Tameside Metropolitan Borough

ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 25 January 2018
Time: 10.00 am
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No

GENERAL BUSINESS

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

To receive any declarations of interest from Members of the Health and Wellbeing Board.

3. MINUTES 1 - 10

The Minutes of the meeting of the Health and Wellbeing Board held on 21 September 2017 to be signed by the Chair as a correct record.

ITEM FOR CONSULTATION

4. TAMESIDE AND GLOSSOP PROPOSAL FOR EFFECTIVE URGENT CARE 11 - 34

To consider the attached report of the Interim Director of Commissioning and Programme Director (Care Together).

ITEMS FOR DISCUSSION / DECISION

5. TAMESIDE AND GLOSSOP CARE TOGETHER ECONOMY 2017/18 FINANCIAL MONITORING REPORT / BETTER CARE FUND MONITORING REPORT 35 - 64

To consider the attached report of the Director of Finance.

6. CARE TOGETHER UPDATE 65 - 72

To consider the attached report of the Interim Director of Commissioning and Programme Director (Care Together).

ITEMS FOR NOTING / INFORMATION

7. PUBLIC HEALTH ANNUAL REPORT 73 - 96

To consider the attached report of the Director of Population Health.

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

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8.	**TAMESIDE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**	97 - 146
	To consider the attached report of the Independent Chair, Tameside Safeguarding Children Board.	
9.	**TAMESIDE ADULT SAFEGUARDING PARTNERSHIP ANNUAL REPORT**	147 - 176
	To consider the attached report of the Independent Chair, Tameside Adult Safeguarding Partnership Board.	
10.	**ADULT SOCIAL CARE TRANSACTION**	177 - 180
	To consider the attached report of the Director of Adult Social Care.	
11.	**DEVELOPING AGE FRIENDLY COMMUNITIES**	181 - 186
	To consider the attached report of the Director of Adult Social Care.	
12.	**HEALTH AND WELLBEING BOARD FORWARD PLAN 2017/18**	187 - 188
	To receive the attached report of the Director of Population Health.	
13.	**URGENT ITEMS**	
	To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	
14.	**DATE OF NEXT MEETING**	
	To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 8 March 2018.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

TAMESIDE HEALTH AND WELLBEING BOARD

21 September 2017

Commenced: 10.00 am **Terminated: 12.00 pm**

PRESENT: Councillor Kieran Quinn (Chair) – Executive Leader, Tameside MBC
Councillor Gerald P Cooney – Executive Member (Healthy and Working)
Dr Alan Dow – Chair, Clinical Commissioning Group
Superintendent Neil Evans _ Greater Manchester Police
Ben Gilchrist – Action Together
Dr Christina Greenhough – Clinical Vice Chair & Lead for Mental Health, CCG
Councillor Allison Gwynne, Executive Member (Clean and Green)
Angela Hardman – Director of Population Health
Dean Howard – Divisional Commander, Greater Manchester Police
Karen James – Chief Executive, Tameside and Glossop Integrated Care Foundation Trust
Phil Nelson – Borough Commander, GM Fire and Rescue Service
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer for Tameside and Glossop CC
Tony Powell – Deputy Chief Executive, New Charter
Paul Starling – Borough Commander, GM Fire and Rescue Service
Councillor Brenda Warrington – Tameside MBC
Liz Windsor-Welsh – Action Together

IN ATTENDANCE: Kathy Roe – Director of Finance
Debbie Watson – Interim Assistant Director of Population Health
Paul Pallister – Assistant Chief Operating Officer and Company Secretary, CCG
Anna Moloney – Consultant in Public Health
Gideon Smith – Consultant in Public Health Medicine

APOLOGIES: David Niven – Independent Chair, Tameside Safeguarding Children's Board
Julie Price – Department of Work and Pensions
Andrew Searle – Independent Chair, Tameside Adult Safeguarding Partnership Board
David Swift – Lay Member for Governance, CCG
Mark Tweedie – Chief Executive, Active Tameside

12. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by members of the Board.

13. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 29 June 2017 were approved as a correct record.

14. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

Consideration was given to a report of the Deputy Director of Commissioning describing a vision for Intermediate Care in Tameside and Glossop for support to be delivered at home wherever possible. The model should include an element of bed-based care, have clear links with the Integrated Neighbourhoods (including the Extensivists), a robust model for hospital discharge

planning and be able to offer a response to urgent care requests. The outcomes expected for a model of Intermediate Care were highlighted as follows:

- Maximising independence;
- Preventing unnecessary hospital admissions;
- Preventing unnecessary admissions to long term residential care;
- Following hospital admissions, optimising discharges to usual place of residence.

It was explained that the 'Home First' model, detailed in the report, ensured that people were supported through the most appropriate pathway with care provided in the home always being the preferred option. However, it was recognised that not all individuals' intermediate care needs could be managed safely in their own home. In some cases there was a need for a community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home without going into hospital. Tameside and Glossop Integrated Care Foundation Trust had identified four core interfaces where services were provided to patients making up the Intermediate Care Model:

- Integrated Neighbourhood Services;
- Intermediate / Specialist Community Bed Based Services;
- Community Bed Setting; and
- Acute Hospital Setting.

Particular reference was made to the options for delivery of bed based intermediate care and the identification of three options for the delivery of a flexible community bed base as follows:

- Option 1 – Maintain the current status;
- Option 2 – Use of available 96 bed facility and co-location of all intermediate and community beds as 'flexible bed base' model (Stamford Unit, Darnton House);
- Option 3 – Stimulation of the market to develop a single / multi-location base.

It was noted that Option 2 was the preferred option from the assessment carried out by the Single Commission and the Integrated Care Foundation Trust and the reasons were highlighted in detail in the report. Alongside the ongoing development and delivery of the Integrated Neighbourhoods and intermediate tier services and the implementation of the Home First model Option 2 proposed that the community beds should be located in single location in order to utilise the resource flexibly to meet the needs of people in Tameside and Glossop. Offering services from a single site provided the opportunity for a more holistic, flexible and skilled workforce. Staffing resources would be focused on one site so able to work across and with a wide range of conditions, providing resilience and responsiveness.

If the preferred option was implemented with intermediate care provided in one central location in the Stamford Unit, the Integrated Neighbourhood and specialist services would provide Glossop with a community based offer of care in addition to the service provided by the Stamford Unit.

In conclusion, it was reported that the consultation process had commenced on 23 August 2017 and would run for 12 weeks until 15 November 2017.

AGREED
That the decision of the Single Commissioning Board, at its meeting on 22 August 2017, to approve a model for Intermediate Care in Tameside and Glossop outlined in the attached report and agreement to consult on three options with option 2 as the preferred option for the Single Commission and the Integrated Care Foundation Trust, be noted.

15. 2017/18 FINANCIAL MONITORING REPORT AT 31 JULY 2017

The Director of Finance, Single Commission, presented a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the consolidated financial position of the

economy for 2016/17. A summary of the Tameside and Glossop Integrated Care NHS Foundation Trust was also included within the report to ensure Members had an awareness of the overall financial position of the whole Care Together economy.

The Director of Finance stated that the Clinical Commissioning Group was reporting that all financial control totals would be met. However, there was significant risk attached to the Quality, Innovation, Productivity and Prevention programme which was forecast £5.6m shortfall to plan. Overall the value of planned savings had reduced the majority of which related to continuing health care and elective services. Under the terms of the Integrated Commissioning Fund financial framework, a non-recurrent contribution of c£5m could be accessed from Tameside Council reserves towards the finance position of the Clinical Commissioning Group in 2017/18. This would need to be repaid within a 4 year period.

Children's Services remained a high risk area. The majority of the projected additional net expenditure related to placements within the independent sector provision of £5m. It was currently estimated that on average there would be an additional 68 children in need of external placement provision above the number of placements estimated when the 2017/18 budget was approved by the Council in February 2017. In addition, the average cost of some external placements had increased since the budget was approved and this equated to a projected increase of £0.6m in the current financial year.

The Integrated Care Foundation Trust was still working to a deficit of £24.5m for 2017/18. This had yet to be greed by NHS Improvement and efficiencies of £10.4m were required in order to meet this control total. The Trust had agreed with NHS Improvement, due to the volatility of risk, that a detailed forecast would be presented at Month 6 and the Trust was developing an action plan to mitigate risk of delivery. However, this was affecting the Trust's eligibility to access the targeted element of Sustainability and Transformation funding as providers must have accepted an agreed control total.

The Health and Wellbeing Board expressed its discontent at this positon and the Trust not being able to access Sustainability and Transformation funding which was now affecting transformation plans. It was agreed that a letter be sent to Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership in these terms.

RESOLVED

(i) That the 2017/18 consolidated financial positon of the economy at 31 July 2017 and the projected outturn position at 31 March 2018 be noted.

(ii) That the significant level of savings required during 2017/18 to achieve sustainability of the economy on a recurrent basis thereafter be acknowledged.

(iii) That the significant amount of financial risk associated with the achievement of financial control totals during this period.

(iv) That a letter be sent to Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, expressing the Board's concerns regarding the Trust not being able to access the targeted element of Sustainability and Transformation funding which was now affecting transformation plans.

16. 2017/19 BETTER CARE FUND PLAN

The Director of Finance made reference to the Better Care Fund where the total spend had been in line with budgets and reported to NHS England via the Health and Wellbeing Board. The monitoring statement was appended to the report.

RESOLVED

That the 2017/19 Better Care Fund Plan submission be approved.

17. CARE TOGETHER UPDATE

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) and Programme Director, Tameside and Glossop Care Together, providing the Health and Wellbeing Board with an update on progress on the implementation since the last presentation. This included developments with the Greater Manchester Health and Social Care Partnership and the Programme Management Office.

In particular, reference was made to the Single Commissioning Function and it was explained that at its meeting on 27 July 2017, the Tameside and Glossop Clinical Commissioning Group's Governing Body considered a report proposing revisions to its governance. The main driver for the review was the recognition that the governance arrangements for the Single Commission were maturing and there was a need to ensure duplication was minimised. The Governing Body was of the opinion that the recommendations strengthened the clinical leadership within the Strategic Commission and Clinical Commissioning Group, reducing some capacity back into the system through a reduction in the frequency of some meetings, and represented good value for the public purse. The new Governance Structure was attached to the update report at Appendix A and the new Clinical Leadership Structure at Appendix B.

RESOLVED

(i) That the updates outlined in the report be noted.

(ii) That the proposed changes within the Clinical Commissioning Group governance and clinical leadership structures be noted.

(iii) That a further update report be received at the next meeting.

18. INFLUENZA UPDATE AND SYSTEM RESPONSE

Consideration was given to a report of the Director of Population Health explaining that national guidance for the seasonal flu campaign 2017/18 had been issued. The success of the seasonal flu programme was dependent on the collaboration of many stakeholders across the Greater Manchester and local health and social care system. The role of targeted communications was pivotal to the success of the flu campaign. The Tameside and Glossop Clinical Commissioning Group performance for the 2016/17 seasonal flu performance was summarised. The main conclusions from the annual seasonal flu debrief were highlighted with the ambition of increasing flu vaccination uptake during the 2017/18 programme.

Members of the Health and Wellbeing Board discussed performance improvement. An annual flu debrief occurred at the conclusion of the season when Public Health England performance reports were released to localities. The essence of action for all stakeholders involved was effective continuous communication to promote awareness of the vaccination among at risk groups, their carers and frontline health and social care staff. Primary care colleagues had received information on performance at a practice, neighbourhood and locality level. A key strategy was to reduce the variation seen among practices and promote continuous improvement in stakeholder forums. The national change to include children in reception class within the schools programme had been welcomed and it was anticipated this would significantly improve uptake in 4 to 5 year olds.

RESOLVED

That the local performance for the 2016/17 seasonal flu programme, arrangements for the 2017/18 flu immunisation programme and the relationship between programme success and winder preparedness planning be noted.

19. TAMESIDE HEALTH AND EMPLOYMENT

Consideration was given to a report of the Head of Employment and Skills advising that Devolution had presented Greater Manchester with the opportunity and ability to deliver improved health

outcomes by supporting people to contribute and connect to growth. The report provided the Health and Wellbeing Board with an update following last year's report outlining the major employment initiatives in Tameside and the current success, progress and opportunities to integrate with health services. He briefly outlined activity that had taken place to improve service delivery and outcomes for health and employment:

In addition, the Work, Health and Disability Green Paper released in early 2017 had provided impetus for new approaches in relation to Jobcentre Plus and work was continuing to improve a partnership approach to develop a response including effective management and processing of benefit claims to provide the best possible wrap-around support for an individual.

In terms of next steps, the delivery of the key activity summarised below and detailed in the implementation plan was highlighted:

- Managing the delivery of the Tameside Health and Employment Implementation Plan through the Strategy Group including the review of contracts and developing an integrated approach with Health Integrated Neighbourhood Teams and Self-Care model.
- Preparing for the delivery of the Working Well Early Help programme with GPs in the Hyde Neighbourhood for implementation in November 2018.
- Implementing the External Local Signposting Organisation referral route for the Working Well Work and Health Programme with GPs in the Hyde Neighbourhood for implementation in February 2018.
- Implementing the Working Well Work and Health Programme from February 2018.

The Chair welcomed Mat Ainsworth, Assistant Director of the Greater Manchester Combined Authority, who gave an accompanying presentation on the development of an integrated work and health system for Greater Manchester and an update on the Greater Manchester Working Well programme. He outlined the complex barrier to work which needed to be addressed and individually tailored packages of support were available for each person taking part in the scheme to ensure these were tackled at the right time, in the right order by the right people. Talking therapies had been commissioned to support those with a mental health barrier to work and the early signs were positive.

RESOLVED

(i) That the employment initiatives taking place in Greater Manchester and Tameside recognising the work that had taken place to date to integrate work, skills and health services be noted.

(ii) That the development and delivery of the Health and Employment Implementation Plan and pilots, programmes and approaches detailed in the report to deliver work, skills and health integration in Tameside developed alongside Greater Manchester models be supported.

20. MENTAL HEALTH AND WELLBEING

Consideration was given to a report of the Director of Population Health / Head of Mental Health and Learning Disabilities, Tameside and Glossop CCG / Consultant in Public Health Medicine, providing the Health and Wellbeing Board with an update on mental health commissioning highlighting the key strategic national and regional drivers and how this has impacted on local mental health service delivery. The report covered the following areas:

- Adult mental health;
- Children and young people transformation;
- Public Mental Health.

It was explained that metal illness was the largest single cause of disability and represented 23% of the national disease burden in the UK. It was the leading cause of sickness absence in the UK,

accounting for 70 million sick days in 2013. However, there was a very significant overall treatment gap in mental health care in England, with about 75% of people with mental illness receiving no treatment at all. There was an unacceptably large premature mortality gap as people with mental illness died on average 15-20 years earlier than those without, often from avoidable causes.

Reference was made to data contained in the report giving a brief indication of need and outcomes associated with mental health in Tameside. Attendances at A&E and admissions for mental health conditions were higher locally compared to the North West and England averages. The data also demonstrated that inequality existed between people with mental ill health and the general population. If people with mental ill health experienced the same mortality rates as the general population, there would be zero excess deaths.

There was a greater need for mental health support in Tameside as described by the lower levels of self-reported wellbeing and high hospital admissions and attendances. There was also great inequality experienced by people with mental health. In addition, suicide rates, particularly amongst men, had been rising in recent years but were comparable to those seen over a longer period of time.

In terms of local spend on mental health, latest information showed that NHS Tameside and Glossop forecast a spend of £37.8m on mental health during 2017/18 and Tameside MBC to spend just under £4.5m.

The overarching Greater Manchester ambition for Mental Health was described within the Greater Manchester Health and Wellbeing Strategy and the governance framework for development and implementation of Greater Manchester Health Strategies was set out in Appendix 4 to the report. Further extracts from the strategy such as the plan on a page, financial impacts of proposed interventions, and economic impact of mental ill health was contained in Appendices 1, 2 and 3 to the report.

In relation to the local approach to mental health, the Tameside and Glossop Locality Plan set out the ambition for transforming local services and recognised that poor mental health and wellbeing had a significant impact on individuals, families and communities and that low mental wellbeing was associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions. The Single Commissioning Board and the Local Executive Group had agreed the Integrated Commissioning to Improvement Mental Health Outcomes Proposal ensuring that all additional investment was aligned to support transformation and meet the Five Year Forward View targets.

RESOLVED
That the strategic drivers for mental health service development and the progress that had been made locally in prevention and early intervention, treatment and recovery delivery models be noted.

21. TAMESIDE STATE OF THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR RESEARCH 2017

The Deputy Chief Executive, Action Together, presented a report on the main findings of research aimed at improving the understanding of the social and economic impact of the voluntary, community and social enterprise sector in Tameside. The research had been commissioned by Action Together as part of 10GM (joint venture by the Greater Manchester Voluntary Sector Infrastructure Organisations) and undertaken by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The key objective of the research was to provide a comprehensive overview of the sector in Tameside at the start of 2017.

In summary, the following was highlighted:

- There were an estimated 1,167 organisations working in the voluntary, community and social enterprise sector in Tameside;
- 68% were micro organisations with an annual income of under £10,000;
- £115m was the total value of the overall contribution of both volunteers and employees to Tameside;
- Total income in 2014/15 of the sector was estimated to be £52m, an increase of 1% compared to 2013/14;
- 81% of organisations had at least one source of non-public sector funds, bringing significant added value;
- 45% of organisation now had less than three months running costs in reserves;
- 34,000 volunteers (including committee/board members) giving 83,400 hours each week, valued at £75.5m per year;
- 2,000 total employees in the sector (1,300 full time equivalent paid staff) whose contribution was valued at £39.9m per year;
- 91% had some direct dealings with other voluntary, community and social enterprise organisations, 74% with Tameside Council and 57% with private businesses;
- 1.5m interventions were made with beneficiaries in the past year.

The Health and Wellbeing Board welcomed the report and acknowledged the contribution of many employees and volunteers from across the voluntary, community and social enterprise sector who took the time to participate in the focus groups and survey. The research provided a comprehensive overview of the sector in Tameside for partners to draw upon and further strengthen and support the considerable contribution of the sector.

RESOLVED

(i) That the research findings be noted.

(ii) That these materials be shared with other leaders and professionals to raise awareness about the voluntary, community and social enterprise sector.

(iii) That sustained and co-ordinated leadership be provided to ensure continued support for, and partnership with, Tameside's voluntary, community and social enterprise sector.

(iv) That this evidence of Tameside's active and vibrant communities and strong base for community action be recognised and celebrated.

(v) That consideration be given on investment, both short and long term, in the voluntary, community and social enterprise sector's sustainability given the significant and increasing number of groups and organisations using their reserves.

22. COMPACT: RELATIONSHIP WITH PEOPLE, COMMUNITIES AND THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE SECTOR

Consideration was given to a joint report of the Director of Population Health and the Chief Executive Officer of Tameside Action Together introducing new work about to commence to establish a new and progressive way of working between statutory organisations and the voluntary, community, faith and social enterprise sector. This was key to the success of ambitions for both health and social care reform and wider public sector reform.

It was important to note that a number of the transformation programmes associated with Care Together relied heavily on the voluntary, community, faith and social enterprise sector. As such their success would be enabled by a consistent set of principles, values and ultimately actions that traversed the approach taken by all agencies in Tameside and Glossop underpinned by an expectation of partnership and collaboration.

Achieving this new relationship would require clear leadership, governance and accountability and it was proposed that a cross sectoral leadership group be established, jointly chaired by a representative from the voluntary, community, faith and enterprise sector and a representative from the statutory sector.

In terms of next steps, the following key actions and milestones would ensure this work progressed and achieved its stated aims:

- Establish the leadership group and agree terms of reference, scope and activity milestones;
- Facilitate engagement from across public agencies and the voluntary, community, faith and social enterprise sector (Tameside and Glossop) to establish the shared ambitions and agree principles;
- Agree work streams and begin work in practice to address priority area;
- Leadership group to meet bi-monthly to review progress, identify and resolve system blockers;
- Report back progress to identified governance forums including the Health and Wellbeing Board.

RESOLVED

(i) That the content of the report be noted.

(ii) That the ambitions of the work / approach detailed in the report be endorsed.

(iii) That agreement be given for the relevant senior personnel from statutory organisations to participate in the development of agreed principles detailing commitments.

(iv) Commitment from senior personnel across key agencies to join the Leadership Group to ensure progress was made and system blockers identified and resolved.

23. GREATER MANCHESTER CANCER PLAN – STOCKTAKE FOR TAMESIDE AND GLOSSOP

Consideration was given to a report of the Director of Population Health advising that the Tameside and Glossop Cancer Board, led by Tameside and Glossop Integrated Care Foundation Trust with membership from the Single Commission, had developed a comprehensive implementation plan.

A detailed working action plan had been developed by the project manager to support the work of the local working group and progress was report to the Tameside and Glossop Cancer Board.

An update on the current local position and next steps required to deliver the contributions required in the locality specific plan were detailed in Appendix 1 and Appendix 2 to the report.

RESOLVED

(i) That the progress to date with the local implementation of the Greater Manchester Cancer Plan be noted.

(ii) That the local action summaries outlined in Appendix 1 and Appendix 2 to the report be endorsed.

(iii) That further progress reports be received.

24. GREATER MANCHESTER TOBACCO STRATEGY

The Interim Assistant Director of Population Health presented a report explaining that the development of the Strategy, a copy of which was appended to the report, had been led by the Population Health Transformation team of the Greater Manchester Health and Social Care Partnership on behalf of the Greater Manchester Cancer Board which followed on from the work undertaken with the Greater Manchester Tobacco Control Leaders' Network led by Steven Pleasant.

The Strategy had been informed by the best international as well as local evidence and had been subject to an extensive consultation and engagement period. It set out Greater Manchester's ambition to reduce smoking in the population by one third by 2021. This would result in

115,000fewer smokers supporting a tobacco free generation and ultimately helping to make smoking history.

The new tobacco control programme supported the aims of the wider Population Health Plan and the Greater Manchester Cancer Plan, as well as contributing to the far wider public service reform agendas. A transformative programme of work delivered in collaboration across the system would include a range of innovative and evidence based interventions.

To turn the Strategy into action, a delivery plan for the potential initiatives outlined in the Strategy would be developed in sufficient detail to enable a stakeholder supported and implementable programme of work. A transformation funding proposal would also be developed including full cost benefit analysis and matched / alternative funding proposals.

RESOLVED
That the Tobacco Greater Manchester Strategy be endorsed.

25. HEALTH AND WELLBEING BOARD FORWARD PLAN 2017/18

Consideration was given to report of the Director of Public Health, Business Intelligence and Performance outlining the forward plan 2017/18 designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects identified as priorities.

RESOLVED
That the content of the forward plan 2017/18 be noted.

26. URGENT ITEMS

The Chair advised that there were no urgent items for consideration at this meeting.

27. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board would take place on Thursday 25 January 2018 commencing at 10.00 am. It was also noted that a Health and Wellbeing Board Development Session had been arranged for Thursday 16 November 2017.

CHAIR

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Report to: **HEALTH AND WELLBEING BOARD**

Date: 25 January 2018

Board Member / Reporting Officer: Jessica Williams, Interim Director of Commissioning and Programme Director (Care Together)

Subject: **TAMESIDE AND GLOSSOP PROPOSAL FOR EFFECTIVE URGENT CARE**

Report Summary:

The proposal for effective urgent care was considered at Single Commissioning Board on 31 October 2017 and approval was given to move to formal consultation. This report provides an update on the consultation that started on 1 November 2017 and continues until 26 January 2018 and sets out the meetings scheduled with interested parties.

There are two options for the delivery of the Integrated urgent care service. Both create an Urgent Treatment Centre based at the hospital site open 12 hours a day, seven days a week from 9 am to 9 pm. This will offer bookable, same day/urgent and routine general practice appointments and walk in access for urgent care. The options vary in the number of Neighbourhood Care hubs where bookable appointments can be made and when those hubs will be open.

Option 1

	Opening Hours		Access	
	Weekday	**Sat and Sun**	**Booked appointments**	**Walk-in**
Urgent Treatment Centre	9am to 9pm	9am to 9pm	Yes	Yes
North Hub	6.30pm to 9pm	9am to 1pm	Yes	No
South Hub	6.30pm to 9pm	9am to 1pm	Yes	No
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No

Option 2

	Opening Hours		Access	
	Weekday	**Sat and Sun**	**Booked appointments**	**Walk-in**
Urgent Treatment Centre	9am to 9pm	9am to 9pm	Yes	Yes
North Hub	6.30pm to 9pm	None*	Yes	No
South Hub	6.30pm to 9pm	None*	Yes	No
West Hub	6.30pm to 9pm	None*		
East Hub	6.30pm to 9pm	None*		
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No

	* Able to book appointments at the Urgent Treatment Centre in Ashton or at Glossop Neighbourhood Care Hub As of 16:00 on Tuesday 9 January 2018, 284 surveys have been submitted, 1% were entirely blank and 7% only answered question 1. 89% of respondents indicated they were registered with a GP in Tameside and Glossop. Respondents include people with caring responsibilities and people whose day-to day activities were limited because of a health problem or disability. The age profile of those who provided their age ranges from 28 to 93. Of those that described their gender around 70% used female and 26% male. Around 92% of those providing an Ethnic group stated White - English / Welsh / Scottish / Northern Irish / British. Previous usage of service accessible in Tameside and Glossop for an urgent need suggests most respondents are aware of the support available to them locally. The majority of respondents who have stated a preference preferred Option 2 as 63% stated Option 2 and 37% Option 1. Of those who chose option 2, 27% mentioned a positive impact on local services in their response, 27% mentioned an increase in choice of service or location in their response and 18% thought option 2 might have a positive impact on the availability of appointments. Of those who chose option 1, 3% believed it had better weekend availability and 8% thought option 1 might have a positive impact on the availability of appointments. The survey will continue to be analysed and used to inform the final proposal that will be presented for decision to the Single Commissioning Board and Primary Care Committee in March.
Recommendations:	This report is for information only.
Links to Health and Wellbeing Strategy:	Aligns with Living Well and Aging Well.
Policy Implications:	This report describes the process of engagement and consultation that is being followed to develop the integrated urgent care service. The Care Together programme is focused on the transformation of the health and social care economy to improve healthy life expectancy, reduce health inequalities and deliver financial sustainability. This work is a critical part of the programme.

Financial Implications: **(Authorised by the Section 151 Officer)**	Until consultation is completed and a decision on the chosen option is known, it is not possible to finalise costs. Both proposed options are within the funding envelope and therefore deemed affordable and expected to deliver efficiencies. The urgent care proposals within this report sit within the context of the local economy optimising the use and impact of all the urgent care funding available. Further efficiencies are expected from streamlining services and removing duplication to drive improved outcomes for Tameside and Glossop residents.
Legal Implications: **(Authorised by the Borough Solicitor)**	An open and transparent consultation process is required to attract maximum public engagement in order to ensure the public sector equality duty has been complied with. This should be reflected in the Equality Impact Assessment, which decision makers must have due regard to before making any decision.
Risk Management :	This programme will be managed via the Care Together Programme Management Office and therefore the risks will be reported and monitored via this process
Access to Information :	The background papers relating to this report can be inspected by contacting  Telephone:0161 342 5615  e-mail:elaine.richardson@nhs.net

1. INTRODUCTION

1.1 The proposal for effective urgent care was considered at Single Commissioning Board on 31 October 2017 and approval was given to move to formal consultation. This report provides an update on the consultation, summarises the proposal and sets out the process for the final decision on the future model for urgent care.

2. CONSULTATION PROCESS

2.1 The consultation started on 1 November 2017 and continues until 26 January 2018. GPs, Practice Managers and Practice Participation Group Chairs along with Patient Neighbourhood groups were all notified by email of the start of the consultation and provided the link to the website http://www.tamesideandglossopccg.org/get-involved/urgent-care-consultation on which all related documents can be found. Councillors, MPs, representative voluntary groups and other key providers were also notified and asked to encourage involvement in the consultation.

2.2 Press releases have been issued to the following to promote the consultation:

Mossley Correspondent;
BBC Radio Manchester;
Probash Bangla news;
Revolution radio;
High Peak radio;
Tameside Reporter;
In & Around Tameside magazine;
Key 103;
Glossop Chronicle;
Manchester Evening News;
BBC News online;
Granada Reports;
About Tameside magazine;
Your Tameside magazine.

2.3 The Big Conversation online (consultation and engagement) community members (249) were directly emailed about the Urgent Care Consultation and the Big Consultation website promotes the consultation.

2.4 Social media activity posted on the Tameside Council, Tameside and Glossop Clinical Commissioning Group, and Care Together social media accounts started on 15 November and is summarised in **Appendix 1**.

2.5 Meetings with interested parties have taken place throughout the consultation period. Alongside specific meetings such as Town Councils, Neighbourhood Meetings, Patient Neighbourhood Groups and community groups, three public meetings have been scheduled one in Droylsden, one in Ashton and one in Glossop.

2.6 The current schedule of meetings (**Appendix 2**) is being updated as community groups respond to the offer of us attending their meetings to explain the consultation.

2.7 Work is on-going with the Voluntary, Community and Faith Sector to promote awareness of the consultation, identify any impacts the proposal may have on particular groups and develop solutions to mitigate any negative impacts.

2.8 Feedback from any meetings will be collated along with the survey results and used to inform the final proposal.

3. CONSULTATION MATERIAL

3.1 There are a range of materials (attached) on the website that set out what the proposal is and provide answers to questions that may be asked. The Frequently Asked Questions will be updated on a regular basis with any new questions raised through meetings or the survey.

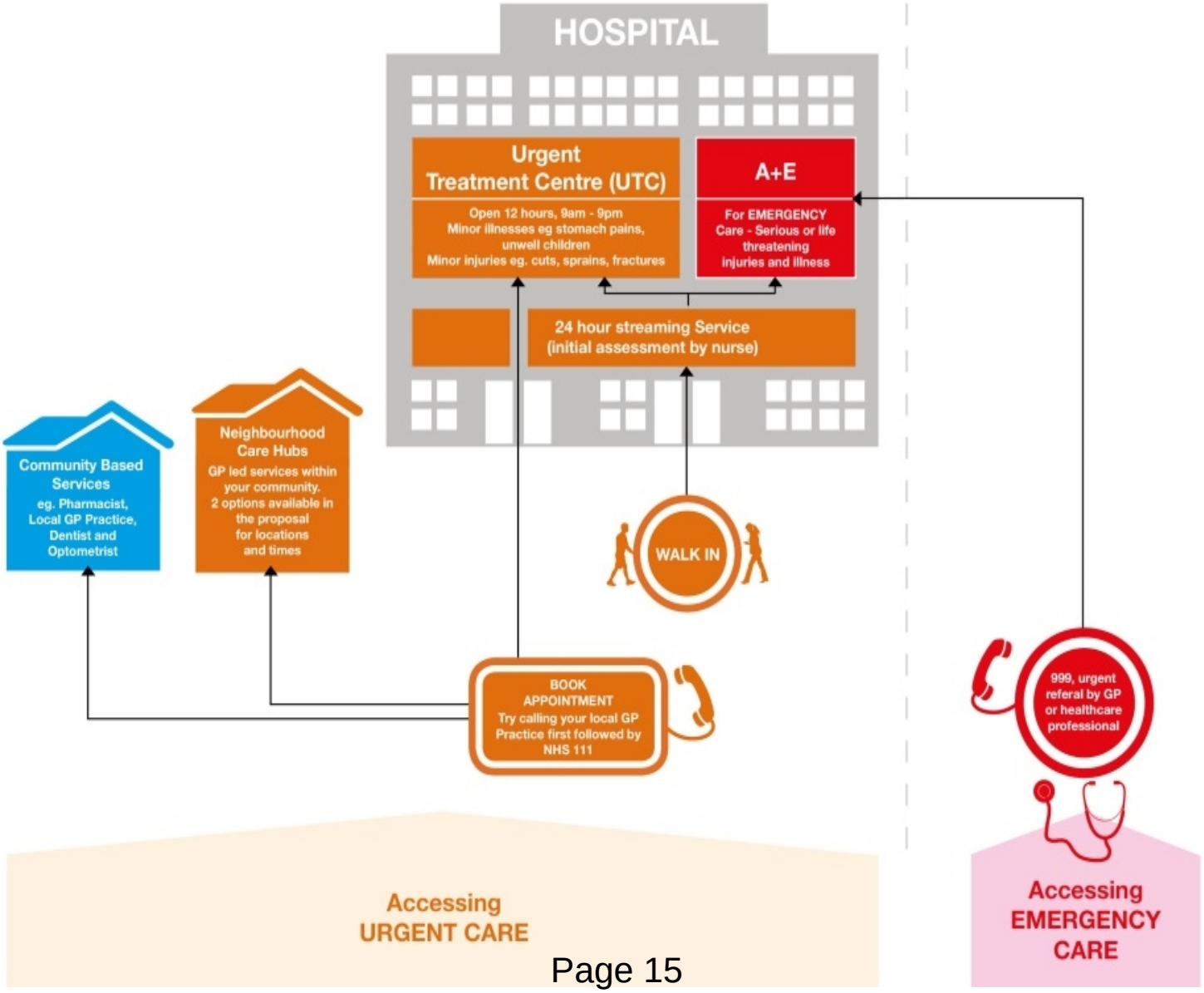
3.2 Practices and public centres such as libraries have been provided with paper copies of the survey for people who prefer not to access via the internet.

4. THE PROPOSAL

4.1 The proposed integrated urgent care service will ensure people are seen by the right professional in the right place to meet their need. It builds on the trusted relationship with GPs making practices the key point of access for advice and treatment. Through the practice, Out of Hours service or NHS 111 people will be able to book appointments seven days a week in the most appropriate Primary Care service.

4.2 Walk in access will be maintained but the proposal moves the Walk-in Service at Ashton Primary Care Centre (APCC) to the hospital to create an Urgent Treatment Centre that is co-located with A&E and able to provide Primary Care services and access to diagnostics.

4.3 The diagram below summarises the proposed model.



4.4 There are two options for the delivery of the new urgent care service. Both create an Urgent Treatment Centre based at the hospital site open 12 hours a day, seven days a week from 9 am to 9 pm. This will offer bookable, same day/urgent and routine general practice appointments and walk in access for urgent care.

4.5 The options vary in the number of Neighbourhood Care hubs where bookable appointments can be made in addition to the Urgent Treatment Centre and when those hubs will be open.

4.6 These options are shown below:

Option 1

	Opening Hours		Access	
	Weekday	**Sat and Sun**	**Booked appointments**	**Walk-in**
Urgent Treatment Centre	9am to 9pm	9am to 9pm	Yes	Yes
North Hub	6.30pm to 9pm	9am to 1pm	Yes	No
South Hub	6.30pm to 9pm	9am to 1pm	Yes	No
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No

Option 2

	Opening Hours		Access	
	Weekday	**Sat and Sun**	**Booked appointments**	**Walk-in**
Urgent Treatment Centre	9am to 9pm	9am to 9pm	Yes	Yes
North Hub	6.30pm to 9pm	None*	Yes	No
South Hub	6.30pm to 9pm	None*	Yes	No
West Hub	6.30pm to 9pm	None*	Yes	No
East Hub	6.30pm to 9pm	None*	Yes	No
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No

* Able to book appointments at the Urgent Treatment Centre in Ashton or at Glossop Neighbourhood Care Hub

4.7 Both options have:

- Additional bookable appointments at the hospital based Urgent Treatment Centre;
- The option of an appointment on the hospital site for patients that are likely to need additional hospital based care e.g. diagnostics or a period of observation;
- A single location for walk in access that removes the need for the person attending to 'self-triage' and decide if their need requires A&E or could be better managed in urgent care;
- increased patient safety for people who walk in through direct transfer to A&E and hospital based care when required
- Access to urgent diagnostics

5. CONSULTATION ANALYSIS

5.1 As of 16:00 hours on Tuesday 9 January 2018, 284 surveys have been submitted however 1**%** were entirely blank and 7% of respondents only answered question 1, whether they are registered with a GP in Tameside and Glossop, and then no further questions.

5.2 89**%** of respondents indicated they were registered with a GP in Tameside & Glossop and 97% of remaining 11% said they were registered with a GP in another area.

5.3 Respondents include people with caring responsibilities and people whose day-to day activities were limited because of a health problem or disability.

5.4 The age profile of those who provided their age ranges from 28 to 93 with the majority of respondents who stated an age being between 40 and 59 years.

Registered with	Age Range (years of Age)			
	18 to 39	**40 to 59**	**60 to 69**	**70 and over**
Tameside and Glossop	54	72	36	15
Other Clinical Commissioning Group	1	9	2	1
Total	**55**	**81**	**38**	**16**

5.5 Of those that described their gender around 70% used female and 26% male. Around 92% of those providing an Ethnic group stated White - English / Welsh / Scottish / Northern Irish / British.

5.6 The analysis of the demographic data is also being used to identify if we need to meet with any specific groups to ensure representative feedback from the whole of Tameside and Glossop. We have asked several groups for specific support and are awaiting responses.

5.7 Previous usage of service accessible in Tameside and Glossop for an urgent need suggests most respondents are aware of the support available to them locally and reinforces earlier analysis that Neighbourhood based services are well used.

NHS 111	NHS Choices	Pharmacies	MECS	GP	Out of hours	Walk-In Service	Accident & Emergency
60%	45%	87%	39%	94%	52%	69%	80%

5.8 Usage responses will be analysed alongside postcode data to identify if residents of specific geographical areas appear to routinely use out of area services. The response level by geographic area is shown below.

Geographical Area	% of surveys
North Neighbourhood: Ashton	10.6
West Neighbourhood: Denton, Droylsden, Audenshaw	12.7
East Neighbourhood: Stalybridge, Dukinfield, Mossley	14.8
South Neighbourhood: Hyde and Longdendale	12.3
Glossopdale Neighbourhood	7.4
Tameside and Glossop but partial code only so specific neighbourhood cannot be identified	10.2
No postcode, or a postcode outside of the Tameside and Glossop CCG	32.0

5.9 At this stage the majority of respondents who have stated a preference preferred Option 2 as 63% stated Option 2 and 37% Option 1.

5.10 Of those who chose option 2 (Five Neighbourhood Care Hubs):

27% mentioned a positive impact on local services in their response;
27% mentioned an increase in choice of service or location in their response;
18% thought option 2 might have a positive impact on the availability of appointments.

5.11 Of those who chose option 1 (Three Neighbourhood Care Hubs): 3% believed it had better weekend availability and 8% thought option 1 might have a positive impact on the availability of appointments.

5.12 3% of respondents alluded to an alternative option that would have a positive impact on local services. Also 3% of respondents mentioned reducing the misuse of services.

5.13 The final report will show both the option preferred by the majority of respondents and the key criteria that people used when making their preferred option. These will be used to ensure that every attempt can be made to mitigate any negative impacts highlighted in the consultation.

5.14 When commenting on the relocation of the Walk-in–service 13% of respondents thought the relocation would have a positive impact on local services and 14% thought the relocation would have a negative impact on local services.

5.15 13**%** of respondents mentioned a positive impact on the distance they would have to travel if the walk in service was relocated, i.e. the Tameside Hospital site is nearer to them than Ashton Primary Care Centre.

5.16 Detailed analysis of the impacts along with the work that will be undertaken to mitigate any negative impacts will be set out in the final report.

6. DECISION MAKING PROCESS

6.1 All the feedback received during the consultation will be collated and analysed and used to refresh the Equality Impact Assessment presented with the request to consult and inform the final proposal which will be presented to the Single Commissioning Board and the Primary Care Committee in March 2018 for dual approval.

6.2 It is anticipated that the initial implementation of the final proposal will take place in July 2018.

Appendix 1

Urgent Care Consultation Digest – 15th November 2017 – 7th January 2018

External Communication

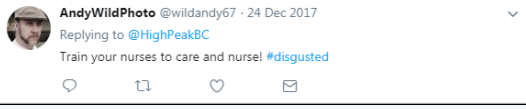
Newspapers

Articles on the Tameside Reporter and Glossop Chronicle websites on 2nd January 2018. The same article also featured in the print edition of the Tameside Reporter on 2nd January 2018.

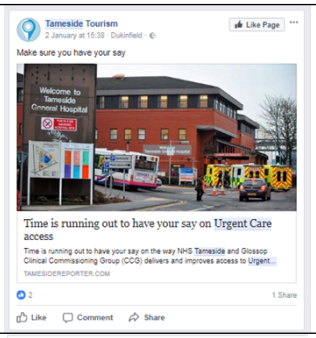
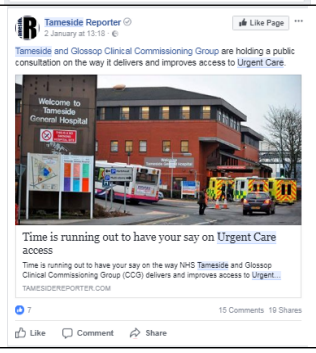
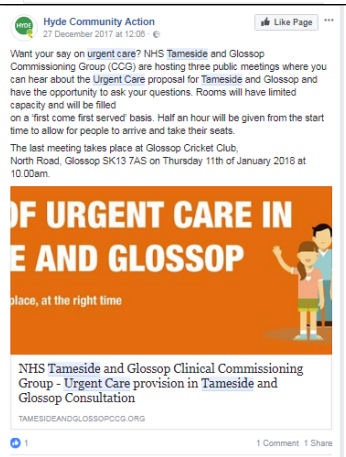
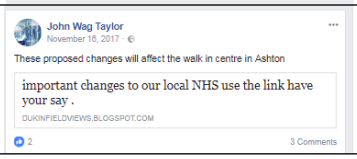
https://glossopchronicle.com/2018/01/time-is-running-out-to-have-your-say-on-urgent-care-access/

https://tamesidereporter.com/2018/01/time-is-running-out-to-have-your-say-on-urgent-care-access/

Twitter

Who	What	When
Tameside Reporter		January 2, 1:15pm
High Peak Borough Council		December 28, 4:25pm December 21, 12:35pm December 19, 4:35pm December 18, 9:30am December 14, 12:30pm December 8, 4:55pm December 6, 12:55pm December 4, 9:15am
AndyWildPhoto (response to High Peak BC tweet)		December 24, 9:04pm
AndyWildPhoto (response to High Peak BC tweet)		December 24, 9:06pm
Padfield Village Residents		November 21, 6:03pm
Councillor John Taylor		November 16, 8:18pm
Ben (reply to Councillor John Taylor)		November 17, 2:32am

Facebook

Who	What	When
Tameside Tourism		January 2, 3:38pm
Tameside Reporter		January 2, 1:18pm
Hyde Community Action		December 27, 12:06pm
High Peak CVS		December 1, 9:52am
Councillor John Taylor		November 16, 8:17pm

Internal Communication

Chief Executive's Brief

Item included in the Chief Executive's Brief (3 November) for all Council staff which includes pension fund and Elected members, all CCG staff, all GPs, Practice Nurses and Practice Managers, CCG Board, ECG Board and Mark Tweedie.

Social Media

Page	Tweets	Comments	Retweets	Likes
Tameside Council Twitter Page	41	0	13	5
T&G CCG Twitter Page	25	1	17	5
Care Together Twitter Page	24	0	7	6

Additional posts will be made on Twitter, Facebook and Instagram as the consultation period continues.

Appendix 2

Urgent Care Consultation Communications & Engagement Work Plan

Group/Meeting	Date of session
Single Commissioning Board	31 Oct 17
Start of consultation	1 Nov 17
Brief GM	Ongoing
E-mail to all stakeholders	Actioned
E-mail to all community groups	Actioned
Email to all GPs	Actioned
Email to all Integrated Neighbourhood Managers	Actioned
Briefing to staff affected – Providers	Actioned
Staff	
Steven's Weekly Brief (TMBC/CCG)	27 Oct 17/8 Dec 17
ICFT – Provider	TBC
GTD – Provider	Actioned
Orbit – Provider	TBC
SCF Governance	
CCG Governing Body Meeting	22 Nov 17
Executive Board - Tameside Council	13 Dec 17
Primary Care Committee	6 Dec 17/3 Jan 18/7 Feb 18
Partner Governance	
ICFT Board Meeting	30 Nov 17
GTD Board Meeting	TBC
Orbit Board Meeting	TBC
GMPEC	24 Oct 17
LOC	TBC
LPC	TBC
LDC	TBC
LMC	13 Nov 17
Pennine Care Board Meeting	n/a
Scrutiny/LA	
Scrutiny - Tameside - Integrated Care	11 Jan 17
Scrutiny - Derbyshire – Health	27 Nov 17
Community Select Committee (High Peak)	29 Nov 17
High Peak and Derbyshire Councillor Briefing	29 Nov 17
HWBB	
HWBB – Tameside	25 Jan 18
HWBB – Derbyshire	7 Dec 17
Patients	
PNG – Glossop	12 Dec 17
PNG – Hyde	TBC
PNG – Ashton	17 Nov 17
PNG -Dukinfield/ Stalybridge/Mossley	TBC
Public representative groups	
Healthwatch Derbyshire	TBC
Healthwatch Tameside	TBC
The Bureau (GVC)	TBC
Action Together	TBC
High Peak CVS	TBC
Council Groups	
Denton Town Council	7 Dec 17
Hyde Town Council	13 Nov 17
Dukinfield Town Council	16 Nov 17

Audenshaw Town Council	7 Nov 17
Mossley Town Council	6 Dec 17
Longdendale Town Council	12 Dec 17
Stalybridge Town Council	6 Dec 17
Ashton Town Council	21 Nov 17
Practices	
GP Target session	16 Nov 17/19 Jan 17
GP Practice Managers	21 Nov 17
Practice Nurse	6 Nov /9 Nov 17
Ashton Neighbourhood meeting	1 Nov 17
Glossop Neighbourhood meeting	30 Nov 17
Hyde Neighbourhood meeting	3 Nov 17
Stalybridge/Mossley Neighbourhood meeting	14 Nov 17
Denton Neighbourhood meeting	7 Nov 17
Millbrook PPG	24 Jan 18
MPs	
MP Briefing	20 Oct 17
Public Consultations	
Ashton	6 Dec 17
Droylsden	5 Dec 17
Glossop	11 Jan 18
Engagement Events with Specific Groups	
Carers rights	24 Nov 17
BME	23 Nov 17
Gamesley Men’s Group	15 Jan 18
Gamesley Ladies Group	25 Jan 18

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URGENT CARE

The right treatment, in the right place, at the right time

OPTIONS FOR THE DELIVERY OF URGENT CARE IN TAMESIDE AND GLOSSOP

URGENT CARE

The right treatment, in the right place, at the right time

Care Together

- Driving up Healthy Life Expectancy
- Reducing Inequalities
- Improving outcomes including patient experience
- Improving financial stability

- Key stakeholders:- NHS Tameside & Glossop CCG, Tameside Metropolitan Borough Council and Tameside & Glossop Integrated Care NHS Foundation Trust

URGENT CARE

The right treatment, in the right place, at the right time

Driving Integrated Care

We will:

- Support local people to remain well
- Provide high quality integrated services designed around the needs of the individual and provided in the most appropriate location
- Equip people to take greater control over their own care needs and the services they receive

URGENT CARE

The right treatment, in the right place, at the right time

What is Urgent Care?

- Any form of medical attention needed on the same day but is not life-threatening
- Includes:
  - injuries,
  - an illness or ailment
  - or any other medical condition where you seek advice from a health professional such as a GP, pharmacist, NHS 111 or a Walk-in-Centre

URGENT CARE

The right treatment, in the right place, at the right time

Our Urgent Care

- Evening and weekend appointments commissioned
- Our current Walk In Centre sees 154 per day, many of whom could self care with support
- Our local A&E sees an average of 236 people a day
- 84 of them are people who have minor needs
- We want A&E to be freed up to care for the sickest people, including older people
- Other services available include Minor Ailments (Pharmacy), Minor Eye Conditions
- Current fractured service is not improving patient outcomes, experience or resources

URGENT CARE

The right treatment, in the right place, at the right time

National and Greater Manchester Expectation

A&E Streaming at Tameside and Glossop Integrated Care Foundation Trust
• Clinical streaming in place by October 2017 • Operating up to 12 hours a day
Urgent Treatment Centre in Tameside and Glossop
• Open at least 12 hours a day • Will do blood tests, and most will have x-ray facilities • People able to book an appointment via NHS 111, their own GP, or walk in
GP Access
• Increased pre-bookable evening & weekend appointments with general practice

URGENT CARE

The right treatment, in the right place, at the right time

Developing our Proposal

Over last 3 years People have told us:

I want prompt advice and my fears allayed

I want to talk to someone I trust like my GP practice

I want a simple means of access with consistent opening hours

I choose the easiest place to get to

I go where I think I will be seen soonest

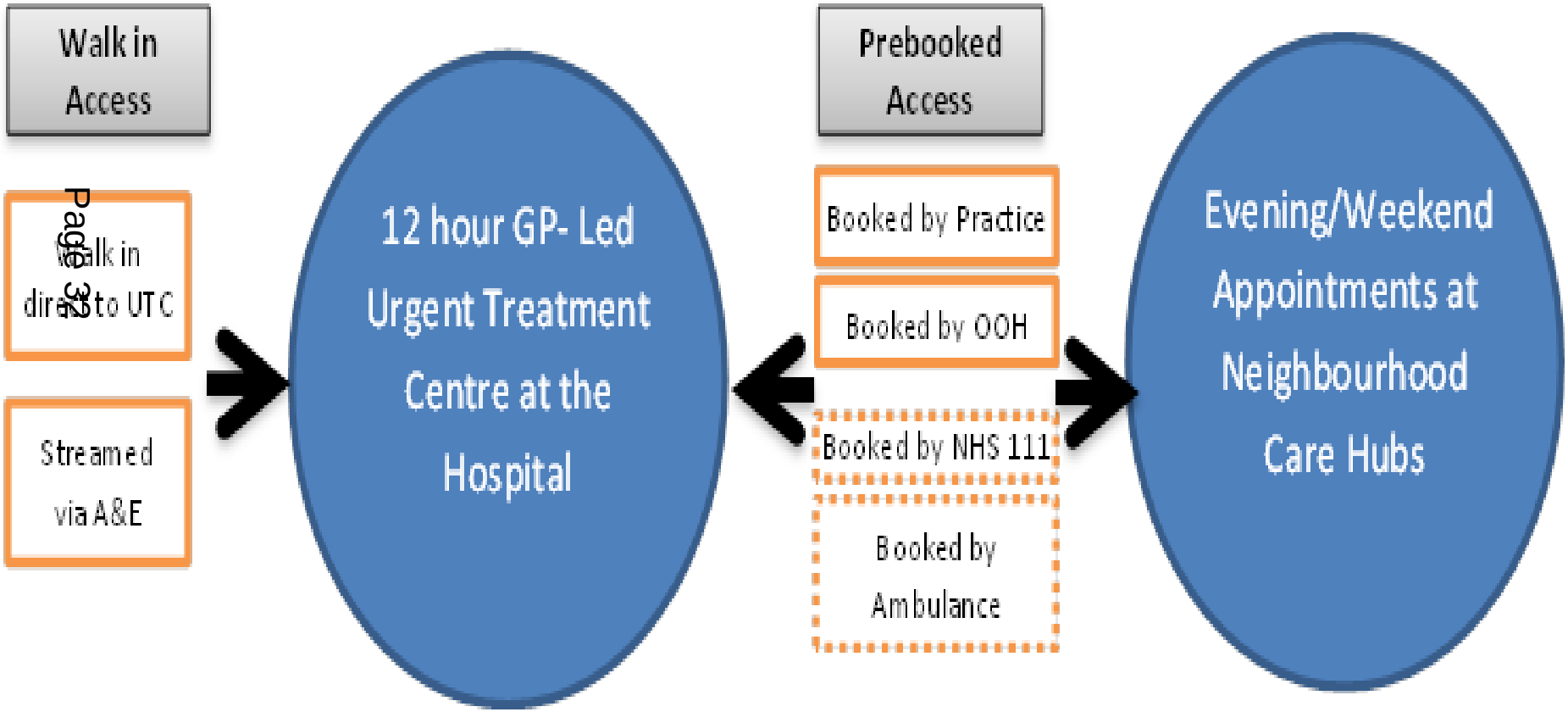
Local people know where the hospital is

I want a more integrated service with Mental Health and Social Care

URGENT CARE

The right treatment, in the right place, at the right time

Our Proposal



URGENT CARE

The right treatment, in the right place, at the right time

Option 1	Opening Hours		Access		Location
	Weekday	Sat and Sun	Booked appointments	Walk-in	
Urgent Treatment Centre	**9am to 9pm**	**9am to 9pm**	**Yes**	**Yes**	**Hospital Site in Ashton**
North Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Ashton Primary Care Centre
South Hub	6.30pm to 9pm	9am to 1pm	Yes	No	To be Confirmed
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Glossop Primary Care Centre

Option 2	Opening Hours		Access		Location
	Weekday	Sat and Sun	Booked appointments	Walk-in	
Urgent Treatment Centre	**9am to 9pm**	**9am to 9pm**	**Yes**	**Yes**	**Hospital Site in Ashton**
North Hub	6.30pm to 9pm	None	Yes	No	Ashton Primary Care Centre
South Hub	6.30pm to 9pm	None	Yes	No	To be Confirmed
West Hub	6.30pm to 9pm	None	Yes	No	To be Confirmed
East Hub	6.30pm to 9pm	None	Yes	No	To be Confirmed
Glossop Hub	6.30pm to 9pm	9am to 1pm	Yes	No	Glossop Primary Care Centre

Questions and Answers

http://www.tamesideandglossopccg.org/URGENTCARE

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	25 January 2018
Executive Member / Reporting Officer:	Councillor Jim Fitzpatrick – First Deputy (Performance and Finance) Councillor Brenda Warrington – Executive Member (Adult Social Care and Wellbeing) Councillor Gerald P. Cooney – Executive Member (Healthy and Working) Kathy Roe – Director Of Finance – Tameside & Glossop CCG & Tameside MBC
Subject:	**TAMESIDE & GLOSSOP CARE TOGETHER ECONOMY – 2017/18 CONSOLIDATED FINANCIAL MONITORING STATEMENT AT 31 OCTOBER 2017 AND PROJECTED OUTTURN TO 31 MARCH 2018** **TAMESIDE HEALTH AND WELLBEING BOARD 2017/18 BETTER CARE FUND MONITORING REPORT – PERIOD ENDING 31 DECEMBER 2017**
Report Summary:	This is a jointly prepared report of the Tameside & Glossop Care Together constituent organisations on the consolidated financial position of the Economy. The report provides a 2017/2018 financial year update on the month 7 financial position (at 31 October 2017) and the projected outturn (at 31 March 2018). A summary of the Tameside and Glossop Integrated Care NHS Foundation Trust financial position is also included within the report. This is to ensure members have an awareness of the overall financial position of the whole Care Together economy and to highlight the increased risk of achieving financial sustainability in the short term whilst also acknowledging the value required to bridge the financial gap next year and through to 2020/21. The report also provides details of the Tameside Health and Wellbeing Board Better Care Fund 2017/18 monitoring report for the period ending 31 December 2017. It should be acknowledged that the associated Better Care Fund resources are included within the Integrated Commissioning Fund of the economy which is reported on a monthly basis to the Strategic Commissioning Board.
Recommendations:	Health and Wellbeing Board Members are recommended: 1. To note the 2017/2018 consolidated financial position of the economy at 31 October 2017 and the projected outturn position at 31 March 2018 **(Appendix A)**. 2. To acknowledge the significant level of savings required during 2017/2018 to achieve confirmed control totals and the financial sustainability of the economy on a recurrent basis thereafter.

3. To acknowledge the significant amount of financial risk associated with the achievement of financial control totals during this period.

4. To note the 2017/2018 Better Care Fund monitoring report for the period ending 31 December 2017. **(Appendix B)**.

Links to Community Strategy: The Sustainable Community Strategy and Local Area Agreement are key documents outlining the aims of the Council and its partners to improve the borough of Tameside (agreed in consultation with local residents). Within health the Clinical Commissioning Group's Commissioning Strategy and Primary Care Strategy are similarly aligned to these principles and objectives.

Policy Implications: The Care Together resource allocations detailed within this report supports the strategic plan to integrate health and social care services across the Tameside and Glossop economy.

Financial Implications:

(Authorised by the Section 151 Officer))

This report provides the consolidated financial position statement of the 2017/18 Care Together Economy for the period ending 31 October 2017 (Month 7 – 2017/18) together with a projection to 31 March 2018 for each of the three partner organisations **(Appendix A)**.

The report explains that there is a clear urgency to implement associated strategies to ensure the projected funding gap is addressed and closed on a recurrent basis across the whole economy.

A risk share arrangement is in place between the Council and CCG relating to the residual balance of net expenditure compared to the budget allocation at 31 March 2018, the details of which are provided within the report.

It should be noted that the Integrated Commissioning Fund for the partner Commissioner organisations are bound by the terms within the Section 75 agreement and associated Financial Framework agreement which has been duly approved by both the Council and Clinical Commissioning Group.

Health and Wellbeing members should also note that the Better Care Fund allocations relating to **Appendix B** are included within the Section 75 funding allocation of the Integrated Commissioning Fund.

Legal Implications:

(Authorised by the Borough Solicitor)

There is a need to deliver a balanced budget. Consequently, there are significant changes required to achieve this and reduce the current levels of spend which previously have been bailed out. This requires new models of working and relentless focus on budgets without compromising patient care and safety. Many of the new models are intended to achieve this rather than simply look to cut out waste.

Access to Information :

Any background papers relating to this report can be inspected by contacting :

Stephen Wilde, Finance Business Partner, Tameside Metropolitan Borough Council

Telephone:0161 342 3726

e-mail: stephen.wilde@tameside.gov.uk

Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group

Telephone:0161 304 5626

e-mail: tracey.simpson@nhs.net

David Warhurst, Associate Director Of Finance, Tameside Hospital NHS Foundation Trust

Telephone:0161 922 4624

e-mail: David.Warhurst@tgh.nhs.uk

1. EXECUTIVE SUMMARY

1.1 This report aims to provide an update on the financial position of the care together economy as at month 7 in 2017/18 (to 31 October 2017) and to highlight the increased risk of achieving financial sustainability. Supporting details are provided in **Appendix A**.

1.2 The report includes the details of the Integrated Commissioning Fund and the progress made in closing the financial gap for the 2017/18 financial year. The total Integrated Commissioning Fund is £485m in value, however it should be noted that this value is subject to change throughout the year as new Inter Authority Transfers are actioned and allocations are amended.

1.3 The Tameside and Glossop Care Together Strategic Commissioning Board are required to manage all resources within the Integrated Commissioning Fund and comply with both organisations' statutory functions from the single fund.

1.4 It should be noted that the report includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the projected total financial challenge which the Tameside and Glossop Care Together economy is required to address during 2017/18.

1.5 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations within the Care Together programme, namely:

- Tameside and Glossop Integrated Care NHS Foundation Trust;
- NHS Tameside and Glossop Clinical Commissioning Group;
- Tameside Metropolitan Borough Council.

2. FINANCIAL SUMMARY

2.1 **Table 1** provides details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop Integrated Care NHS Foundation Trust. Supporting details of the forecast outturn variances are explained in sections 2 and 3 of **Appendix A**. Members should note that there are a number of risks that have to be managed within the economy during the current financial year, the key one's being:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care related expenditure of £4.4m.
- Children's Services within the Council is managing unprecedented levels of service demand which is currently projected to result in additional expenditure of £7.2m when compared to the available budget.
- The Integrated Care Foundation Trust are working to a planned deficit of £24.5m for 2017/18. However it should be noted that efficiencies of £10.4m are required in 2017/18 in order to meet this sum.

2.2 **Table 2** provides details of the Strategic Commission risk share arrangements in place for 2017/18. Under this arrangement the Council has agreed to resource up to £5m in each of the next two financial years (2017/18 and 2018/19) in support of the Clinical Commissioning Group's Quality, Innovation, Productivity and Prevention programme savings target which is conditional upon the Clinical Commissioning Group agreeing to a reciprocal arrangement in 2019/20 and 2020/21.

Any variation from budget is shared in the ratio 80:20 for Clinical Commissioning Group:Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5m) in 2017/18 which is a maximum £0.5m contribution from the Clinical Commissioning Group towards the Council year end position and a maximum of £2.0m contribution from the Council towards the Clinical Commissioning Group year end position. The Clinical Commissioning Group year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total Clinical Commissioning Group variance) as the Council has no legal powers to contribute to such expenditure.

Table 1 – Summary of the Tameside and Glossop Care Together Economy – 2017/18

	2017/18		
	Budget	**Forecast**	**Variance**
	£'000	**£'000**	**£'000**
Strategic Commission	484,816	495,988	(11,172)
ICFT	(23,344)	(23,344)	0
Total Whole Economy	**460,472**	**471,644**	**(11,172)**

Table 2 – Risk Share

Strategic Commission - Risk Share	**£'000**
TMBC - Non Recurrent Contribution	(4,324)
TMBC	(6,348)
CCG	(500)
Total	**(11,172)**

There are a number of additional risks which each partner organisation is also managing during the current financial year, the details of which are provided within **Appendix 1** :

2.3 The additional risks which each constituent organisation is required to manage are provided within **Appendix A**:

- Section 2: The Strategic Commissioner (CCG and the Council))
- Section 3: Tameside and Glossop Integrated Care NHS Foundation Trust

3. 2017/18 EFFICIENCY PLAN

3.1 The economy has an efficiency sum of £35.1m to deliver in 2017/18, of which £24.7m is a requirement of the Strategic Commissioner.

3.2 **Section 4** and **Annex 1** of **Appendix A** provides supporting analysis of the delivery against this requirement for the whole economy. It is worth noting that there is a forecast £4.1m under achievement of this efficiency sum by the end of the financial year, £3.5m of which relates to the Strategic Commissioner.

3.2 It is therefore essential that additional proposals are considered and implemented urgently to address this gap and on a recurrent basis thereafter.

4. BETTER CARE FUND

4.1 Health and Wellbeing Board members are reminded that the Better Care Fund was introduced during 2015/16 and has continued in the current financial year. The funding is

awarded to the Economy to support the integration of health and social care to ensure resources are used more efficiently between Clinical Commissioning Groups and Local Authorities, in particular to support the reduction of avoidable hospital admissions and the facilitation of early discharge.

4.2 **Appendix B** provides supporting details of the 2017/18 quarter three (1 April 2017 to 31 December 2017) Better Care Fund monitoring statement recently submitted to NHS England. Guidance recommends that the quarterly monitoring returns are also presented to Health and Wellbeing Board members.

5. RECOMMENDATIONS

5.1 As stated on the front of the report.

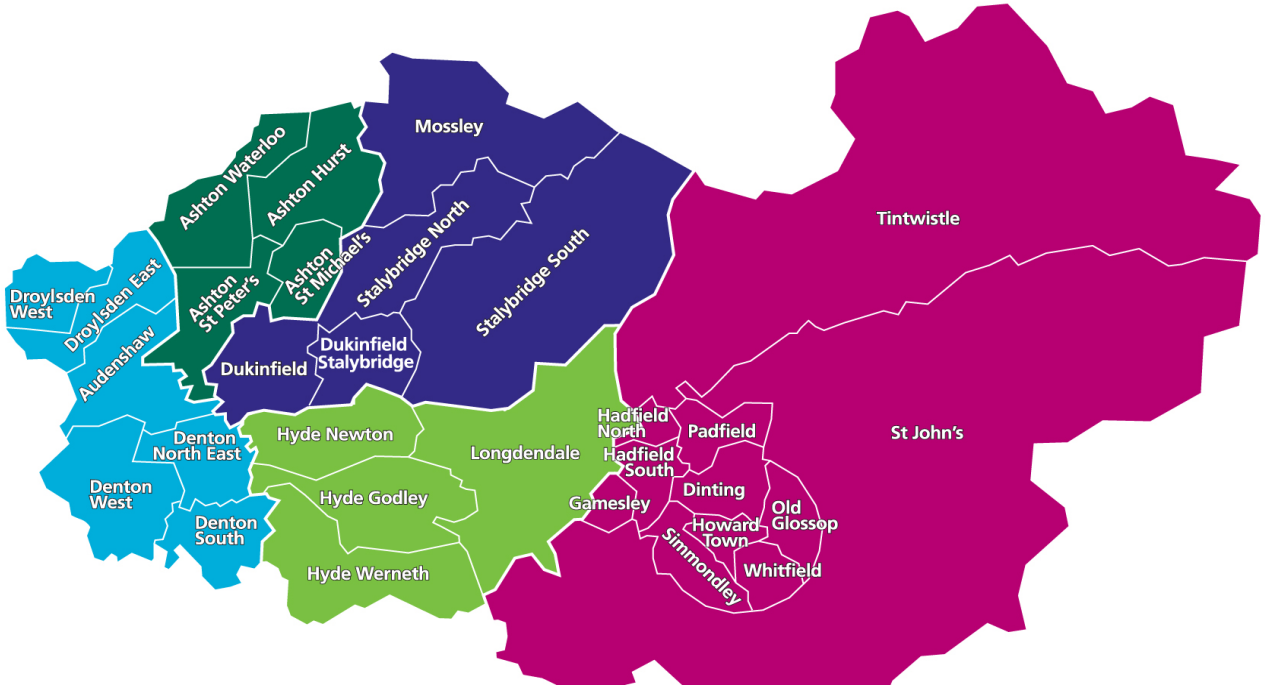
TAMESIDE AND GLOSSOP
Caretogether

Tameside and Glossop Integrated Financial Position

Financial Monitoring Statements

Period Ending 31 October 2017 [Month 7]

Kathy Roe
Claire Yarwood



Contents and Glossary of Terms

APMS	Alternative Provider Medical Services	ICF	Integrated Commissioning Fund
AQP	Any Qualifying Provider	ICFT	Integrated Care Foundation Trust
BCF	Better Care Fund	NCSO	No Cheaper Stock Obtainable
CCG	Clinical Commissioning Group	NHSI	NHS Improvement
CHC	Continuing Healthcare	OOA	Out of Area
CIS	Commissioning Improvement Scheme	QIPP	Quality, Innovation, Productivity & Prevention
CQUIN	Commissioning for Quality and Innovation	QOF	Quality and Outcomes Framework
GMHSCP	Greater Manchester Health & Social Care Partnership	RADAR	Rapid Access Detoxification Acute Referral
IAT	Inter Authority Transfer		

Overall Risk Rating - Medium

The care together economy position has **-£11.172m** deficit – how do we turn this around?

-£4.4m projected overspend on continuing care driven by number of patients accessing service

-£7m projected overspend on Children's Services predominantly driven by out of area placements

The ICFT are working to a planned deficit of **-£24.5m**

£10.4m ICFT efficiencies required to meet this total

Integrated Commissioning Fund will receive extra non-recurrent contributions to ensure balanced position is maintained

Section 1 - Care Together Economy Revenue Financial Position

Overall Risk Rating - Medium

Revenue Financial Position

Financial Position:

Organisation	YTD Position			Forecast Position			Forecast Position	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Total Strategic Commission	287,592	291,590	-3,998	484,816	495,988	-11,172	-11,449	277
ICFT	-15,107	-16,367	-1,260	-24,344	-24,344	0	0	0
Total Economy Position	272,485	275,223	-5,257	460,472	471,644	-11,172	**-11,449**	**277**

Key Headlines:

- YTD Position across the economy is currently: **£5.257m adverse variance**
- 2017/18 Projected year end position across the economy is currently: **£11.172m Deficit**
- Movement in forecast year end position is: **£277k Favourable**

Revenue Forecast Position

- The forecast financial deficit of £11.172m on the strategic commissioner budgets and is mostly driven by Continuing Health Care and Children's Social Care. It should be noted that there are significant risks to ensure financial control totals are met.
- The ICFT are working to a planned deficit of £24.5m for 2017/18. Efficiencies of £10.4m are required in order to meet this total.
- The Integrated Commissioning Fund will receive extra non-recurrent contributions as appropriate during 2017-18 to ensure a balanced position is maintained.

Section 2 - T&G Strategic Commissioner Financial Position

Overall Risk Rating - Medium

Revenue Financial Position

Financial Position:

£000's	YTD Position Budget	YTD Position Actual	YTD Position Variance	Forecast Position Budget	Forecast Position Forecast	Forecast Position Variance	Forecast Position Previous Month	Forecast Position Movement in Month
Acute	117,722	118,786	- 1,064	203,801	205,209	- 1,408	- 713	- 695
Mental Health	17,204	17,659	- 454	29,483	30,698	- 1,215	- 916	- 299
Primary Care	49,578	48,815	763	84,023	83,428	596	336	260
Continuing Care	7,931	10,314	- 2,383	13,628	18,063	- 4,434	- 4,527	93
Community	16,022	15,961	62	27,473	27,566	- 93	- 93	-
Other	18,779	15,728	3,052	25,129	18,574	6,554	5,914	641
QIPP	-	-	-	-	4,324	- 4,324	- 4,694	370
CCG Running Costs	3,283	3,261	22	5,197	5,197	0	-	0
Adult Social Care	26,291	26,196	95	44,181	44,018	163	182	- 19
Children's services	18,329	22,526	- 4,197	35,192	42,387	- 7,195	- 6,992	- 203
Public Health	12,451	12,344	107	16,708	16,524	184	55	129
Integrated Commissioning Fund	**287,592**	**291,590**	**- 3,998**	**484,816**	**495,988**	**- 11,172**	**- 11,449**	**277**
CCG Expenditure	230,521	230,524	- 3	388,735	393,059	- 4,324	- 4,694	370
TMBC Expenditure	57,071	61,066	- 3,995	96,081	102,929	- 6,848	- 6,755	- 93
Integrated Commissioning Fund	**287,592**	**291,590**	**- 3,998**	**484,816**	**495,988**	**- 11,172**	**- 11,449**	**277**
A: Section 75 Services	159,543	160,622	- 1,079	264,310	268,323	- 4,013	- 4,227	214
B: Aligned Services	108,093	111,449	- 3,356	186,962	194,149	- 7,187	- 7,101	- 86
C: In Collaboration Services	19,896	19,518	377	33,544	33,516	28	- 121	149
Integrated Commissioning Fund	**287,532**	**291,590**	**- 4,058**	**484,816**	**495,988**	**- 11,172**	**- 11,449**	**277**

Single Commission Risk Share (£000's)	11,172
TMBC - Non Recurrent Contribution	4,324
CCG	500
TMBC	6,348

- Non Rec repayable contributions between CCG/TMBC across 4 year period
- 80:20 Risk share arrangement between CCG/ TMBC as per contributions to ICF
- £500k upper threshold on CCG contribution to TMBC & £2m cap on TMBC contribution to CCG

Key Headlines:

- 2017/18 Projected year end position across the economy is currently: **£11,275m Deficit** (i.e. QIPP savings still to be delivered to meet financial control totals)
- Movement in forecast year end position is: **£277k Favourable** following M6 review of QIPP position
- Negative reserve over and above QIPP will need to be cleared in order to meet control total (driven by increased CHC spend)

Financial Summary – Forecast Position

£4.4m projected overspend on continuing care causing significant pressures

More work required to turn amber/red rated QIPP schemes green and to bring new schemes forward

Reporting that financial control totals will be met, but significant risk attached to this:

- Deliver a surplus of 1% against opening allocation (£3.496m), plus carry forward of £3.678m from 16/17
- Achieve a £23.9m QIPP target.
- Keep 0.5% of allocation uncommitted to fund a national system risk reserve
- Demonstrate growth in Mental Health spend of 2%
- Remain within the running costs allocation

Section 2 - T&G Strategic Commissioner Financial Position

Overall Risk Rating - Medium

Theme	Highlights	Key Risks
Acute	• To support new operational structures within the finance team, some independent sector budgets have moved from the 'other' section of this report into 'acute'. Diagnostics are included in this, which has been overspend against budget all year. • Several high cost OOA patients have resulted in a pressure of £300k on the NCA budget. • Overspend at Central/South Manchester, Salford & Christies is continuing to place a pressure on QIPP delivery.	• Cost pressures at ICFT – risk to block contract. • Specialist IAT under review which may offset pressures in Salford and Christies contracts.
Mental Health	• Overspend relates to high cost placements, managed by individualised commissioning and within scope of CHC recovery plan. • Most of the adverse movement relates to a single patient, who has been assessed as requiring a secure NHSE funded bed. However, as no suitable beds available commissioning responsibility remains with CCG until patient is transferred.	• Transforming Care – movement of commissioning responsibility from specialist to CCG's. • Pennine Care Sustainability.
Primary Care	• Benefit on delegated commissioning following review of position with NHSE (release of prior year accruals). • Underlying QIPP delivery of £2.2m is offset by uncontrollable external pressures.	• NCSO pressure of £1.2m - Quetiapine and Olanzapine (anti psychotic drugs) is limiting the value of QIPP delivery.
Continuing Care	• Overall projections around individualised commissioning has increased by around £200k. • Pressure in mental health placements (£300k), offset by a reduction in the number of fast track patients being treated (£100k).	• Transforming Care – movement of commissioning responsibility from specialist to CCG. • Continuing growth in fast track patients.

Section 2 - T&G Strategic Commissioner Financial Position

Overall Risk Rating - Medium

Theme	Highlights	Key Risks
Community	• Block contract in place with ICFT	• Awaiting outcome of VAT reclaim on wheelchairs.
Other	• Negative reserve to clear over and above the outstanding QIPP still to be delivered.	• Nothing in position for additional critical care/ambulance costs associated with Healthier Together. • Estates schedules from Propco still outstanding. Also risk on market rents allocation.
QIPP	• £12.4m (52%) of targeted savings banked at M7. • £1m reduction in expected savings since M6 as in-year expectations around high and medium risk schemes are reviewed to make forecast more realistic. • Expected savings stable due to increase in banked schemes.	• Still need to deliver further £4.3m savings (plus clear the negative reserve). • Only 52% of expected savings delivered on recurrent basis.
CCG Running Costs	• YTD QIPP savings of £778k released at M7. • On track to remain within running cost allocation and deliver £1.1m QIPP savings.	• Proposed changes to clinical governance are built into the projected QIPP.
Public Health	• £42K Cost reductions resulting from an in year service redesign which includes a part year saving from the deletion of a management post. The full year effect of £74k will be realised in 2018/19. • Expenditure forecast to be less than budget as a result of delayed recruitment to vacant posts. £34K	

Section 2 - T&G Strategic Commissioner Financial Position

Overall Risk Rating - Medium

Theme	Highlights	Key Risks
Adult Social Care	• £160k of Direct Payment (DP) clawbacks in year following client finance audits. These occur when clients no longer require the level of care originally stipulated in their DP agreement or where the allowance has not been used by the client in the agreed way • Increase of £84k in Fairer Charging income received for community based services, this is income based on the individual client financial assessments of approximately 1000 clients (this number varies slightly throughout the year). • Employee related spend is forecast to be £400k less than budget. The number of assessed hours required for the Council provided Learning Disabilities Homemaker Service are less than budgeted due to services being delivered by the independent sector. • Increased numbers of Nursing bed placements (201 at April 2017 to 221 at the end of October) has resulted in forecast spend being £656k in excess of budget (the average net cost of a nursing placement excluding Funded Nursing Care (FNC) is £29k per year). The additional placements have contributed to reductions in DTOC numbers since April 2017. The current daily average DTOC is 12 compared to 30+ in April 2017. The age of admission is also reducing which is leading to an increase in length of stay (average age of admission last year was 82 compared to 80 currently) which could have a future financial impact.	• Continued volatility in Care Home placement numbers over the winter period. • Increasing length of stay in Care Homes due to earlier admission resulting in additional costs • Nursing bed capacity in Care Homes is currently stretched with vacancy levels of 5% (28 beds) across the borough – discussions are currently being held with providers to increase capacity. • Transitions through from Children's Social Care – detailed work is underway to understand the cost implications and external market capacity to ensure all care requirements can be met.

Section 2 - T&G Strategic Commissioner Financial Position

Overall Risk Rating - Medium

Theme	Highlights	Key Risks
Children's Social Care	• Forecast spend on employee related costs forecast to be £874k in excess of budget. The service continues to recruit Social Workers to support the additional caseload demands since the 2017/18 budget was approved. The ongoing strategy is to transition agency employees onto permanent contracts within the service as this is a lower cost alternative and also improves the quality and stability of service delivery. • Alongside the recruitment of agency Social Workers, there is also additional estimated expenditure to the approved budget on a number of additional senior positions as the Council and its partners take action to make the required improvements to the service, including the appointment of a new Director of Children's Services. • The number of Looked After Children has increased from 519 at April 2017 to 579 in November 2017. The current budget allocation will finance approximately 450 placements, assuming average weekly unit costs for placements. This unprecedented level of demand has led to a forecast deficit position of £6.635m on the placement budget in 2017-18.	• Capacity of in-borough care provision • Additional demand requiring high cost independent sector placements • Retention of Social Workers and associated impact on service delivery and budget allocation • Impact of the additional resource implications to support the required improvements on the strategic commission budget

Overall Risk Rating - Medium

Revenue Financial Position

Financial Position:

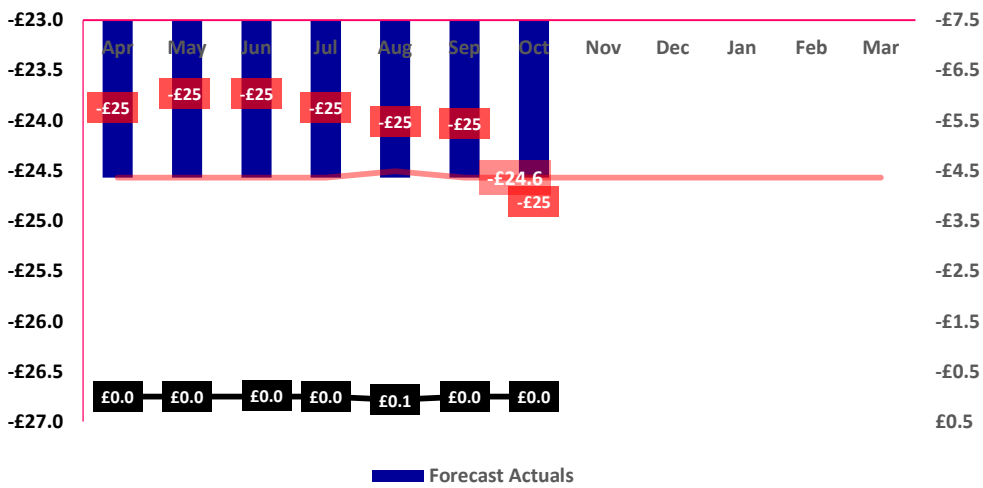
Organisation	YTD Position			Forecast Position		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Income	119,237	120,006	768	204,701	204,701	-
Expenditure	- 129,110	- 130,958	- 1,848	- 219,916	- 219,916	-
EBITDA	**- 9,873**	**- 10,952**	**- 1,079**	**- 15,215**	**- 15,215**	**-**
Financing	- 5,234	- 5,415	- 181	- 9,129	- 9,129	-
Normalised Surplus/ (Deficit)	**- 15,107**	**- 16,367**	**- 1,260**	**- 24,344**	**- 24,344**	**-**
Exceptional Items	- 93	1,351	1,444	- 162	- 162	- 0
Net Deficit after Exceptional Costs	**- 15,201**	**- 15,016**	**185**	**- 24,506**	**- 24,506**	**- 0**

Key Headlines:

- YTD Position across at the ICFT is currently: **£1.26m overspent**
- This is an adverse movement in month of **£0.1m**

Revenue Forecast Position

Forecast detail - £m's



Financial Summary – Key Risks

- The Trust is paying escalated rates to clinical staff due to gaps in medical rotas and a change in tax regulation. Consequently this is putting significant pressure on the Trust's financial position.
- The Trust has a number of escalated beds that are unfunded. Closing these beds will be difficult whilst the Trust's bed occupancy continues to be high.
- Income on smaller clinical contracts is falling and there is a focus on ensuring costs fall in relation to the loss of income.
- The Trust's efficiency programme is currently forecasting to underachieve, which will result in a financial pressure that will be managed within the overall ICFT financial position.

Section 4 - Health Economy Efficiency Position

Overall Risk Rating - Medium

Health Economy Position - At a glance

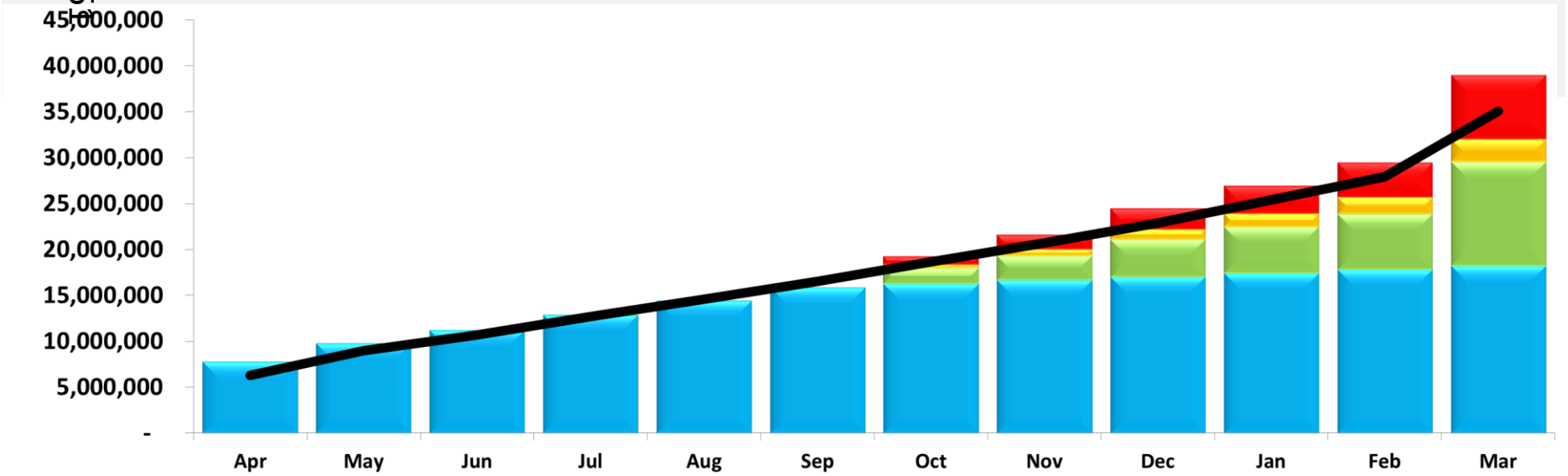
	YTD			2017/18 FORECAST BREAKDOWN £000'S								
	Target	Delivered	Variance	In Year Posted	Low	Medium	High	Forecast Savings	Forecast Savings Excl High Risk	Target	Variance	Status
ICFT	4,880	4,802	(78)	7,133	2,574	77	1,569	11,354	9,785	10,397	(612)	
T&G CCG	13,299	12,406	(893)	12,406	7,170	866	2,172	22,614	20,442	23,900	(3,458)	
LOCAL AUTHORITY	451	451	0	451	177	145	0	773	773	773	0	
TOTAL	18,630	17,659	(971)	19,990	9,921	1,088	3,741	34,741	31,000	35,070	(4,070)	

In Month/YTD Position

- 17/18 YTD Delivery across the economy is currently: **£17,699k**
- This is an underachievement against plan of **£971k**

Forecast Position

- 2017/18 Projected Economy saving forecast: **£4,070k Shortfall to plan**
- This represents an deterioration since M6 of: **£1,022k**



NB: Red Schemes are not included within the forecast savings figures due to high risk of non-financial delivery

Children's services

Cost of Children's placements

Urgent Care

A&E streaming and longer term plans for urgent care centre

Intermediate Care

Public consultation

Areas of concern

Individualised Commissioning

Recovery plan & associated financial pressures

CHC

Increased cost of CHC and social care assessments

Due Diligence

Complexities & timelines of due diligence to support transfer of services

Annex 1 - ICFT Efficiency Plan

Overall Risk Rating - Medium

ICFT Position - At a glance

	In Month £000			YTD £000			Forecast £000							Movement £000	
Theme	Plan	Actual	Var	Plan	Actual	Var	Plan	Delivered FYE	Low	Medium	High	Total Exc Red	Var	Previous Var	Change
Technical Target	£104	£139	£35	£725	£1,068	£343	£1,243	1,213	487	0	0	£1,701	£458	£439	£19
Pharmacy	£22	£19	-£3	£187	£352	£166	£392	448	155	0	25	£603	£211	£211	£0
Divisional Target - Corporate	£81	£234	£153	£566	£943	£377	£1,020	1,232	0	6	61	£1,238	£218	£108	£110
Workforce Efficiency	£10	£0	-£10	£71	£70	-£1	£121	70	70	0	0	£140	£19	£33	-£14
Divisional Target - Surgery	£55	£45	-£10	£363	£302	-£61	£640	622	0	18	0	£640	£0	£0	£0
Transformation Schemes	£0	£49	£49	£133	£208	£75	£1,000	453	547	0	431	£1,000	£0	£0	£0
Estates	£24	£22	-£2	£174	£99	-£75	£557	168	347	38	3	£554	-£4	-£3	-£1
Divisional Target - Medicine	£68	£56	-£11	£459	£379	-£80	£803	589	114	0	83	£703	-£100	-£93	-£7
Paperlite	£10	£0	-£10	£73	£0	-£73	£125	0	16	15	78	£31	-£94	-£94	£0
Medical Staffing	£55	£32	-£23	£336	£193	-£142	£716	354	185	0	240	£539	-£177	-£165	-£12
Nursing	£85	£28	-£57	£557	£395	-£162	£975	429	345	0	0	£774	-£201	-£191	-£10
Demand Management	£141	£111	-£30	£920	£613	-£307	£1,732	1,185	85	0	461	£1,270	-£461	-£389	-£72
Procurement	£46	£25	-£22	£317	£179	-£138	£1,073	371	222	0	186	£593	-£480	-£451	-£30
TOTAL ICFT - TEP	702	761	60	4,880	4,802	-78	10,397	7,133	2,574	77	1,569	9,785	-612	-596	-16

Performance to date and forecast:

Forecast position
£0.6m Forecast Shortfall in year and **£1.1m** Recurrently.

Most improved scheme
Corporate +£110k

Movement from Month 6
£16k adverse In Year
£200k adverse recurrently

Most adverse movement
Demand Mgt -£72k

Key issues and recovery:

- **Amber/Green –** Still over £2.6m to deliver in the last 5 months of the financial year. Deep dives to be undertaken for all low risk schemes to confirm delivery.
- **2018/19 –** New schemes need to be developed for next year's TEP target, high level proposals due by end of November 17.

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Better Care Fund Template Q3 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.

2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.

3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf
This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:
National condition 1: A jointly agreed plan
Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending
National condition 2: NHS contribution to social care is maintained in line with inflation
National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.
This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:
- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.
Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:
Not yet established - The initiative has not been implemented within the HWB area
Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography
Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes
Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement
Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement
https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide further detail on the initiatives implemented and related actions that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter and any impact to highlight, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

Hospital Transfer Protocol (or the Red Bag Scheme):
The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.
Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:
A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:
https://www.youtube.com/watch?v=XpYZPXmULHE

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. However, the AEDB lens is a more representative operational lens to reflect both health and social systems. Where there are wide variations in their maturity levels, making a conservative judgment is advised. Please note these observed wide variations in the narrative section on 'Challenges'.
Also, please use the 'Challenges' narrative section where your area would like to highlight a preferred approach proposed for making this assessment, which could be useful in informing design considerations for subsequent reporting.

5. Narrative

This section captures information to provide the wider context around health and social integration.
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q3 2017/18

1. Cover

Version 1

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
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Health and Wellbeing Board:	Tameside
Completed by:	Elaine Richardson and Paul Dulson
E-mail:	Elaine.richardson@nhs.net
Contact number:	7855469931
Who signed off the report on behalf of the Health and Wellbeing Board:	Stephanie Butterworth

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Better Care Fund Template Q3 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Tameside

Confirmation of National Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q3 2017/18

3. Metrics

Selected Health and Well Being Board: Tameside

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Data not available to assess progress	Level of acutity has increased	Data not available to assess Q3 progress. Q1 and Q2 position shows us to be 0.6% under plan. Admission avoidance from Care Homes through Digital	none
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Need to build on existing community resources to ensure people remain at home for as long as its safe to do so.	Continue to work with integrated urgent care team, reablement service, community response service to ensure that care packages are as comprehensive as	Now introducing a more focussed asset based model of working that is looking at individual and community strengths and assets . SCIE currently helping us with
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	This continues to be a challenging target and is dependnet upon the success of good reablement as well as good hospital discharge.	Restructured reablement service and rapid response element now embedded within the Integrated Urgent Care Team which ensures faster response for hospital	Working with SCIE to ensure that we continually review current practice against national developments.
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	Transfers to appropriate care homes in the key challenge with Patient Choice still causing delays	Integrated Urgent Care Team managing discharges. Strong focus on Home First and Discharge to Assess. GM Discharge Standards adopted. Exec level weekly focus	We have been made aware of a review of DTOC processes and guidance at one of our providers (Pennine Care Trust), to ensure consistency and accuracy of DTOC

** Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template*

Better Care Fund Template Q3 2017/18

4. High Impact Change Model

Selected Health and Well Being Board: Tameside

		Maturity assessment				Narrative			
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place		Elective care planning needs futher deve	Discharge planning for ED patients takes	None
Chg 2	Systems to monitor patient flow	Established	Established	Mature	Mature		Not all services can flex quickly if demand increases. Excellent working relationship mitigate much of the impact but will be reviewing workforce	System working very collaborately. Focus at acute level on Stranded patients. Neighbourhoods now more closely engaged with acute teams to progress	None
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Mature	Mature	Mature	Integrated Urgent Care Team in place to	Care Home acceptance of external assessment CHC assessments especially capacity to undertakein the community to avoid Admissions	Integrated Discharge to Assess process	None
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature	Home First Approach across A&E and all	None	Adopted GM Discharge standards. Build	None
Chg 5	Seven-day service	Established	Established	Established	Established		Cost of 7 day acute service	High level of weekend discharges	None
Chg 6	Trusted assessors	Mature	Mature	Mature	Mature	Integrated Urgent Care Team in place to	Care Home acceptance of external assessment Manual Handling still has duplication	Integrated Discharge to Assess process	None
Chg 7	Focus on choice	Established	Established	Established	Mature		Consistent application of plicy in all area	Adopted GM Discharge standards and Ch	None
Chg 8	Enhancing health in care homes	Mature	Mature	Mature	Mature	Digital Health in place. GP zoning in som	Market stimulation	Digital Health in all care homes. One care home used Digitla Health to remotely assess a pateints for admission to the home and progressed the transfer same day.	None

Hospital Transfer Protocol (or the Red Bag Scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.									
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Plans in place	Established		None	Building on Message in a Bottle that was	None

Better Care Fund Template Q3 2017/18

5. Narrative

Selected Health and Wellbeing Board: Tameside

Remaining Characters:	17,253

Progress against local plan for integration of health and social care

Care Together is our economy wide change programme to deliver integrated care. This programme aligns political, clinical and managerial leadership and focuses on improving healthy life expectancy, reducing inequality, improving experience of services and improving financial sustainability.
For the past two years, strong and steady work has continued to develop a Strategic Commission made up of Tameside Metropolitan Borough Council and NHS Tameside and Glossop CCG. This has culminated in a single place-based commissioning body which aims to support the implementation of a new model of care, based on our place and which realigns the system to support the development of preventative, local, high quality services.

The Strategic Commission has clear governance arrangements with a Strategic Commissioning Board, clinically led and which has been established as a joint committee of the two organisations with delegated decision-making powers and resources. This creates unifying statutory and collaborative governance arrangements.

The Strategic Commissioning Board considers commissioning proposals which are funded from our Integrated Commissioning Fund. This fund is comprised of three elements

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:	19,558

Integration success story highlight over the past quarter

Digital Health remains a success alongside the improved clinical care and pateint experience we are seeing closer working relationships being forged between Care Homes and the ICFT. One Care Home used the skpe arrangement along with the necessary reports to remotely assess a pateint who was a potential admission for theat care home. This enabled a promote assessement and transfer with more effective use of all the professionals involved.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q3 2017/18

Checklist

[<< Link to Guidance tab]

Complete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes

Sheet Complete:	Yes

4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q3	F8	Yes
Chg 2 - Systems to monitor patient flow Q3	E9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3	F10	Yes
Chg 4 - Home first/discharge to assess Q3	F11	Yes
Chg 5 - Seven-day service Q3	F12	Yes
Chg 6 - Trusted assessors Q3	F13	Yes
Chg 7 - Focus on choice Q3	F14	Yes
Chg 8 - Enhancing health in care homes Q3	F15	Yes
UEC - Red Bag scheme Q3	F19	Yes
Chg 1 - Early discharge planning Q4 Plan	G8	Yes
Chg 2 - Systems to monitor patient flow Q4 Plan	G9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 Plan	G10	Yes
Chg 4 - Home first/discharge to assess Q4 Plan	G11	Yes
Chg 5 - Seven-day service Q4 Plan	G12	Yes
Chg 6 - Trusted assessors Q4 Plan	G13	Yes
Chg 7 - Focus on choice Q4 Plan	G14	Yes
Chg 8 - Enhancing health in care homes Q4 Plan	G15	Yes
Chg 1 - Early discharge planning Q1 18/19 Plan	H8	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	H9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	H10	Yes
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	H11	Yes
Chg 5 - Seven-day service Q1 18/19 Plan	H12	Yes
Chg 6 - Trusted assessors Q1 18/19 Plan	H13	Yes
Chg 7 - Focus on choice Q1 18/19 Plan	H14	Yes
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	H15	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	I10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I19	Yes
Chg 1 - Early discharge planning Challenges	J8	Yes
Chg 2 - Systems to monitor patient flow Challenges	J9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J10	Yes
Chg 4 - Home first/discharge to assess Challenges	J11	Yes
Chg 5 - Seven-day service Challenges	J12	Yes
Chg 6 - Trusted assessors Challenges	J13	Yes
Chg 7 - Focus on choice Challenges	J14	Yes
Chg 8 - Enhancing health in care homes Challenges	J15	Yes
UEC - Red Bag Scheme Challenges	J19	Yes
Chg 1 - Early discharge planning Additional achievements	K8	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K10	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K11	Yes
Chg 5 - Seven-day service Additional achievements	K12	Yes
Chg 6 - Trusted assessors Additional achievements	K13	Yes
Chg 7 - Focus on choice Additional achievements	K14	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K15	Yes
UEC - Red Bag Scheme Additional achievements	K19	Yes
Chg 1 - Early discharge planning Support needs	L8	Yes
Chg 2 - Systems to monitor patient flow Support needs	L9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L10	Yes
Chg 4 - Home first/discharge to assess Support needs	L11	Yes
Chg 5 - Seven-day service Support needs	L12	Yes
Chg 6 - Trusted assessors Support needs	L13	Yes
Chg 7 - Focus on choice Support needs	L14	Yes
Chg 8 - Enhancing health in care homes Support needs	L15	Yes
UEC - Red Bag Scheme Support needs	L19	Yes

Sheet Complete:	Yes

5. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	25 January 2018
Executive Member / Reporting Officer:	Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing) Jessica Williams, Interim Director of Commissioning and Programme Director, Tameside and Glossop Care Together
Subject:	**INTEGRATION REPORT – UPDATE**
Report Summary:	This report provides Tameside Health and Wellbeing Board with progress on the implementation of the Care Together Programme and includes developments since the last presentation in September 2017.
Recommendations:	The Health and Wellbeing Board is asked: 1. To note the updates as outlined within this report. 2. To receive a further update at the next meeting.
Links to Health and Wellbeing Strategy:	Integration has been identified as one of the six principles agreed locally to achieve the priorities identified in the Health and Wellbeing Board Strategy
Policy Implications:	One of the main functions of the Health and Wellbeing Board is to promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.
Financial Implications: **(Authorised by the Section 151 Officer)**	The financial position of the Tameside and Glossop health and social care economy is reported monthly to the Strategic Commissioning Board. It is acknowledged there is a clear urgency to implement associated strategies to ensure the economy funding gap is addressed and closed on a recurrent basis. It is also important to note that the locality funding gap is subject to ongoing revision, the details of which will be reported to future Health and Wellbeing Board meetings as appropriate. The approved Greater Manchester Health and Social Care Partnership funding of £23.2 million referred to within section 2.4 of the report is monitored and expended in accordance with the investment agreement. Recurrent cashable efficiency savings subsequently realised across the economy as a result of this investment will contribute towards the reduction of the estimated locality funding gap.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is important to recognise that the Integration agenda, under the auspices of the 'Care Together' banner, is a set of projects delivered within each organisation's governance model and delivered jointly under the Single Commissioning Board together with the Integrated Care Foundation Trust. However, the programme itself requires clear lines of accountability and decision making due to the joint financial and clinical implications of the proposals. It is important as well as effective decision making processes that there are the means and resources to deliver the necessary work. This is to provide confidence and oversight of delivery. We

need to ensure any recommendations of the Care Together Programme Board are considered / approved by the constituent bodies to ensure that the necessary transparent governance is in place.

Risk Management :

The Care Together Programme has an agreed governance structure with a shared approach to risk, supported through a Programme Management Office

Access to Information :

The background papers relating to this report can be inspected by contacting Jessica Williams, Programme Director, Tameside and Glossop Care Together

 Telephone: 0161 304 5389

 e-mail: jessicawilliams1@nhs.net

1. INTRODUCTION

1.1 This report provides Tameside Health and Wellbeing Board with an outline of the developments within the Care Together Programme since the last presentation in September 2017.

1.2 The report covers:

- Greater Manchester Health and Social Care Partnership;
- Programme Management Office;
- Operational Progress;
- Recommendations.

2. GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP (GM HSCP)

2.1 Our Care Together Programme Management Office is well represented throughout the governance and operational structures at the Greater Manchester Health and Social Care Partnership. We ensure we are aligned with the Greater Manchester Health and Social Care Partnership vision and direction of travel, learn from best practice opportunities elsewhere and where appropriate, support the development of central and other locality plans.

2.2 A key focus for Greater Manchester Health and Social Care Partnership is the development of Local Care Organisations as this is likely to be the delivery vehicle for much of Theme 1 (Radical upgrade in Population Health/Prevention) and Theme 2 (Transforming care in Localities) of the Greater Manchester Health and Social Care Partnership work programme. In most areas of Greater Manchester, Local Care Organisations are being developed through bringing together General Practice, other primary care services, community services and moving some secondary care activity out of hospital and into the community. In some cases, mental health services are also included. In Tameside and Glossop, we are following a different model with the development of an Integrated Care Foundation Trust but the aims of reducing duplication, improving outcomes, managing care closer to home and improving efficiency remain the same.

2.3 As such, a programme of peer review visits have been arranged across Greater Manchester and ours takes place on 4 January 2018. We have prepared a multi-disciplinary and organisation team and look forward to a positive discussion with the Partnership on our developments.

2.4 Of the original £23.226m transformational funding award, £7.9m has been allocated within 2017/18. We also received the additional requested £995k programme support in December 2017. Transformational programmes are being implemented at pace across the economy but there has been some slippage in our expected rate of expenditure. This is likely to result in an underspend this financial year but in conjunction with Greater Manchester Health and Social Care Partnership, we aim to carry this forward to 2018/19 in order to realise the long term financial benefits.

2.5 Monitoring of the Investment Agreement within the locality takes place on a fortnightly basis at the Finance Economy Workstream and at the quarterly Care Together Programme Board. In addition, Greater Manchester Health and Social Care Partnership require monthly returns and the transformation programmes are examined in the bi-annual a self-assessment process is being undertaken.

2.6 Tameside and Glossop were not as successful as hoped with the Greater Manchester Digital Fund. This is likely to present a considerable challenge and is a key risk as without the necessary funding to ensure interconnectivity between operating systems and the

strategic developments required, it is unlikely the full financial benefits for our transformation will be seen. We continue to work with Greater Manchester Health and Social Care Partnership as well as exploring other avenues to increase capital funding for IM&T and aim to maximise and prioritise the funding received to date.

2.7 David Lewis, Head of Finance, Care Together Programme Management Office leads on the collation, monitoring and assurance of these funds on behalf of the economy. The latest financial position for all of these streams of funding is attached at **Appendix A**.

3. PROGRAMME MANAGEMENT

3.1 As reported at the last meeting, the governance processes implemented in our Programme Management Office have been commended by Greater Manchester Health and Social Care Partnership. We have also commissioned the Clinical Commissioning Group Internal Audit function to audit the effectiveness of systems and processes in place for Care Together governance and expect to receive Significant Assurance in the new few weeks.

3.2 Due to the secondment in September 2017 of Clare Watson, Tameside and Glossop Director of Commissioning, to become Accountable Officer for two Clinical Commissioning Groups in Cheshire, Jessica Williams, Programme Director for Care Together has also taken on the Director of Commissioning role. This proved challenging initially with the Programme Management Office team only being fully established in October but the team is now working well to support the economy.

3.3 The third Board to Board to Board meeting involving the three key partners in Care Together took place on 12 December 2017, chaired by Councillor Kieran Quinn. This meeting reflected on the previous year, defined what we want to see in the future and also confirmed the key milestones for 2018.

3.4 The benefits defined for our future care system included:

- Improved Urgent Care Service;
- Improved Primary Care Service;
- Better mental health;
- Supported families;
- Reduced homelessness.

3.5 Key objectives for 2018 included:

- Defined objectives ("what good looks like") for Neighbourhoods;
- Population health plan in place focussed on early intervention;
- Social prescribing roll out complete;
- Growth of Voluntary Community and Faith Sector;
- Agreed, collective financial plan & benefits realisation for 2018/19;
- GM Work and Health Programme operational throughout Tameside;
- Recognition of improving Children's Services;
- Evaluate Living Wage Foundation as an economy;
- Increasing numbers of people receiving care at home e.g. digital health;
- New residential and nursing contract in place with improved quality;
- Improved services targeted at Carers;
- Identified mechanism for new Mental Health contract;
- Clarity on model and implementation of Integrated Children's services;
- Adult Social Care transaction complete;
- Urgent Treatment Centre in place;
- Agreed strategic direction for General Practice and clarity of how to incentivise change;
- Evidence of shifting demand from acute to community and improving financial stability.

3.6 Progress against these objectives will be monitored by the Care Together Programme Board as well as by future Board to Board to Board meetings.

4. OPERATIONAL PROGRESS

4.1 At the last Health and Wellbeing Board in September, the Board heard about plans to revise governance arrangements for the Strategic Commission. This has now been approved by Council as well as by the Clinical Commissioning Group Governing Body and has therefore moved to implementation. The agreed Governance Structure is attached at **Appendix B.**

4.2 The consultation regarding Intermediate Care concluded at the end of November. This consultation generated significant interest and responses and a report including a recommendation will be presented for decision to the Strategic Commissioning Board on 30 January 2018.

4.3 A further consultation on urgent care is currently underway and is due to conclude on 26 January 2018. This aims to understand the impact on people with the relocation of the current Walk In Centre in Ashton Primary Care Centre to the main hospital site to be located alongside A&E. It also asks for views on whether there should be three neighbourhood hubs for evening and weekend GP appointments or whether five operating at weekdays is preferable. A decision is likely to be made on this at the Strategic Commissioning Board in March 2018.

4.4 Work continues to determine the full remit for the Integrated Care Foundation Trust and to align services accordingly. As well as the transformation and transaction of Integrated Neighbourhoods, discussions regarding mental health, how to optimise working with a variety of voluntary, community and faith sector groups and potentially, the alignment of primary care are being discussed.

4.5 Key in the development of the Integrated Care Foundation Trust is the continued transformation of Adult Social Care. The transformation programme is currently being refreshed to take into account the additional funding agreed in the recent Budget. This as well as the agreed timetable for the Adult Social Care transaction process will be brought to the next Health and Wellbeing Board.

4. RECOMMENDATIONS

4.1 As stated on the front of the report.

APPENDIX A

PMO Report - Section 2 - Finance

Month 8 **09/01/18**

Key facts for GM CBA schemes in year

TAMESIDE AND GLOSSOP Caretogether

1. 17/18 Forecast Expenditure Variance (£000s)

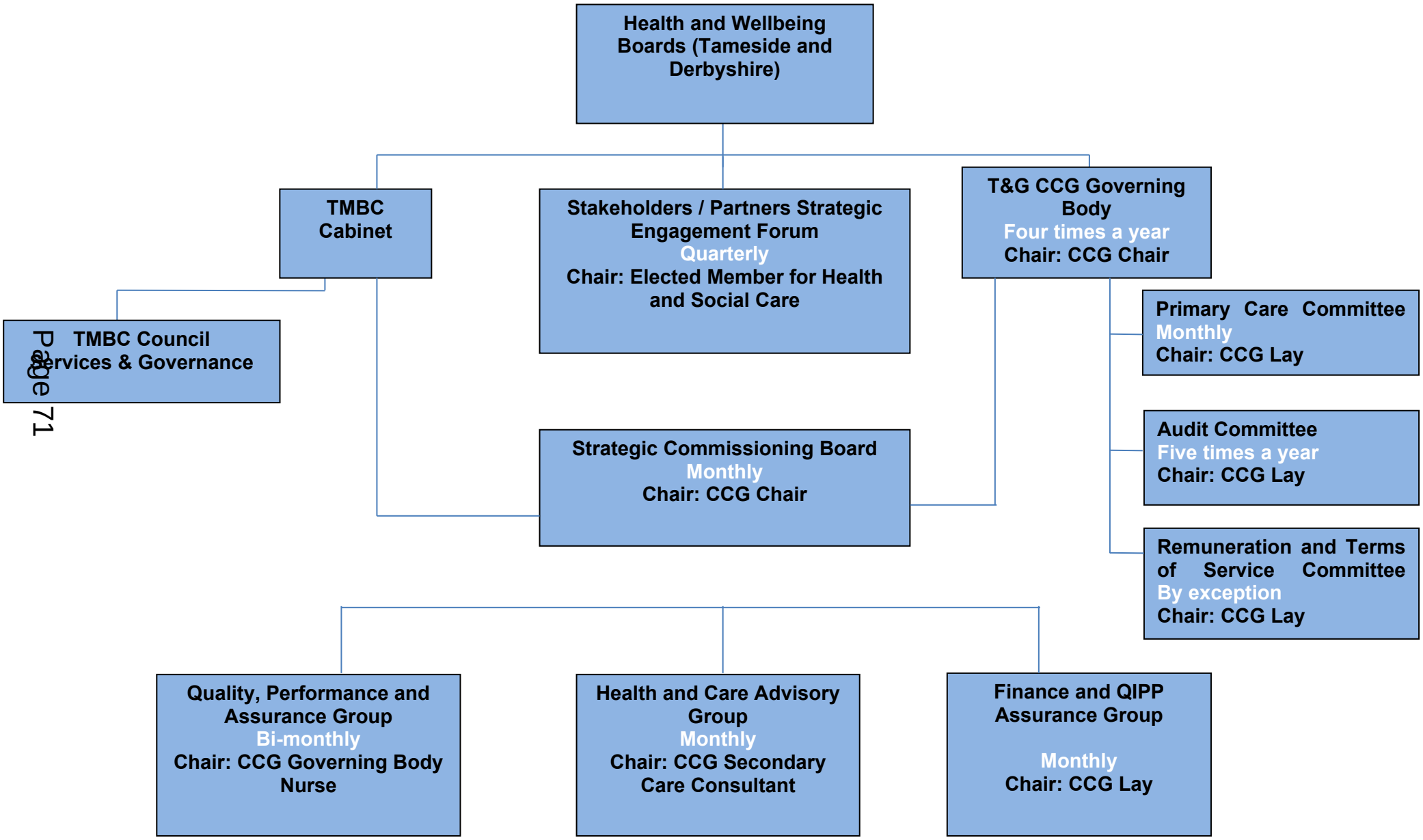
Allocation 17/18 £7,973

2. Forecast Savings Variance (£000s)

			2017/18 FINANCE UPDATE GM Funding Spend £000						2017/18 FINANCE UPDATE Savings £000					
Theme/ Scheme	Org.	SRO	YTD Budget	YTD Actual	YTD Var	Original Approved CBA	FY Forecast outturn	Var	YTD Budget	YTD Actual	YTD Var	FY T&G Planned Schemes	FY Forecast outturn	Var
Integrated Neighbourhoods	All	Trish Cavanagh	£1,151	£1,090	-£62	£2,750	£2,089	-£661	£1,860	£1,860	£0	£2,790	£2,790	£0
System wide self care	ICFT	Trish Cavanagh	£868	£356	-£512	£1,707	£1,578	-£129	£0	£0	£0	£0	£0	£0
Support at Home	All	Stephanie Butterv	£0	£11	£11	£1,044	£322	-£722	£0	£0	£0	£0	£0	£0
Subtotal Neighbourhood	**All**	**Trish Cavanagh**	***£2,019***	***£1,456***	***-£563***	***£5,501***	***£3,990***	***-£1,511***	***£1,860***	***£1,860***	***£0***	***£2,790***	***£2,790***	***£0***
GP Prescribing	SCB	Jessica Williams	£0	£0	£0	£0	£0	£0	£1,678	£424	-£1,254	£2,516	£1,074	-£1,442
Wheelchairs	SCB	Jessica Williams	£0	£0	£0	£0	£0	£0	£550	£551	£1	£550	£551	£1
Neighbourhoods CBA	**All**	**Trish Cavanagh**	***£2,019***	***£1,456***	***-£563***	***£5,501***	***£3,990***	***-£1,511***	***£4,088***	***£2,835***	***-£1,253***	***£5,856***	***£4,415***	***-£1,441***
Home First	ICFT	Trish Cavanagh	£203	£194	-£9	£580	£491	-£89	£0	£0	£0	£294	£0	-£294
Digital Health	ICFT	Trish Cavanagh	£199	£171	-£27	£393	£290	-£103	£0	£0	£0	£0	£0	£0
Flexible Community Beds	ICFT	Trish Cavanagh	£921	£918	-£3	£244	£1,200	£956	£0	£453	£453	£453	£1,000	£547
Estates	ICFT	Robin Monk	£13	£22	£9	£400	£152	-£248	£509	£524	£15	£763	£657	-£106
IM&T	All	Peter Nuttall	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Evaluation	All	Jessica Williams	£0	£0	£0	£200	£0	-£200	£0	£0	£0	£0	£0	£0
Performance Management	All	Jessica Williams	£0	£0	£0	£50	£50	£0	£0	£0	£0	£0	£0	£0
Organisational Developmer	All	Amanda Bromley	£107	£90	-£17	£560	£336	-£224	£0	£0	£0	£0	£0	£0
Total GM funding schemes			**£3,462**	**£2,853**	***-£609***	**£7,928**	**£6,509**	***-£1,419***	**£4,596**	**£3,812**	***-£784***	**£7,367**	**£6,072**	***-£1,295***

APPENDIX B

REVISED GOVERNANCE STRUCTURE



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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	25 January 2018
Executive Member / Reporting Officer:	Councillor Gerald P Cooney, Executive Member (Healthy and Working) Angela Hardman, Director Population Health
Subject:	**PUBLIC HEALTH ANNUAL REPORT 2017**
Report Summary:	The Director of Population Health's Annual Report 2017 focuses on the subject of air pollution generated by road traffic and the impact air quality has on health. The main objective of this annual public health report is to highlight an issue which has until relatively recently been largely under reported. It seeks to educate on the causes and risks of 21st century air pollution; and how we can protect ourselves from exposure to it; and reduce pollution within our communities. Tameside residents, communities, businesses and public-sector services all have a role to play. There is already work taking place coordinated via the Greater Manchester Air Quality Action Plan. This report seeks to complement what we do locally in Tameside. It highlights activities and interventions and calls for action from an individual perspective to that of business and communities; acknowledging that the resultant health gain will be strengthened by acting together. The recommendations in this report are designed to be simple, manageable and realistic for residents and organisations to respond to locally.
Recommendations:	The report is for information only.
Links to Health and Wellbeing Strategy:	The Public Health Annual Report is relevant as it seeks to promote the health and reduce inequalities for the people of Tameside, particularly those who are most vulnerable. Although it is an independent report it contributes to the delivery of the corporate vision to maximise wellbeing.
Policy Implications:	The report does not have any policy implications, however, it presents a challenge to the Council and its partners to embed principles within their policies that promote health and reduce inequalities.
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications arising from this report.
Legal Implications: (Authorised by the Borough Solicitor)	The publication of this report fulfils a statutory requirement of Tameside's Director of Population Health and sets out an approach to meet our Health and Wellbeing Strategy.

Risk Management :	The Public Health Annual Report is being presented to Board for their information.
Access to Information :	The background papers relating to this report can be inspected by contacting Anna Moloney, Consultant Public Health: Telephone: 0161 342 2189 anna.moloney@tameside.gov.uk

2017

Facing up to Air Quality
Public Health Annual Report

Angela Hardman, Director of Population Health

Foreword

By Angela Hardman, Director of Population Health

Air quality is a re-emerging 21st century public health threat. It exemplifies a shift in the changing nature of risks to human health, which some authors refer to as a 'fifth wave' of public health challenges, which require new public health responses. These challenges include population change and growth, the risks associated with complex environments which appear to promote ill-health, inequality and poor wellbeing, and sustainable growth and energy use. Air quality is part of this picture and it is considered to be an advancing harm to health. The risk to health from air pollution is a reality that we are still addressing.

What we know about air pollution is that it affects certain populations disproportionately - the very young, older adults, adults with pre-existing lung and heart conditions and disadvantaged communities. Tameside is one of the 20% most deprived authorities in England and has more than double the population living in the most deprived quintiles compared to the rest of England, which is around 60% of residents. Our 0-9 population is slightly larger than the England average and about 24% of children (10,600) live in low income families. Early deaths from cardiovascular disease are significantly worse than the England average, as are several health risk factors. This arguably makes action around air quality in Tameside more urgent and necessary.

Although air pollution has many dimensions, including the related matter of indoor air pollution, and many people link it to climate change, this report will focus on local road traffic-related air quality issues. The Royal College of Physicians talk about some of the reasons why. *'In 2012, road traffic in the UK was ten times higher than in 1949. Total distance walked each year decreased by 30% between 1995 and 2013'.* It is also the aspect of air quality research where the available evidence is the strongest.

There is co-ordinated work taking place across Greater Manchester through the joint Air Quality Action Plan, that has broad coverage, and this will complement what we do locally in Tameside. It covers activities and interventions that no single authority could deal with effectively alone, and that will be strengthened by acting together. The recommendations in this report are of a different order and are designed to be simple, manageable and realistic for residents and organisations to respond to locally.

The main objective of this annual public health report is to discuss an issue which until relatively recently has been hugely underreported as a risk to human health. The two little boys on the front cover will have been blissfully unaware of the risks of inhaling the dust on the building site they were playing on, or the sulphur dioxide emissions from the chimney in the distance. This report is a call to action, to educate ourselves, our families and the next generation about the causes and risks of 21st century air pollution and how we can protect ourselves from exposure to it. I hope that this report and the accompanying animation is the beginning of that collective journey for Tameside residents, communities, businesses and public-sector services.

Contents

Acknowledgements

Thanks go to Sarah Newsam for authoring the report and the various colleagues who have commented on its development at various stages, including Will Welfare from PHE, Ian Saxon and Gary Mongan from Environmental Services and the Population Health senior management team.

Section 1

Purpose of this report

The fundamental purpose of this annual public health report is to raise awareness about and promote a wide recognition of the risks of traffic-related air pollution, by explaining what it means, its causes and effects on health, and considering what individuals and organisations in Tameside can do to limit their contribution and exposure to local air pollution. With it is a companion animation which is aimed at Tameside residents.

Imagine if our water supply was polluted and people's health was at risk. Having a clean water supply is so normal to us in the UK today that the public outcry would be enormous. Yet air pollution carries a much greater risk to human health, and there is no safe level of some air pollutants, but it is not currently recognised as a reality nor a significant problem.

There is a focus throughout the report on road-traffic related pollution. This is because Tameside features significant urban areas where levels of traffic, traffic congestion and air quality are nationally and locally recognised issues, much like the rest of the Greater Manchester conurbation and other towns and cities across the UK. Traffic-related poor air quality is also the focus of current UK policy and public health guidance and it is an area where the evidence is generally stronger.

However, the chief rationale for focusing on this aspect is that all Tameside residents, families, businesses, schools and communities can collectively play a role in local air pollution caused by traffic and road transport, unlike industrial, agricultural or chemical pollution for example.

The scope of this report will therefore not cover associated issues such as energy efficiency, low-carbon economies or climate change, but this is to focus our combined efforts in Tameside on the traffic-related causes of air pollution that we have more direct control over.

The secondary purpose of this annual public health report is to initiate a step-change in our collective response to the problem of poor air quality in our towns, recognising that air quality is part of what makes a healthy sustainable community, alongside good jobs, suitable housing, access to health and social care services and being an active part of society, having friends, having fun and sharing aspirations. There has been ongoing work to address air quality for many years across Tameside and the recent developments at a national government level, and the collaboration across Greater Manchester through the detailed and comprehensive Air Quality Action Plan, has given impetus to this.

It is an unquestionable fact that air pollution is damaging to human health, and pollution rates will continue to increase, and in turn harm our health, unless we act. Allowing air pollution to grow unchecked is therefore not a sustainable course of action. This report is the proposed starting point for local, collective action and the recommendations demonstrate that there is a role for everyone that lives or works in Tameside.

Section 2

What is air quality and why is it a public health issue?

Air quality is a term used to describe and measure the extent to which the air we breathe is safe for human health. Other common ways of referring to the same idea are air pollution, particle pollution, particulate air pollution and emissions. Simply put, air quality is a public health issue because it causes serious long-term harm to health. The purpose of public health is to provide the population with services, knowledge, advice and insight to help protect our own health, and that of our family and our community from known risks. Poor air quality is one such risk.

Pollution is the introduction of something into a system or environment which would not occur naturally, and it can affect the air, water and soil. Most pollutants are created through human processes or materials such as transport, industry, agriculture, urban development, chemicals, homes, heating and fuel burning and realistically some of this pollution is a by-product of necessary activity. A recent report by the Lancet Commission on pollution and health (2017) has found that air pollution, compared to other forms of pollution such as soil, water or chemical pollution, has by far the biggest negative impact on health.

The quality of our air, or the extent to which it is high in polluting material, can vary according to factors such as geography, weather conditions, time of year and time of day, but the main contributor to air pollution in urban areas like Greater Manchester and the towns in Tameside is *traffic*. In Greater Manchester well over 60% of the two most harmful emissions come from road transport – more precisely road transport accounts for 65% of nitrogen-based emissions, 79% of particulate matter emissions, along with 31% of carbon dioxide emissions. Figure 1 shows common types of air pollutants:

Oxides of nitrogen (NOx)	• A cover term for nitric oxide (NO) and nitrogen dioxide (NO_2) • A mixture of naturally occuring and man-made gasses, often at a peak in rush hour traffic and strongly associated with diesel vehicles
Particulate matter (PM)	• A complex mix of substances which are mainly man-made • Can be coarse or very fine material and therefore possible to breathe into the lungs and pass into the bloodstream
Carbon dioxide (CO_2)	• A natural gas but considered a pollutant when man-made • Widely associated with climate change and global warming
Carbon monoxide (CO)	• Naturally present in the atmostphere but very harmful in enclosed environments • Man-made sources linked to combustion engines and
Sulphur dioxide (SO_2)	• A gas which is present in the air mainly due to burning fossil fuels and oil. Power stations are a key source in the UK. • SO_2 emissions have successfully been reduced over previous decades

Figure 1

Where some of the biggest contributions to levels of pollution are local factors, it makes sense to try to tackle the causes *locally* and as individuals we can directly and positively manage the individual and collective effects of local air pollution by:

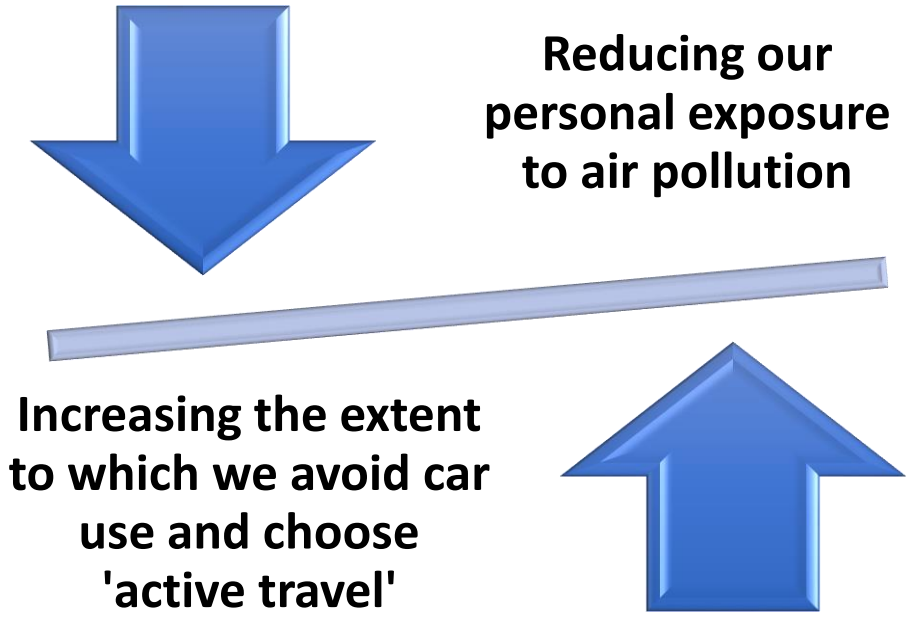

Figure 2

Supporting residents to do more active travel through the development of cycle ways and routes, improved pedestrian facilities, and the development of the public transport infrastructure, such as Metrolink, has been a long-term objective across Tameside and Greater Manchester. More recently, this has developed into 'school run' active travel schemes such as walking buses, where a group of children walk to school together supervised by parents. Incorporating active travel into daily routines is good for our mental and physical health but cycling, walking and using public transport are the main alternatives to car use and can therefore also help to reduce our contribution to air pollution. Active travel is especially achievable for short journeys but Transport for Greater Manchester (TfGM) estimates that nearly a third of all journeys less than 1km are completed by car/van. It is also worth noting that travelling in a car does not protect us from traffic-related air pollution.

Air pollution in context

Air pollution isn't a new problem in the UK and before the 1956 Clean Air Act, pollution was visible in the form of smoke and smog. The Great London smog of 1952 and the sharp and considerable increase in deaths that came about due to it sparked the then government to take steps to control smoke, soot and sulphur dioxide. This led to great improvements in urban air pollution and the later introduction of tall chimney stacks as a norm meant that industrial pollution was released higher into the atmosphere and dispersed better.

As a result, '*air quality has improved significantly in recent decades. Since 1970 sulphur dioxide emissions have decreased by 95%, particulate matter by 73%, and nitrogen oxides by 69%. Total UK emissions of nitrogen oxides fell by a further 19% between 2010 and 2015.'* DEFRA Joint Air Quality Unit, UK plan for tackling roadside nitrogen dioxide concentrations, 2017

Perhaps because of these improvements in air quality and the fact that air pollution is now less tangible to the senses, by the 1990s air pollution was no longer considered a threat to health, but in 2016 the World Health Organisation (WHO) assessed it to be rising at an alarming rate. Now the sources of air pollution are different, but it remains highly toxic to health.

The challenge of 21st century air pollution has escalated to it now being recognised as the largest environmental risk to human health. Although death and disease can rarely and singularly be attributed to air pollution, it is estimated to have contributed to around 9 million premature deaths in 2015 which represents 16% of all deaths worldwide (The Lancet Commission, 2017).

As part of its health protection remit, Public Health England (PHE) made some estimates of the effects of a form of air pollution called particulate matter or PM (see figure 1 above), which is one of the air pollutants causing most concern, partly because there are no safe levels of PM when it comes to protecting human health.

According to 2015 PHE data, an estimated 4.7 percent of deaths in England each year are attributable to long-term exposure to these small, polluting particles in the air. This is around 25,000 deaths per year. For Tameside, the equivalent figure is 4.2%, which is slightly higher than the north west average. Although air pollution alone is rarely the direct cause of death in individuals in practice, these figures are a way of expressing and quantifying the additional impact of air pollution on deaths across the UK population each year, compared to the impact of other causes of death. Another way of describing the impact is to say that air pollution results in an average loss of 6 months of life expectancy. This makes air pollution the biggest *environmental* risk linked to mortality. For context, other environmental risks to health, depending on where you live, could include food or water contamination, natural hazards like storms and flooding, occupational hazards, risks associated with the built/urban environment and climate change.

However, when we compare annual deaths associated with PM with numbers of deaths caused by some very well-known risks to health, then the impact of PM on population health takes on a different meaning. Figure 3 compares annual deaths associated with PM with other direct behavioural risk factors.

Risk Factor	Annual attributable mortality in England	Deaths for which the risk factor is the main cause of death
Long-term exposure to particulate air pollution	25,000	Small number
Alcohol	22,481	6,000
Smoking	79,700	43,400

Figure 3 Source: PHE website Understanding the impact of particulate air pollution (2015).

The comparisons in figure 3 highlight the hidden and largely unarticulated impact of particulate air pollution on population health. Whilst regular, excessive alcohol consumption is now a publicly recognised health risk, accompanied by published guidelines on how to manage our individual risk, the additional contribution of alcohol to the annual number of deaths in England is in fact *lower* than particulate air pollution.

The health risks of smoking are perhaps the most widely and long understood by the public. There are clear parallels between the type of harm associated with smoking and the harm caused by air pollution. Both affect the lungs and circulatory system, although smoking would be regarded as having a more direct and amplified effect, making a stronger additional contribution to annual deaths and playing a greater role overall in deaths. Yet the effects of air pollution are not described or understood in these terms, despite striking similarities to the physiologically damaging effects of smoking.

However, it is reasonable to assume that as air pollution increases, and if the population's exposure to it is not controlled, its contribution to annual mortality will increase. That is why greater local awareness of the problem is needed now, which starts with the production of this report for the borough of Tameside.

UK action on air quality

The impact of air pollution on human health is recognised by the UK Government in several ways across a range of public policy, government departments and independent or professional organisations:

- Public Health England (PHE) now regards air pollution as one of its top 3 priorities and is working towards costing the impact on the NHS, developing the evidence base beyond current guidance, and supporting local analysis of the impact of air quality.
- The Royal College of Physicians and the Royal College of Paediatrics and Child Health produced and published its own broad and comprehensive report in February 2016 entitled Every Breath We Take, which looks at the lifelong or long-term effects of air pollution on human health. It makes the links to specific illnesses, the different physiological effects for the young and old, and how the health impact of air pollution can be more pronounced for some communities.
- A briefing was published for Directors of Public Health in March 2017, updating essential facts and evidence around the problem of air quality and suggesting methods to address it. It particularly emphasises the importance of local leadership.
- In June 2017, the National Institute for Health and Care Excellence (NICE) and PHE published a joint guideline on 'Air pollution: outdoor air quality and health'. Like this report, it focuses on air pollution linked to road traffic and its effects on ill-health.
- In July 2017, DEFRA and the Department for Transport published its statutory Air Quality Plan for tackling roadside nitrogen dioxide (NO_2) emissions. This identifies 37 mainly urban, but also geographically larger rural 'clean air zones', where NO_2 has been identified as a problem. The plan also includes a requirement on specific local authorities to reduce NO_2 levels, using statutory feasibility studies to identify how to meet legal limits for nitrogen dioxide as quickly as possible, and sets deadlines to achieve it.

  Tameside is one of these local authorities and has a declared Air Quality Management Area or AQMA, largely coinciding with the main roads through the borough.

In addition to national developments, Greater Manchester Combined Authority has developed an Air Quality Action Plan 2016-2021 https://www.greatermanchester-ca.gov.uk/downloads/file/228/gm_air_quality_action_plan_2016-21 This is a detailed document and action plan setting out activities ranging from managing new development, freight and goods vehicles to supporting active travel and access to information.

Section 3

How the air we breathe affects our health

In the past 2 years there has been a swell of publications from world health leaders such as the World Health Organisation (WHO), academic and research institutions including the Lancet Commission on pollution and health, and UK professional bodies and Government. Whilst many of these reports recognise that a full understanding of the effects of air pollution on human health is still emerging, there is enough evidence from science and healthcare to have no doubt that air pollution harms health.

These developments have allowed more confident estimates of the effects of air pollution on population health, in particular for two of the more common pollutants – particulate matter (PM) and nitrogen dioxide (NO_2) – which both arise from road transport emissions.

The UK estimate of the contribution of air pollution from PM to all deaths in each year is likely to be around 5%. The effects of NO_2 have not yet been quantified but are soon expected to be by the Department of Health's (DH) Committee on the Medical Effects of Air Pollutants (COMEAP). The research to date however points categorically towards long-term exposure (e.g. over several years) to the elevated levels of PM and NO_2 that are typically present in most urban environments having an adverse effect on health and contribute to a reduced life expectancy.

To understand in greater detail how air quality affects individual health and the burden of disease across the entire population, we need to distinguish between short-term and long-term exposure.

Health effects of short-term exposure

Both PM and NO_2 at high concentrations over a few hours or weeks behave like an irritant. In healthy adults, this may result in coughing, sneezing and watery eyes for example, but for people who have existing lung or heart conditions such as chronic bronchitis, asthma and heart disease it can trigger more serious health consequences such as an asthma attack, shortness of breath, production of mucus which inhibits breathing, and heart attack or stroke.

Some studies have also shown a link between NO_2 and reduced lung development and respiratory (chest) infections in young children. Source: Air Quality: A Briefing for Directors of Public Health (2017)

Health effects of long-term exposure

While the short-term effects of air pollution are most troubling for people with existing lung and heart disease, not surprisingly the long-term effects of air pollution contribute to the development of the same types of diseases, as physiologically the lungs and circulatory

system are the bodily organs that primarily process air pollutants. Figure 4 shows this more clearly and points towards other physiological effects.

Long-term exposure to air pollution levels found in most urban areas across the UK increases the risk of lung disease, heart disease and having a stroke. There is also some early, emerging evidence that it is linked with new-onset of type 2 diabetes in adults. Source: Every Breath We Take (2016)

In a 2016 report WHO states that there is enough epidemiological evidence to assert that air pollution increases the risk of:

- acute lower respiratory problems,
- chronic obstructive pulmonary disease,
- stroke,
- ischaemic heart disease, and
- lung cancer.

In 2013, the WHO International Agency for Research on Cancer has also classified air pollution generally, and PM specifically, as carcinogenic or cancer-causing.

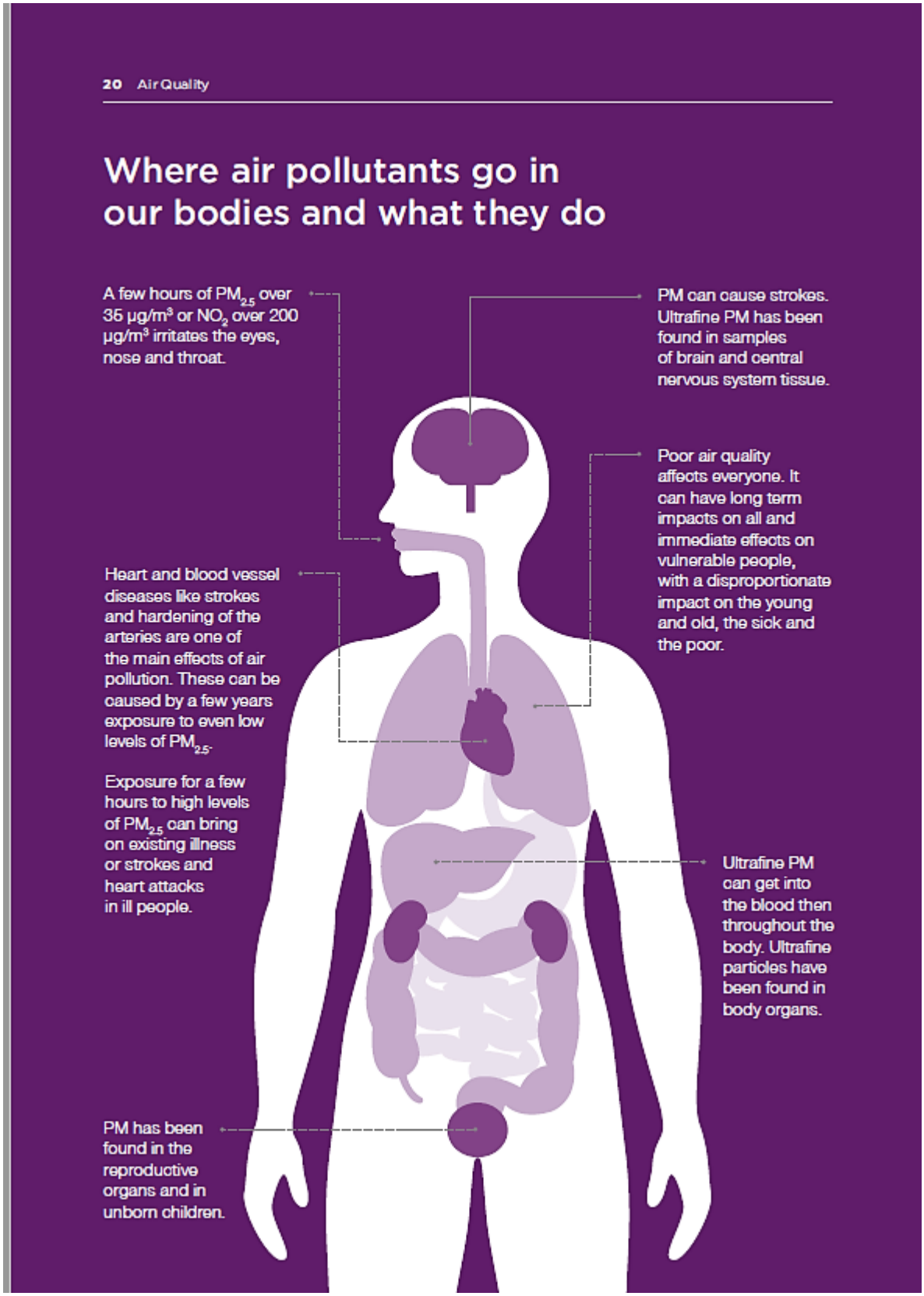

Figure 4 Source: DEFRA, PHE, LGA publication 'Air Quality: A Briefing for Directors of Public Health' March 2017

Does air pollution affect everyone in the same way?

Like most risk factors to individual health, air pollution will have different effects across the course of our lives, depending on a wide range of issues including what we do for a living, what age we are, how much money we earn, where we live and our genes.

There is also a recognition that different risk factors to health e.g. poor diet, alcohol consumption, use of tobacco and lack of physical activity also interact with each other to increase or decrease an individual's accumulated risk of disease. Air pollution is no exception to that, meaning that two different people both exposed to usual levels of urban air pollution could have very different health outcomes.

But there is clear agreement across the recent national and international reports on air pollution that some population groups, life circumstances or characteristics will make some individuals more vulnerable *in predictable ways*. The most important of these are:

- age
- levels of socio-economic disadvantage or inequality

The Lancet Commission on pollution and health states that *'pollution disproportionately kills the poor and the vulnerable.'* Figure 5 provides more explanation for these differences.

What does this mean for our health and care system?

There are several implications for health and care systems, including public health strategy, service planning and healthcare delivery.

The first is for the health and care economy in Tameside to better understand the impact of air pollution on its community. This annual public health report is the beginning of the process, but it needs to develop into a more detailed appreciation of the air pollution exposure risk and how that differs across Tameside geographically and socially.

The explicit link between air pollution and lung and heart disease is an early marker of the potential direction of travel of the disease burden if air pollution levels and exposure to it are not managed. Current national trends in premature death put cancer as the leading cause, thought in large part to be the cumulative effect of programmes to reduce the risks to health of smoking, resulting in a positive effect on early cardiovascular mortality. This adds power to the argument to act now on air quality to protect our health futures and that of younger generations, as health outcomes can be slow to change and population exposure to air pollution is very broad because it's carried in the air we all breathe.

Although healthcare impacts of air pollution are only estimated, they include assumed increases in the number of days over which people will experience symptoms, the number of days of restricted activity due to ill-health, hospital admissions for lung and heart problems, and cases of chronic bronchitis in adults and children. Most of these healthcare impacts are likely to be seen and managed in the community, by GPs, District Nurses, specialist community nursing teams and the emerging multi-disciplinary integrated care teams, and through self-care by individuals themselves.

Babies and young children

Babies in utero, toddlers and young children are thought to be at increased risk of harm from air pollution, mainly because their bodies and brains are still developing, and these normal developmental stages can include windows of vulnerability where exposure to pollution, even at low levels, can affect/slow development and be the catalyst for disease or disability, in childhood or later life.

Older adults

For older adults, exposure to air pollution seems to be associated with an increased risk of death, although these are early research findings. This is certainly partly because more older adults will already have well-established lung, heart and metabolic conditions which are sensitive to air-pollution. However, a systematic review which collated the research from several studies, has found that older adults are twice as likely as younger adults to die from or be hospitalised by exposure to PM.

Disadvantaged communities

The relationship between poverty and air pollution is complex. Economic and social disadvantage increases vulnerability to air pollution because of the simultaneous wider presence of, or susceptibility to, other risk factors associated with deprivation i.e. exposure to multiple risk factors increase overall risk. Factors which may play a more direct role, are levels of sustained stress due to poverty and the differences in geographical locations and environmental conditions of more disadvantaged communities, such as urban settings with less green space and living on more highly trafficked roads or neighbourhoods.

Figure 5 Groups that are more vulnerable to air pollution

Section 4

What we can do in Tameside to make a difference?

Improving air quality in Tameside doesn't require individual herculean effort, but it does require widespread buy-in and a shared commitment to make small changes. Those changes become significant if enough of us are committed to doing them frequently and together they will lead to incremental improvements in air quality.

The principles sitting behind all the recommendations in this report are simple and achievable and are the basis of a call to action for all of us. They are:

- ✓ Educate yourself about air pollution and share it with others
- ✓ Apply what you learn to your life or work
- ✓ Fully commit to manageable changes
- ✓ Choose air-quality friendly alternatives whenever possible

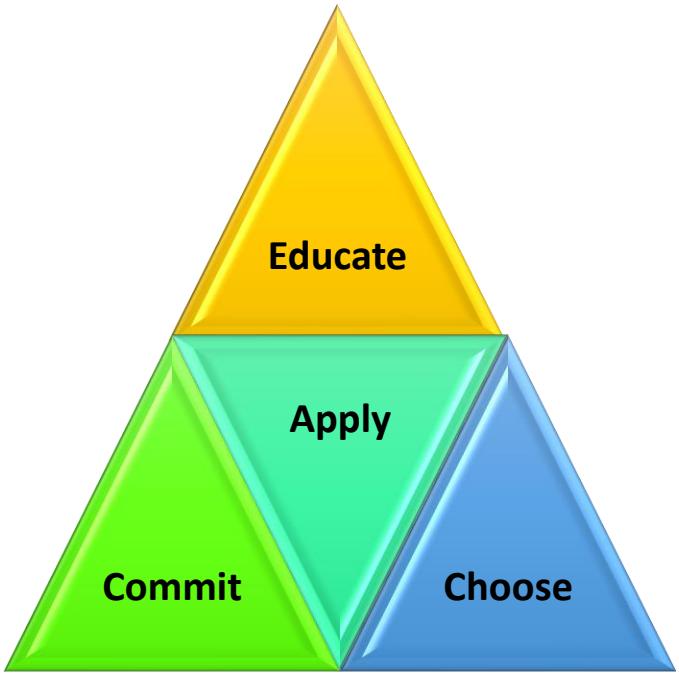

Figure 6 The principles behind reducing air pollution and the exposure to it

Section 5

A call to action

For individuals and families

1. Be informed - take time to think about your own daily exposure to air pollution, and that of your family, and what you could do to reduce your contribution and exposure risks.
2. Commit to walking or cycling all journeys that take 15 (walking or cycling) minutes or less.
3. Walk to school whenever possible and always switch off idling vehicle engines outside nurseries, schools and colleges.

For neighbourhoods, communities, schools and the voluntary and social enterprise sector

4. Start a conversation about the risk of air pollution in your community, especially for the most vulnerable groups including pregnant women; babies, toddlers and young children; older adults and people who may already be struggling with health problems or low incomes. Use social media, community cafes, community groups or wherever your community comes together.
5. Ensure that cycle training is provided at all primary schools in Tameside.
6. Building on the example of Gorse Hall Primary School https://www.youtube.com/watch?v=swqqjolnZIg&index=14&list=PL1iIfu0Ln4Y8283CSajh22YT-TzVIm2Cf

   Support teaching and discussion of air quality in local schools at KS2, using existing resources such as the Friends of the Earth 'Clean Air Schools Pack' or clean air day resources to help. https://act.foe.co.uk/act/order-your-clean-air-schools-pack

   https://www.cleanairday.org.uk/get-your-school-involved
7. Voluntary sector and social enterprises supporting or providing services for young children and adults at a higher risk from air pollution are encouraged to incorporate awareness of the risks into their practices.
8. Participate in Clean Air Day on 21 June 2018

For businesses and employers

9. If you employ drivers or are a professional driver e.g. a taxi driver, truck driver, courier, consider actively encouraging or adopting a steady driving style that

continuously stays within the 30mph speed limit on urban roads. This style of driving reduces acceleration and braking which reduces emissions; it is also more fuel efficient; and safer for the driver and other road users. Consider eco driving training. http://www.energysavingtrust.org.uk/business/transport/subsidised-ecodriving-training

10. Promote and support the use of car sharing and car clubs to facilitate travel to and from work and alternative working practices that minimise work-related travel such as video conferencing and working from home. This may also lead to higher productivity and reinforce teamwork within the work place.
11. Choose to use low-emission approaches to transport goods and services e.g. bike couriers, companies that use green vehicles, and clean diesel transport.
12. Commit to introducing low-emission vehicles only for business fleet when existing vehicles reach the end of their usable life.

For the public sector

13. Actively use the opportunity of the Public Services (Social Value) Act 2012 in public sector commissioning to find ways to promote environmental well-being and the reduction of air pollution in all appropriate contracts and procurement arrangements.
14. Consider how air pollution can be minimised and exposure risks of the most vulnerable groups can be managed in the design of public policy e.g. healthy ageing, early years and health inequalities strategies.
15. Continue to ensure that planning applications for services and facilities used predominantly by vulnerable groups e.g. nurseries, schools, care homes and healthcare facilities, consider the current and any known future air pollution exposure risks at the site.
16. Maximise street design and civic space to create healthier streets and reduce the exposure of walkers and cyclists to air pollution, learning from practices elsewhere. http://content.tfl.gov.uk/guide-to-the-healthy-streets-indicators.pdf
17. Consider restriction of idling engines at taxi ranks when vehicles are not in use and promote low-emission vehicles as taxis. Work with local bus and coach companies to limit idling engines at depots, stations and stops.
18. Incentivise green travel policies within the workplace e.g. a green mile rewards scheme which calculates work miles travelled by public transport, on foot, or by bike with bi-monthly rewards for the furthest green traveller, such as healthy lunch vouchers, a gym pass or bonus flexi time.
19. Commit to introducing low-emission vehicles only for business fleet when existing vehicles reach the end of their usable life.

20. Healthcare professionals should understand the risks of air pollution and use this knowledge to help vulnerable patients protect themselves from the worst effects of air pollution. This could require targeted employee training.

To raise awareness

21. Hold a roundtable for senior directors of the largest local employers, hosted by the Director of Population Health and Assistant Director of Environmental Services, to discuss air pollution, its impact and seek commitment to local solutions.
22. Produce a basic air quality analysis for Tameside lead by Public Health in collaboration with Environmental Health. This should compare rates of mortality attributable to air pollution with other mortality rates locally; an analysis of higher risk locations linked to an understanding of the more vulnerable groups and communities in the borough; and consideration of how to incorporate air quality alongside other strategic health and care issues covered in the Joint Strategic Needs Assessment.
23. Develop digital approaches for communicating and promoting issues relating to air quality across Tameside. This could include social media, air pollution alerts or apps e.g. when levels have exceeded recommended limits, and use of existing websites and communication systems to inform people at higher risk of the health effects of air pollution.

To promote alternatives

24. Schools in the most high-risk socio-economic and geographic locations for air pollution will be invited to collaborate with the Council to identify and promote off road / minor road alternative walking and cycling routes to and from school.
25. Offer support to employees to fund alternative ways of commuting to work such as interest-free loans to purchase transport season tickets, cycle to work schemes, and include green work travel planning in new employee inductions. https://tfgm.com/travel-choices

To understand how change happens and share good practice

26. Pilot and evaluate the development of a 'green travel zone' across a small geographical area within the current Tameside AQMA, which would be regarded as a higher risk site e.g. the neighbourhood around a school, or a more disadvantaged community. The purpose will be to raise awareness, understand barriers, develop realistic alternatives with the community, and achieve modal shift over time with the intention of learning and replicating.

27. Develop an action plan that will ensure the recommendations in this report are implemented, which will be managed and overseen by the new air quality steering group.

Section 6

How to find out more about air quality

Below are links to some of the most important documents that were used to inform this annual public health report:

I. Air Quality: A briefing for Directors of Public Health, published jointly by DEFRA, Public Health England and the Local Government Association, March 2017 https://www.local.gov.uk/air-quality-briefing-directors-public-health

II. Air Quality Plan for tackling roadside nitrogen dioxide (NO_2) emissions, published by DEFRA and the Department for Transport, July 2017 https://www.gov.uk/government/publications/air-quality-plan-for-nitrogen-dioxide-no2-in-uk-2017

III. Ambient air pollution: A global assessment of exposure and burden of disease, published by the World Health Organisation, 2016 http://who.int/phe/publications/air-pollution-global-assessment/en/

IV. Every Breath We Take: The lifelong impact of air pollution, published by The Royal College of Physicians and the Royal College of Paediatrics and Child Health, February 2016 https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution

V. The *Lancet* Commission on pollution and health, published in October 2017 http://www.thelancet.com/commissions/pollution-and-health

VI. Making the case for a 'fifth wave' in public health, Hanlon P, Carlisle S, Hannah M, Reilly D, Lyon A. published in Public Health. 2011 Jan;125(1):30-6. https://www.ncbi.nlm.nih.gov/pubmed/21256366

VII. NICE guideline NG70 - Air pollution: outdoor air quality and health, published June 2017 https://www.nice.org.uk/guidance/ng70/chapter/Recommendations#development-management

These links may be of more general interest:

Clean Air Day resources and toolkits https://www.cleanairday.org.uk/

DEFRA https://uk-air.defra.gov.uk/

Friends of the Earth https://friendsoftheearth.uk/clean-air

Healthy Air https://www.healthyair.org.uk/

World Health Organisation http://www.who.int/topics/air_pollution/en/

Section 7

Air Quality Glossary

Air pollution	A general term which groups together all forms of airborne gasses and particles which would not usually be naturally present. It implies a build-up or excess of this material.
Air quality	This is a term used when trying to quantify the level of pollutants present in the air, to judge how high or low they have become. It is a neutral description.
Canyon effect	Street canyons describe where a road is flanked on either side by buildings or less commonly very dense vegetation. This can cause a build-up of the emissions on the road, trapping and recirculating pollutants, potentially resulting in very high levels of air pollution.
Emissions	A cover term for a variety of pollutants that are released from industrial, chemical and combustion processes and are often associated with vehicle exhaust.
Green/clean/low-emission vehicles	These are any road vehicles which use cleaner forms of energy to reduce vehicle emissions e.g. electric vehicles (EV), hybrid cars (a petrol and electric engine), LPG and natural gas cars, and ultra-low emissions vehicles (ULEVs) which achieve reduced levels of CO2 through a range of different technologies.
Green walls / screens / roofs	Walls and roofs which have been 'greened' by allowing or intentionally supporting green vegetation to take hold or grow. Although green walls and roofs have many other benefits, they can also help to manage air quality by blocking or absorbing carbon dioxide, some air pollutants and dust.
Particle pollution	A cover term for pollutants that contains solid, but often microscopic material.

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	25 January 2018
Executive Member / Reporting Officer:	David Niven, Independent Chair, Tameside Safeguarding Children Board
Subject:	**TAMESIDE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016/7**
Report Summary:	The Tameside Safeguarding Children Board Annual Report provides an overview of the partnerships safeguarding activity against its 2016/17 priorities. It identifies particular areas of vulnerability or weakness and provides details of the strategic priorities and actions for 2017/18.
Recommendations:	To ensure the priorities and agendas of the Tameside Safeguarding Children Board, Health and Wellbeing Board and Adult Safeguarding Partnership Board are joined up via a shared safeguarding strategy.
Links to Health and Wellbeing Strategy:	The Tameside Safeguarding Children Board Strategic Priorities for 2015-18 are Domestic Abuse, Child Sexual Exploitation, Threshold Management (including Early Help), Neglect and Self-Harm. There is lots of scope for joint work between the Tameside Safeguarding Children Board and that of the Health and Well Being Board for example in relation to work on the Sexual Health Strategy, Mental Health Services provision and in relation to addressing child poverty. .
Policy Implications:	In line with Council policy.
Financial Implications: **(Authorised by the Section 151 Officer)**	The annual Council contribution to the Tameside Safeguarding Children Board is £0.123 million. In addition partner agencies also provide financial contributions, the details of which are provided in **Appendix B** of the report. It should be noted that any balance at the end of each financial year is retained within the Council's accounts and carried forward to subsequent financial years via a reserve. Any expenditure in excess of budget at the end of the financial year is financed from the reserve balance.
Legal Implications: **(Authorised by the Borough Solicitor)**	The 'Working Together to Safeguard Children' 2015 guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children. The Tameside Safeguarding Children Board needs to demonstrate that it is holding the whole system to account for effectively safeguarding children.
Risk Management :	The Tameside Safeguarding Children Board is required to produce an Annual Report and would be in breach of the legislative requirement if it failed to do so.

Access to Information :

The background papers relating to this report can be inspected by contacting Stewart Tod, Business Manager by;

 Telephone:0161 342 4344

 e-mail: stewart.tod@tameside.gov.uk

Tameside Safeguarding Children Board

TAMESIDE SAFEGUARDING CHILDREN BOARD (TSCB) ANNUAL REPORT 2016/17

September 2017

TAMESIDE SAFEGUARDING CHILDREN BOARD (TSCB)
ANNUAL REPORT 2016/17

FOREWORD

This has been a particularly full and challenging year both locally and nationally. Tameside Safeguarding Children Board has worked hard to fulfil its responsibilities in the face of many different events and circumstances in Tameside. We cannot lose sight of the bigger threats to our children that come with austerity and the national picture. Like it or not, levels of poverty and deprivation are high and even with the significant efforts of all agencies that make up the Board, there still is much work to be done. The inspectors have been here and challenged services to strengthen their efforts to provide a safer Tameside and an comprehensive improvement plan is in place and gaining momentum.

We have commissioned and learned from several reviews that involved injury, trauma and occasionally, the death of a child in Tameside. The great national threats to children such as neglect, child sexual exploitation, domestic abuse, poverty, issues of mental health, inadequate housing, radicalisation and so many more are, sadly present in our community as well.

We will never eradicate child abuse but we will strive to reduce its impact to the best of our skill and determination and the professionalism of all partners on the Board is testament to this. In extremely challenging times and under huge pressure, all members of the Board work to deliver the best service they can.

We have a comprehensive business plan and fully support all the improvement work being undertaken. Our aims are many and varied but all would agree that improving the voice of young people, listening more to those we represent and finding better, more modern ways of communicating with the people of Tameside are high on the priority list.

There are so many subject areas that come the way of the Board and extra areas of responsibility from predecessor Boards in past decades include increased awareness of subjects such as radicalisation, the huge numbers involved in Child Sexual Exploitation and Missing, Self-Harm and Suicide, Neglect, the vital area of Early Help, Female Genital Mutilation, Anti-Slavery initiatives, the importance of the voice of the child and online safety and communication requirements. With over 50% of all child abuse cases having some component of domestic abuse, the Boards involvement in the wider Domestic Abuse Strategy is critical as well as supporting the Domestic Abuse Steering Group.

All the key agencies represented on the Board deserve recognition for the level of work and effort the deliver but I must also mention the staff of the Board for their dedicated service. Their management, administration, training organisation, quality assurance and general support is invaluable and has to be thanked.

The future organisation and structure of Local Safeguarding Boards is being examined and legislation is changing. At this time no guidelines from Government have arrived but, whatever the future arrangements look like, safeguarding Tameside's children will still be the highest priority.

The coming year looks to have many challenges and the Board will participate, with all partners, in continuing to make the children of Tameside safer.

David Niven – Independent Chair of Tameside Safeguarding Children Board

Tameside Safeguarding Children Board

CONTENTS

EXECUTIVE SUMMARY

In September 2016 Tameside Safeguarding Children Board was judged to 'require improvement' by OFSTED. The Board has continued to deliver the good work that was already in place and implemented a number of changes in response to the recommendations that were made.

The Board has a training programme that reflects the changing needs of the children's workforce, is well attended, receives positive feedback and impacts on practice. Learning from case reviews is widely communicated via 7 minute briefings, specific learning events and safeguarding practice updates. It is leading to improvements in policy and practice such as the Self-Harm Referral Pathway, Greater Manchester Police Custody Protocol for Children and Joint Housing and Children Social Care Protocol for Homelessness. It has agreed a revised multi-agency dataset which will be used from April 2017 and in February 2017 implemented an audit schedule as part of a new Quality Assurance and Performance Management Strategic Framework. That increased auditing activity will mean that the quality of practice and the effectiveness of service provision can be more carefully monitored and scrutinised.

Domestic Abuse, self-harm, demand placed on services by the number of children placed in Tameside from Out of Borough and Neglect continue to be key challenges that need to be addressed. Our 3 year strategy (2015-18) and the strategic priorities within it therefore remain correct. They are Domestic Abuse, Child Sexual Exploitation, Neglect and Emotional Health and Well-Being. The previous Early Help priority is now incorporated into a wider Threshold Management priority that looks at the application of Thresholds across the 4 levels of need and not just at Early Help at Level 2. The focus on Early Help continues to be a key part of the work because the Board recognises that if we get our Early Help offer working properly we can reduce demand on the Children's Hub and ensure that they are only having to deal with appropriate referrals which could in turn improve the quality of their assessments and improved decision making. All of that work is being taken forward via the Threshold Management Sub-Group. There is still no system in place to centrally record all Early Help activity which means that the Board cannot be assured that children and families are receiving the support they need at the earliest opportunity. The recruitment of CAF Advisors will help to address this priority issue.

In March 2017 Tameside Safeguarding Children Board removed the Business Group from its organisational structure so that the Strategic Board could have greater management oversight and accountability for the work plans linked to its strategic priorities. However the Board's ability to question and challenge the effectiveness of partners safeguarding arrangements is not as robust as it could be. The Board needs to be quicker to direct and oversee changes that are required as a result of the challenges and recommendations that are presented to them and members need to be held to account when that doesn't happen. Strengthening those safeguarding arrangement will be re-considered in line with the recommendations from the Wood Review in 2017/18. Proposals for the future safeguarding arrangements will be submitted to the Board in late 2017 ready for implementation in 2018.

1. WHAT IS TAMESIDE SAFEGUARDING CHILDREN BOARD?

Tameside Safeguarding Children Board is made up of statutory partner agencies including the Local Authority, Health, Police, Education, Probation and the Voluntary and Community Sector. They all have a legal responsibility to safeguard children through their day to day work. We want to make sure that children and young people that are in Tameside are protected from harm and feel safe and cared for.

1.1 LEGAL FRAMEWORK

Tameside Safeguarding Children Board and all other Local Safeguarding Children Boards are established in accordance with The Children Act 2004 (Section 13).

Tameside Safeguarding Children Board reflects the core functions of The Local Safeguarding Children Boards Regulations 2006 and is governed by Working Together to Safeguard Children 2015 which sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people.

1.2 ROLES AND RESPONSIBLITIES

The role of LSCBs are to coordinate, monitor and support what is done by each person or body represented on the LSCB for the purposes of safeguarding and promoting the welfare of children in the area of the authority. TSCB should ensure the effectiveness of what is done by each such person or body for that purpose.

LSCB responsibilities as set out in chapter three of Working Together to Safeguard Children (2015) include:

1. developing policies and procedures for safeguarding and promoting the welfare of children
2. communicating the need to safeguard and promote the welfare of children, raising awareness of good practice and encouraging staff and services to carry out their safeguarding responsibilities to the best of their ability
3. monitoring and evaluating the effectiveness of what is done by Board partners individually and collectively to safeguard children
4. participating in the planning of services for children in the area
5. conducting reviews of serious cases and advising Board partners on the lessons to be learned

The guidance also sets out the requirements for this Annual Report stating that it should;

1. Assess the effectiveness of child safeguarding and the promotion of the welfare of children in Tameside
2. Provide a rigorous and transparent assessment of the performance and effectiveness of local safeguarding arrangements.
3. Identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.
4. Include lessons from reviews undertaken within the reporting period.
5. List the financial contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training.

The report is a public document published on the TSCB website for members of the public to find out what the LSCB has achieved during 2016-2017. It is submitted to the Chief Executive of the Local Authority, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Children's Trust, Health and Wellbeing Board, Community Safety Partnership and Adult Safeguarding Board.

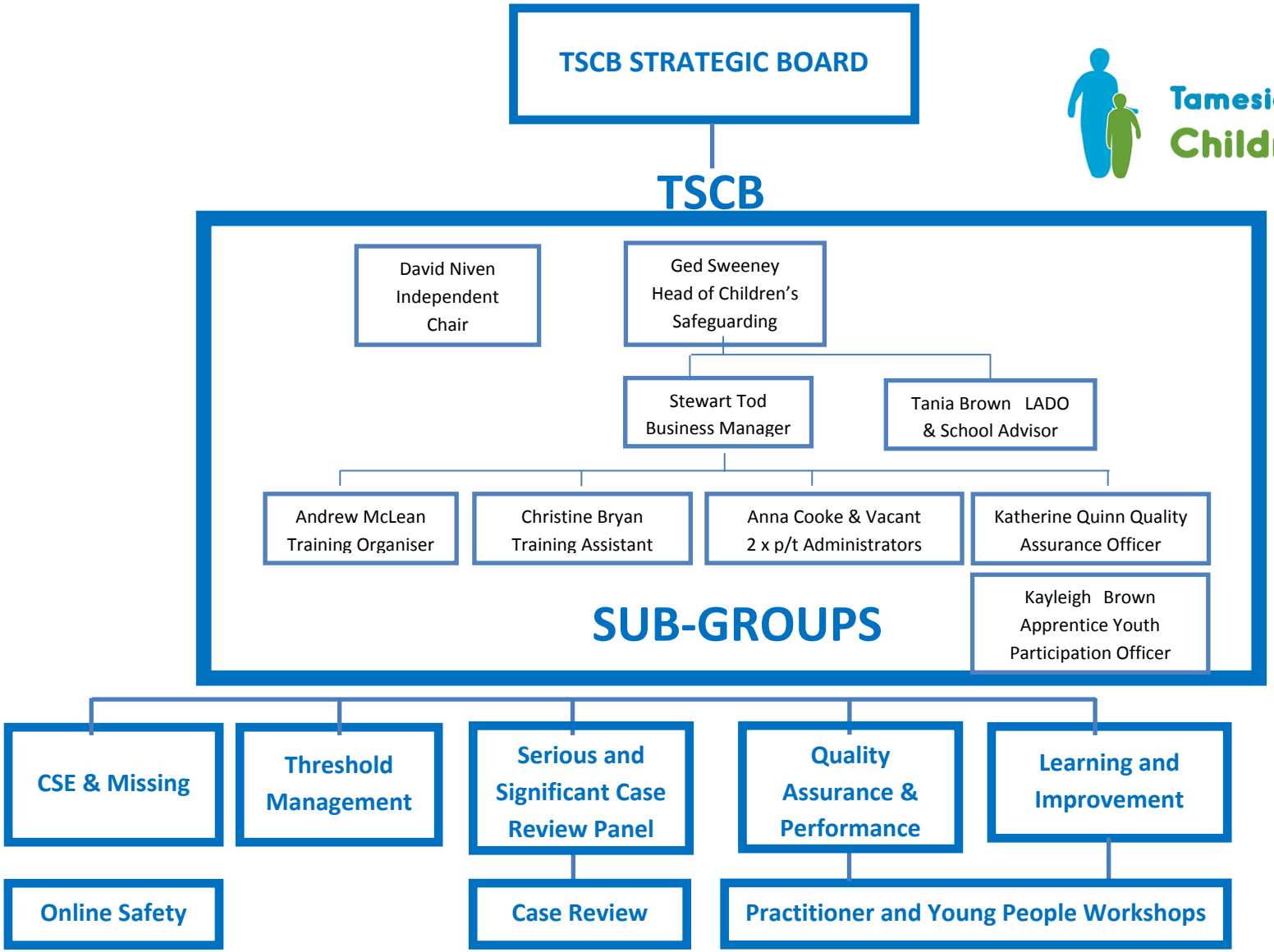
1.3 TSCB STRUCTURE AND GOVERNANCE

In order to achieve its roles and responsibilities the Board has a three tiered structure.

1. The Strategic Board – meets every 2 months and sets the strategic direction for the Board, agrees priorities and monitors effectiveness of both single agency and the collective arrangements. The group monitors and reviews the implementation of the Business Plan via progress/annual reports from TSCB Sub Groups, TSCB Task and Finish Group and Strategic Partnerships.

2. Sub Groups – carry out the ongoing core functions of the Board as well as time limited actions or projects linked to the agreed strategic priorities or emerging safeguarding themes. Sub-Groups cover the areas of, Quality Assurance and Performance Management, Serious and Significant Case Reviews, Child Sexual Exploitation, Threshold Management, Communications (Learning and Improvement Activity Group) and Child Deaths (Child Death Overview Panel). Sub groups Chairs brief the Strategic Board every 2 months and report formally via an annual report.

3. TSCB Staff – Individual staff members carry out additional responsibilities in relation to training and development, policies and procedures, quality assurance, youth participation and communication. They are informed of any new learning and improvement requirements through the existing sub-groups, with any recommendations agreed in advance by the Strategic Board. (Refer to Learning and Improvement Framework for further details). They also consult and report back into those same structures in order to agree any new areas of work that they will lead on or support.



Tameside Safeguarding Children Board

TSCB re-structured in March 2017 in response to the OFSTED Inspection and judgement. It removed the Business Group from its organisational structure in order that the Strategic Board could be better informed of the challenges raised via the sub-group work plans, and have greater management oversight and accountability for those plans.

During 2016/17 the Business Group had raised a number of challenges, for example in relation to the Public Service Hub and Early Help provision, but was unable to implement changes or improvements quickly enough. Reporting directly to the Strategic Board will ensure a more effective response to any identified gaps in service provision or areas for improvement.

TSCB also established a Threshold Management Sub-Group in February 2017 to monitor the application of Threshold's across the 4 levels of need. Its primary focus in early 2017 was to revise the Threshold Guidance and promote the early support and intervention via the Common Assessment Framework (CAF) process.

1.4 TSCB Team

During 2016/17 the Board had a fully staffed team comprising of a Business Manager, Quality Assurance Officer, Training Organiser, Training Assistant and Board Administrator. In addition the Board has an Independent Chair for 3 days a month.

1.5 Key Roles

The Board is comprised of statutory partner agencies, identified in Working Together (2015), and by key appointments and professionals. They include;

- Independent Chair – The Board is led by an Independent Chair who can hold all agencies to account. It is the responsibility of the Chief Executive (Head of Paid Service) of Tameside Metropolitan Borough Council to appoint or remove the Chair with the agreement of a panel including Board partners and lay members. The Chief Executive, drawing on other Local Safeguarding Children Board partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the Board.

- Partner Agencies – All partner agencies in Tameside are committed to ensuring the effective operation of Tameside Safeguarding Children Board. Members of the Board, hold a senior management and strategic role and are able to speak for their organisation with authority, commit their organisation on policy and practice matters and hold their organisation to account.

- Local Authority – Tameside Council is responsible for establishing a Local Safeguarding Children Board in their area and ensuring that it is run effectively. The Director of Children's Service is held to account for the effective working of the Board by the Chief Executive of Tameside Council and challenged where appropriate by the Lead Member. The Lead Member is a 'participating observer' of the Local Safeguarding Children Board and regularly attends Board meetings.

- Designated Professionals – The Local Safeguarding Children Board includes on its Board, appropriate expertise and advice from, frontline professionals from all the relevant sectors. This

includes a designated doctor and nurse, the Director of Public Health, Principal Child and Family Social Worker, Legal Advisor and the voluntary and community sector.

- Local Authority Designated Officer – The role of the Local Authority Designated Officer is to oversee investigations into allegations of child abuse by professionals who work with children and young people and to investigate behaviour which may place children at risk. The aim of the role is to promote an effective, consistent and proportionate response by employers, police and child protection agencies. The role is financed by Tameside Safeguarding Children Board.

- Lay Member – The role of the lay member is to help to make links between the Local Safeguarding Children Board and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB's child protection work.

All Board members are required to sign a membership agreement which sets out their roles and responsibilities in accordance with Working Together to Safeguard Children, 2015. A full list of Board members and advisors is available at Appendix A for information.

2. FINANCIAL MANAGEMENT

Tameside Safeguarding Children Board has always been well supported by monetary contributions from both statutory and non-statutory partners and for the last 6 years the Board has been in a position to carry a reserve into the new financial year. This reserve has been maintained in order to finance unexpected commitments including the costs of Serious Case Reviews. At the end of 2016/17, Tameside Safeguarding Children Board carried forward £127,996.

TSCB has a charging policy for non-attendance on TSCB Training Courses and for private profit making organisations. This created a small revenue of £7,394 during 2016/17.

3. DELIVERY OF THE STATUTORY LSCB RESPONSIBILITIES

The 3 tiered structure of the TSCB ensures that the statutory responsibilities are delivered and that clear and robust reporting and governance arrangements are in place. This section identifies how the TSCB Sub-Groups and TSCB staff have delivered against each of the statutory responsibilities.

3.1 Policies and Procedures

The TSCB Business Manager with support from the Strategic Board and its members has responsibility for ensuring that;

- The policies and procedures of the Board are compliant with statutory and regulatory requirements and are updated within the context of the Greater Manchester initiative on safeguarding procedures.

- All relevant professionals have access to current policies and procedures and that their practice is compliant as to their requirements.
- Professionals and other relevant audiences are alerted to changes to policies and procedures.
- Policies and procedures are implemented in practice and to evaluate the impact on service delivery and outcomes for children and families.

Tameside continues to contribute towards the Greater Manchester Safeguarding Procedures. The TSCB Business Manager regularly attends the Tri-X meetings to review and update those procedures and liaises locally with partner agencies on any proposed changes. The GM Safeguarding Procedures are promoted in all training and learning events and in the TSCB e-bulletin where practitioners are also encouraged to sign up for email alerts to inform them of any changes to procedures.

During 2016 a number of updates have been made to the 'Domestic Abuse and Violence Policy' and 'Female Genital Mutilation (FGM) Multi-Agency Protocol'. A Tameside self-harm referral pathway has been added to the 'Young People and Self-Harm' chapter of the Greater Manchester Safeguarding Procedures following learning from a Tameside Serious Case Review. All local and multi-agency policies and procedures are included on the Local Assessment and Guidance section of the TSCB website. Additional CAF guidance was added in June 2016 to supplement the CAF Training as part of the TSCB Training Programme.

3.2 Communication and Raising Awareness of Safeguarding Issues

A Learning and Improvement Activity Group was established in 2015 to enhance communication and raise awareness of safeguarding issues. The primary focus of the group is to coordinate the delivery of the TSCB Training Programme and evaluate the impact of learning on practice.

The following objectives are identified within the Learning and Improvement workplan and form part of the groups terms of reference;

- To develop a range of communication methods so that the above learning can be disseminated.
- To actively involve practitioners in the development of communication materials.
- To encourage managers and practitioners to disseminate communication materials throughout their respective service.
- To ensure the effective communication of safeguarding responsibilities to the public and professional community.
- To raise awareness of the need to safeguard children and promote their welfare by ensuring that people in Tameside understand how the arrangements for safeguarding work and how they can contribute to these objectives.
- To have oversight of the TSCB website and all TSCB publications.

During 2016/17 a total of 55 Multi-Agency training courses were delivered covering 23 different topics associated with safeguarding children. Additional training courses were delivered in response to increased or new demand which the Learning and Improvement Activity carefully monitors and responds too.

A new 'Modern Slavery and Human Trafficking' course was commissioned in January 2017, as a result of a request from Greater Manchester Police (Phoenix Tameside), who were investigating a number of trafficking cases and requested that the Multi-Agency workforce in Tameside, including representatives of the Crown Prosecution Service, were educated about the issue. This course was received well, evaluations were positive and the course will be delivered again as part of the 2017/18 training programme. An additional 'Graded Care Profile Workshop' was commissioned and incorporated into the existing neglect course in March 2017 in response to feedback from course participants and in light of the need to increase the use of the Graded Care Profile prior to statutory social care interventions. Again the course was well received, evaluations were positive and the two topics remain combined in the current training year.

TSCB also deliver regular safeguarding practice updates on current and emerging themes. 6 Multi-Agency Safeguarding Practice Updates were delivered during 2016/17. Three involved the learning from Child 'Q', 'R' and 'S' case reviews, which were shared with the attendees. Seven minute briefings associated with these reviews have all been disseminated to the Multi-Agency workforce

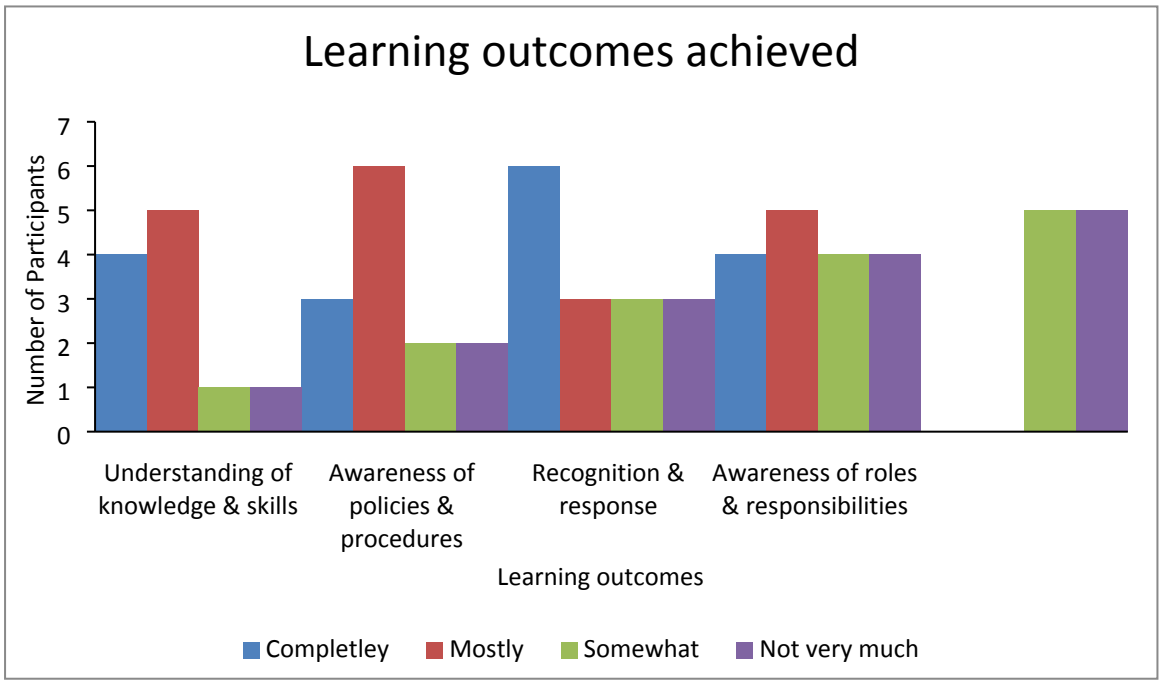
and are published on the TSCB website. The remaining three Practice Updates dealt with, Mental Capacity, Equality Legislation and engaging with the Public Service Hub; Fabricated and Induced Illness and Substance Misuse and the impact on children.

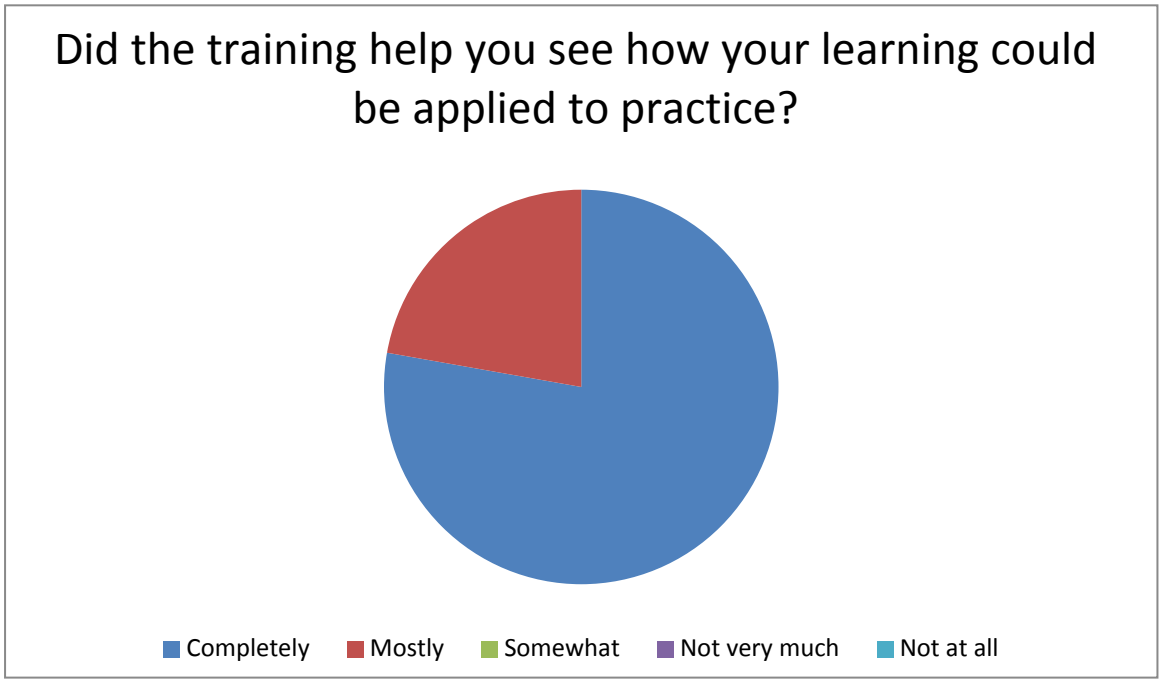
Overall a total of 1,273 Multi-Agency learners attended the training courses or learning event delivered by TSCB. Representation from Education, Local Authority and Health is very good at 36.5%, 20% and 10% respectively. However, attendance at training from the Police and Probation is poor.

A system of pre and end of course evaluation was implemented in 2016/17 whereby learners self-assessed the learning they brought to the beginning of a course and upon conclusion completed a further evaluation to measure their acquired learning. Measures were also included to capture the achievement of learning outcomes and intended changes in practice at conclusion.

All of the evaluations reflect an average increase in acquired learning as the result of attending the course from little or moderate learning to good or significant learning. All courses demonstrate a high percentage of 'learning outcomes achieved' and 'intended changes to practice' declared as shown in the charts below.

Chart 1 & 2





3.3 Monitoring and Evaluating Effectiveness

The Quality Assurance and Performance Management (QAPM) Sub-Group fulfil the Boards responsibilities in relation to monitoring and evaluating the effectiveness of safeguarding practice. Its purpose is to provide objective scrutiny of multi-agency safeguarding performance in order to consider the effectiveness of partner agencies in promoting the welfare of children.

The following objectives are identified and form part of the quality assurance framework;

- To provide objective scrutiny and challenge of multi-agency safeguarding performance by scrutinising and analysing agency data in relation to the Board's safeguarding priorities
- To consider the effectiveness of partner agencies to safeguard and promote the welfare of children via multi-agency thematic safeguarding audits and Section 11 audits.
- To ensure the Voice of the Child is integral to safeguarding activity and that this drives service improvement

A new Strategic Quality Assurance and Performance Management Framework was produced in January 2017 in response to the OFSTED report and recommendations.

As of quarter 1 2017/18 TSCB will use a revised dataset which has been developed in partnership with key agencies that work with children and young people in Tameside. The dataset has been developed to reflect the Board priorities, as well as information about key points of the child's journey through services.

The number of cases sampled as part of the multi-agency audit and the number of themes audited each year has doubled. During 2016/17, TSCB completed audits on Domestic Abuse, Strategy

Meetings, Pre-birth Assessments and Child Sexual Abuse and will oversee the delivery of action plans to improve practice in 2017/18.

The conclusion of the Child Sexual Abuse audit crossed-over into the 2017/18 period. In addition, the decision was taken to tailor the audit template to include theme specific questions, and to focus on key areas such as the application of thresholds and clear planning to manage risk. Learning and recommendations are reported back to Strategic Board and developed into action plans that are overseen by the Quality Assurance and Performance Management Sub-Group. The work itself is disseminated out to relevant partnerships such as the Domestic Abuse Steering Group or alternatively short life task and finish groups are created, via the Learning and Improvement Sub-Group, to deliver against specific actions. For example, the Pre-Birth audit has led to a revised Pre-Birth Protocol between the Maternity Unit and Children Social Care.

A Single Agency auditing schedule was implemented as a means of tracking actions which had been completed from Serious Case Reviews and was then extended to include actions from Multi-Agency audits. Single agency reviews on the use of the GMP Custody Protocol, and the Voice of the Child within Health assessment and reviews for example have shown that changes to policies and procedures, revised as a result of case review activity, have been implemented in practice.

The Section 11 audit was issued in April 2016 and adopted the Greater Manchester Template. This format focused on 3 keys areas; a culture of safeguarding children in the organisation, a safe organisation, and the voice of the child, staff and community. Agencies showed a good level of compliance to safeguarding with some exceptions from those agencies whose primary client group is not children.

There was a variable response to how the voice of the child was captured and enabled participation of children and young people in a way which lead to changes to service delivery; for those agencies demonstrating good mechanisms by which to capture the voice of the child, there still remains a gap in terms of how views and opinions are then acted on in a meaningful way. This therefore requires further improvement during 2017/18 and is one of the reasons why TSCB has approved the recruitment of an Apprentice Youth Participation Officer to gather service user feedback direct from the children and young people that have received support.

3.4 Participating in the Planning of Services

The TSCB Business Manager with support from the Strategic Board and its members has responsibility for ensuring that;

- Links to relevant partnerships are developed to ensure that safeguarding and promoting the welfare of children is central to the design and delivery of services
- Governance arrangements are well established so that the above partnerships report progress against the Board's strategic priorities to the Board on a cyclical basis

- Board members are equipped with the up to date safeguarding knowledge they require in order to scrutinise, challenge and add value to other Board partners safeguarding practice when reported to the Board via their Annual Reports
- A Safeguarding Youth Forum is established that will inform the strategic priorities and delivery of the Board's work.

TSCB Board Members are representatives or leads on a range of other partnership Boards. They include;

- Health and Well-Being Board
- Adult Safeguarding Partnership Board
- Transformation Board
- Family Justice Board
- Corporate Parenting Panel
- Child Death Overview Panel
- Youth Justice Board
- Educational Attainment Board
- Domestic Abuse Steering Group

Annual reports are scheduled to be reported to the TSCB throughout the year as part of their Forward Planner. The TSCB Report template was updated so that partners would have to outline what good performance or outcomes would look like and then demonstrate how they are performing in comparison to those. A development day in March 2017 reminded Board Members of their statutory roles and responsibilities and examined how each member contributed to that. However, Board Members are not routinely attending or contributing toward safeguarding training which means that their safeguarding knowledge is not kept up to date. The regular turnover of Board Membership also means that attendance and representation from some partners is inconsistent.

The Board's ability to question and challenge the effectiveness of partners safeguarding arrangements is not as robust as it could be and needs to be enhanced when the Board considers its future direction as a result of the Wood Review 2016 and Children and Social Work Act 2017.

Although the Safeguarding Youth Forum created in 2015 only met for a 9 month period its work and suggestions have continued to inform service planning throughout 2016/17. An Online Safety Group was established to promote online safety messages across schools and to parents and pupils. A Safer Social Networking Activity Pack was also piloted in New Charter Academy with Year 10 and 11 pupils successfully delivering presentations to Year 7 and 8 pupils. This work has continued to be rolled out across other schools. During 2016 TSCB has met with the coordinator of the Youth Council to establish formal links to that group and to other Youth Forums so that young people are involved in the design of training and service user feedback.

An Apprentice Youth Participation Officer will be recruited in 2017 to consult directly with children and young people about their experiences of being involved with a variety of services.

3.5 Conducting Reviews of Serious Cases

The Serious and Significant Case Panel (SSCP) fulfil the Boards responsibilities in relation to conducting reviews of serious cases;

The terms of reference for that group state that its purpose is to undertake reviews of serious cases and advise the authority and Board partners on lessons to be learned.

The following objectives are identified and form part of the SSCP work plan;

- To receive referrals of Serious and Significant Incidents from professionals/agencies, gather relevant information and decide whether they meet the criteria for a case review and make recommendations to the Board Chair.
- To consider, in the light of each case, the scope of the review process and to draw up clear terms of reference, identifying any specific expertise needed within the Overview Panel including nomination for independent Chair and Author.
- To develop and oversee the delivery of action plans as a result of the findings and recommendation of case reviews and their overview reports.
- To provide the Quality Assurance and Performance Management Sub-Group with key actions that have been completed and need to be reviewed via quality assurance activities to ensure that they have been embedded in practice and are supporting improved outcomes.
- To provide the Learning and Improvement Activity Group with relevant multi-agency learning and actions that need to be communicated across the workforce to ensure that changes to practice are embedded.

During 2016/17 SSCP considered 3 referrals. One of those was as a result of a child death and lead to a Serious Incident Notification but after careful consideration was not suitable for a case review. One referral (Child U) resulted in a Serious Case Review and another (Child T), in a multi-agency critical review. The National Serious Case Review Panel agreed with all 3 of the TSCBs decisions.

In early 2016/17 the Panel was overseeing the delivery of the action plans from Child M and N Serious Case Review. In addition it had to devise action plans to address each of the recommendations from the case reviews for Child Q and R that had been signed off at the Strategic Board in March 2016 and Child S that was signed off in June 2016.

The Serious and Significant Case Panel has overseen the implementation of some significant improvements including a re-launch of the family CAF, a revised Children's Needs Framework, training for schools on record keeping, Governor training on exclusions, a new GMP Custody Policy for Children, revised Child in Need Procedures, a Joint Children Social Care and Housing Protocol for homeless 16/17 year olds, and self-harm referral pathway.

All actions from the Child M and N case reviews were signed off as complete in May 2016, and for Child S in March 2017, with evidence of completion closely scrutinised by the panel. Some of the actions from the Q and R reports are still to be completed despite the intention for these to be

signed off in November of last year. Some of those are large pieces of work requiring complete process or system re-designs and are therefore warranted. For example, a revised Learning Disability Pathway will be presented to the SSCP in June 2017 and will lead to significant changes to the way midwifery services, health visitors and learning disability team support parents with a learning difficulty.

A revised schedule of multi-agency audits now ensure that actions delivered as a result of case review activity are monitored to ensure they are properly embedded in practice and that the process works. In 2016/17 audits have been undertaken on the pre-birth assessment protocol and strategy meetings and further improvements have been made as a result. In addition the Board requests that partner agencies provide reassurance that improvements have been made via the submission of single agency audits. For example Greater Manchester Police have submitted evidence that the custody protocol is being adhered to and Tameside and Glossop Integrated NHS Care Foundation Trust have demonstrated how the Voice of the Child is captured by School Nurses at Review Meetings.

Learning from case review is widely communicated through a variety of channels. Practitioner Feedback events and Safeguarding Practice Updates have been routinely delivered after all case reviews over the past 2 years. In addition 7 minute briefings are disseminated via Strategic Board Members and the learning and implications to professional practice is discussed within team meetings. The Learning and Improvement Activity Group are regularly requested to update training content and materials in response to learning from case reviews.

4. Local Demographics and Needs

Tameside is a small authority compared to other Local Authority areas both nationally and regionally. However, it faces considerable challenges linked to poverty and deprivation, health and well-being and crime.

Tameside's has an overall population of 220,597 with a youth population aged 0-19 of 53,847 which is 24% of the total.

Table 1: Tameside's Youth Population 0-19

	Mid-2013 Tameside Population		
	Males	**Females**	**Persons**
0-4	7,514	7,319	14,833
5-9	6,765	6,561	13,326
10-14	6,254	6,065	12,319
15-19	6,922	6,447	13,369

The breakdown of Tameside's population by ethnic group is shown below. The largest ethnic groups within Tameside are the South-Asian ethnicities Indian, Pakistani, and Bangladeshi accounting for 1.7, 2.2 and 2% of the Tameside population respectively. The overall white British population is considerably higher in Tameside at 88.5% compared to the English average of 79.8%.

Table 2: Population Breakdown by Ethnicity in England, the North-West and Tameside

	England (%)	North-West (%)	Tameside (%)
White: English/Welsh/Scottish/Northern Irish/British	79.8	87.1	88.5
White: Irish	1	0.9	0.7
White: Gypsy or Irish Traveller	0.1	0.1	0
White: Other White	4.6	2.1	1.7
Mixed/multiple ethnic group: White and Black Caribbean	0.8	0.6	0.6
Mixed/multiple ethnic group: White and Black African	0.3	0.3	0.2
Mixed/multiple ethnic group: White and Asian	0.6	0.4	0.4
Mixed/multiple ethnic group: Other Mixed	0.5	0.3	0.2
Asian/Asian British: Indian	2.6	1.5	1.7
Asian/Asian British: Pakistani	2.1	2.7	2.2
Asian/Asian British: Bangladeshi	0.8	0.7	2
Asian/Asian British: Chinese	0.7	0.7	0.4
Asian/Asian British: Other Asian	1.5	0.7	0.3
Black/African/Caribbean/Black British: African	1.8	0.8	0.5
Black/African/Caribbean/Black British: Caribbean	1.1	0.3	0.2
Black/African/Caribbean/Black British: Other Black	0.5	0.2	0.1
Other ethnic group: Arab	0.4	0.3	0.1
Other ethnic group: Any other ethnic group	0.6	0.3	0.1

Source: NOMIS, 2015

Tameside is the **41st** most deprived area in England out of 326 local authorities.

Average house prices in Tameside are significantly below the regional average, £133,586 compared to £149,421 (January 2017) and is therefore an attractive area for other local authorities to place their looked after children. In March 2017 Tameside had 380 other Local Authority children placed in Tameside which has put additional demand on Tameside schools and health services.

22 children out of every 100 are living in poverty and 52 are not school ready at the age of 5. However, school performance compares favourably to national averages. In 2016, **63.5%** of pupils gained Grade C or above in English and Maths GCSEs compared to 59.3 across all schools in England. **55%** of pupils achieved the expected standard at Key Stage 2 in Reading, Writing and Maths compared to 53% in England.

Tameside has a history of high levels of domestic violence. In 2014/15 the rate of domestic violence was 30.1/1000 population, this equates to approximately 2,357 reported numbers of domestic violence incidents; compared to 22.1/1000 (England) and 23.5/1000 (NW). In 2016/17 the number of A&E attendances recorded as Domestic Violence was 851. 373 MARAC referrals were discussed in 2016/17 and 251 of those (67%) featured children. This is a higher proportion compared to Greater Manchester average of 61% (Source: GMP Child Safeguarding Performance Monitoring Tool 2016/17).

The number of current adults in drug treatment is 725 and in alcohol treatment 293. Of the adults in treatment services, 21% have children living with them, this equates to a total of 535 children living with parents in treatment for drug or alcohol abuse. There are approximately a further 544 children, who don't live with their parents because of drug and alcohol issues.

In 2015/16 there were 2,874 live births (13.0/1000 population), this is higher than both the England and North West average but similar to the rest of Greater Manchester. Of these births, 24% were to women under 25 years. Approximately 50% of all births occur in the 20% most deprived quintile. Children born in more deprived areas have worse outcomes than their more affluent peers.

The chart below illustrates the level of mental health and wellbeing for children and young people in Tameside. It illustrates that outcomes for mental health are generally worse than the England average, which is similar to overall health and wellbeing outcomes for our children.

Chart 3: Children's and Young People's Mental Health and Wellbeing

Data quality: Significant concerns ● *some concerns* ● *Robust* ●

Compared with benchmark ● Lower ● Similar ○ Higher ○ Not Compared

Benchmark Value

Lowest | 25th Percentile | 75th Percentile | Highest

Indicator	Period	Tameside			Combined authorities	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2014	-	3,089	9.9%*	9.7%*	9.3%*	7.1%		11.0%
Estimated prevalence of emotional disorders: % population aged 5-16	2014	-	1,185	3.8%*	3.7%*	3.6%*	2.8%		4.3%
Estimated prevalence of conduct disorders: % population aged 5-16	2014	-	1,898	6.1%*	6.0%*	5.6%*	4.0%		6.9%
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2014	-	520	1.7%*	1.6%*	1.5%*	1.1%		1.9%
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	2013	-	3,183	3,183*	-	*	-	-	-
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	2013	-	3,349	3,349*	-	*	-	-	-
Children who require Tier 3 CAMHS: estimated number of children <17	2012	-	900	900	-	-	-	-	-
Children who require Tier 4 CAMHS: estimated number of children <17	2012	-	40	40	-	-	-	-	-

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

For Tameside there is a worrying issue of children and young people self-harming. In 2015/16, 237 (473.1/100,000) children aged 10-24 years were admitted because of self-harm. Although it has decreased from previous years, the rate of self-harming in children is a concern.

People self-harm for different reasons. For example;

- deal with strong emotions like anger or sadness,
- punish yourself for things you think you've done wrong,
- make yourself feel normal, or
- distract yourself from feelings

(Source: Joint Strategic Needs Assessment 2017/18)

5. Children's Hub

5.1 Number of Contacts and Referrals

A total of 13,205 contacts were received in 2016/2017, a 14% reduction compared to 15,367 in 2015/2016. However, the conversion of contact to referrals has increased from 1,471 (9%) to 3,487 (40%). The conversion rate has improved over the course of the year from 27% in Quarter 2, 44% in Quarter 3 and 69% in Quarter 4.

(Source: Whole Service Data Booklet June 2017)

What difference has it made?

The data could be interpreted in 2 ways. Firstly it may be that more children in need of protection are being appropriately referred to the Children's Hub resulting in the case being accepted by the Duty Social Work Team. Secondly, the Threshold's for Children Social Care intervention could have been too high prior to the OFSTED Inspection in September 2016 and since then the Thresholds have lowered. This means that more children are now being triaged and risk assessed for Children's Social Care intervention. The national rate of referral per 10k in 2015/16 was 532 and Tameside was significantly below that at 302. During the whole of 2016/17 that only increased to 347 but the increased activity during quarter 3 and quarter 4, taken on its own, would bring the Tameside average in line with the national average. This early indication shows that contacts are now being appropriately considered at the point of referral and that conversion rate will need to be carefully monitored during 2017/18 to ensure that it remains in line with the national average.

What needs to happen next?

The appropriate, and consistent, application of Threshold's needs to be carefully monitored by TSCB. Work to enhance partners understanding of the Threshold Guidance, and crucially of their role in applying it, needs to be completed.

5.2 Decision Making

Of all the contacts received approximately 50% have a decision made within 24hrs. During 2016/17 all contacts to the Children's Hub had to be made by telephone. Supporting assessments, such as the Common Assessment Framework or Graded Care Profile (to evidence that the Threshold for Children Social Care was met) would not be routinely submitted because there has been no system to submit written information. As such there could be a lack of evidence upon which to support referrals which in turn would make the decision harder to make. In 2017/18 a new written referral form will have to be submitted along with any supporting evidence and this will help to speed up and stengthen the decision making process.

What difference has it made?

Accepting referrals with incomplete information will mean that the Duty Social Work teams have to start their investigations based on limited information. As a result it will take longer to gather that information and there is an increased likelihood that their decision to progress the referral on to assessment could be the wrong one, either because it does or does not need an assessment.

What needs to happen next?

There is a need for partner agencies to demonstrate that the Threshold Guidance has been used to assess the risk of harm to a child prior to contacting the Children's Hub. If it is safe to do so an assessment of need, and attempts to intervene early, should be undertaken prior to contact with the Children's Hub. The introduction of a written referral form will help to ensure that this happens.

5.3 Assessment

2,728 assessments were completed throughout the year compared to the England comparator at 3,761. However, in the last quarter 1,237 assessments were completed thereby showing an increase in activity above the national average. During 2016/17 an average of 91% of cases accepted as a referral led to a child and family assessment.

The majority of cases that are accepted as a referral will therefore result in an assessment. This is linked to the fact that there is often a lack of supporting evidence at the point of referral, as noted above. Without that supporting information a Child and Family Assessment has to be completed because otherwise it's not possible to determine whether or not there is a risk of harm to the child. Therefore where referrals have increased in quarter 3 and 4 the number of assessments has also risen, leading to an increase in demand to complete assessments on time. Tameside's performance

levels in 2016/17 was 70% and therefore behind the national average of 83.4%. Timeliness of assessments is an area which requires sustained improvement.

(Source: Whole Service Data Booklet June 2017)

What difference has it made?

Children Social Care are undertaking assessments to ensure that children at risk of harm receive the support that they need. It is reassuring that Children Social Care are investigating and assessing cases but some of those could have potentially been assessed and addressed at Level 2 of the Threshold of Need and won't have required a statutory assessment. This is creating additional work on an already strained resource and, in some cases, resulting in poor quality assessments that don't for example consider all relevant historical information or the views of the child.

What needs to happen next?

It may be possible to reduce the demand placed on Children Social Care if partner agencies complete assessments and work together to offer coordinated support at an earlier stage. Reducing demand and providing supporting evidence will help to improve the quality and consistency of Child and Family assessments and to improve the timeliness of those assessments. Further work will be done to promote the use of the Common Assessment Framework and other assessments like the Graded Care Profile across the partnership so that assessment is a shared responsibility that is continued across the thresholds of need.

5.4 Outcome and Progression

404 children became the subject of a Child Protection Plan during 2016/17, 15% of all those that were assessed. A further 857 (31.5%) were placed on a Child in Need Plan, had their CP or CIN plan continued or were placed into accommodation or continued with their care plan. Approximately 1,283 (47%) received other (non-Children Social Care) interventions and just 29 (1%) received no further action.

(Source: Whole Data Service Booklet April 2017)

What difference has it made?

Children's Social Care provide interventions in nearly half of all cases that they assess and the other half receive other actions, although the nature of these is not stipulated in the data. A wide range of interventions are therefore in place to ensure that children do receive support. It is unclear from the data available whether all of these cases require a Child and Family assessment or could have been assessed and supported at an earlier stage. With the absence of the Early Help data it is unclear if children and families are getting the right support, at the right level and at the right time.

What needs to happen next?

Once the Early Help data is available the Board should monitor any correlation between an increase in early help activity and the level of demand at the front door.

The Board could consider whether it would be appropriate, with the introduction of the Signs of Safety Model in 2017/18, to introduce an outcome focused performance management framework that shows what has been achieved when a case has been closed.

6. Child Protection Activity

The number of all open Child in Need cases has roughly doubled from 1379 in quarter 1 to 2753 in quarter 4 and there are 110 more children on Child Protection Plans at the end of the year than there were at the beginning. The number of Looked After Children has increased by 73 over the same period. Additional staff have been recruited to manage demand but the increased workload overall means that individual caseloads have not dropped to the target of 20 cases per worker.

What difference has it made?

More children at risk of harm and in need of protection are being placed on Child Protection Plans or being placed in care. However, the timeliness and quality of that activity is suffering as a result of the increased demand.

The percentage of assessments completed within 45 days in 2016/17 remains similar to the year end in 2015/16, at roughly 70%. The timeliness of Initial Child Protection Conferences has dropped from 86.9% in quarter 1 to 69.3% in quarter 4, although approximately 90% of child protection reviews are held on time. The timeliness of LAC reviews has also dropped from 84.3% in quarter 1 to 64.2% in quarter 4. Auditing activity, both by Children Services and TSCB, has also indicated that the quality of assessments and action plans is inconsistent and sometimes of poor quality.

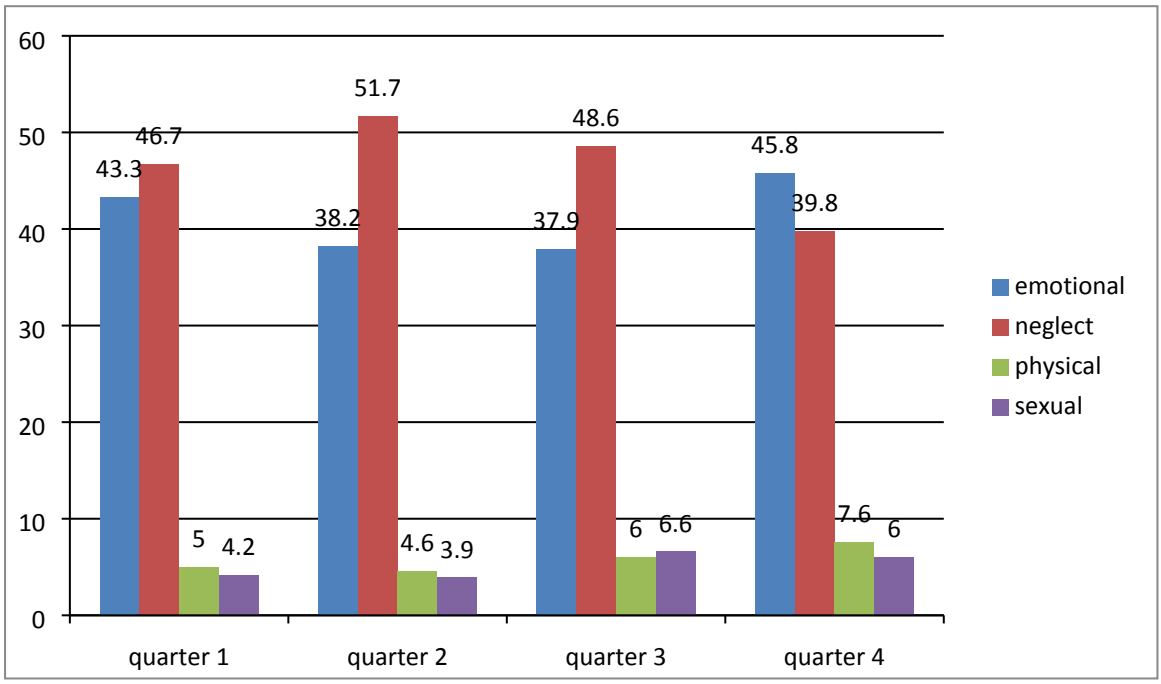
What needs to happen next?

Children Social Care need to manage demand, in terms of individual caseloads, better. Steps have already been taken to recruit additional staff to help reduce those caseloads and there has been some improvement. However, caseloads will not reduce to the target level if the number of referrals accepted, assessments completed and children in need cases allocated all continue to increase. Managing demand at the front door is key and further work has to be done across the wider partnership to ensure that appropriate contacts are made to the Children's Hub so that Children's Social Care only accept it as a referral when there is evidence that the Thresholds for statutory intervention are met and where partner agencies have already, in the majority of cases, provided early help.

7. Child Protection by Category of Abuse

The child protection abuse categories for 2016/17 are displayed below:

Chart 4: Child Abuse Categories 2016/17



Quarter 4 saw the number of cases at child protection level due to emotional abuse increase again to almost 46%, and neglect cases drop slightly to 39%. Both physical and emotional abuse has remained fairly steady. A trend can be observed throughout the year where, during quarters 2 and 3, neglect became more prominent than emotional abuse, but this has reverted to the historical trend of emotional abuse remaining the most common.

It has continued to be difficult to accurately and reliably measure the level of Child Sexual Exploitation, Domestic Abuse, FGM and Prevent incidents and activity due to problems with inputting information on to, and extracting information from, different I.T. and performance management systems. Alternative ways of gathering the data will be sought by the Board and the relevant partner agencies will be tasked with providing it.

These particular issues had been raised in the quarterly performance reports presented to the Business Group and Strategic Board and logged in the Challenge Audit and Progression log but remain unresolved. The absence of good quality data that could provide reassurance about the effectiveness of service provision was clearly noted in the OFSTED Report. A CSE Systems Review due to be reported to Strategic Board in July 2017 will make recommendations about the best way to gather CSE data. New 'assessment factors' will be recorded from the beginning of 2017/18 including for example risk factors such as Domestic Abuse, Substance Use and Mental Health. More robust data collection methods for FGM and Prevent will also need to be established in 2017/18.

8. Youth Justice

During the period October 2015 to September 2016 the number of First Time Entrant's (FTE's) has risen by 8% in Tameside. This is against the national and North West trend. Greater Manchester

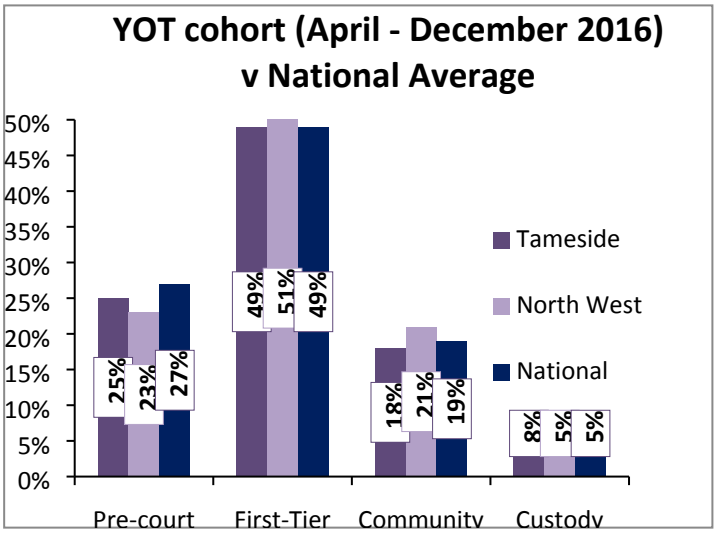
YOTs show a decrease of 1% indicating a regional slowdown in the decrease of FTE rates. It is difficult to attribute this to any single factor but clearly this is something that is concerning and needs to be closely monitored.

The table and chart below suggests that in Tameside young people are more likely to be dealt with outside of the court arena, compared to other areas in the North West and the National picture.

Table 3

Type	Local	North West	National
Pre-court	**29**	**924**	**7441**
First-Tier	**58**	**2107**	**13,150**
Community	**21**	**865**	**5220**
Custody	**9**	**217**	**1300**
TOTAL	**117**	**4113**	**27,111**
% Pre-court	**25%**	**23%**	**27%**
% First-Tier	**49%**	**51%**	**49%**
%Community	**18%**	**21%**	**19%**
%Custody	**8%**	**5%**	**5%**

Chart 5



Tameside YOT continues to offer credible and robust alternatives to custodial remands and sentences where and when required and appropriate. This is predominately, but not exclusively, via the use of Intensive Supervision and Surveillance (ISS) (Bail or YRO requirement) as well as Bail Support and Supervision and other flexible and creative solutions (e.g. Intensive Referral Order).

As part of the devolution work, the OPCC agreed to fund a safeguarding social worker post based in Wetherby Youth Offending Insitute (YOI) to work specifically with GM young people. This worker acts as a specific point of contact for GM YOT staff and provides the strategic leads with a monthly report that contains information about the use of restraint, incidents of violence, self-harm, adjudications and ACCT activity. The YOT also internally tracks safeguarding incidents for Tameside young people and a summary of these can be viewed below:

- Since September 2016 there have been 20 recorded incidents in the secure estate; 12 in HMYOI Wetherby; 6 in Rainsbrook STC and 2 in a Local Authority Childrens Home (LASCH)
- The 20 incidents involved 7 young people, with one young person being involved in 5 of the recorded cases
- There were 6 occasions when Tameside young people had been restrained and 14 incidents of violence (7 where the young person was considered to be the victim and 7 where they made allegations against other trainees and staff)
- 3 LADO referrals were made following allegations by young people

All children in custody are seen a minimum of once a month by YOT staff but additional visits are made to ensure the safety of the young people following a safeguarding incident.

(Source: Youth Offending Team Annual Report, May 2017)

9. TSCB STRATEGIC PRIORITIES 2015 - 2018

The Board's Strategy and Business Plan have been revised for 2017/18 so that each TSCB sub-group or other strategic partnership monitor, and provide the Board with assurances on, the effectiveness of service delivery. This was in direct response to one the OFSTED recommendation that said the Board should;

"Undertake an urgent review of Tameside Safeguarding Children Board (TSCB) priorities and update its business plan to include concerns about frontline practice and service delivery at all levels of need, and ensure that an evaluation of the impact of safeguarding practice upon children's well-being and safety is undertaken and included in the board's annual report."

The five strategic priorities set by Tameside Local Safeguarding Children Board for 2015-2018 were as follows:

1. Domestic Abuse
2. Child Sexual Exploitation
3. Self-Harm & Suicide
4. Early Help
5. Neglect

In response to the OFSTED Inspection findings the Early Help priority was amended to Threshold Management to incorporate close monitoring on the application of Thresholds and Levels of Need. The other strategic priorities remain the same but with a greater focus on monitoring the effectiveness of service provision through performance data. Work plans against each of the Strategic Priorities for 2017/18 can be found in Appendix C. The following section reports on the work of the Board and its partners against its strategic priorities in 2016/17.

9.1 Domestic Abuse

Education and awareness programmes were piloted to 14 schools in 2016/17. To embed the success of this delivery the project is identifying Domestic abuse champions within each school. The implementation of Operation Encompass was piloted in Stalybridge schools, and will be rolled out across Tameside in phases, commencing in Ashton.

Operation STRIVE is now a well-established approach to Standard risk cases in Tameside. All cases are triaged jointly by a PCSO and Bridges Keyworker within the Integrated Neighbourhood Service (INS), with a range of partners responding depending on the need. This includes escalation to Children's Services where appropriate. The PCSOs and Bridges Keyworkers work from both the Children's Hub and Integrated Neighbourhood Services teams and ensure communication between

both and enable a step up/ step down approach to cases. During 2017/18 partners hope to design a new approach to medium risk cases which mirrors the standard risk approach.

Bridges have established and trained a network of volunteer peer mentors to support the home visit. This ensures victims receive good quality follow up support services. Bridges also appointed a Young Person's Independent Domestic Violence Advocate and a Children's Independent Domestic Violence Advocate in mid-2016/17 to strengthen the Children's and Young Persons team to provide dedicated support to children and young people. (Source: Domestic Abuse Progress Report, Business Group, December 2016)

What difference has it made?

Quarterly data in relation to Domestic Abuse is currently restricted to Multi-Agency Risk Assessment Conference (MARAC) data and on the performance of the commissioned service, Bridges. Data on domestic abuse incidents reported to the Police is available periodically and retrospectively. TSCB will be seeking assurance from the Domestic Abuse Steering Group on the effectiveness of service provision for those standard and medium risk cases and in relation to the developments highlighted above. In addition OFSTED highlighted concerns in relation to the timeliness of notifications from Greater Manchester Police to Children's Social Care and to the timeliness of the response. A report to TSCB in March highlighted improvements to the process. A daily report is produced which gives the numbers of domestic abuse referrals received. In conjunction with this a further report, also daily, identifies how many children's referrals are managed within 24 hours. The two reports combined give an overview which reassures that the notification process is working. Evidence was provided to show that there was no batching of high numbers arriving at social care and provided reassurance that the revised process was effective.

(Source: Domestic Abuse Report, Strategic Board, March 2017)

What needs to happen next?

The Domestic Abuse Steering group, which maintains oversight of the notifications, is aware that in some instances there is an unsatisfactory amount of time between the incident date and notification being sent which will require further improvement. The Board will seek assurance on this from the Domestic Abuse Steering Group.

9.2 Child Sexual Exploitation (CSE) and Missing from Home (MFH)

The CSE and Missing Sub-Group has continued its work from 2015/16 to raise the awareness and understanding of CSE across Tameside. Members of Phoenix Tameside (the local CSE Team) and a Local Authority Policy and Communications Officer has been instrumental in coordinating the CSE Weeks of Action with Phoenix Tameside and was praised by the GM Project Phoenix Manager as "amongst the best practice of its kind".

The CSE Sub-Group established a Safe and Healthy Relationship Task and Finish Group which;

- Secured joint funding from Public Health and New Charter Housing for the Barnardo's CSE 'Real Love Rocks' and 'Love or Lies' resource.
- Delivered Barnardos training to 54 out of 76 primary schools, 12 out of 15 secondary schools, 4 out of 5 special schools and both Pupil Referral Units

The roll out of the resource pack has enabled schools to deliver CSE Awareness sessions to their pupils from September 2016. An audit on the use and success of those resources will be undertaken in December 2017.

In 2015/16 TSCB Safeguarding Youth Forum identified social media use as a safeguarding concern that underpinned several of the TSCB Strategic Priorities. The TSCB Quality Assurance Officer subsequently attended SNAPP (Safer Social Networking Activity Practice) training and promoted this resource to schools.

New Charter Academy Year 10 pupils presented messages regarding Safer Social Networking to Year 7 and 8 pupils in their school and attended Strategic Board in June 2016 to inform partner agencies of their work. 80% of pupils reported that they felt safe using the internet as a result of the training. An Online Safety Working Group established in September 2016 to take this work forward has helped to roll this out to other schools and to promote messages regarding online safety to parents and professionals.

In February 2017 a reporter from local radio stations, Key 103 and Revolution Radio, came to interview pupils/teachers and film part of a SSNAP session. A series of parent workshops have also been held across Tameside Libraries.

What difference did it make?

Phoenix Tameside continues to support victims of CSE and deliver a range of disruption and enforcement activity. 199 referrals were made to the Phoenix Tameside during 2016/17. All referrals should receive a risk assessment and subsequent intervention depending on the level of risk. However, continued problems in recording, and reporting on, data means that the effectiveness of the service provision cannot be given from the Children's Social Care system. This has, in part, led to an Independent CSE Systems Review being commissioned by TSCB in February 2017.

During 2016/17 328 enforcement visits have been undertaken and 43 abduction notices issued. Young People have reported to Phoenix Tameside that having an abduction notice means that they can use it as a reason to stay away from an individual whereas without it they would have been persuaded, or coerced, to meet with them.

There have been 13 CSE related convictions in 2016/17 compared to 8 in 2015/16. A new 'Modern Slavery and Human Trafficking' course was commissioned in January 2017, as a result of a request from Greater Manchester Police (Phoenix Tameside), who were investigating a number of trafficking cases and requested that the Multi-Agency workforce in Tameside, including representatives of the Crown

Prosecution Service, were educated about the issue. This course was received well, evaluations were positive and the course was delivered again in the current training year. It is probable that the course will become a regular feature of the training programme.

Off the Record Counselling Services received 12 months funding from the Greater Manchester Police and Crime Commissioner to deliver 1-2-1 counselling sessions to victims of CSE. Additional funding will allow the project to continue into 2017/18 and a dedicated counselling room will be made available within Phoenix Tameside.

A Missing Panel meets fortnightly to share information, identify CSE concerns and ensure a multi-agency response to children who go missing from home and care. The Group works to the Greater Manchester Missing from Home Procedure but the local procedure (created in January 2016) will be revised when there is a change in provider for return interviews in April 2017.

What needs to happen next?

The findings and recommendations from the Independent CSE Systems Review will be reported to the Strategic Board in June 2017. A revised CSE strategy will be written following that which will consider the operational procedures, multi-agency responsibilities, strategic oversight and monitoring arrangements. A new CSE dataset will be a critical part of those developments so that TSCB can be assured that service provision is effective.

9.3 Self-Harm & Suicide

Over the past 3 years TSCB has been involved in 5 case reviews (G, M, N, S & T) where a child has died from suicide or misadventure. There has been strong cross representation between TSCB and the Transformation Board from early 2015 and in 2016 this led to a Tameside Self-Harm Referral Pathway being devised and added to the Greater Manchester Safeguarding Procedures and to a training ladder for professionals including 5 e-learning modules and an accredited Mental Health First Aid course. A new Emotional Health and Well Being Pathway has been established too. Previous gatekeeping arrangements that meant referrals had to go via G.P.s have been removed and any service can ring a duty number for consultation and advice or make a referral. Referrals are screened every day by a multi-agency panel at a Single Point of Entry (SPOE) meeting and if the criteria for 'Healthy Young Minds' is not met then other service provision will be considered and cases signposted as appropriate.

What difference did it make& what needs to happen next?

The Child T case review presented to Strategic Board in March 2017 still highlighted a lack of awareness regarding the Emotional Health and Well Being referral pathway and therefore the Board priority for the following year must be to promote awareness and understanding. The Board will also need reassurance on the use and effectiveness of that referral pathway and any subsequent service provision.

9.4 Early Help

The lack of Early Help data had been repeatedly challenged by TSCB throughout 2015/16. The TSCB Business Group was slow to address that challenge and the issue was recognised in the OFSTED Inspection in September 2016.

The number of CAFs completed by partner agencies is still not routinely recorded or collected by either their own agencies or via a central database/system. As a result Tameside cannot be assured of the level, or effectiveness, of its early help activity in the Borough. This is a significant gap and one that places additional pressure on the Children's Hub as cases are inappropriately referred to that service as a child protection concern. TSCB together with Children Services began work on implementing a new process in June 2017 and that will be supported by a new CAF Team from quarter 2 of 2017/18.

In March 2017 Tameside Safeguarding Children Board requested data from partner agencies on the number of Common Assessment Framework (CAF) and Graded Care Profile (GCP) assessments they had completed from January to December 2016. The data was requested as part of the TSCB Improvement Plan to establish a baseline level of Early Help activity offered across the Borough and to determine whether assessments were being completed appropriately at Level 2 of the Threshold Guidance. Services were asked to state how many assessments had been completed each month over the 12 month period. They were also asked to respond with a nil return or if their service didn't have a system for recording the information. The following responses were returned;

Table 4: Common Assessment Framework and Graded Care Profile assessments completed January 2016 to January 2017

Service	Total No. of CAFs	Total No. of GCPs
Greater Manchester Police	Nil	Nil
Community Rehabilitation Company	No system to record	No system to record
National Probation Service	Nil	Nil
Health (Acute)	No system to record	No system to record
Health (Community)	202	No system to record
Adult Services	Nil	Nil
Bridges (Domestic Abuse Service)	Nil	Nil
Lifeline (Drug and Alcohol Service)	2	Nil
Local Authority Early Help Service	208	12
Total	410	12

Each school returned data on the number of open CAFs rather than the number of CAFs and GCPs completed. Averages for the year have been calculated as follows.

Table 5: Common Assessment Framework and Graded Care Profile assessments completed by Education settings January 2016 to January 2017

School Setting	Average No. of Open CAFs
Primary Schools	216 (3 per school per month)
Secondary Schools	120 (8 per school per month)
Specialist Schools	30 (6 per school per month)

The baseline CAF and GCP data indicates that partner agencies do not have a clear process or easily accessible system for completing and/or collating CAFs and GCPs and that there is an urgent need to implement such a process and system.

What needs to happen next?

Children Services will recruit a team of CAF Advisors to support practitioners to complete, and follow the process of, the Common Assessment Framework. All agencies will be asked to identify a CAF Champion who will promote, and monitor, the use of the CAF within their own agency. TSCB will work with the CAF team and CAF Champions to keep a central record of all CAF activity which will include the outcomes achieved through that process.

TSCB has established a Threshold Management Sub-Group which met for the first time in February 2017. That group will be responsible for revising and promoting the Threshold Guidance and enhancing services understanding of the Thresholds and Levels of Need so that children and families get the right support at the right time through the appropriate and consistent application of Thresholds.

9.5 Neglect

Graded Care Profile Training and Neglect Training has been part of the TSCB Training Programme for several years. Tameside practitioners therefore should have the confidence and skills to identify, assess and respond to neglect at an early stage, including at Level 2 of the Threshold Guidance, before it needs to escalate to Child in Need or Child Protection.

Approximately 40% of all child protection cases are as a result of neglect. The majority of those should be referred to the Children's Hub with a CAF and / or Graded Care Profile already completed and available as supporting evidence but the current referral pathway does not promote that way of working.

What difference has it made?

The figures gathered by TSCB as part of the baseline measure for CAF and the Graded Care Profile (GCP) show that partner agencies are not using the Graded Care Profile and that even within the

Local Authority Early Help Service it is not being well used. However, the proportion of child protection cases categorised as neglect indicates that safeguarding concerns in relation to neglect are being made. As a result children suffering from neglect are being identified and receiving statutory support but the lack of Graded Care Profiles completed suggests that those children are not receiving the targeted support that they need at the earliest opportunity.

What needs to happen next?

The Neglect and Graded Care Profile training will be combined and delivered as 1 training course in 2017/18 and will therefore help to promote the message that all neglect cases should have a Graded Care Profile. A Safeguarding Practice Update and Conference on Neglect will also highlight the need to tackle neglect at an earlier stage of the Thresholds. Children Services may also need to consider how they can reinforce the message to complete a Graded Care Profile before referring in to the Children Hub as well otherwise there could be an over reliance or expectation that this is a Children Social Care responsibility.

TSCB need to reflect on the current governance arrangements of the Neglect Strategy. There is no separate Neglect Sub-Group or Implementation Group and no lead agency responsible for delivering the Neglect Strategy. Previously attempts to coordinate the delivery of the Neglect Strategy have relied upon the efforts of the TSCB Team as there has been a lack of strategic leadership or direction on the issue. There is also a Greater Manchester Neglect Group and any local governance arrangements need to fit with the work of that group too.

10. SPECIFIC RESPONSIBILITIES UNDER WORKING TOGETHER (2015)

10.1 Local Authority Designated Officer

The Local Authority Designated Officer (LADO) task is to oversee investigations into allegations of child abuse by professionals working with children and young people or behaviour which may place children at risk. It includes the chairing of inter-agency Professional Abuse Strategy Meetings (PASMs) on behalf of the Tameside Safeguarding Children Board and being available for advice and consultation.

Allegations against professionals working with children are varied. Many arise within the context of behaviour management, there are a small number of very serious allegations and there are others involving professional boundaries. They come to light through a variety of sources, most frequently children and parents who may complain to the agency concerned or contact the police.

Professional Abuse Strategy Meetings (PASMs)

Professional Abuse Strategy Meetings are convened in agreement with referring and employing agencies and investigators. The criteria is usually the existence of a clear and documented allegation against an individual which raises the possibility of significant harm to a child or children. Strategy Meetings are also held when there is a need for a formally agreed inter-agency strategy for dealing with the case. Complaints to the police have generally required PASMs.

Consultations

Consultations concern matters that do not require co-ordinated inter-agency action. These have increased year on year which indicates that the awareness raising has been effective.

Strategy Meetings are not convened in these cases because of one or more of the following;

- all appropriate action would have already been taken,
- only one agency was involved,
- or the evidence of risk to children was very weak.

The majority of the advice sought during a consultation is around low level parental complaints or allegations made by a child in relation to professional boundaries. This includes incidents whereby a member of staff has made inappropriate verbal comments to a child, given children lifts in vehicles without permission, contacted a child through social media or given gifts. Cases would always be stepped up to a PASM if the need for a multi-agency meeting was evidenced.

Analysis (All Referrals)

Table 6 - Breakdown of Referrals:

Year	PASMs	Consultations	Total
2008/09	41	21	62
2009/10	24	20	44
2010/11	36	35	71
2011/12	13	48	61
2012/13	25	49	74
2013/14	31	67	98
2014/15	22	106	128
2015/16	26	120	146
2016/17	23	136	159

Employing Agencies referred to LADO

As with previous years the majority of referrals have concerned professionals with the greatest and most regular direct exposure to children i.e. school staff, foster carers, residential workers and early year's services.

Table 7 - Agencies Contacting LADO for advice or to refer cases

Agency	Number of contacts
Health	3
Education	36
Early Years	16
Other LADO	0
Residential	31
Children's social care	40
Police	7

OFSTED	5
Other	21

(Other includes agencies such as parents, MPs, HR, NSPCC)

Table 8 - Breakdown of Employing Agencies discussed

Agency	2013/14	2014/15	2015/16	2016/17
Health	10	7	7	6
Education	26	46	55	50
Early Years	11	24	16	21
Residential	14	17	22	37
Children's social care			3	1
Police	4		1	2
Foster carers	16	14	18	20
Other	17	20	4	23

Breakdown of Categories of the cases which progressed to an initial consideration/strategy meeting (PASM). These are the cases where it is agreed with the employer that their employee may have:

- Behaved *in a way that has harmed, or may have harmed a child;*
- *Possibly committed a criminal offence against, or related to a child; or*
- *Behaved towards a child or children in a way that indicates they may pose a risk of harm to children*

If from the information received the threshold for harm has been met, a criminal act has taken place, or the person's behaviour indicates that he/she is unsuitable to work with children or young people, liaison with key agencies to organise an Initial Consideration Meeting will take place.

In any case where a child has possibly been harmed consultation takes place with the Police. The LADO has reported that this has been much easier this year due to the fact that the Police Public Protection Unit have had a Detective Constable permanently placed in the Children's Hub. This has made contact much easier and meant the LADO has been able to get advice and a decision from the Police as to whether they need to be involved much quicker. This in turn has helped agencies in dealing with allegations in a much more timely fashion.

The 23 cases which progressed to an initial consideration meeting where in respect of the following agencies:

Social care -1
Police -1
Foster carers – 9
Education – 2
Residential care workers – 5
Early Years – 2
Health – 1
Other – 2 (sports)

The cases were in respect of the categories of abuse:

3 – Neglect
13- Physical Abuse
3 – Sexual Abuse
2 – Emotional Abuse
2 – Risk of Harm

The police have been involved in, and investigated, 11 of the cases. No further police action was taken in 8 of the cases, 2 were charged with offences and 1 case is still under review by the CPS.

10.2 Child Death Overview Panel (CDOP)

Child Death Overview Panels (CDOPs) are a multi-disciplinary sub-group of Local Safeguarding Children Boards that work across Local Authority boundaries based on population numbers. The CDOP reviews the deaths of all children aged from birth to under the age of 18 years old (excluding still births and planned terminations carried out under the law) who normally reside within the geographical boundaries of that CDOP.

Tameside shares a tripartite arrangement with Stockport and Trafford. In 2016/17 there were 63 child deaths (notifications) to CDOP. 47 cases were closed by the panel. It is not possible for all notifications received in 2016/17 (1st April to the end of March) to be dealt with in that 12 month period. Over the past 4 years Tameside has had an even share, a third, of all of the CDOP cases across the 3 areas.

In closed cases the CDOP has seen an increase of deaths under the age of 1 in percentage terms from 55% in 2014/15, to 73% in 2015/16 and 77% in 2016/17. The consistent features in these deaths remain prematurity where the infant is too under developed to survive or because of severe life limiting conditions when the child is at its most vulnerable. Common themes in premature births are parental smoking and to a lesser extent drug and alcohol abuse.

The data collection process and analysis around CDOP has continued to develop both locally and across Greater Manchester. This has resulted in the production of a Greater Manchester CDOP annual report which is able to analyse trends using larger numbers. The GM report will be published in September 2017 but in general terms the consistent issues will continue to be deaths in children under 1 year. These deaths have consistent themes around prematurity, parental smoking (particularly by mother), low birth weight and life limiting conditions when the child is at its most vulnerable.

As a result of previous CDOP annual reports Greater Manchester CDOPs and Public Health have initiated a sector led improvement plan across the North West targeting infant mortality rates. Since this work started in 2015 all areas in Greater Manchester and 21 out of the 23 areas have provided information on their work to tackle infant mortality rates. In line with previous GM CDOP recommendations a joint regional conference looking at the consistent themes highlighted above will be held in November 2017.

Tameside Safeguarding Children Board

APPENDIX A

TSCB Membership 2016/17

Agency	Name	Title	TSCB Role
	David Niven	Independent Chair	Independent Chair
TMBC	Steven Pleasant	Chief Executive	Member
TMBC - People	Stephanie Butterworth	Executive Director	Member
TMBC - People	Dominic Tumelty	Assistant Executive Director	Member
TMBC - Stronger Communities	Emma Varnham	Assistant Executive Director	Member
Education	Bob Berry	Assistant Executive Director	Member
Primary Schools	Carolyn Divers	Head Teacher	Member
Colleges	Leon Dowd	Vice Principal	Member
Pupil Referral Unit	Maureen Bretell	Principal	Member
Community Rehabilitation Company	Donna Meade	Community Director	Member
National Probation Service (NPS)	Richard Moses	Head of Stockport and Tameside NPS	Member
CAFCASS	Michelle Evans	Service Manager	Member
Community and Voluntary Action Tameside	Ben Gilchrist	Chief Executive	Member
Pennine Care NHS Foundation Trust	Mark Stan Boaler	Service Director	Member
Public Health	Angela Hardman	Director of Public Health	Member
NHS England	Linda Buckley		Member
NHS Tameside and Glossop Clinical Commissioning Group	Michelle Walsh	Director of Nursing and Quality	Member
Tameside Hospital	Pauline Jones	Chief Nurse	Member
Greater Manchester Police	Dean Howard	Super Intendent	Member
NHS Tameside and Glossop CCG	Christina Greenhough	CCG clinical lead and GP	Member
TMBC Elected Member	Peter Robinson	Councillor	Observer
Children's Services	Ged Sweeney	Head of Service - Safeguarding	Sub Group Chair and Member
Greater Manchester Police	Robert Cousen	Detective Chief Inspector	Sub Group Chair and Member
NHS Tameside and Glossop CCG	Munera Khan	Designated Doctor Safeguarding	Sub Group Chair and Advisor
NHS Tameside and Glossop CCG	Hazel Chamberlain	Lead Designated Nurse Safeguarding	Sub Group Chair and Advisor
TMBC Legal Services	Alison Robertson	Principal Solicitor	Advisor
	Cathy Wilde	Volunteer	Lay Member
Tameside Safeguarding Children Board (TSCB)	Stewart Tod	TSCB Business Manager	Advisor

Tameside Safeguarding Children Board

APPENDIX B

TSCB FINANCIAL SUMMARY 2016/17

INCOME/CONTRIBUTIONS 2016/17	
Tameside Council contribution	£123,330
School/Academies	£88,246
Clinical Commissioning Group	£134,700
Other contributions inc. Police, New Charter, NPS, CRC & CAFCASS	£20,937
Training Charges & Contributions	£7,394
Total Contributions 2016/17	**£374,607**

EXPENDITURE 2016/17		
Account Code Description	**Budget 2016/17**	**Actual Spend 2016/17**
Staffing costs	£191,400	-£188,504
TSCB General	£153,624	-£146,157
Training Strategy	£26,000	-£21,528
Serious Case Review	£21,000	-£18,409
TOTAL EXPENDITURE	**£392,024**	**-£374,598**

FINANCIAL RESERVE 2016/17	
Headings	**2016/17**
Funds from 1 April 2016	£127,987
Total Expenditure in excess of income	-£9
Balance in Reserve 31/03/17	**£127,996**

Tameside Safeguarding Children Board

APPENDIX C

TSCB STRATEGIC PRIORITIES 2017/18

Strategic Priority 1: DOMESTIC ABUSE

1.1 To monitor the effectiveness of partner agencies identification and response to Domestic Abuse

1.2 To develop and deliver an educational awareness programme to universal services

1.3 To continue to deliver multi-agency training on the 'whole family approach to Domestic Abuse' and to evaluate its impact

1.4 To explore and develop ways to tackle domestic abuse at an earlier stage

To assist with monitoring actions are "RAG rated" with commitments assessed as RED, AMBER or GREEN.

RED: There is a significant risk that the action/s will not be completed within the timeframe of the business plan.

ACTION REQUIRED : Sub-Group Chair to raise to the Strategic Board

AMBER: A potential problem has been identified and actions may not be fully achieved

ACTION REQUIRED: Sub-Group Chair to raise to the Strategic Board

GREEN: Actions on target to succeed.

ACTION REQUIRED: None

OBJECTIVES	RATIONALE	BY WHOM	TIME SCALE	RAG STATUS	PROGRESS
1.1 To regularly seek assurance from the DA steering group that working processes are safeguarding children	The Domestic Abuse Steering Group to continue to lead the development and ensure feedback to TSCB	Domestic Abuse Steering Group	3x a year Mar, July & Nov 17		
1.2 Better Futures deliver training in Schools	Children and young people are aware of the risks related to Domestic Abuse	Domestic Abuse Steering Group	December 2017		
1.3 To continue to deliver the 'Whole Family Approach to Domestic Abuse'	Practitioners have the knowledge and skills to provide advice and support to victims, perpetrators and families	Learning and Improvement Sub-Group	Annual TSCB Training Programme		
1.4 To roll out 'Operation Encompass'	Vulnerabilities of children and young people affected by Domestic Abuse are addressed	TSCB	Begin March 2017		

Strategic Priority 2: Child Sexual Exploitation

2.1 Evaluate the effectiveness of the CSE System and Strategy

2.2To ensure that a tiered package of support is available for victims of CSE

2.3 To increase awareness of CSE amongst children and young people, parents and community

2.4 To revise the local Missing from Home Protocol that reflects the response to missing children who are known to be at risk of CSE

To assist with monitoring actions are "RAG rated" with commitments assessed as RED, AMBER or GREEN.

RED: There is a significant risk that the action/s will not be completed within the timeframe of the business plan.

ACTION REQUIRED : Sub-Group Chair to raise to the Strategic Board

AMBER: A potential problem has been identified and actions may not be fully achieved

ACTION REQUIRED: Sub-Group Chair to raise to the Strategic Board

GREEN: Actions on target to succeed.

ACTION REQUIRED: None

OBJECTIVES	RATIONALE	BY WHOM	TIME SCALE	RAG STATUS	PROGRESS
2.1 Complete CSE Systems	Children at risk of CSE are protected from	Independent	June 2017		

Review and revise CSE Strategy inc. support for victims of CSE	harm and provided with the appropriate level of support. Perpetrators are disrupted or prosecuted	Reviewer			
2.2 Develop multi-agency CSE dataset	Board is assured of the sufficiency of the CSE System and Strategy	CSE Sub-Group	Q2 Data available Oct 2017		
2.2 Determine most appropriate and tiered model of support for victims of CSE and develop service specification	Victims of CSE access support that is suitable to their needs	CSE Sub-Group	June 2017		
2.3 Promote online safety to pupils and parents	Pupils and parents know how to keep themselves safe online and know where to go to for help and advice	CSE Sub-Group	March 2018		
2.3 Participate in the GM CSE Awareness Days and other methods of communication	Community members are aware of CSE, help keep others safe and report any concerns	CSE Sub-Group	x2 per year		
2.3 Undertake Training Needs Analysis of Children's Disability Services and Phoenix Team	Practitioners have the knowledge and skills to support children with disabilities that are at risk of CSE	CSE Sub-Group	October 2017		

2.4 Revise local missing from home policy Promote policy via communication channels & CSE Training	Children at risk of CSE who go missing receive a swift response	Missing from Home Operational Group	November 2017		

Strategic Priority 3: SELF-HARM

3.1 Work with Strategic Partners to develop and implement the Transformation Plan

3.2 Develop and deliver a package of self-harm and suicide training and support

To assist with monitoring actions are "RAG rated" with commitments assessed as RED, AMBER or GREEN.

RED: There is a significant risk that the action/s will not be completed within the timeframe of the business plan.

ACTION REQUIRED : Sub-Group Chair to raise to the Strategic Board

AMBER: A potential problem has been identified and actions may not be fully achieved

ACTION REQUIRED: Sub-Group Chair to raise to the Strategic Board

GREEN: Actions on target to succeed.

ACTION REQUIRED: None

OBJECTIVES	RATIONALE	BY WHOM	TIME SCALE	RAG STATUS	PROGRESS
3.1 Board Partners are part of the Transformation Board and the delivery of its work streams	A holistic multi-agency approach to children and young peoples' mental health and well-being is developed	Transformation Board	Part of a 5 year plan to 2020		
3.2 Develop & deliver a self-harm and suicide training package	Practitioners can identify self-harm and provide, or refer to, the appropriate level of service required	MindED	x5 courses during 2017/18		

Strategic Priority 4: THRESHOLD MANAGEMENT

4.1 Promote an improved understanding and consistent application of the threshold criteria.

4.2 Support practitioners to identify and respond to need and/or risk at the earliest opportunity, inc. Early Help & Neglect

4.3 Develop a performance management system that will monitor the responsiveness of the Hub and the consistent application of Thresholds

To assist with monitoring actions are "RAG rated" with commitments assessed as RED, AMBER or GREEN.

RED: There is a significant risk that the action/s will not be completed within the timeframe of the business plan.

ACTION REQUIRED : Sub-Group Chair to raise to the Strategic Board

AMBER: A potential problem has been identified and actions may not be fully achieved

ACTION REQUIRED: Sub-Group Chair to raise to the Strategic Board

GREEN: Actions on target to succeed.

ACTION REQUIRED: None

OBJECTIVES	DESIRED OUTCOME	TIME SCALE	RESPONSIBILITY	RAG STATUS	PROGRESS
TBA by Threshold Management Sub-Group once established	TBA by Threshold Management Sub-Group once established	TBA by Threshold Management Sub-Group once established			

Strategic Priority 5: NEGLECT

5.1 To improve the awareness and understanding of neglect (including the threshold for access to agencies)

5.2 To improve the recognition and assessment of children and young people living in neglectful situations

5.3 Developing and sustaining an agreed, early multi-agency response to neglect

To assist with monitoring actions are "RAG rated" with commitments assessed as RED, AMBER or GREEN.

RED: There is a significant risk that the action/s will not be completed within the timeframe of the business plan.

ACTION REQUIRED : Sub-Group Chair to raise to the Strategic Board

AMBER: A potential problem has been identified and actions may not be fully achieved

ACTION REQUIRED: Sub-Group Chair to raise to the Strategic Board

GREEN: Actions on target to succeed.

ACTION REQUIRED: None

OBJECTIVES	DESIRED OUTCOME	BY WHOM	TIME SCALE	RAG STATUS	PROGRESS
5.1 Agencies collate baseline measure and undertake Training Needs Analysis in relation to the use of CAF, identification of Neglect within the CAF and subsequent use of the GCP	Partnership is aware of current level of activity or put systems in place to measure that activity and report training needs to Learning Improvement Sub-Group	QAPM Sub-Group	March 2017		
5.1 Promote use of Graded Care Profile amongst all universal services at the Level 2 of the Threshold Guidance (Neglect)	Launch event raises awareness and sets expectations around the consistent application of thresholds	Threshold Management Sub Group	June 2017		
5.1 & 5.2 Review relevant training course materials and revise according to identified need from objective above	Training of staff means that services intervene earlier (Level 2) to address the problems of Neglect and prevent them escalating to CIN/CP	Learning and Improvement Sub-Group	April 2017		
5.2 Draft development of a new multi-agency dataset including CAF, GCP, Relevant upgrades made to ICS for CAF, GCP	Level of Early Help offer and specifically work to tackle Neglect is accurately measured	Task and Finish Data Group	April 2017		

5.3 Collate service user feedback from those on CP, CIN & CAF for reasons of Neglect (cross ref 3.1)	Service user feedback identifies good practice and areas for improvement which influences service planning	QAPM Sub-Group	May 17 Strategic Board		
5.3 Agree multi-agency requirements for assessing Neglect and accessing Children's Hub	Earlier multi-agency intervention to address Neglect Consistent application of Thresholds for the purposes of Neglect	Threshold Management Sub-Group	April 2017		

Report to :	**HEALTH AND WELLBEING BOARD**
Date :	25 January 2018
Reporting Officer:	Andrew Searle – Independent Chair of Tameside Adult Safeguarding Partnership Board
Subject :	**TAMESIDE ADULT SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2016/17**
Report Summary :	This report sets out the activity and strategic work plan of the Safeguarding Board in Tameside and its partner organisations and agencies.
Recommendations :	That the Health and Wellbeing Board receive the annual report of the Tameside Adults Safeguarding Partnership Board
Links to Health and Wellbeing Strategy :	Safeguarding vulnerable adults is a fundamentally important issue throughout the Health and Wellbeing Strategy. Priority 3 – Living Well Priority 5 – Ageing Well
Financial Implications: **(Authorised by the Section 151 Officer)**	There are no financial implications arising from this report.
Legal Implications: **(Authorised by the Borough Solicitor)**	The report highlights the strategic direction of the Safeguarding Board and its partners. It is in line with the duties and responsibilities set out in the Care Act 2014. There is a statutory duty for the Safeguarding Board to produce an annual report setting out the work of the Board to improve the outcomes for Adults at risk of abuse.
Policy Implications :	In compliance with existing policies.
Risk Management :	The Safeguarding Board is required to produce an annual report and would be in breach of the legislative requirement if it failed to do so.
Access to Information :	The background papers relating to this report can be inspected by contacting Pam Gough, Safeguarding Adults Co-ordinator, by: Telephone:0161 342 5229 e-mail: pam.gough@tameside.gov.uk

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Tameside Adults Safeguarding Partnership Board (TASPB)

Annual Report 2016/17

Tameside
Adults
Safeguarding
Partnership Board

Contents

Foreword

I am pleased as previously to introduce and welcome readers to the 2016/17 Annual Report of Tameside Adult Safeguarding Partnership Board (TASPB) of which I have the pleasure to independently Chair. The Partnership Board has a statutory duty to produce this report and we do so willingly to raise the profile of adult safeguarding and gives us a platform to show the strategic direction of the Board and the work undertaken in partnership and in response to the abuse and neglect of adults within Tameside because sadly it is the case adults do face abuse and neglect.

Within the report you will find how we as a partnership work together to a set of principles which are National which we embrace and believe they are fit for purpose and provide a focus for the work we do. There is a small amount of activity information hopefully not too much to bombard the reader but gives you a flavour and nature and how much work is ongoing within adult safeguarding.

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I use the word strategic before to emphasise the existence of the Board is a statutory requirement for the Local Authority but I wish to stress although the Local Authority are very much the main partner we have two other Core members those being the Police and Health in the form of the CCG.I as the Independent Chair hold partners to account and not just the Core members but all the agencies involved in adult safeguarding shown within the report. We have Multi Agency Policy and Procedures in place as we know by working together and to the same aims and objectives we will provide a consistent approach and provide the best possible outcome and support for the individual subject to abuse and neglect known as Making Safeguarding Personal.

There are changes locally where Health and Social Care are becoming more and more integrated and the close working relationship between not only them but the Police is mirrored within adult safeguarding. What we as a Board need to do is understand the priorities of these organisations and other Boards and Partnership groups locally, regionally as well as Nationally we need to be mindful not to duplicate work we need to understand where responsibility sits and which 'body' has governance on cross over topics such as Domestic Abuse, Modern Day Slavery Sexual Exploitation and Self Neglect four areas linked to safeguarding as a result of the Care Act. We are in the process of working closer and doing exactly that.

The work we do in partnership is important I hope by reading this report you will have the reassurance as I do that there is a commitment to working together, such work will always be required and my personal commitment is that I will endeavour as much as possible that we do it together - safeguarding is everybody's business and if all society recognises this and report concerns it gives those in a position an opportunity to help and make a difference if we are not made aware it becomes difficult.

Lastly I take this opportunity to publicly thank my fellow board members and all people working in adult safeguarding and especially the Adult Safeguarding Team from the Council who support the boards continuing endeavours….Thank you

Andy Searle
Independent Chair

PS. please remember

"Adult safeguarding needs to be everyone's responsibility".

Introduction

Tameside Adult Safeguarding Partnership Board continues to deliver the Safeguarding Adult Framework across Tameside.

The Board has a robust partnership approach which facilitates a consistent approach to Adult Safeguarding Enquiries in Tameside.

The statutory agencies represented at the Board are:-

- Tameside MBC
- Tameside and Glossop Clinical Commissioning Group
- Greater Manchester Police

Partner Organisations of the Board

- Tameside and Glossop Integrated Care Foundation Trust
- Tameside and Glossop Single Commissioning
- Pennine Care NHS Foundation Trust
- Greater Manchester Fire and Rescue Service
- Cheshire and Greater Manchester Community Rehabilitation Company
- North West Probation Service
- Healthwatch Tameside
- Public Health
- NHS England

Elected Members of the Board

- Councillor Brenda Warrington
- Councillor Ged Cooney

The work of the Board is in response to the TASPB strategy 2016-19 and responds to the six principles outlined in the Care Act 2014:-

Empowerment
People being supported and encouraged to make their own decisions and informed consent.
I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

Prevention
It is better to take action before harm occurs.
I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

Proportionality
The least intrusive response appropriate to the risk presented.
I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

Protection
Support and representation for those in greatest need.
I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

Partnership
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

Accountability
Accountability and transparency in delivering safeguarding.
I understand the role of everyone involved in my life and so do they.

TASPB Annual Report 2015-2016 discusses how the Board undertakes this work and the impact this has on the Community in Tameside, exploring the challenges and achievements of the last financial year and defining the TASPB priorities for 2017/18.

Safeguarding Adult Activity in Tameside

Partner organisations acknowledge abuse can take many forms and each case is considered individually. The Care Act 2014 indicates the Safeguarding criteria will need to be met before the issue is considered as a safeguarding concern:-

The safeguarding duties apply to an adult who:-

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

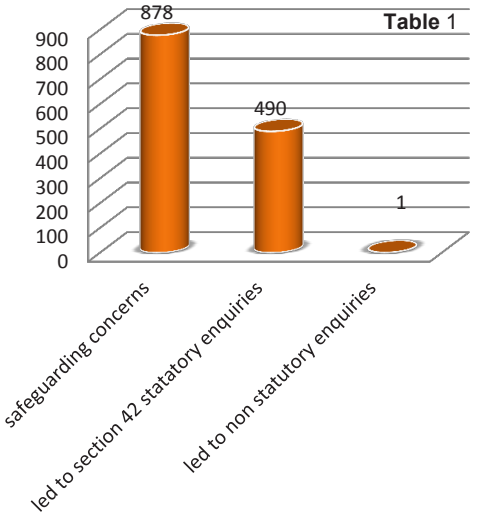
This section of the report illustrates the Safeguarding Activity in Tameside and the response to these. This could be via a safeguarding concern which is a sign of suspected abuse or neglect or the safeguarding concern could lead to an enquiry which is the action taken to respond to a concern.

There are two types of enquiry one where the Adult meets all the Safeguarding criteria. This is a Section 42 Enquiry.

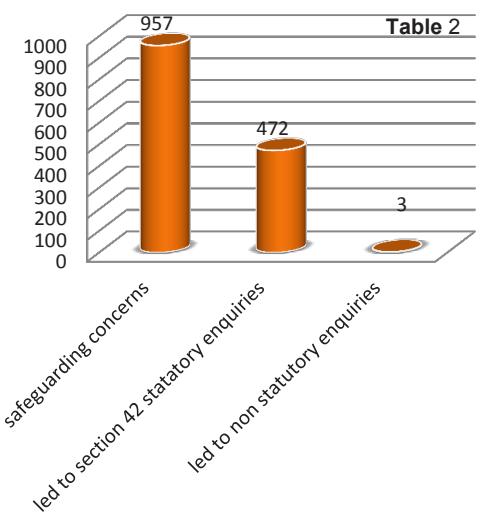
If the Adult does not meet all the criteria and it is considered to be necessary and proportionate to have a safeguarding enquiry this is a non-statutory enquiry.

During 2016/17 TASPB have responded to 957 Safeguarding Concerns, which is an additional 79 concerns compared to 2015/16. Table 2 illustrates a decrease of 18 enquiries. This is an indicator that Practitioners are alert to Safeguarding and concerns are raised and options considered with the Adult to respond to this. Further work is ongoing to raise awareness of options to safeguard adults within existing practice. It is an expectation that this will continue to inform a decrease in section 42 enquiries in the future.

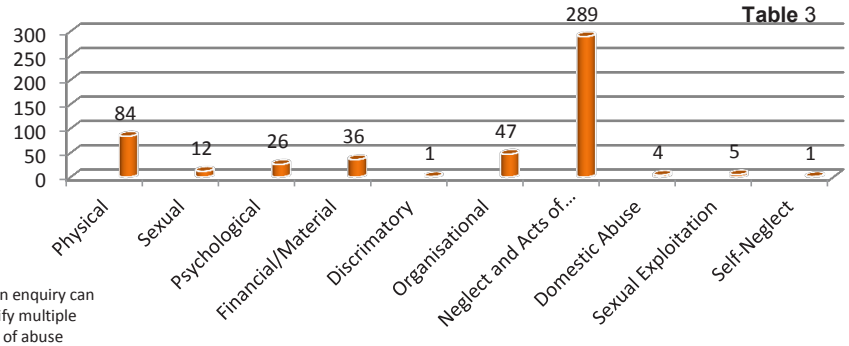
Safeguarding Activity 2015/2016



Safeguarding Activity 2016/2017



Types of abuse that have been investigated



NB: an enquiry can identify multiple types of abuse

In Tameside Neglect and acts of omission appears to be more prevalent than other types of abuse that have been reported. This is an area of abuse which is perhaps easier to identify than other areas of abuse and echoes the same pattern as in previous years. However, there are no specific trends with regards to this category of abuse.

During 2016/17 TASPB have responded to an increase of enquiries regarding organisational abuse, which includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. The Care Quality Commission has contributed to reporting these safeguarding enquiries in the Care Homes in Tameside. Organisations have worked in partnership to address this and TASPB are focused on supporting this approach to prevent Safeguarding enquiries in the future.

Concerns and enquiries raised regarding adult sexual exploitation have not been recorded prior to the introduction of the Care Act. Incidents would have been collated under other categories of abuse. Sexual exploitation is now a category defined to record specific concerns and 5 enquiries were raised during the last 12 months. In all cases staff worked in partnership and risks were reduced or removed. This is a positive indicator that adult sexual exploitation is being recognised as abuse and being reported.

Reports of financial abuse have increased by 6 which is a 20% increase on last year's figures. However, this number appears low overall regarding this category of abuse, which would indicate, this area of abuse remains under reported.

TASPB have responded to 4 Safeguarding adults enquiries of domestic abuse during 16/17. TASPB acknowledge signs and symptoms of domestic abuse could also be recorded as other categories of abuse and are reviewing this to gain assurance regarding the approach. It is an expectation that the majority of domestic abuse enquiries will be initially referred to the Public Protection Unit in GMP and the Multi Agency Referral Assessment Conference (MARAC) initiative as these forums are the primary response to safeguard individuals who are experiencing Domestic Abuse.

Safeguarding concerns have been raised for Adults who self-neglect but numbers are minimal, as systems are already in place to respond to these circumstances. This demonstrates a pro-active approach from partner organisations and evidences the response to safeguard individuals who experience Self Neglect is embedded in practice. Further TASPB guidance and arrangements for Practitioners is also available to aid them support Adults experiencing self-neglect.

Vulnerable people are often targeted as being easier to coerce into a situation where they can be manipulated. Modern slavery organisers can select victims from amongst vulnerable groups, for example, people with learning disabilities. To date no Safeguarding enquiries have been raised in Tameside in response to Modern Slavery. TASPB have continued to be pro-active to promote awareness of abuse regarding Modern Slavery.

There are more reports of safeguarding concerns for females as demonstrated in previous years but there is no evidence to indicate that this gender is more at risk than Males. Table 4 illustrates the number of concerns raised for individuals this reporting year and demonstrates a 14% increase of safeguarding concerns for Females and a 13.5% decrease for Males. TASPB have identified no specific reason for this trend.

Number of Concerns 15/16 and Concerns 16/17 for individuals

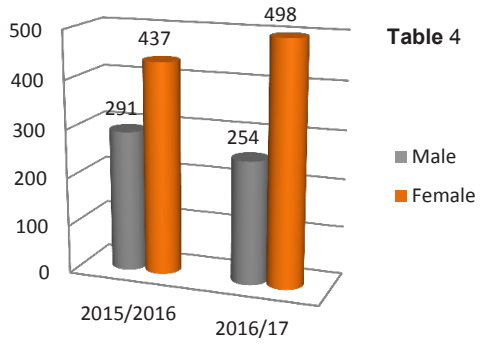


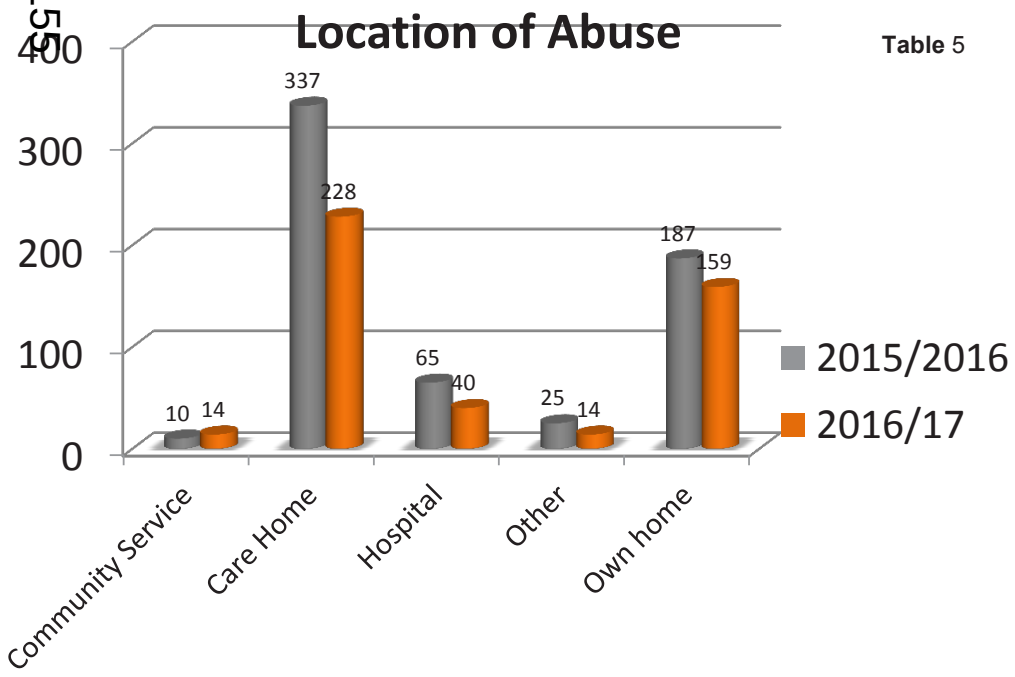
Table 4

Tameside Hospital has also seen a decrease in the number of safeguarding enquiries during the last 12 months. This data supports the positive rating from the CQC monitoring review in August 2016 for Safety.

TASPB supported Care Agencies during 2015/16 to respond to the trends in safeguarding regarding missed calls and medication errors, consequently, there has been a decrease in the number of allegations of abuse in peoples own home. Work will continue to address this.

Despite the reduction of allegations of abuse in a person's own home, it is thought that abuse which happens in one's own home is not always reported. As discussed earlier, allegations of financial abuse appear to be under reported and the location for this is more likely to be in someone's own home. Work to explore this has been ongoing during 16/17.

Table 5



Raising Awareness of Safeguarding Adults

Raising awareness to Safeguard Adults from Abuse is a primary aim of TASPB. TASPB Partner organisations, 3rd Sector and Independent agencies in Tameside have access to Safeguarding Adult Training facilitated by the Board. This training has been delivered in various formats throughout 2016/17. Consequently this year this has supported in excess of 200 staff from various bodies, providing reassurance to TASPB that there is a consistent approach to Safeguarding Adults in Tameside.

Integral to training is an evaluation, for delegates to complete. These are used to inform the review of the TASPB training strategy to ensure this remains fit for purpose. Safeguarding Adult Manager Training has been reviewed in response to the evaluations and TASPB have worked in partnership to ensure that staff are supported following training. This has been through a range of initiatives, such as supervision and promotion of the 'buddying' arrangement for SAMs'.

Training is well received and the majority of staff indicate on their evaluations that their knowledge and understanding of Safeguarding adults improves as a result of the training. Comments staff have made in their evaluations include:-

'I think experience within SAM role will aid confidence in the future'

'Great overview which has given me great confidence'

'An excellent course with good practical exercises-Thank you very much

'Course encouraged me to ensure I refresh on paperwork and legislation when starting safeguarding'

The work of the TASPB Continual Improvement Principle is tasked with responding to the TASPB Training Strategy. This Principle Group along with the TASPB Learning and Accountability Principle has been key to raising awareness of advocacy across partner organisations and exploring options to promote this work with the Commissioned Advocacy agency. Consequently, by the end of the financial year, local Safeguarding Adult Reports indicated practitioners had involved advocacy for 100% of Section 42 referrals during January 2017-March 2017.

Support provided by Advocate, Family member or Friend

Safeguarding in Partnership

The six key principles underpin all adult safeguarding work. These principles aid TASPB to progress the Board's Strategy and ensure local arrangements to Safeguard adults from abuse remain fit for purpose:-

TASPB Leadership and Partnership Principle work is led by the TASPB Chair.

A significant achievement this financial year has been the completion of TASPB Strategy 2013-2106. The work accomplished to date has laid the foundations for the following 3 year strategy 2016-2019.

This work has also informed the opportunity to work with the Chairs of the SAB's across Greater Manchester to engage with the Police Crime Commissioner for future funding to aid the work of the Boards. This has been a productive exercise and the OPCC will be providing funding to TASPB during 2017/18.

In addition, a successful bid for funding to develop specific projects to respond to the TASPB strategy was made to the OPCC and was granted. This work will contribute to the protection of adults at risk of abuse in Tameside and will be progressed during 2017/18.

TASPB have worked with Tameside Safeguarding Children's Board (TSCB) to identify and explore the crossover between the Boards and how this work could inform a joint Safeguarding Strategy to support the delivery of the Health and Wellbeing Board (HWB) Strategy. This work included identifying the shared work streams and proposals to clarify the Governance arrangements to take the Safeguarding Agenda forward in Tameside. This work will continue to evolve during 2017/18 to provide a protocol towards aligned priorities and joint strategy of these Boards.

The TASPB lead for Housing Strategy, during 2016/17 has continued to promote the Safeguarding Adult Agenda with the Private Rented Sector (PRS) in Tameside. The TASPB Chair and Safeguarding Adult Team have supported with this work, meeting landlords in the PRS and raising awareness of the responsibilities of Safeguarding Adults.

Protection and Proportionality: Following on from the initial work during 2015/16, TASPB continued to develop links with Neighbourhood services. This work involved sharing good practice to prevent the risks and experience of abuse. It was evident from the scenario shared that Safeguarding Adults is integral across Partner Organisations. The example shared evidenced the adult's wellbeing was promoted. In additions there was recognition that adults can have complex interpersonal relationships and they may need support to ensure their views are observed and a proportionate response is required.

To progress the work of the TASPB Strategy, the Protection and Proportionality Principle, hosted a Workshop for Practitioners. This provided Practitioners from Partner Organisations to have an opportunity to reflect on Safeguarding Adults Practice and share the learning in this context. The forum explored the mechanisms in place that enables early identification and assessment of risk through timely information sharing and targeted multiagency intervention.

Recommendations from the workshop informed future practice to develop Partnership working.

TASPB Prevention Principle Group. Following the discussion in last year's Annual Report, work to inform the directory which identifies all services which assist Safeguarding Adults has continued. It is a complex piece of work and conversations during 2016/17 to progress this work have illustrated this. The initial draft directory was available for reference for Practitioners. Consequently, Practitioners were consulted on the content of this directory, regarding information on Services to be included. This exercise also identified gaps in knowledge and informed decisions to conclude this piece of work during 2017/18. It is an expectation that this directory will safeguard adults in a way that supports them in making choices and promotes an approach that concentrates on improving life for the adults concerned. In addition it is an expectation that this will raise both community and staff awareness so that everyone has an opportunity to contribute to preventing, identifying and responding to abuse and neglect.

TASPB Learning and Accountability Principle Group introduced the Multi-agency risk assessment tool for self-neglect. This will aid practitioners to respond to the most serious cases of self-neglect in which Adults who have capacity but will not consent to support. Evaluation of this guidance indicated that following the initial distribution of this guidance not all Safeguarding Adult Managers were aware of its existence. This was mainly due to the low demand to implement this guidance. Practitioners had used this for reference but none had needed to implement this. However, to provide assurance to TASPB that staff in partner organisations are aware of this guidance to support the decision making to safeguard adults; it was decided to host a Practitioner Event which is planned for April 2017. This event will inform the review of the guidance and provide staff with the opportunity to consider hoarding in the context of self-neglect and explore options to address this.

This Principle Group has focused on the review of the Safeguarding Adult Manager role to provide assurance to TASPB that this model remains fit for purpose amidst all the recent and ongoing organisational changes in Tameside. Representatives met from the Statutory Agencies for the Board and agreed that the roles and workflows do not need updating to meet the needs of the current working arrangements.

Safeguarding adult cases that may require review are referred to the Learning and Accountability Principle Group. This task is in response to the TASPB Learning Framework Guidance. This document has been reviewed this year to ensure it remains fit for purpose and amendments have been made as appropriate.

TASPB Empowerment Principle Group main event was World Elder Abuse Awareness Day June 15th 2016. The purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older people by raising awareness of adult abuse in older people

Tweets used to promote awareness of Adult abuse on the day included:-

- Doris needs care and support. Carers haven't visited for 3 days, she is cold and hungry. This is abuse.
- Dev needs support to manage his money; nephew took money from his house without permission. This is abuse.
- Lucia doesn't like tea but it's the only drink her care home offers her. This is abuse.
- Abuse can happen anytime, anywhere by anyone! Recognise it! Report it!

This Principle Group were tasked to write the easy read versions of the TASPB Annual Report and TASPB Strategy 2016-19. This work was concluded and provides TASPB with assurance that the most vulnerable groups have access to information to raise awareness of Adult Abuse.

Making Safeguarding Personal (MSP)

TASPB continue to promote and facilitate the MSP survey via Safeguarding adult team and the TASPB Leads across organisations. The survey is asking people if the organisations helped them to stay safe and what the organisations that helped could have done better.

The Adult is the focus for the survey and it maybe them or their advocate who is interviewed.
TASPB study the interviews which contribute to services to safeguard adults in the future. Outcomes from this work have resulted in Safeguarding Adult Managers contacting the Adults and advocates to ensure they feel fully informed about the conclusion of the safeguarding enquiry.

Capacity has been limited during 2016/17 to respond to everyone who has confirmed they would like to be involved in the survey. Options to respond to this are being considered.

In addition to the survey, it is an expectation that the MSP approach is integral to the safeguarding practice. Quarterly, TASPB review the data to evidence this work and support organisations to promote this practice. Example of the data to understand what outcomes Adults want from the safeguarding enquiry illustrated across.

Individual Organisations Updates

Tameside Metropolitan Borough Council – Adult Services

Tameside and Glossop Clinical Commissioning Group (CCG)

Greater Manchester Police (GMP) – Tameside Division

Tameside and Glossop Integrated Care

Greater Manchester Fire Service – (GMFRS)

Pennine Care Foundation Trust (PCFT)

Tameside Adult Social Care Services

Tameside Council's Adult Social Care Services continues to be at the front line when identifying and responding to vulnerable people who are at risk of abuse or neglect. The managers, social workers and all Council staff within Adult Social Care ensure that they are adequately prepared to carry out their duties under the Care Act when suspecting that someone is at risk and in carrying out investigations at both an informal and more formal, Section 42 level.

The last year has been consistent with previous years in terms of the volume of safeguarding activity that the service has been involved with. There were over 950 concerns raised as possible safeguarding of which 476 required further enquiry and investigation; of that number Adult Social Care led on close to 250 as well as overseeing a significant number of others within the independent social care system.

To put this number into perspective and to give some idea of the type and volume of activity that Tameside Adult Social Care Services are involved in we currently work with over 3000 service users and 3000 carers. Of these people around 1000 people receive homecare form a number of different independent domiciliary care providers across the borough, a further 1500 people are in residential or nursing care homes in Tameside, some being financially supported by the Council and some paying for their care in full. Over 400 people use some form of day service either in specific day centres or as part of older people's day care in care homes. There are nearly 200 people living in Extra Care accommodation and a further 400 living in some form of sheltered accommodation commissioned by the Council. Tameside Adult Services also supports around 1200 people each year in its reablement service supporting people who are in crisis in their own homes or who are being discharged from hospital or emergency respite care. There are also over 4000 people using the Council's Community Response Service which enables people to remain at home and feel secure in the knowledge that assistive technology is available to alert the Council if people are struggling with aspects of daily living.

The detail of the safeguarding activity undertaken within Adult Social Care varies significantly and the Service has been involved in investigating the whole range of abuse and neglect categories over the last twelve months. Physical neglect remains the predominant reason for concerns being raised with the Council and this is particularly evident within the independent residential and nursing home and domiciliary care sectors. The importance of maintaining good quality services remains as a fundamental principle of Adult Social Care in Tameside and managers and staff from the Service have been working closely with independent provider owners and managers and with other Council and NHS colleagues to ensure that risk to people receiving these services is minimised and that quality across all social care services is improved. There are further plans in the forthcoming year to develop a specific Quality Improvement Team made up of social workers, community nurses and other allied health and social care professionals to work with those providers who have been deemed by the Care Quality Commission to be either inadequate or requiring improvement.

2016/2017 saw the continued integration of health and social care systems and services in Tameside and we are now seeing many of our combined staff teams either physically coming together in co-locations or beginning to work closer together on joint projects. This developing integration is having positive results in not only our ability to identify possible abuse and neglect but also to respond in a more effective and efficient way. Decisions about the best person to lead safeguarding investigations are now much easier to make and as a consequence the outcomes for users and families has improved.

The Government's initiative to improve user and family experience of safeguarding investigations is firmly embedded in the practice of all staff within Tameside Adult Social Care Services. The Making Safeguarding Personal programme has led to staff not only thinking about the importance of ensuring that a person is safe and well but also about the safeguarding process itself and what that person wants from an investigation. Workers, as part of the safeguarding process now have much more in depth discussions with the person and their family, where appropriate in terms of identifying what outcomes they would wish to see following the safeguarding investigation. Results from follow up surveys are showing some really positive feedback from people who have been through the safeguarding process with most people feeling that their concerns were taken seriously and that their identified outcomes had been met.

The Safeguarding Lead for Adult Social Care continues to play a key role in the work of the Safeguarding Partnership leading on two of the Board's Principle groups namely the Prevention Principle and the Continuing Improvement Principle. These groups together with the other Principle groups are the places where significant policy and operational issues are discussed before recommendations are made to the Board and the last year has seen continued activity in all of these areas with membership and involvement from all partners enabling crucial cross organisational agreement to take place.

Adult Social Care has also been part of the joint work that the Safeguarding Board has started with the Children's Safeguarding Board and it is anticipated that this work will continue in earnest in the next year with the opportunity for collaborative work on areas including domestic abuse, modern slavery, female genital mutilation and child and vulnerable adult sexual exploitation.

In conclusion 2017/2018 will see Tameside Adult Social Care Services move closer to our health colleagues and partners with the expected outcome being that the health and social care system in Tameside will be fully integrated by 2018 with all staff being part of the Integrated Care Foundation Trust. Work will also continue to align the safeguarding priorities for adults together with those common areas within children's safeguarding and finally, but perhaps most importantly, we will continue to work with all of our partnership colleagues to ensure that the citizens of Tameside remain safe and well.

Paul Dulson (Safeguarding Lead, Adult Social Care)

Tameside & Glossop Clinical Commissioning Group

In April 2016 Tameside & Glossop Clinical Commissioning Group (CCG) joined its commissioning functions with Tameside Metropolitan Borough Council (TMBC). By coming together we feel we will be able to commission a more joined up Health and Social Care Services for the people of Tameside & Glossop.

Safeguarding will continue to be at the heart of all commissioning decisions and remains embedded in all aspects of the commissioning cycle.

Tameside and Glossop Single Commissioning Organisation is a statutory partner of Tameside Adult Safeguarding Partnership Board and support and contribute to the business of the board by ensuring representation and engagement at all Board Meetings and Sub Groups.

The Director of Quality and Safeguarding leads on safeguarding arrangements and together with the Designated Nurse for Safeguarding and Specialist Nurse for Adult Safeguarding we ensure that Safeguarding remains a priority throughout all the Organisations business.

The Single Commission works closely with all multiagency partners to ensure that multi agency policy and guidelines are in place and adhered to. The Organisation has its own local Safeguarding Policy and Guidelines to support and guide its staff and the Safeguarding Training Strategy will be refreshed in 2017-18 to ensure that all appropriate staff is offered training in Adult Safeguarding.

Commissioned providers are held to account for their statutory safeguarding duties by active engagement, communication, monitoring and audit of safeguarding activity and practice on a quarterly and annual basis; this assures compliance with contractual requirements for safeguarding.

The Organisation is committed to ensuring safeguarding is embedded throughout all its business and has mechanisms embedded in practice which enable actively listening to our public and capturing complaints compliments and incidents. 2016-17 saw the development of a patient experience measure for people who have been supported through the Continuing Healthcare Process. 2017-18 data collected from these experiences will be used to inform and strengthen the Quality of services through our Quality Improvement Framework.

The Single Commissioning Organisation and its providers continue to work together to improve and strengthen the quality of service provision to ensure people who use services are safeguarded. We do this by ensuring robust mechanisms are in place to enable lessons to be learned from Serious Incident Reviews and Safeguarding Adult Reviews and we endeavour to continue to ensure lessons learned inform future quality initiatives, service design and commissioning decisions.

In 2016-17 the commissioning organisation committed to The Learning from Deaths Mortality Review programme (LeDer) which is part of a national pilot designed to enable learning from the deaths of people who have a learning disability. 2017-18 will see a refined process developed which will enable a whole system approach to capturing the lessons learned which in turn will be used to inform both national and local quality improvement initiatives.

In 2016-17 the CCG TMBC and Derbyshire County Council set up a working group to develop a tool that would enable scrutiny and analysis of data received from our Residential Care Homes and Homes with Nursing across both Tameside and Glossop. The purpose of this group is to develop a live dataset of information which will help us identify early indicators of falling standards in our care homes and enable preventative and supportive action to be taken to reduce the risk of harm to residents. This work will continue in 2017-18 with the data set being refined and recommendations to commissioners for quality improvement initiatives.

Continued commitment to ensuring Adult Safeguarding remains a priority is demonstrated through the active management of safeguarding cases by the Continuing Healthcare Team all of who are trained as Safeguarding Adult Managers. 2016-17 the team were involved in a total of 38 safeguarding concerns taking the lead or joint lead in 22 Adult Safeguarding Enquiries. The most common category of abuse was neglect or omission and the team continue to work with the independent sector to ensure that people are safeguarded.

2016-17 the Organisation made 9 applications to the Court of Protection to support and safeguard people at risk who lacked mental capacity in decision making about their care and support needs in the community. The Court granted all 9 applications and a further case is ongoing.

Strengthening Adult Safeguarding throughout the whole health and social care economy will remain a priority focus for 2017-18 with strengthened commitment and support to Primary Care, General Practice and the independent provider sector including residential care homes and nursing homes. This piece of work is ongoing but will result in a stronger and more inclusive Quality and Improvement Framework which captures the whole health and social care economy in Tameside resulting in better services that protect people from the risk of harm and abuse.

Hazel Chamberlain (Clinical Commissioning Group)

Greater Manchester Police – Tameside District

Safeguarding vulnerable members of our communities continues to be a key priority for Tameside District. The Senior Leadership Team conduct a daily review of all serious incidents involving vulnerability and ensure appropriate safeguarding measures are instigated, with partner agencies, to protect our vulnerable people. This information is compiled through a variety of sources inclusive of partner agencies and is also presented at a monthly meeting. The Local adult safeguarding board is attended by police where safeguarding statistics are collated and discussed to inform improvement and specific action by each agency.

The Public Protection Investigation Unit at Tameside continues as the professional lead for Safeguarding. Officers within the PPIU are trained to deal with Child Protection, Domestic Abuse and Vulnerable Adult incidents and investigations. This ensures the police don not miss opportunities to link safeguarding across these areas, especially when dealing with complex cases.

The PPIU continue to provide an exceptional service to the community. Additional training has been given to Police Officers and PCSO's regarding standard risk domestic abuse incidents and this is an ongoing programme. The PPIU team monitors and manages Medium and High risk domestic abuse incidents when they have been attended by uniform officers, making referrals to partner agencies as and when required.

In addition to the PPIU the two Integrated Neighbourhood Service (INS) teams based at Ashton (North) and Hyde (South) Police stations have been in existence since May 2016 and during that time both have dealt with numerous incidents involving vulnerable adults.

The INS teams consist of a number of partners including GMP, Local authority CASNO's, Mental Health Nurses , Adult social care, New Charter Housing, Lifeline (now CGL) , Action Together, and Bridges, plus other agencies such as Early Help and Mind, as and when they wish to discuss a case.

Since they were introduced in May 2016 both the North and South INS teams have dealt with numerous cases:

- The North INS has dealt with 453 individual cases with 52% relating to vulnerable adults with mental health, 32% to drug and alcohol misuse, and 26% involving domestic abuse and family issues.

- The South INS team have dealt with 453 individual cases with 68% relating to vulnerable adults with MH issues, 36% involved substance misuse and drugs, and 30% involved DA and family issues.

There are other issues identified including housing, finance, criminality, and environmental and the teams work with the individuals in order to resolve the long term issues to benefit those individuals, and reduce the demand on public services. This can only be done with the consent of the individual concerned however in the vast majority of cases the vulnerable people do engage.

The success rate for both teams is well over 60% which has contributed significantly to safeguarding vulnerable adults in Tameside and also reducing demand on public services.

The two INS teams are also involved in the STRIVE project whereby PCSO's from within the teams contact the victims of standard risk domestic abuse incidents in order prevent the situations from escalating, and to reduce future demand on the police and other public services.

Since the introduction of the INS teams they have received numerous visits from other organisations interested to see what has been developed at Tameside. These have included other police forces, including the Metropolitan Police and PSNI, other local authorities, Councillors, the Police and Crime Commissioner and deputy, and other housing providers across Greater Manchester. All without exception have given positive feedback on what they have seen and taken away ideas to help them implement similar teams in their own areas.

Dean Howard (Greater Manchester Police)

Tameside and Glossop Integrated care

During 2016 there was continued focus to embed adult safeguarding systems into all Trust mainstream services, in order to maintain sustainability and accountability of Safeguarding standards. Of particular note was the successful implementation of the Trust safeguarding empowerment model across all Community services following transfer into the ICO in April 2016. This work has secured effective integration of all community safeguarding systems, unified consistency for the reporting of cases , staff training, integrated governance systems and real time, person centred responses to be put in place to safeguard adults at risk across all areas

Also during this period the Safeguarding Adult structures were assessed for effectiveness as part of the Trust regulatory CQC monitoring review in August 2016 for Safety. The review reported positive feedback and full compliance in all areas of the Trust including recognition for outstanding practice for standards in the Trust for the support of adults with a Learning Disability.

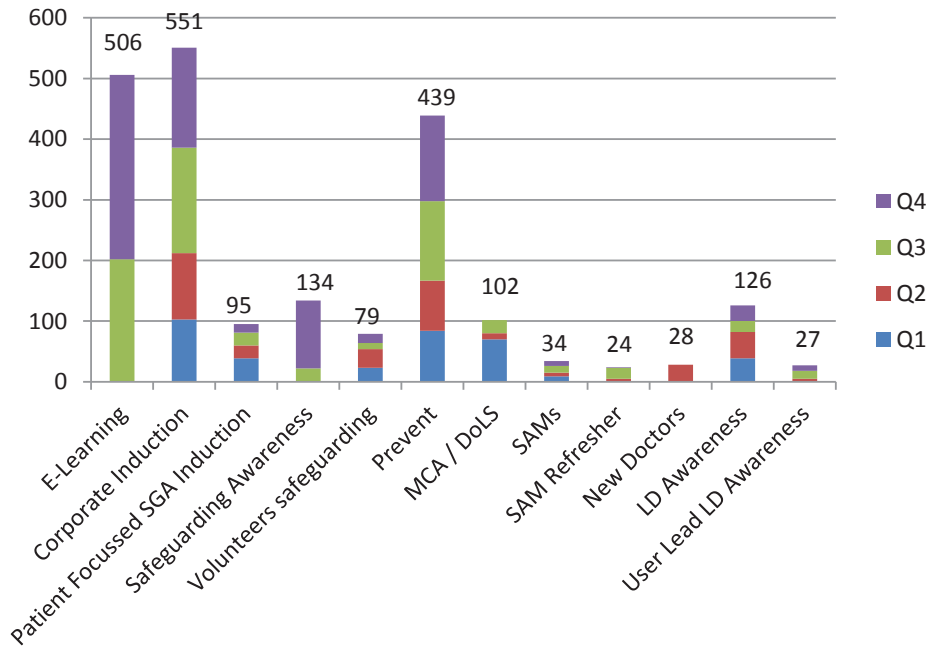
Safeguarding leads were also engaged in the strategic multi agency discussions and proposals for the next phase of the ICO transformational proposals for the integration of Health and social care systems from April 2018. This work remains a key objective in relation to the Trust and the Local authority legal and statutory responsibilities for Safeguarding adults, its impact upon the wider Integrated Neighbourhood Services models and ensuring appropriate due diligence requirements are in place for collaborative working across health and social care.

To support this, the Trust has continued to be an active member of the TASPB and principle sub group structures, participating in all events and contributions made to achieve key actions aligned to the wider TASP strategy. This work includes events to support the prevention agenda for example Disclosure and Barring service presentation for all partners, participation at Self Neglect Workshop and development of NWAS pathway within A/E with our NWAS colleagues to prevent delays and effective management of concerns using proportionate responses prior to hospital admission /attendance.

In addition during 2016/7, the Trust maintained its additional statutory responsibilities associated with Prevent , hosting an additional regional WRAP 3 training even to provide extra trainers across high risk and Community services and launching its proposals for E- Learning training package for Staff.

Training to meet both mandatory and essential requirements was undertaken to support the workforce develop a range of skills set that meet new Safeguarding challenges. Fig 1

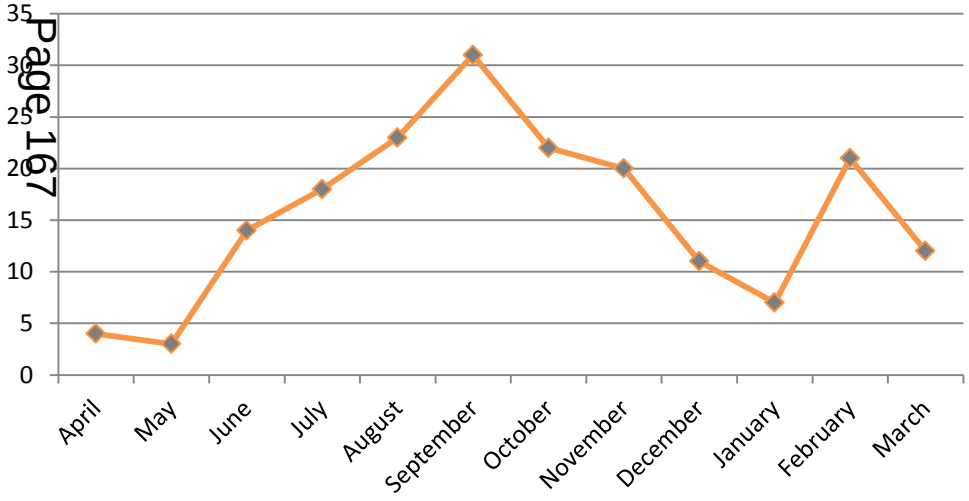
Fig. 1 : Safeguarding Adults Training 2016/17



Part of this year's training priorities was to launch a new Safeguarding Adult Manager (SAM) buddy training, which support's new SAM's to gain additional practical on site skills and confidence in managing safeguarding enquiries. This work has assisted SAM's to better manage complex cases, and become more familiar with the practical processes and documentation used.

In addition to this, we have encouraged all SAM's to apply rigorous review to see if safeguarding thresholds apply or if cases are better managed safely using care management and Quality care systems. This has successfully enabled the Trust to sign post cases that do not meet Safeguarding criteria and also to proactively apply Making Safeguarding Personal principles to ensure the person remains at the centre of all decisions. To support this approach, guidance for assessing cases for individuals who lack capacity was introduced, together with Mental Capacity Act Smart cards to support decision making and Deprivation of Liberties standards applications. Fig 2

Fig. 2 : 2016/17 DoLS Cases Applications



This work aims to support all vulnerable individual including those with a Learning disability, and will continue into 2017/8.

Plans for next year will include supporting the wider transformational agenda with Health and Social care integration and the sustainability of Safeguarding standards to ensure adults are supported and encouraged to make own decisions with informed consent and dignity.

Nasrin Khadim (Tameside Integrated Care)

Greater Manchester Fire Service – (GMFRS)

In the first instance, the continued and committed engagement of the GMFRS Community Safety Manager (CSM) to the work of the Board plus the provision of support and input into TASP Self Neglect workshop has contributed to the development of a consistent and clear approach to Safeguarding within the Borough.

CSM engagement with other work streams including, for example, Suicide Prevention, Mental Health, Dementia and Domestic Abuse plus Carers Strategy Group has ensured a consistent approach across the Borough from a GMFRS perspective in relation to our Safeguarding role and the responsibilities which accompany it.

More specifically……

Care Act compliance

- GMFRS Safeguarding Policy and Procedures currently subject to review and refresh to ensure Care Act compliance especially as it relates to "Transitions", "Partnerships" and the effective identification and mitigation of Safeguarding issues and concerns

- Fundamental to that review is the embedding the MSP and MECC principles within GMFRS culture and practice NB. CSM regular seeks reassurance through appropriate "challenge" in relevant GMFRS "fora" to ensure the visibility of MSP and MECC principles

Making Safeguarding Personal

- An individual example that typifies our MSP approach in delivering our service…..
  A GMFRS Community Safety Adviser (CSA) attended a safe and well visit in Tameside in June 2016 where the elderly male occupant had been referred for consideration of a "deaf alarm" being fitted at his home address. Other family members were present and subsequently contacted GMFRS to express their appreciation in the following terms….the CSA "did an amazing job with XXXX, was considerate, took his time to explain everything in detail and made them all feel at ease.

The family member was also "impressed that (the CSA) worked out XXXX had dementia so quickly and was understanding……thank you so much for doing an amazing job".

Training/Learning

- As above plus promotion of S/G training, conference and webinar opportunities (eg Hoarding webinar earlier in the year) to both enhance knowledge and understanding plus improve service delivery for vulnerable, "at risk" individuals within the communities we serve

- Greater focus on Safeguarding, specifically the role and responsibilities for GMFRS as active members of a now statutory Board, has lead to enhanced focus on learning opportunities within the organisation which is evidenced by the review of the E-learning package and greater consideration of any relevant outcomes from Safeguarding Adult Reviews. In addition greater focus on levels and quality of referrals through performance management/monitoring is intended to encourage enhanced service delivery and appropriate onward referrals

- GMFRS employs c. 2,100 staff in a combination of uniform "front line", Protection, Prevention (Community Safety) and other "support" staff roles.

- All GMFRS staff, irrespective of role, are required to successfully complete the Safeguarding E-learning package referred to above (NB. Completion (or otherwise) is monitored and addressed via 1-2-1's, PPR's and system monitoring processes)

- Within Tameside Borough the Community Safety Manager (CSM) and Community Safety Team Leader (CSTL) are accredited and trained as Designated Safeguarding Officers (DSO's) as are other Uniform managers who, between them, fulfil our responsibility to provide 24/7 hence "out of hours" DSO availability should they be required.

- The DSO training is subject to the same 3 year "Best Practice" refresher regime as other public sector organisations.

- The current E-learning package is monitored for successful completion and currently "under review" to ensure its accuracy especially as it relates to Care Act "compliance".

Linkage with Children and Young People

- GMFRS currently utilises 2 separate engagement and recording systems for fire related interventions with Children and Young People (Firesmart) and Adults (PAIROF – Persons at Increased Risk of Fire) with currently no age triggered automatic identification and/or transfer of information/data between the two databases. NB It is of course possible to "track" interventions across both databases if required. However, with the forthcoming introduction of a newly developed Corporate information management system, the apparent early identification and "transitions" gap will be closed as all GMFRS engagement and interventions with an individual, irrespective of age, will be available on the one system with, of course, the appropriate information and access safeguards built in.

Challenges

- Managing the balance between capacity and demand given, with the introduction and delivery of a more health and wellbeing orientated GMFRS "Safe and Well" visit, we deal with individuals with increasingly complex, challenging and chaotic lifestyles and needs

- Maintaining existing partnership arrangements/agreements given the external pressures on our "partners" as well as ourselves

- Ensuring that Safeguarding remains a fundamental focus as we anticipate further change in terms of both resources and service deliver

- Embedding the MSP and MECC principles within GMFRS culture and practice

Looking Ahead

- Review and refresh GMFRS Safeguarding Policy and Procedures to include the identification of appropriately skilled, trained and informed corporate Safeguarding "Lead" for GMFRS

- Safeguarding E-learning package to be reviewed and refreshed to address Care Act compliance issues

- Embedding the MSP and MECC principles within GMFRS culture and practice

- Organisational/cultural recognition within GMFRS of the fundamental role of Area DSO's (Designated Safeguarding Officer) especially in relation to their role on strategic Safeguarding Adults Boards

- Enhanced and more effective utilisation of our Area Safeguarding "mailboxes" to alert CSM/CSTL as DSO's of referrals passed to Adult Social Care/Safeguarding colleagues in SMBC and beyond.

Martin Barber (Greater Manchester Fire Service)

Pennine Care Foundation Trust – (PCFT)

Pennine Care NHS Foundation Trust (PCFT) ensures that the public are clear about the roles, responsibilities and ways to contact those who work in safeguarding adults at risk which includes an accessible website that directs the public to Tameside's procedures via the "Resource" section on the site.

In addition there is an "Abuse" and 'Domestic Violence' leaflet available for adults that promotes safety and suggests interventions in their adult lives to prevent further harm.

A robust incident reporting system is in place which triggers an automatic notification of incidents to relevant leads which include Trust and borough specific safeguarding personnel and to the CQC. This ensures that there is appropriate management and scrutiny of all incidents reported, that immediate actions are completed, and the need for further review and investigation identified from a safeguarding perspective.

Commissioners are provided with a quarterly report of key themes/learning from incidents.

Development of the Trusts 2017-2019 Quality Strategy aims to ensure that services, systems and processes are fit for purpose, are effective and reliable with patient care at the centre.

PCFT Risk department produce an annual report of incidents. This report offers an outline and analysis of the incidents reported in Pennine Care NHS Foundation Trust to its Safeguard system for the financial year of 2016/17.

PCFT Safeguarding Adults Policy provides a clear focus on the preferred outcomes/ best interests of adults who have experienced safeguarding concerns and works in conjunction with TASPB Adult procedures of which all wards/service areas have access to. PCFT have participated in a small scale case file pilot audit led by TASPB to consider how the Making Safeguarding Personal (MSP) agenda was incorporated in the patients care. This will be rolled out wider across PCFT services.

Roles, responsibilities and lines of accountability including safeguarding responsibilities are reflected in all job descriptions relevant to that post. In addition staff can access the PCFT staff handbook which details a range of information for staff including governance, safeguarding arrangements and contact links.

A PCFT Safeguarding Toolkit has been developed and shared with all wards across the PCFT Tameside footprint with an increased visibility from the safeguarding team offering a "walkabout" approach to embed local procedures.

Staff do receive regular monthly safeguarding messages that are both topic and procedure based thus promoting a wider understanding and good practice.

A newly developed PCFT Safeguarding Training Strategy ensures that all staff have access to appropriate training, learning opportunities and support.

A training passport is in development which will enable health professionals to record details of safeguarding training they have completed. This record can be used to update their training record and to inform discussion at their annual appraisal.

All staff across PCFT attends an Induction Day prior to commencement of their post where the Safeguarding leaflet and Staff handbook is available – both resources give excellent information about the PCFT Safeguarding agenda:

Service and ward areas have poster information about their borough safeguarding team contacts.

Supervision including the development of a Standard Operating procedure (SOP) for safeguarding supervision is in development.

PCFT Service User and Carers policy ensures that service users and carers have the opportunity to influence decision-making processes in the areas of service delivery, service planning and development, training and evaluation whilst also recognising their commitment provided. Tameside have a very active Carer group/activity with Mind commissioned to provide PCFT Carers Support Service (Family Support Workers) and have strong links with PCFT staff.

PCFT encourages participation in the Family and Friends Test which provides service user feedback on a monthly basis.

PCFT have a corporate Social Responsibility Strategy of which one of the key objectives is Community Engagement to works closely within its local communities to deliver ever-improving mental health and community services of which safeguarding is fundamental to this process:

A newly developed PCFT Safeguarding Training Strategy ensures that all staff have access to appropriate training, learning opportunities and support. PCFT practitioners who work with adults are expected to attend Safeguarding Children training as well to ensure a 'family' approach to safeguarding is adhered to. TSCB training is promoted within the L3 Adults safeguarding training.

There is a culture of sharing the lessons learned from any SCR's or SAR's via cascading 7 minute briefings through a number of mediums including team meetings, the intranet and the established combined PCFT Safeguarding Child and Adult Practitioner safeguarding forum.

A training passport is in development which will enable health professionals to record details of safeguarding training they have completed. This record can be used to update their training record and to inform discussion at their annual appraisal. The Training Passport recognises appropriate training sessions that practitioners attend with TSCB/TASPB partners.

PCFT L3 Adult safeguarding training provides information on Domestic Abuse and directs staff how to progress concerns of this nature. In addition requests that staff attend the multi-agency training offered in this area. An "in house" Toxic Trio training has been developed so that front line staff understand how the risk factors of parental mental illness, substance misuse and domestic abuse co-exist within families and the implications for safeguarding children. PCFT is represented at Tameside MARAC and Channel panel.

A case file pilot audit led by TASPB to consider how the Making Safeguarding Personal (MSP) agenda was incorporated in the patients care will be rolled out wider across PCFT services.

Mandatory Training Figures 2016/2017:

Adult Safeguarding Level 1 Target: 95% 94.1%

Child Safeguarding Level 1 Target: 95% 92.6%

Child Safeguarding Level 2 Target: 85% 91.2%

Child Safeguarding Level 3 Target: 85% 92.0%

Preventing Radicalisation Target: 85% 91.4%

PCFT representatives have been identified to attend a number of operational and governance sub groups and are represented at the TASPB board by a senior member of PCFT management team:

Karen Maneely (Pennine Care Foundation Trust)

Summary

TASPB partnership working is the key to delivering an effective Safeguarding Adult framework in Tameside. It is evident that activity is continually reviewed and the Board are committed to understanding actions that are taken to respond to the safeguarding concerns. This is with a view to ensure a consistent approach that has a focus on Making Safeguarding Personal. This has influenced the work to examine existing practice and seek assurance that both staff and the Community are informed regarding signs and symptoms of abuse and where to report concerns to facilitate a proportionate response.

During 17/18 this approach will contribute to raising awareness of financial abuse and recognising domestic abuse in the context of Safeguarding adults.

Training is fundamental to the success of the TASPB strategy. The options to utilise various forums and formats, provides opportunity to reach a varied audience. It is evident that training is well attended and used to inform and improve practice to Safeguard Adults from abuse.

TASPB focus on the six principles to underpin all adult safeguarding work is integral to their governance arrangements and drives the TASPB strategy forward. Consequently, the Principle Groups have all been productive during 16/17 and this work has contributed to securing additional funding for 17/18.

The work across the three boards, TASPB, TSCB and HWB will further enhance this strategic approach to Safeguard Adults in Tameside. TASPB consider this to be a priority for 17/18.

As the work evolves the demand to support the Board continues to increase. TASPB have to consider priorities and respond as appropriate within existing resources. The priority will always be to respond to safeguarding concerns but equally Prevention of Adult Abuse should be at the forefront of this agenda. Despite the challenge, positive actions are evident and Partnerships to Safeguard Adults from abuse are being strengthened as a result of this.

TASPB priorities for 17/18 are:

- Develop a protocol with HWB, TSCB and TASPB to ensure aligned priorities and provide a joint strategy
- Directory of services to be available to staff and the Community to aid TASPB Prevention Strategy
- Work to engage Community in the safeguarding agenda and empower individuals to take action
- Raise awareness of Domestic Abuse of older people and where to get help
- Raise awareness of financial abuse, safeguarding information, forums to prevent and support people who are at risk
- Consider options to share learning regarding organisational abuse and Neglect and Acts of Omission to ensure a proportionate and consistent response to Adult Safeguarding and reduce the number of Section 42 Enquiries

Tameside Adult Safeguarding Partnership Board (TASPB)

Annual Report 2016/17

TASPB Priorities 17/18

- Develop a protocol with HWB, TSCB and TASPB to ensure aligned priorities and provide a joint strategy
- Directory of services to be available to staff and the Community to aid TASPB Prevention Strategy
- Work to engage Community in the safeguarding agenda and empower individuals to take action
- Raise awareness of Domestic Abuse of older people and where to get help
- Raise awareness of financial abuse, safeguarding information, forums to prevent and support people who are at risk
- Consider options to share learning regarding organisational abuse and Neglect and Acts of Omission to ensure a proportionate and consistent response to Adult Safeguarding and reduce the number of Section 42 Enquiries

Tameside Adults Safeguarding Partnership Board

THANK YOU

TAMESIDE ADULT SAFEGUARDING PARTNERSHIP BOARD

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	25 January 2018
Executive Member / Reporting Officer:	Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing) Stephanie Butterworth, Director Of Adult Services
Subject:	**UPDATE ON THE TRANSFER OF ADULT SOCIAL CARE FROM TAMESIDE METROPOLITAN BOROUGH COUNCIL TO TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST**
Report Summary:	The aim of this report is to provide a progress update to the Health and Wellbeing Board on the transactional process of transferring Adult Social Care services and some single commissioning functions from Tameside Metropolitan Borough Council into Tameside and Glossop Integrated Care NHS Foundation Trust.
Recommendations:	The Health and Wellbeing Board is asked to note the contents of this report.
Links to Health and Wellbeing Strategy:	The proposals and strategic direction are consistent and aligned.
Policy Implications:	One of the key functions of the Health and Wellbeing Board is to promote greater integration and partnership work. The transfer of Adult Social Care from Tameside Metropolitan Borough Council to Tameside and Glossop Integrated Care NHS Foundation Trust is fully aligned with this aim of greater integration.
Financial Implications: (Authorised by the Section 151 Officer)	The report provides an overview of the progress to date relating to the transfer of Adult Social Care to the Tameside and Glossop Integrated Care NHS Foundation Trust. An outline business case is currently in development in readiness for approval by the constituent organisations prior to submission to NHS Improvement. The associated financial implications and risks relating to the transfer will be included within the outline business case and reported to the Health and Wellbeing Board at a later date.
Legal Implications: (Authorised by the Borough Solicitor)	None arising directly from this report although the outcome and process for getting there is complex and a full understanding of the finances and risk share is required.
Risk Management :	The due diligence work that has been undertaken has been extremely helpful in establishing the risks inherent within this transaction. The Working Group have produced a transaction risk register which has been informed by the due diligence output.

Access to Information :

The background papers relating to this report can be inspected by contacting Paul Pallister, Assistant Chief Operating Officer and Company Secretary, at

 Telephone: 07342 056010

 e-mail: paul.pallister@nhs.net

1. INTRODUCTION

1.1 The aim of this report is to provide a progress update to the Health and Wellbeing Board on the transactional process of transferring Adult Social Care services and specified Strategic Commissioning functions from Tameside Metropolitan Borough Council into Tameside and Glossop Integrated Care NHS Foundation Trust. A similar progress update has recently been presented to the Care Together Programme Board on 15 November 2017.

2. CONTEXT

2.1 During 2015, the analysis of outcomes conducted through the Contingency Planning Team's report concluded that in order to achieve the most improved outcomes for our local people and to be a sustainable economy the formation of an Integrated Care Organisation was required. This new organisation would be inclusive of Social Care and the principle was accepted by the locality partners.

2.2 Therefore the locality established a programme of work to define, design and implement the transactional process to deliver Adult Social Care into the Tameside and Glossop Integrated Care NHS Foundation Trust, and within agreed timescales.

2.3 The associated transformational activity is ongoing, and further opportunities for the transformation of Adult Social Care continue to be identified through joint working.

3. PROGRESS

3.1 The first round of the legal due diligence was procured by the Integrated Care Foundation Trust on behalf of the locality partners and the final report was received in July 2017. This work confirmed that there are no legal barriers to the transfer of Adult Social Care services and their associated operational commissioning elements as contained within the Strategic Commissioning Function. However, it has been identified that the proposed transfer of Tameside and Glossop Clinical Commissioning Group specific operational commissioning activities has a number of associated legal complexities. It has therefore been decided to delay this work and to concentrate efforts to deliver the successful transfer of Adult Social Care services.

3.2 The final due diligence report has enabled all partners to gain a fuller appreciation of the volume of work required to successfully transfer Adult Social Care into the Integrated Care Foundation Trust. A significant amount of work has been undertaken on reviewing potential risks and identifying benefits to support the production of an Outline Business Case. This has resulted in the timescales slipping for the transfer. There is further work in progress to update the programme plan with a greater appreciation of the detailed content needed to complete the Outline Business Case.

3.3 An evidence-based cost avoidance exercise was completed by the Social Care Institute of Excellence in August 2017 which reviewed and examined four key service areas and their financial impact on the wider health and social care economy.

3.4 A significant proportion of the work undertaken within the economy has focused on reviewing the proposed Adult Social Care transaction to ensure there is a shared understanding amongst partners on the operational detail of each of the services. To facilitate this understanding two workshops have been held for Executive Directors and senior officers. The workshop on 15 September 2017 focused upon the Performance Framework for Adult Social Care and considered the national, regional and local mechanisms before discussing the challenges faced by Adult Social Care in this context.

3.5 The workshop on 9 October 2017 was focused upon the Integrated Urgent Care Team which is already a jointly provided and managed service between the Integrated Care Foundation Trust and Tameside MBC. The service managers undertook a review of the services based on the Care Quality Commission's Key Lines of Enquiry which helped deepen the understanding of Integrated Care Foundation Trust colleagues regarding some of the current challenges faced by the individual elements of the Integrated Urgent Care Team function and how these are being addressed by the system. The workshop included colleagues from the Estates, Information Management and Technology, Human Resources, and Finance functions of both organisations.

3.6 Furthermore, the Integrated Care Foundation Trust and Adult Social Services held a half-day session for managers to learn about each other's respective services. The initial feedback received following these sessions indicates that managers felt better able to understand each other's services, the limitations, and to identify further opportunities and benefits for integration.

3.7 The outputs from the workshops and from the Social Care Institute for Excellence review are being incorporated into the Outline Business Case. Further work is required to finalise the full range of benefits to be realised. There is also the requirement to agree the Risk Share Agreement between the Integrated Care Foundation Trust and Tameside MBC (including addressing the funding gap that currently exists) before all parties can approve the Outline Business Case for submission to NHS Improvement. The production of the Outline Business Case is being used to resolve outstanding queries on services and personnel that are being transferred.

4. RECOMMENDATIONS

4.1 As stated on the report cover.

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	25 January 2018
Executive Member / Reporting Officer:	Stephanie Butterworth, Director – Adult Social Care Anna Moloney, Consultant in Public Health
Subject:	**DEVELOPING AGE FRIENDLY COMMUNITIES**
Report Summary:	Population projections show that in 2024 more than 1 in 4 people will be over 60. This report provides the background to the concept of age friendly cities as advocated by the World Health Organisation and the interconnection with the strategic objectives of the Greater Manchester Ageing Hub. It describes how we intend to co-ordinate our local work promoting age friendly communities across Tameside. A reporting relationship to Health and Wellbeing Board is described on this issue that proposes a work outline for a new Tameside Age Friendly Steering Group to drive the changes needed so more people will benefit and enjoy a good later life.
Recommendations:	The Health and Wellbeing Board is requested: 1. To note the requirement for a borough Age Friendly Strategy and how this work connects with the priorities of the Greater Manchester Ageing Hub and the Greater Manchester Age Friendly Strategy. 2. To recognise the reporting relationship to the Health and Wellbeing Board through a new Tameside Age Friendly Steering Group that will drive the changes needed so older people will benefit and enjoy a good later life. 3. A further report on progress will be presented to Health and Wellbeing Board in June 2018.
Links to Health and Wellbeing Strategy:	Local action to promote age friendly communities aligns with the Tameside Health and Wellbeing Strategy particularly within the Ageing Well life course though all other life-course area will have an impact to this objective. Living Well improvements will help individuals to prepare and plan for a good later life.
Policy Implications:	This paper proposes a reporting relationship to Health and Wellbeing Board for the Tameside Age Friendly Steering Group and its work programme.
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct implications arising from this report at this stage.
Legal Implications: (Authorised by the Borough Solicitor)	It will be important that the Board receive regular assurance information to understand where resources may need to be focused and to determine whether interventions are effective as well as understanding the impact of not addressing these issues in terms of finances and outcomes for health.

Risk Management : There are no risks associated with this report.

Access to Information : The background papers relating to this report can be inspected by contacting Anna Moloney, Consultant in Public Health Medicine, by

Telephone: 0161 342 2189
anna.moloney@tameside.gov.uk

1. DOCUMENT PURPOSE

1.1 This report provides the background to the concept of age friendly cities as advocated by the World Health Organisation. It then discusses the interconnection with the strategic objectives of the Greater Manchester Ageing Hub and how we intend to co-ordinate our local work promoting age friendly communities across Tameside.

1.2 A reporting relationship to Health and Wellbeing Board is described on this issue that proposes a work outline for a new Tameside Age Friendly Steering Group to drive the changes needed so more people will benefit and enjoy a good later life.

2. INTRODUCTION

2.1 Population projections show that in 2024 more than 1 in 4 people be over 60. In the UK today there are now about as many people over 60 as there are aged 18 and below. Within Tameside the greatest increase in population over the next 20 years is expected to be seen in the over 75s. Healthy Ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Many people enjoy a good later life but others risk ill health, poverty and loneliness. Everybody can experience healthy ageing. Being free of disease or infirmity is not a requirement for healthy ageing as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing. An age friendly approach requires responding to the challenges and opportunities created by ageing in our society. There is a tendency to perceive ageing as a problem rather than an opportunity resulting in an under-utilisation of older people and the assets and capabilities they can offer to society as a whole and to the management of their own wellbeing.

3. WORLD HEALTH ORGANISATION AGE FRIENDLY CITIES

3.1 The World Health Organisation (WHO) age friendly framework promotes a comprehensive active and healthy ageing placing people in later life at the heart of decision making and working across sectors to bring partners together. The WHO describes 8 domains for an age friendly city as seen in Figure 1 below.[1] In essence an age friendly community adapts its structures and services to be accessible to and inclusive for older people who will have varying levels of need and capacities. But there is a benefit to be had for whole population as these changes bring more social inclusivity and accessibility especially for individuals who are disadvantaged and at risk of social isolation.

3.2 The Centre for Better Ageing[2] (an independent charitable foundation) supports policy makers, commissioners and to make decisions based on strong evidence of what works. Its website also includes UK Network of Age Friendly Communities. Manchester joined the Global Network in 2010 and is working with Locality Leads in each borough towards the recognition of all 10 Greater Manchester Local authority areas to become the first UK age friendly region.

3.3 A key document published by the UK Urban Ageing Consortium, “A Research & Evaluation Framework for Age Friendly Cities” (2014) provides key facts, evidence reviews and summaries for each of the WHO Age Friendly domains. It contains practical steps that cities can start to take to set up and evaluate their own successful age friendly initiatives.

[1] Global Age-friendly cities: A Guide. WHO :2007

[2] www.ageing-better.org.uk/afc

Figure1. World Health Organisation 8 Domains for an Age Friendly City

4. THE GREATER MANCHESTER AGEING HUB AND STRATEGY

4.1 In May 2015 the joint Greater Manchester Combined Authority (GMCA) and Association of Greater Manchester Authorities Executive Board agreed to establish the Greater Manchester Ageing Hub[3] to bring together experts in the field to embed ageing as a priority within Greater Manchester policy. The Ageing Hub was set up in March 2016 and formally launched in February in February 2017, as a virtual entity within GMCA. Partners include the 10 Greater Manchester councils, GM health and Social Care Partnership, the Centre for Better Ageing, Greater Manchester Universities and the community and voluntary sector. Its priorities are:

- To become the first age friendly city region in the country;
- To be a global centre of excellence for ageing;
- To increase economic participation amongst the over 50s.

4.2 The Greater Manchester Ageing Hub Steering Group and Greater Manchester Reform Board are the key governing bodies. Every six months the Ageing Hub reports to Greater Manchester Older Peoples Network whilst actively seeking the views of a range of older peoples groups.

4.3 The Greater Manchester Ageing Hub has produced a Strategy that is based on the World Health Organisation 8 domains model of ageing but developed in the context of Greater Manchester specific opportunities of scale and multi-sectoral collaboration; it supports the reform agenda; and challenges disadvantage and social exclusion that older people can experience. The Strategy focuses on 5 areas:

- Creating a work and skill system that supports older workers;
- Establishing age friendly communities across GM;
- Reframing the current narrative around ageing away from deficit to around assets and opportunities;
- Building leadership for age friendly initiatives across places and agencies;
- Supporting innovation in the delivery of services and opportunities.

[3] https://www.greatermanchester-ca.gov.uk/GMAgeingHub

4.4 This work is driving the Greater Manchester Strategy, Our People, Our Place "(refresh 2017) and the priority to create an age friendly city region.

4.5 The Greater Manchester Ageing Hub is developing a Greater Manchester Strategic Implementation Plan aiming to launch this by March 2018. There are 6 themes for this Greater Manchester work programme encompassing economy and work; age friendly places; healthy ageing; housing and planning; transport; and age friendly culture. The Hub also has the following working groups to assist with theme development and implementation:

- Physical Activity;
- Local Authorities Group;
- Health and social care Partnership Group;
- Ambition for Ageing;
- Economy and Work group;
- Partnership Group;
- Housing and Planning Group;
- Research Advisory Group;
- EU reference group;
- Culture Group.

The range of working groups reflects the multi-faceted approach to ageing well that is needed by engagement with all sectors. All partners within the Health and Wellbeing Board have a role to play as do wider stakeholder such as Transport for Greater Manchester. Further information on the work of the GM Ageing Hub can be found on: www.greatermanchester-ca.gov.uk/GMAgeingHub

4.6 The Local Authorities Group aims to promote the development of each boroughs Age Friendly Strategy supported by the Centre for Better Ageing. Therefore our participation necessitates us to develop an age friendly plan delivering evaluated improvements in age friendly policies, plans and place based projects that will promote intergenerational approaches, thus increasing social inclusion. An initial draft is expected by April 2018. This work will build on the existing projects and programmes such as Dementia Friendly Communities, community centred approaches such as social prescribing and Ambition for Ageing in our locality. Co-production with older people is fundamental as is the wider involvement of stakeholders such as those involved in the planning and delivery of transport.

5. PROPOSED LOCAL GOVERNANCE

5.1 It is proposed that a Tameside Age Friendly Steering Group be created that is accountable to the Health and Wellbeing Board the purpose of which would be to provide system leadership and adopt a collaborative approach aimed at making Tameside a more age friendly community, enabling all residents to participate as full community members. It would seek to:

- Serve as a champion for the community by developing a vision; gathering momentum and encouraging action.
- Develop a co-ordinated approach across the Health and Wellbeing Board partnership, businesses, service providers and community organisations to make age friendly communities. This will be firmly rooted in collaboration with older people.
- Oversee and promote the implementation of an action plan that relates to the Greater Manchester Ageing Strategy priorities.

5.2 It will be led by the Director for Adult Social Care as the life course lead for Ageing Well. The membership is currently being determined but an early scoping meeting envisaged broad representation from the Health and Wellbeing Board partnership. An inaugural meeting will be held on 25 January 2018.

6.0 RECOMMENDATIONS

6.1 As detailed on the front of the report.

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	25 January 2018
Executive Member / Reporting Officer:	Angela Hardman – Director of Population Health Debbie Watson – Interim Assistant Director of Population Health
Subject:	**HEALTH AND WELLBEING FORWARD PLAN 2017/18**
Report Summary:	This report provides an outline forward plan for consideration by the Board
Recommendations:	The Board is asked to agree the draft forward plan for 2017/18.
Links to Health and Wellbeing Strategy:	The Health and Wellbeing Strategy to address needs, which commissioners will need to have regard of in developing commissioning plans for health care, social care and public health. The Forward Plan ensures coverage of key issues associated with the Board's duties to deliver improved outcomes through the strategy
Policy Implications:	The Forward Plan has been designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects that have been identified as priorities by the Board.
Financial Implications: **(Authorised by the Section 151 Officer)**	There are no direct financial implications for the Council relating to this report
Legal Implications: **(Authorised by the Borough Solicitor)**	Local Authorities are obliged to publish a forward plan setting out the key decisions and matters they will consider over a rolling 4 months.
Risk Management :	There are no risks associated with this report**.**
Access to Information :	The background papers relating to this report can be inspected by contacting Debbie Watson, Head of Health and Wellbeing by: Telephone:0161 342 3358 e-mail: debbie.watson@tameside.gov.uk

	Strategy / policy and Board process	Priorities and performance	Integration	Other
25 January 2018	• Tameside Safeguarding Children Annual Report • Tameside Adult Safeguarding Partnership Annual Report • Tameside and Glossop Proposal for Effective Urgent Care • Tameside and Glossop Care Together Economy – Financial Monitoring and Better Care Fund	• Public Health Annual Report • Developing Age Friendly Communities Update	• Care Together Update • Adult Social Care Transaction	• Forward Plan

8 March 2018	• Tameside & Glossop System Wide Outcomes Framework
	• Pharmaceutical Needs Assessment – review and sign off
	• Development of new relationship between VCFSE and public sector
	• Physical Activity Strategy
	  o Live Well Active Tameside
	  o Tour of Tameside
		• Locality Plan / HWB Strategy Action Plan sign off
		• System Wide Self Care programme update / Strengthening Communities
		• Flu update
		• Specialist Orthodontics
			• Care Together Update	• Forward Plan

NOTE: AGENDA ITEMS ARE SUBJECT TO CHANGE				
	Items to include: • JHWS – approval, alignment with other strategies • JSNA – updates and approval of arrangements • GM HWB and other strategy updates • National policy updates • Updates from linked governance processes – eg Health Protection Forum, Healthwatch.	Items to include: • JHWS Performance monitoring (outcomes) • JSNA updates • PH annual report • HWB performance	Items to include: • Regular public service reform updates • Integrated Commissioning Programme – Care Together • Partner member business planning updates (including CCG operating plan)	Items to include: • Forward Plan • Consultation on key issues and developments