

**Present:** Councillors Harrison, Heffernan and Moores

Independent Members: Dr Zuber Ahmed, Jill Beaumont, Noreen Dowd, Siobhan Ebdon, Jax Effiong, Julie Farley, DCI Jim Faulkner, Dr Keith Jeffery, Merlin Joseph, Stuart Lockwood, Donna McLaughlin, David Smith, Katrina Stephens, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh

Also in Attendance:

Oliver Collins	Principal Policy Officer
Lori Hughes	Constitutional Services
Barbara Mulvihill	Project Manager - Information Management
Rebekah Sutcliffe	Strategic Director of Reform
Stephen Woods	GM Shared Services (NHS)

1           **ELECTION OF CHAIR**

**RESOLVED** that Councillor Moores be elected Chair for the duration of the meeting.

2           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chauhan, Councillor Price, Dr. Patterson, Chief Supt Evans, Dan Lythgoe and Jon Aspinall.

3           **URGENT BUSINESS**

There were no items of urgent business received.

4           **DECLARATIONS OF INTEREST**

Dr. Zuber Ahmed declared a pecuniary interest at Item 16, Pharmaceutical Needs Assessment by virtue of his ownership of a pharmacy. Dr. Ahmed left the room and took no part in the discussion or voting thereon on this item.

5           **PUBLIC QUESTION TIME**

There were no public questions received.

6           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Health and Wellbeing Board held on 23<sup>rd</sup> January 2018 be approved as a correct record.

7           **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

**RESOLVED** that the minutes of the Health Scrutiny Sub-Committee meeting held on 30<sup>th</sup> January 2018 be noted.

8           **ACTION & RESOLUTION LOG**

**RESOLVED** that the Action Log from the meeting held on 23<sup>rd</sup> January 2018 be noted.   **Page 1**

**MEETING OVERVIEW**

**RESOLVED** that the overview for the meeting be noted.

**OLDHAM CARES OUTCOMES FRAMEWORK**

Consideration was given to a report of the Director of Public Health which outlined the development of a set of supporting indicators for the Oldham Cares Outcomes Framework. The high-level outcomes for Oldham Cares, as outlined in Appendix 1 of the report, and the proposed approach to develop a set of supporting indicators had been agreed at the January meeting. Further work had been undertaken and a proposed list of supporting indicators for Oldham care was set out in the report.

Each outcome required supporting indicators which were a range of specific measures which demonstrated the achievement (or otherwise) of the outcome. Each outcome framework would be supported by a maximum of 30 indicators.

An initial long list of indicators had been compiled from the three national outcomes frameworks and Oldham's investment agreement with the Greater Manchester Health and Social Care Partnership. This consisted of over 300 indicators. Using the principles as outlined in Section 2.1 of the report the list was reduced to a medium list of approximately 65 indicators. Following a discussion with a group of stakeholders a refined list of 28 key indicators was produced as outlined at Appendix 2 of the report.

The Board were informed of work that was ongoing for consideration of other collected data. High level outcomes set the framework for commissioning. There were significant challenges in the health and wellbeing of the borough, there were recognised areas where more development was needed. The number of areas and the attempt to group some topics was discussed. There was differential effort in parts of the borough and in some areas of the borough to get to the national average would have an impact on the overall picture. It was recognised that organisations had their own performance frameworks which would contribute to the aggregate.

The Board raised concern on the mental health areas and GP health checks.

The Board would be updated when the list had been refined and brought back to the June meeting.

The Board sought clarification on the vaccination target which was 72.9% and it was clarified that the national target was 75%.

The Board raised that in terms of supporting indicators that vulnerable children was absent. What could be commissioned would be discussed under JSNA.

**RESOLVED that:**

1. The proposed supporting indicators for the Oldham Care outcomes framework be agreed.
2. A further report be received at the next Health and Wellbeing Board meeting which described the proposed targets and reporting arrangements for the outcomes framework.

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### **PENNINE ACUTE CQC INSPECTION UPDATE**

Consideration was given to a report which provided an update on the Care Quality Commission's (CQC) follow up inspection of the Pennine Acute Trust in October 2017 following the initial inspection held in February and March 2016.

The CQC had based their inspection and subsequent report on five domains, i.e. was the service:

- Safe;
- Effective;
- Caring;
- Responsive to people's needs; and
- Well led.

An overview of the findings of the two inspections where improvements had been identified at the Trust was outlined at Appendix 1 of the report.

The Board were informed of the achievements of the Trust. There would be a further review across all services in the next 12 months. The focus was now on those areas which were inadequate.

The Board queried about outpatient imaging and why this had not been assessed. The Board were informed that this was not part of the review.

The Board expressed their congratulations on the work undertaken to achieve the improvements made and expressed their thanks to Pennine Acute and, especially, the Royal Oldham Hospital. The Board agreed to write to Sir David Dalton offering their congratulations.

#### **RESOLVED that:**

1. The progress and improvement made by the Trust and the continued ways to identify ways in which support could be given to the Trust and the Royal Oldham Hospital site to continue the journey of improvement be noted.
2. A letter of congratulation be written to Sir David Dalton on behalf of the Health and Wellbeing Board on the improvements made.

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### **SPECIAL EDUCATIONAL NEEDS AND DISABILITY**

Consideration was given to a report which provided a brief overview of the findings and an update on progress since the

SEND inspection and specifically around the five areas of weakness which had been identified.

The focus of the joint inspection carried out by Ofsted and the Care Quality Commission (CQC) was:

- Assessing the effectiveness of Oldham identifying children and young people's special educational needs and/or disabilities;
- The effectiveness of Oldham in meeting the needs of children and young people with SEND; and
- The effectiveness of Oldham in improving outcomes for children or young people who have SEND.

The areas of strength which were identified during the inspection were outlined in the report. As a result of the inspection, Oldham was required to produce a written statement of action to Ofsted and the CQC which outlined how five areas of significant weakness would be tackled. The areas were:

1. Potential non-statutory compliance
2. Effective Leadership
3. The EHC Process and Quality of EHCP's
4. Oldham's Home to School Transport Policy
5. Underachievement, Fixed Term Exclusions and Persistent Absent Levels

A draft written statement of action (WSOA) had been submitted to Ofsted. The Council was still waiting for confirmation of sign off from Ofsted.

The Board were informed of revised governance arrangements and the measures that had been put into place. The transport policy had been revised and was going through a consultation process. A data modeller had been engaged for the provision of more analytical data. Since the inspection a number of workshops with a large number of stakeholders had taken place. There had been true partnership working and the commitment was recognised.

The Board asked about the new arrangements and broader accountability and were advised that revised membership would be more inclusive, also greater scrutiny around working groups under the partnership board and the management committee would be chaired by a senior officer. Co-production with families on governance and assurance would be embedded. There had been key learning in terms of building reassurance between the CCG and the Council.

**RESOLVED that:**

1. The strengths and weaknesses highlighted within the SEND Action Plan be noted.
2. The actions outlined in the report and a recommendation to have a standing item on the Health and Wellbeing Board agenda related to SEND be noted.

3. The relationship between the Health and Wellbeing Board and the SEND Governance Structure be noted.



## **OLDHAM'S AUTISM STRATEGY**

Consideration was given to a report which provided an overview of the Oldham Autism Strategy (2017-2020), the Autism Way Forward & and the Autism Strategy sub-groups, an update on what had been achieved in the first year of the Autism Strategy and recommendations for area of focus in the second year of the strategy.

The Autism Strategy had been published in January 2017 and was a three year strategy for all ages and joint between Oldham Council and the NHS Oldham Clinical Commissioning Group. A key objective was to increase awareness and understanding of autism across the borough with the ambition for Oldham to be acknowledged as an Autism Friendly Town.

The link between the SEND Inspection and the Autism Strategy was outlined in the report. There were areas of work that the Autism Strategy and SEND action plan would be done in conjunction which included Preparation for Adulthood and Joint Commissioning.

The Autism Partnership Board met every two months and four sub-groups which also met every two months. Each group had a defined action plan and included Joined Up Commissioning; Diagnosis and Post-Diagnosis Support; Getting the Right Support at the Right Time; and Better Information and Awareness.

An update on the achievements of the first year of the Autism Strategy was outlined in the report.

The Board were informed of the statutory requirements under the Act, the development of the self-assessment framework, the development of the local strategy and how this had been produced. The GM Mayor had set out the strategy for Greater Manchester. All ten CCGs and Local Authorities funded the GM Autism Consortium which Oldham hosted. The group reported to the Greater Manchester Health and Social Care Partnership Board. The consortium held local authorities accountable.

The Board were informed that the replacement lead would be a named individual and not just an organisation. The Board were informed this would be Suzannah Meakin, Had of Service Mental Health and Learning Disability, who had also been linked to the recent SEND inspection.

The Board raised the 14 recommendations and asked for the top 3 and being more succinct. The Board requested that the Autism Strategy be raised at the next Joint Strategic Needs Assessment meeting. The strategy would also be linked to the SEND wider work which was ongoing.

Employment of those with a learning disability was raised.



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**RESOLVED that:**

1. The membership of the AWF and strategy groups be refreshed with support and backing with the implementation.
2. The appropriate time of the meetings to take place for all partners be understood with a focus on how to engage schools in the actions of the strategy which was crucial for success.
3. The review of services provided by the Co-located Learning Disability Teams be continued.
4. Due to the actions having been completed, the Diagnosis and Post Diagnosis sub-group be suspended until further notice in order to review the data against the diagnosis pathway.
5. The focus required on the Getting the Right Support at the Right Time strategy Group be acknowledged.
6. The relevant areas undertake a joint strategy needs analysis for people in Oldham with Autism to support integrated commissioning action across education, health and social care be supported.
7. The dissemination of the diagnosis flow chart which enabled the public and be aware and understand the process of autism diagnosis when published be supported.
8. The identification of schools across Oldham who could contribute to the development of the autism strategy and its ambitions be supported.
9. The identification of representatives from housing providers and partners to further develop the support that is available to people living in rented accommodation be supported.
10. The establishment of a formal working arrangement between the Autism Strategy Joined-Up Commissioning and the SEND Joint Commissioning work streams to prevent duplication and the promotion of working together be supported.
11. The continuation of providing autism awareness training to partners across Oldham with the aim of making Oldham more Autism Friendly be supported.
12. The development of more advanced autism training that focused on practitioners working with people at the complex end of autism be supported.
13. The engagement with businesses and organisations and provision of support to them on the way they could make reasonable adjustments and become autism friendly be supported.
14. The consideration of options for infrastructure investment required for ensuring Oldham was more Autism Friendly by 2020 thus fulfilling the ambition of Oldham's Autism Strategy which included the identification of a replacement lead to drive the strategy be supported.

## **STRATEGY**

Consideration was given to the proposed outline of First Choice Homes' new health and wellbeing strategy.

The Strategic Framework for the strategy included the Vision, Mission and Values. The Strategic Objectives included Start Well, Live Well and Age Well and included the continuation of innovative work that was already in place, elements to be built upon and a range of activity that First Choice Homes wanted to initiate.

First Choice Homes, working in partnership with colleagues in Oldham and Greater Manchester, would demonstrate the potential of a housing provider adopting a population health approach for its residents, staff and wider communities in Oldham. Key actions were outlined in the report.

The Greater Manchester Housing Partnership key pledges and initial investible propositions were outlined and Oldham was the first to deliver. Investments were being made in various living services such as housing support and independent living services and with the CCG a new range of services under aid and adaptations, hospital discharge service, housing options, healthy homes and warm homes Oldham was being delivered.

The new Health and Wellbeing Strategy was outlined with the move from immediate urgent care issues towards population health improvement. One of the main areas for FCHO was to be a key partner and part of the decision making bodies. FCHO sought lead delivery of the GM Home Improvement Agency and supported delivery of the GM Population Health Plan. Specific new projects included fall preventions, domestic violence and school readiness. Data sharing was raised as a concern. FCHO was also developing their workforce development staff wellbeing programme.

FCHO had been shortlisted for an excellence award in its approach to health and wellbeing.

The Board sought clarification on the point of reduction in hospital appointments and were informed that this would be addressed under preventable hospital treatment. The Board also raised the issue of the clusters and FCHO were prepared for that discussion on integrating delivery into localities. The Board also welcomed further discussions around Looked After Children, making every contact count to address integrated teams in a non-clinical opportunity, the Mental Health Strategy Partnership, domestic violence, further exploration of children currently placed outside the borough as well as adults and further work with the voluntary sector around the Thriving Communities Hub.

The Board welcomed the report and feedback. The Council would be rolling out the Fit for Oldham Programme to more

challenging territory. Domestic violence was being addressed collectively.

**RESOLVED that** the proposed outline for the First Choice Homes new Health and Wellbeing Strategy be noted.

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**GENERAL DATA PROTECTION REGULATION (GDPR)  
DATA PROTECTION REFORMS**

Consideration was given to a report which outlined the reforms under the new General Data Protection Regulation (GDPR) and the implementation through the draft UK Data Protection Bill (UKDP). The GDPR comes into effect on 25 May 2018.

The key features were outlined in Appendix 1 of the report. The key elements were organisational commitment, understanding the personal data used, implementation of appropriate measures, e.g. appointment of the Data Protection Officer (DPO), reviewing private notices, security policies and breach reporting, revised contractual terms and staff training.

The Council in conjunction with its partners needed to ensure that all partners were data protection compliant in the handling of personal data, and in particular when related to health and social care, sensitive personal data was also subject to law of confidentiality.

The Board were informed of groups who were addressing various work-streams and requirements in legislation. The changes would affect everyone and provided individuals with new and enhanced rights. All contractors would need to ensure they were addressing the new legislation.

The Board raised the issue of the requirement to demonstrate outcomes as a result of interventions taken across several organisations and asked if there was a forum with an urgency route to commission in an integrated way with confidence to get the data evaluated effectively which needed to be shared. There had been an investment agreement with Greater Manchester to transform services but there was a need to demonstrate how the funding was making an impact. The Board were informed that this was linked to work ongoing at GMCA and an equivalent was needed locally to gather data across boundaries. Data protection could be used as an enabler. The Board understood the significance but also raised that data protection was used as a barrier. The Board agreed to discuss this item further as part of the next scheduled Development Session.

**RESOLVED that:**

1. The engagement and participation of stakeholders and business areas required to contribute/implement the data protection framework be mandated.
2. The review and implementation of changes by the Information Management Team (IMT) be supported.



3. Assurances be sought that partner organisations were taking the appropriate steps to compliance.
4. IMT being involved as a stakeholder in any integration or joint working initiatives that involved personal data handling be ensured.
5. The issue of GDPR be discussed at the next Development Session.

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## **PHARMACEUTICAL NEEDS ASSESSMENT**

Dr. Ahmed declared a pecuniary interest at this item by virtue of his ownership of a pharmacy. Dr. Ahmed left the room and took no part in the discussion or voting thereon on this item.

Consideration was given to an update on the Pharmacy Needs Assessment. The Health and Wellbeing Board had a statutory responsibility to publish and to keep updated a statement of the needs for pharmaceutical services for the population in its area which was referred to as the Pharmaceutical Needs Assessment (PNA). The PNA aimed to identify whether current service provision met the needs of the population and to considered whether there were any service delivery gaps.

The PNA may inform of the current provision of pharmaceutical services and any gaps related local health priorities. Where gaps were not met by NHS England, they could be considered by the Clinical Commissioning Group (CCG) or local authorities (LA). The PNA would be used by NHS England in the determination as to whether to approve applications to join the pharmaceutical list under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant area team would review the application and decide if the application met the criteria for approval.

The Health and Wellbeing Boards duties in respect of the PNA were outlined in the report as well as the purpose of the PNA and the Scope of the PNA. The report also outlined how the assessment was undertaken for the population of Oldham. The Health and Wellbeing Board had established a steering group to lead a comprehensive engagement process which informed the development of the PNA.

Taking into account the totality of the information available, the Health and Wellbeing Board considered the location, number, distribution and choice of pharmacies for each district. Based on the information available:

- No current gaps in the need for 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 need for pharmaceutical services specified in 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.

Healthwatch asked to be involved in the review of pharmacies. The issue of taking medication into hospitals was raised. Communication between the acute and primary services was key.

**RESOLVED** that the Oldham Health and Wellbeing Board Pharmaceutical Needs Assessment 2018 to 2021 be agreed.

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**DATE AND TIME OF NEXT MEETING**

**RESOLVED** that the date and time of the next Health and Wellbeing Board to be held on Tuesday, 26<sup>th</sup> June 2018 at 2.00 p.m be noted.

The meeting started at 2.00 pm and ended at 3.48 pm