of these two items and also, I would like to ask:

1. What are the NHS Dentists position on this matter and what is being done to rectify this serious point of patients pulling out their own teeth because they could not see an NHS Dentist.

2. How can patients be advised on how dangerous that may be.
3. What are the CCG's views on this, for patients who cannot get on the books of a regular dentist and need to use an NHS Dentist.
4. What about low income families etc. who cannot afford to see a dentist due to the cost that occurs, also they have to use NHS Dentists.

I would like this to be looked into and the four points I have raised will be fetched up at the September Health and Wellbeing Board meeting.”

The following responses were provided:

“1 & 2. Access to NHS Dentists in Oldham compares favourably with access across the rest of Greater Manchester and the national benchmark.

	Oldham	Greater Manchester	England
GPPS: Successful in getting an appointment	93.5%	93.7%	94.7%
GPPS: Successful in getting an appointment when new to a practice	74.0%	73.7%	76.4%
GPPS: % Positive Experience	85.1%	85.4%	85.3%
Patient seen as % of population	62.0%	61.6%	55.4%
% change Annual in patient seen	0.52%	-0.77%	0.54%

As with all aspects of healthcare, we would advise seeing an appropriate healthcare professional.

Specifically for dental problems, if a patient is unable to access NHS dental services, there is an NHS Urgent and Unscheduled Dental care service. They will offer advice and if deemed suitable an appointment to see a dentist. The Oldham Emergency Dental Service provides urgent treatment to people who are unable to access a dentist. These services are available for both in-hours and out-of-hours.

This is not a drop-in service. The service operates through an appointment system but will always try to be flexible and where possible accommodate requests outside of the booking process. Appointments are allocated on a daily basis. Patients are advised to contact their local centre at the earliest opportunity on the day they require treatment.

Treatment is for urgent complaints only and is provided under NHS Regulations.

Address: Integrated Care Centre, Dental Department
New Radcliffe Street, Oldham, OL1 1NL

In Hours (Mon-Fri 9am–5 pm) Tel: 0161 621 3613

Out of Hours (Mon-Fri 6pm-10pm and Sat/Sun 10am-10pm)

Tel: 0161 336 3252

A3. The arrangements presented above are in place to support any patient requiring NHS dental care to be able to access services.

A4. You do not have to pay for NHS dental treatment if, when your treatment starts, you are:

- Under 18

- Under 19 and in full-time education
- Pregnant or you've had a baby within the 12 months before treatment starts
- Staying in an NHS and the hospital dentist carries out your treatment
- An NHS Hospital Dental Service outpatient (although you may have to pay for your dentures or bridges)

You can also get free NHS dental treatment if, when the treatment starts or when you are asked to pay:

- You are included in an award of Income Support, income-based Jobseeker's Allowance or Pension Credit guarantee credit or Universal Credit (check entitlement after October 31, 2015)
- You are named on, or entitled to, a valid NHS tax credit exemption certificate
- You are named on a valid HC2 certificate.

If you are named on a valid HC3 certificate, you may not have to pay for all your NHS dental treatment. HC2 and HC3 certificates are issued under the NHS Low Income Scheme.

If you receive any of the following benefits you will not be exempt from paying for NHS dental treatment unless you also fall under one of the categories listed above:

- Incapacity Benefit
- Contribution-based Jobseeker's Allowance
- Contribution-based Employment and Support Allowance
- Disability Living Allowance
- Council Tax Benefit
- Housing Benefit
- Pension Credit Savings Credit

NHS Low Income Scheme

The NHS Low Income Scheme provides financial help to people not exempt from charges, but who may be entitled to full or partial help with healthcare costs if they have a low income. Anyone can apply as long as they don't have savings or investments over the capital limit. In England, the capital limit is £16,000 (or £23,250 if you live permanently in a care home). Help is based on a comparison between your weekly income and assessed requirements at the time the claim is made. Entitlement broadly follows Income Support rules to decide how much, if anything, you have to pay towards your healthcare costs, including dental treatment.

The NHS Business Services Authority (NHSBSA) website has more information about the NHS Low Income Scheme, including how to apply.

RESOLVED that the question and response be noted.

5 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the Health and Wellbeing Board held on 27th June 2017 be approved as a correct record.

6 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE



RESOLVED that the minutes from the Health Scrutiny Sub-Committee held on 28th March 2017 be noted.

7

JSNA MINUTES

RESOLVED that the minutes of the Joint Strategic Needs Assessment (JSNA) Sub-Group meeting held on 29th August 2017 be noted.

8

ACTION LOG

The Dementia Angels Scheme and ongoing discussions on the roll out of the scheme was outlined to the Board.

The Board were informed that an evaluation report on the MH:2K would be brought back to a future meeting. The pilot scheme for young people in Oldham had been successful. The scheme had been recognised as being successful and was being rolled out in other areas.

RESOLVED that the Action Log from the meeting held on 27th June 2017 be noted.

9

MEETING OVERVIEW

RESOLVED that the meeting overview for the Health and Wellbeing Board held on 19th September 2017 be noted.

10

GM HEALTH & SOCIAL CARE PARTNERSHIP

The Board gave consideration to a report which provided an update on items which had been discussed at the Greater Manchester Health and Social Care Partnership. The items were GM Transformation Fund update, Population Health Plan and the Partnership's decision on Oldham's Transformation Fund bid.

The report provided an update on recent developments of the Transformation Fund as well as the findings and recommendations of the evaluation of the proposals from Healthier Together and Oldham. The proposals had been considered by the Transformation Fund Oversight Group (TFOG) and the Strategic Partnership Board Executive. Oldham's proposals was a central part of their plans to increase the pace and scale of delivery of the Locality Plan which would close the forecasted financial gap. The proposal supported people to be more in control of their lives, a system geared towards wellbeing and prevention of ill health, provided access to health services at home and in the community and provided social care that worked with health and voluntary services which supported people to look after themselves and each other.

The Board were informed that an investment agreement had been signed for the total of £21.5m which was to be spent on priority projects. The bid from Oldham had been very well received and recognised the work, aspirations and ambition from Oldham along with the confidence and assurance to delivery. It was expected that the funding would be released with a formal signing to be scheduled.

The Board were informed of projects within the Population Health Plan and its own submission to the Transformation Fund, which included oral health which was a big issue in Oldham. The Board would be kept updated at future meetings.

The Chair and Board Members thanked officers for their hard work on behalf of Oldham and congratulated them on the success of the bid.

RESOLVED that:

1. The update on the GM Health and Social Care Partnership which included the GM Transformation Fund Update, Population Health Plan and the decision on Oldham's Transformation Fund bid be noted.
2. The implications and actions as outlined in the GM Health and Social Care Partnership report be noted.
3. The thanks of the Chairman and members to officers for the hard work on the Transformation Fund bid be recorded.

11

A&E PRIMARY CARE STREAMING AND ASSOCIATED CHANGES TO URGENT PRIMARY CARE

The Board gave consideration to a report which outlined the joint approach of the Oldham Clinical Commissioning Group (CCG), Oldham Council and partners' approach on the development of Primary Care Urgent Treatment Services in Oldham. The report also outlined the approach, model and service specification.

The aim of the approach was to:

1. Improve the health of the people of Oldham
2. Improve the care they receive and their experience of it
3. Deliver the best value for money by using our resources effectively

The report detailed the vision for primary care led urgent care, proposed changes, issues and the relationship with the Oldham Locality Plan.

Oldham was facing increased levels of accident and emergency attendances and increased non-elective admissions. This presented rising pressures in the system. Proposed changes to primary care provision would be made up of:

- Urgent Treatment Service Primary Care Cluster Hubs;
- A&E Front End Primary Care Streaming
- Ambulatory Care Unit

The change required a potential shift in services currently provided at the Walk In Service. The CCG had entered into a pre-consultation exercise on the proposed changes. Options were being developed and consultation was scheduled to commence in October. This was a positive change to the

provision of urgent care. A service specification had been drafted in line with national principles and standards.



The current system could not sustain the pressures within urgent care. Patients were not receiving the right care in the right place at the right time. The proposed changes made the best use of NHS resources whilst maintaining access to A&E for the most critically ill patients. The proposed changes required public consultation and provider engagement to ensure the right model was in place for Oldham.

The Urgent Treatment Service linked with the Oldham Locality Plan as it:

- Supported people to be more in control of their lives;
- Contributed towards a health and social care system that was geared towards wellbeing and the prevention of ill health;
- Provided access to health services at home and in the community;
- Provided social care that worked with health and voluntary services to support people to look after themselves and each other.

The Board were informed of the current and future provision, work towards co-ordinated access and a seamless approach. The Board were informed of the pressures of the A&E Unit.

The members were informed of the statutory duty to consult on service changes. Consultation would start on 9 October 2017 and finish on 5 December 2017 and would include street surveying and presentations to a wide range of community groups. The Board were informed on inputs from the Citizens' Jury and a public survey. A concern was raised related to the quality of advice.

The Board sought and received clarification on a standardised offer across Oldham. The Board were informed that GP clusters had been part of the development. The clusters were not all in place and at different stages.

The Board asked about the prevention of individuals going to A&E and encouragement to access services closer to home. This was still open to debate with the clusters on managing demand in the safest way.

The Board emphasised that standard service across the hubs was important and changes would need to be publicised. The Board asked if a communications plan was being developed. The Board were informed that a requirement for communications would be picked up and would evolve from the consultation.

The Board commented on the timeline and were informed of the discussions which were ongoing.

The outcomes of the consultation would be brought back to a future meeting. This was an integrated approach between the CCG and the Council.

RESOLVED that:

1. The changes to Urgent Care in Oldham and work in partnership to implement the changes to urgent care be approved.
2. The outcome of the public consultation be brought back to a future meeting.

12

DOMESTIC VIOLENCE MOTION

The Board gave consideration to a report which outlined a motion agreed at the Full Council meeting in July 2017 related to Domestic Abuse. The Health and Wellbeing Board and the Domestic Violence Partnership were asked to contact local GPs to ask them to make a commitment not to charge victims for letters until such time as this requirement is scrapped.

The Board were informed of changes to legal aid funding and charges which had been levied. The Board were informed that at Greater Manchester level the campaign to scrap the process rather than scrap the fee was being supported and being taken forward by the Greater Manchester Mayor's office. There was no power to enforce the scrap of fees, this was down to individual practices.

The Board sought and received clarification the Safeguarding Boards were in support. The Board discussed the resolution of the motion and the further point of scrapping the process. It was agreed to write to GPs as resolved in the motion and have a further discussion on scrapping the process at a future meeting as well as scrapping of other fees GPs may charge.

RESOLVED that:

1. Local GPs be written to and be asked to make a commitment not to charge for letters for victims of domestic violence until such time as the requirement was scrapped.
2. A report be brought back to a future meeting on the scrapping the process campaign.

13

IMPROVED BETTER CARE FUND

The Board gave consideration to a report which outlined the background, context and rationale for the changes to the Better Care Funds that were being proposed in Oldham. The report also outlined the approach to be taken to detailed the approach taken to deliver the change, provided an overview of the proposals for the planned use of the moneys and how this related to the introduction of integrated services in the five geographic clusters and provided an outline of the proposed new ways commissioners and providers would operate within

the borough and how it was proposed the money would be used to support the conditions.



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The Spring Budget of 2017 announced £2 billion would be made available to Adult Social Care over a three year period. In Oldham, this equated to the availability of £9.82m over a three year period. The report outlined two separate but linked budget streams that required both CCG and Oldham Council joint agreement for use. The funding came with conditions and approvals as set out by the Department for Communities and Local Government (DCLG). The conditions for use needed to be evidenced as outlined in the report.

The report outlined the proposed investments which were as follows:

- Any 2016/17 over spending not supported by available 2017/18 resources (not required based on the 2016/17 outturn) be addressed.
- A commitment be made for permanent Social Care resources currently funded via the Non Recurrent BCF 3 programme and to be reinforced with a revised staffing structure which required a commitment of approximately £1.8 million per year.
- The increased cost of funding for short term care directly from Hospital and in the region of £950K per annum be supported.
- Commission support to the health and social care market of approximately £500K in 2017/18 increasing to £600K in 2018/19 and 2019/20.
- Commission support to the NHS of approximately £1.637m across all three years. This was particularly aimed to support timely discharges from the hospital.

The funding provided an opportunity for Adult Social Care in Oldham to strengthen the fragile infrastructure and provided a strong springboard from which to launch Adult Social Care within the new integrated structure.

The Board were informed of national conditions linked to the funding which had to be evidenced and returned to the Department for Communities and Local Government (DCLG) every 12 weeks by the Council's S.151 Officer who was the Director of Finance. The Board were informed that one formal return had been made which set out the proposals for expenditure.

The Board sought clarification on broader partners being involved in the design and any opportunity for alternative views. The Board were informed that providers had been consulted earlier in the year and asked how the funding should be spent. The main issue was paying providers quickly. Providers not getting paid was having an impact. The remainder of iBCF funding would be allocated to relevant schemes through agreement with NHS colleagues.

Options/Alternatives Considered

Option 1 – To use the Spring Budget without linking to the original iBCF allocation.

Option 2 – Use both elements of the improved Better Care Fund together.



RESOLVED that:

1. The spending plans for the improved Better Care Fund as outlined at Option 2 of the report be approved for the three year period up to 31st March 2020.
2. The Section 151 Officer be empowered to review and amend the spend to adapt to changing circumstances through the period within the conditions of spend set out by the DCLG.
3. Allocation of uncommitted monies be enabled taking into account shortfalls in budget allocations and in agreement with the Oldham NHS CCG within the conditions of spend set out by the DCLG.
4. The start of a consultation with Adult Social Care practitioners in order to reconfigure the service be approved.

14

PHARMACY NEEDS ASSESSMENT

The Board gave consideration to a report which outlined the responsibilities of the Health and Wellbeing Board related to the Pharmaceutical Needs Assessment (PNA). The Health and Wellbeing Board had a statutory responsibility to publish and update a statement of the needs for pharmaceutical services for the population in its area. The PNA aimed to identify whether current pharmaceutical service met the needs of the population and whether there were any gaps to service delivery.

The PNA may be used by the Clinical Commission Group and the Council on the current provision and by NHS England in its determination of approval of applications to join the pharmaceutical list.

In respect of the PNA, the Health and Wellbeing Board must:

- Produce an updated PNA which complied with the regulatory requirements;
- Publish a second PNA by 1st April 2018;
- Publish subsequent PNA on a three yearly basis;
- Publish a subsequent PNA sooner when it identified changes to the need for pharmaceutical services which were of a significant extent; unless there would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

The scope of the PNA was outlined in the report which included the minimum requirements for the PNA Schedule 1 of the NHS 2013 Regulations.



Oldham
Council

The PNA described the needs of the population across the six districts in the Health and Wellbeing areas. Consideration had been given to the location, number, distribution and choice of pharmacies across each district. Based on the information available at the time of the development of the PNA:

- No current gaps in the need for the provision of essential services during normal working hours had been identified.
- No current gaps in the provision of essential services outside normal working hours had been identified.
- No current gaps in the provision of advanced and enhanced services had been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances had been identified.
- No gaps had been identified in essential services that if provided either now or in the future would secure improvements or better access to, essential services.
- No gaps had been identified in the need for advanced services that if provided either now or in the future, would secure improvements or better access to, advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances had been identified.

The Board sought and received clarification that each Health and Wellbeing Board were doing their own consultation. It was confirmed that each board went through a similar process and was not specific to Oldham.

RESOLVED that the Pharmaceutical Needs Assessment 2018 – 2021 Pre-Consultation Draft be agreed.

15

DATE AND TIME OF NEXT MEETING

RESOLVED that the date and time of the next Health and Wellbeing Board would be a development session to be held on 24th October 2017 at 2.00 p.m.

The meeting started at 2.00 pm and ended at 3.53 pm