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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 24 January 2019
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 To receive any Minutes of the meeting of the Health and Wellbeing Board held on 20 September 2018.	1 - 8
ITEMS FOR DISCUSSION / DECISION		
4.	PACT: SIGN UP Summary report of the Chief Executive of Action Together and Interim Director of Commissioning attached. Partners will be asked to sign the PACT agreement.	9 - 12
5.	TAMESIDE CHILDREN'S SAFEGUARDING BOARD To consider the attached report of the Independent Chair, Tameside Children's Safeguarding Board.	13 - 54
6.	TAMESIDE HEALTH AND WELLBEING BOARD 2018/19 BETTER CARE FUND MONITORING REPORT – PERIOD ENDING 30 NOVEMBER 2018 To consider the attached report of the Executive Leader / Deputy Executive Leader and Director of Finance.	55 - 78
7.	STARTING WELL: SCHOOL READINESS To consider the attached presentation of the Director of Children's Services and Director of Population health following which there will be an opportunity for Board Members to comment on progress challenges and future strategy of school readiness in Tameside.	79 - 100

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.

ITEMS FOR INFORMATION

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| 8. | HEALTH AND WELLBEING BOARD FORWARD PLAN 2018/19 | 101 - 102 |
| | To consider the attached report of the Director of Population Health. | |
| 9. | URGENT ITEMS | |
| | To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency. | |
| 10. | DATE OF NEXT MEETING | |
| | To note that the next meeting of the Health and Wellbeing Board will be held on Thursday 7 March 2019. | |

HEALTH AND WELLBEING BOARD

20 September 2018

Commenced: 10.00 am

Terminated: 11.50 am

Present: Councillors Warrington (Chair) - Executive Leader
Councillor Gerald Cooney - Executive Member (Economic Growth and Housing),
Gill Frame - Chair, Tameside Children's Safeguarding Board
Jeanelle de Gruchy - Director of Population Health, Tameside MBC
Superintendent Neil Evans - Greater Manchester Police
Louise Atkinson - Greater Manchester Fire and Rescue Service
Stephanie Butterworth - Director (Adults), Tameside MBC
James Thomas – Interim Director of Children's Services

In Attendance: Debbie Watson – Assistant Director of Population Health
Tom Wilkinson – Assistant Director of Finance
David Berry – Head of Employment and Skills
Liz Harris – Programme Manager, Population Health
Wendy Meston – GM Health and Social Care Partnership
Mark Brown – GM Health and Social Care Partnership

Apologies for Absence: Councillor Oliver Ryan - Executive Member (Children's Services)
Dr Alan Dow - Chair, Clinical Commissioning Group
Steven Pleasant – Chief Executive, Tameside MBC, and
Accountable Officer for Tameside and Glossop CCG

11 DECLARATIONS OF INTEREST

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

12 MINUTES

The Minutes of the Health and Wellbeing Board held on 28 June 2018 were approved as a correct record.

13 GM PUBLIC HEALTH OUTCOMES: FRAMEWORK AND DASHBOARD

The Chair welcomed Wendy Meston, Consultant in Public Health for Rochdale Council and Lead on behalf of GM Health and Social Care Partnership who provided an update in relation to establishing a GM Population Health Outcomes Framework, including a Tableau based online dashboard, as part of a Single Integrated Assurance Process.

The GM Population Health Outcomes Framework had been developed through a process of engagement and co-design with key stakeholders from across the Health and Social Care system and the wider Public Service.

The framework focused upon the key Population Health outcomes which adversely impacted upon the health and wellbeing of the Greater Manchester population seeking to place focus and emphasis on a reduced number of key indicators, from within the multiple thousands of measures that currently existed within the wider system.

RESOLVED

- (i) That the content of the presentation and demonstration of the online dashboard be noted.**
- (ii) That thanks be extended to Wendy Meston and Mark Brown for their attendance at the Health and Wellbeing Board.**

14 CREATING A BETTER FOOD OFFER IN TAMESIDE

The Director of Population Health introduced a report outlining the opportunities to improve the health of the population of Tameside and reduce health inequalities by making healthier food choices the easiest choice and developing a diverse, vibrant and sustainable food economy. A multi-disciplinary and multi-sectoral approach was being developed and the Health and Wellbeing Board had a key role in championing this agenda and supporting policy change.

In England, diet was the single biggest risk factor for ill health. Obesity was the second biggest preventable cause of cancer after smoking and raised the risk of a range of other diseases including Type 2 diabetes and heart disease. One in ten 4-5 year olds, two in ten 10-11 year olds were obese, and two-thirds of adults were overweight or obese.

In Tameside, 14,947 people (6.1% of the population had been diagnosed with Type 2 diabetes, 6,216 (2.5%) had cancer, 38,216 (15.6%) had hypertension and 17,242 people (9.6%) in Tameside had cardiovascular disease. Improving the population's diet had the potential to reduce all of these rates.

In order to improve the food system and improve food related health outcomes in Tameside, synergies with other local agendas needed to be identified. The Tameside Food Strategy Group had started this work and had adopted the Sustainable Food Cities model which involved the establishment of a local cross-sector food partnership working together to develop and deliver a strategy to make healthy and sustainable food a defining characteristic of where they lived. The aim was to support food culture and food system information and to build a multi-stakeholder 'good food' movement at a local level. The Terms of Reference for the Tameside Food Strategy Group were attached at Appendix 2 to the report.

Examples of potential policy changes that would improve the food system and food offer in Tameside in the following six key areas in the model were outlined:

- Promoting health and sustainable food to the public;
- Tackling food poverty, diet-related ill health and access to affordable healthy food;
- Building community food knowledge, skills, resources and projects;
- Promoting a vibrant and diverse sustainable food economy;
- Transforming catering and food procurement; and
- Reducing waste and the ecological footprint of the food system.

In considering the report Members of the Board sought clarification on how the Council can impact on improving healthy eating options for the Borough and requested Officers from Children's Services engage with Schools on the issue, further consideration was given to proliferation of takeaways in Town Centre's and how Planning could be utilised to promote healthy alternatives.

To deliver this ambition it was proposed that the Tameside Food Strategy Group would work with the Tameside Food Network, partners and the public to develop a Healthy and Sustainable Food Strategy for Tameside with an associated plan. The Tameside Food Strategy Group would be applying for membership of Sustainable Cities on behalf of the Borough when the criteria could be met. There was an expectation from Sustainable Food Cities that local food partnerships had a governance structure in place. It was proposed that the Tameside Food Strategy Group reported to the Health and Wellbeing Board in order to provide this governance.

RESOLVED

- (i) That the approach to improving the food system and the offer in the Borough be noted and supported.
- (ii) That Tameside's membership bid to Sustainable Food Cities be supported and endorsed.
- (iii) That the Health and Wellbeing Board would provide oversight to the Tameside Food Strategy Group.
- (iv) That the work of the Tameside Food Strategy Group be championed by the Health and Wellbeing Board to actively reduce any barriers to progressing its aims and objectives and ensuring support from all partner organisations.

15 HEALTH AND EMPLOYMENT UPDATE

In presenting his report to the Health and Wellbeing Board, the Head of Employment and Skills advised that good health or management of health conditions was essential for economic growth and supporting Tameside's residents to access employment. Integrating the health, work and skills systems was essential to achieving improved outcomes. The report provided the Board with an update on successes in the last 12 months and a forward looking action plan setting out opportunities to integrate work and health services.

In particular, he made reference to two core elements of the GM Working Well system that had progressed significantly since September 2017 – the Working Well and Health Programme and Working Well Early Help. GM was also at an early stage of engagement on a Specialist Employment Service for adults with a disability valued at £4 million and Tameside was committed to supporting this work and developing options.

In terms of health and employment activity in Tameside, the multi-agency Health and Employment Strategy Group established in 2017, to provide strategic leadership and support operational decision-making with regards to health and employment projects, had lead and co-ordinated the following successes:

- 101 days for Mental Health (Living Well);
- Implemented Working Well Work and Health Programme;
- Working Well Work and Health Programme External Local Signposting Organisation route;
- Procurement of Working Well Early Help;
- WORKPLACEHEALTH Challenge Fund submission;
- Tameside and Glossop Inspiring Digital Enterprise Award (iDEA);
- Social Prescribing offer.

RESOLVED

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

16 AGE FRIENDLY COMMUNITIES UPDATE

The Director of Adult Social Care submitted a report providing a progress update on strategy development and Greater Manchester events that facilitated the Age Friendly Communities agenda. Co-production with older people and wider stakeholders was pivotal to the specificity of the strategy and to embed system ownership. The mechanism for how this has been approached was detailed in the report.

A document published by the UK Urban Ageing Consortium, 'A Research and Evaluation Framework for Safe Friendly Cities' contained practical steps that localities could adopt in developing an Age Friendly Strategy. The template actions plans were being used to create a draft

and including the recent evidence from local residents on what would improve the age friendliness of our borough.

It was reported that the Tameside Age Friendly Partnership was a sub-group of the Health and Wellbeing Board as agreed in January 2018. The draft Terms of Reference were attached to the report at Appendix 2 with a proposed membership. The purpose of the Partnership was to provide system leadership and adopt a collaborative approach for age friendly developments and would be led by the Director of Adult Social Care as the life course lead for Ageing Well.

The subsequent Age Friendly Strategy would be brought to the Tameside Age Friendly Partnership in November 2018 and then in due course would be subject to broader public consultation. Tameside's older people were members of diverse communities and using the opportunities arising across a spectrum of groups and events would seem to be an approach that offered the flexibility and specificity to explore ideas, projects or questions together as an Age Friendly Tameside was developed.

RESOLVED

- (i) That the co-production of a draft borough Age Friendly Strategy that connected with the priorities of the GM Age Friendly Strategy be noted.**
- (ii) That the Terms of Reference for the Tameside Age Friendly Partnership be approved.**
- (iii) That a further report on the Age Friendly Strategy and action plan be presented to a future meeting of the Health and Wellbeing Board.**

17 CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING - MENTAL HEALTH LOCAL TRANSFORMATION PLAN UPDATE

Consideration was given to a report of the Interim Director of Commissioning which stated that the Tameside and Glossop Local Transformation Plan was finalised in October 2015 and assured at the end of 2015/16 through NHS England. The report detailed the refresh of the Local Transformation Plans and was seen by NHS England as the evidence that progress was being made, that funding was being spent as intended and provided evidence on how services were being transformed.

The Local Transformation Plans refresh report set the ongoing achievements realised from the onset of the original plan and a number of actions identified for 2018/19 to continue the transformation and improved outcomes for children and young people with mental health problems in line with Future in Mind and the Five Year Forward View for Mental Health published in February 2016.

The overall aim was to further develop children and young people's emotional / mental health services that were personalised and joined up in line with the Thrive Model, an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families through partnership working across a number of agencies including the third sector.

Key targets, again in partnership, to meet the national target of 70,000 more children and young people each year having access to evidence based treatment was highlighted. To support and sustain this increase in referrals and timely access to services there was a commitment through the Increasing Access to Psychological Therapies programme to expand and develop the skills of the workforce.

Developments identified for Local Transformation Plan funding previously not allocated included:

- Improving access for children and young people / families – drop in sessions;
- Improving access data collection – post shared across Greater Manchester to improve data collection;
- Neighbourhood / school link – two posts to expand this offer;

- Psychiatry post – 0.33 whole time equivalent shared across Greater Manchester.

The Chair commented that the increase in the number of referrals of children and young people was worrying and asked about the type of help and support they needed. Young people faced a huge range of pressures including stress at school, college or university, cyberbullying, and around-the-clock social media. Of particular concern was the number of young people self-harming and early intervention and access to support was essential to prevent children needing specialist mental health or emergency services.

The Strategic Commissioning Board welcomed the report and indicated their support for the Local Transformation Plan refresh to improve and sustain access to children and young people's mental health provision through a whole-system approach.

RESOLVED

That the information contained in the report, progress to date and arrangements to further develop elements outlined be noted.

18 SAFEGUARDING BOARDS: MEMORANDUM OF UNDERSTANDING

Consideration was given to a report of the Independent Chair of the Tameside Children's Safeguarding Board setting out the expectations of the relationship and working arrangements between the Strategic Partnership Boards in Tameside concerned with safeguarding, i.e. Tameside Safeguarding Children Board, Tameside Safeguarding Adults Partnership Board, Tameside Health and Wellbeing Board, and the Tameside Community Safety Partnership. The Memorandum of Understanding covered their respective functions and roles, joint arrangements for challenge and oversight, scrutiny and performance management.

It was explained that the Independent Chairs of the Tameside Safeguarding Children Board and the Tameside Adult Safeguarding Partnership Board, the Director of Children's Services, the Chair of Tameside Community Safety Partnership and the Chief Executive of Tameside Council, had formally agreed to the arrangements set out in this document, which will be subject to bi-annual review from the date of initial agreement or immediately following legislative change.

RESOLVED

That the report be received and the working arrangements defined in the report be supported.

19 GOVERNANCE REVIEW: IMPROVING CHILDREN AND FAMILIES

Consideration was given to a report of the Executive Member (Children and Families) / Executive Member (Lifelong Learning) / Director of Children's Services which set out the outcome of a review of children's governance arrangements. The report set out the current arrangements for children's governance and emphasised the need to ensure that governance structures were the optimal ones to ensure the delivery of effective services.

The review had looked to address gaps in governance and ensuring coordinated and systematic working and a number of proposals were detailed in the report. In particular, reference was made to a new Starting Well Board as a sub-group of the Health and Wellbeing Board, draft Terms of Reference attached as Appendix 1, and partner engagement through the Neighbourhood Model.

RESOLVED

- (i) **That a new Starting Well Board as a sub-group of the Health and Wellbeing Board be established;**
- (ii) **That four new Children's Partnership Workshops, one in each neighbourhood, be initiated.**

20 TAMESIDE AND GLOSSOP CARE TOGETHER ECONOMY 2018/19 FINANCIAL MONITORING STATEMENT

Consideration was given to a report of the Executive Leader / Deputy Executive Leader / Executive Member (Economic Growth and Housing) and Director of Finance providing an overview of the financial position of the Tameside and Glossop economy in 2018/19 as at 31 July 2018 with a forecast projection to 31 March 2019 including details of the Integrated Commissioning Fund for all Council services and the Clinical Commissioning Group.

The report also provided details of the Tameside Health and Wellbeing Board Better Care Fund 2018/19 monitoring report for the period ending 30 June 2018. The associated Better Care Fund resources were included within the Integrated Commissioning Fund of the economy which was reported on a monthly basis to the Strategic Commissioning Board.

RESOLVED

- (i) That the content of the report be noted.**
- (ii) That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which were contributing to the overall adverse forecast be acknowledged.**
- (iii) That the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth be acknowledged.**
- (iv) That the use of headroom in the Integrated Commissioning Fund risk share to increase the Clinical Commissioning Group surplus in 2018/19 to enable drawdown of cumulative surplus in 2019/20 and improve the future financial position be authorised.**
- (v) That the 2018/19 Better Care Fund monitoring report for the period ending 31 March 2018 be noted.**

21 CARE TOGETHER UPDATE

Consideration was given to a report of the Interim Director of Commissioning providing the Board with progress on the implementation of the Care Together Programme including developments since the last presentation in June 2018 covering the following areas:

- Care Together Programme Assurance;
- Care Together Transition Fund;
- Updates to GM Health and Social Care Partnership;
- Care Together Adult Social Care; and
- Care Together Estate Strategy.

RESOLVED

That the content of the update report be noted.

22 HEALTH AND WELLBEING BOARD FORWARD PLAN 2018/19

The Director of Population Health submitted a report providing an outline forward plan for consideration by the Board.

RESOLVED

That the draft Forward Plan for 2018/19 be agreed.

23 URGENT ITEMS

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

24 DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board would take place on Thursday 24 January 2019. Members of the Board had also received invitations for a development session to be held on Thursday 15 November 2018.

CHAIR

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Agenda Item 4

Report to:	HEALTH AND WELLBEING BOARD
Date:	24 January 2019
Executive Member / Reporting Officer:	Jess Williams, Programme Director, Care Together and Interim Director of Commissioning, Tameside and Glossop Liz Windsor-Welsh, Chief Executive, Action Together
Subject:	LAUNCH OF THE TAMESIDE VCFSE AND PUBLIC-SECTOR PARTNERS – OUR PACT TO A BETTER FUTURE FOR TAMESIDE
Report Summary:	<p>The new PACT agreement will be signed by formal members of the Health and Wellbeing Board on January 24 2019 at its public launch.</p> <p>The PACT agreement (formerly known as the COMPACT) was signed off by Tameside Health and Wellbeing Board on June 28 2018. The PACT outlines a new working relationship between the communities and the voluntary, community, faith and social enterprise sectors (VCFSE) with public sector services. Health and Wellbeing Board have agreed oversight of the agreement.</p> <p>The PACT agreement consists of 3 core principles and 9 commitments. It is based on the principles of equal partnership and co-production which has implications on how we conduct our everyday work with the VCFSE, especially in the areas of commissioning, contracting and strategic / policy development.</p> <p>There are no immediate policy implications.</p>
Recommendations	The Health and Wellbeing Board are requested to formally sign the new PACT agreement.
Links to Health and Wellbeing Strategy:	This work will support listening to citizen voices; building healthier and more resilient communities; promote health and wellbeing enabling self-care of the individual and enabling communities to be supportive of each other.
Policy Implications:	It has been agreed that there is a reporting relationship to Health and Wellbeing Board for the PACT Leadership Group and its work programme.
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)	Achieving this ‘new relationship’ will require clear leadership, governance and accountability. It would be helpful to set out expectations in a MOU.
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



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1. THE PACT AGREEMENT. : OUR PACT TO A BETTER FUTURE FOR TAMESIDE

- 1.1 This agreement is between Tameside's Voluntary, Community, Faith and Social Enterprise Sector VCFSE¹ and Tameside's public-sector agencies that hold seats across Tameside Partnership². We are all committed to Tameside and improving the life chances of the people that live here. We care deeply about their future, especially focusing on those people that face additional challenge, inequalities, and lack of opportunity. Tameside is a place to be proud of, a place where there is a commitment to striving for better. We all want to build on the strong foundations, within neighbourhoods and within communities of geography and identity in Tameside and recognise that there is enormous potential for us to harness.
- 1.2 We want to be ambitious, we want the spirit of the people of Tameside to be with us on this change to ensure we take bold steps forward in the way we work together and achieve better outcomes as a result. This commitment should be visible, a living pledge to our promise to working together differently. Something to remind each other of, to be used as a guide and as an indication of the steps forward we take together and the shared ambitions we have.
- 1.3 **PACT Principle 1 – Hear diverse local voices more directly and more often**
We want local people to have a meaningful opportunity to be involved in decision making and local priority setting. In Tameside we want to embed ways to capture the voices of local people in decision making processes and co-design solutions. VCFSE groups are good at listening to, gathering insight from, and working to strengthen the voices of local people, with a particular focus on social inclusion. We are committed to working together to create the environment, support, and recognition for a range of diverse local voices in decision making.
- 1.4 **PACT Commitments**
- (1a) The Partnership are required to demonstrate that engagement is carried out at the earliest possible point in the future planning of services and commissioning cycles.
 - (1b) Evidence will show that feedback is listened to and diverse voices from across Tameside are actively shaping services and local policy.
 - (1c) There is a strong Partnership link between the Partnership Engagement Network and Voluntary Sector Influencing Group and wider VCFSE.
- 1.5 **PACT Principle 2 – An equal partnership built on trust**
Tameside embraces creativity and difference and we want this to be reflected across our ways of working and partnership structures. We know that VCFSE organisations and Public-Sector Partners bring different strengths to the Borough and that we must harness all our assets to fully realise our shared potential. Relationships built on openness, honesty and integrity will be the key to our success and we must find more opportunities to have open dialogue with brave, respectful and professional communication across the full spread of governance and operational partnerships. We know there are barriers in our way sometimes, but we are committed to finding ways for genuine partnership working where we can re-dress the power imbalances, respectfully challenge each other when needed and come together to achieve our shared ambitions.

¹ VCFSE -we mean voluntary organisations, community groups, the community work of faith groups, and those social enterprises where there is a wider accountability to the public via a board of trustees or a membership and all profits will be reinvested in their social purpose.

² Tameside public sector partners include; Tameside and Glossop Clinical Commissioning Group, Tameside and Glossop Integrated Care Foundation Trust, Action Together, Active Tameside, Greater Manchester Police, Greater Manchester Fire and Rescue Service, Jigsaw Homes Group Ltd, Department of Work and Pensions, Pennine Care Foundation Trust.

1.6 **PACT Commitments**

- (2a) Partnerships include VCFSE representation across all decision making and governance partnerships unless a specific justification is agreed and the right support in place to enable this.
- (2b) Evidence and experiences (from VCFSE and public agencies) gathered annually where VCFSE has influenced decision making and policy setting to be recorded in annual reports where appropriate.
- (2c) Insight gathered and shared on the strength and integrity of the partnerships in place between VCFSE and public agencies

1.7 **PACT Principle 3 – Investment that matches the vision**

The VCFSE in Tameside brings significant investment into the Borough³ both through their ability to lever in gifts in kind – volunteering and donations, but also through securing grants, contracts and trading. A significant contributor to many VCFSE organisations is the investment and support of public sector agencies, both in kind and in strategic, long term investment. We want Tameside to be a place where this contribution and the role of VCFSE is fully realised, one where being local with deep roots and adding social value into communities is fully acknowledged and where we can truly strengthen and grow the VCFSE's capacity to meet local needs and aspirations.

1.8 **PACT Commitments**

- (3a) Publish the current spend (contracts, grants, and small grants) with the local VCFSE and what the aspiration is, with a plan in place to meet the aspiration.
- (3b) Develop mutually respectful mechanisms in awarding funding (with early communication and timely decisions). Grant fund whenever feasible and with processes that are particularly mindful of what works with small community organisations and social action; and commitment to support with core funding.
- (3c) Implement and monitor best practice on Social Value Frameworks that value local knowledge and track record and maximise investment secured through social value to the VCFSE.

³ State of Sector 2017 (Action Together) Centre for Regional Economic and Social Research Sheffield Hallam University - Total income in VCFSE in 2014/15 is estimated at £53 million.

Agenda Item 5

Report to:	HEALTH AND WELLBEING BOARD
Date:	24 January 2019
Executive Member / Reporting Officer:	Gill Frame, Independent Chair, Tameside Safeguarding Children Board
Subject:	TAMESIDE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18
Report Summary:	The Tameside Safeguarding Children Board Annual Report provides an overview of the partnerships safeguarding activity against its 2017/18 priorities. It identifies particular areas of vulnerability or weakness and provides details of the strategic priorities and actions for 2018/19.
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:	<p>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.</p> <p>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. .</p>
Policy Implications:	In line with Council policy.
Financial Implications: (Authorised by the Section 151 Officer)	<p>Appendix C provides a budget summary for the TSCB for 2017/18.</p> <p>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.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>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.</p> <p>The Tameside Safeguarding Children Board needs to demonstrate that it is holding the whole system to account for effectively safeguarding children.</p>
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 2017/18

October 2018

TAMESIDE SAFEGUARDING CHILDREN BOARD (TSCB)

ANNUAL REPORT 2017/18

CHAIRS FOREWORD

2017-18 has been a challenging year for the Strategic Board with the requirement to progress the improvements identified through the 2016-17 Ofsted Inspection. In 2018-19 we will look to refresh the Business and Improvement Plan and consider the other actions that need to be undertaken to strengthen the work of the partnership and the effective working of the Strategic Board.

Changes were put in place in the last quarter of 2017-18 to review and refresh the business processes that underpin the work of the board which included subgroup report to the board, reframing the agenda to ensure that strategic developments and assurance were seen as key functions; starting each meeting with a presentation from partners on how they capture the voice of a child and the changes they are making. We will continue this through 2018-19. We have also started to consider at the end of each meeting how effective we had been and if the right issues are being considered. It is anticipated that this will encourage partners to be more effective in their role of scrutiny and challenge and for them to consider their own assurance processes.

Challenges will continue into 2018 – 19 as we continue to support the improvement journey in Tameside and start to move to the new Safeguarding Arrangements as determined in Working Together 2018. Tameside has been successful in its bid to be an early adopter of these new arrangements.

As you read through the pages of this report you will gain an insight into the work of the Board, how we audit, review, learn and invest in partnerships with the ultimate aim of improving the lives of our children. There is no doubt that there is much to celebrate in our work, but much more that we can do. We are committed to continuous improvement and strive to improve the lives of children who are neglected or in need of early help, those who live with the toxic trio of parental domestic abuse, substance misuse or poor mental health and those who are at risk of child sexual exploitation. We are determined to tackle these issues from every possible angle, to improve practice, to better engage with children and communities and to build stronger partnerships.

To conclude, I would like to thank members of the Board, across the partnership of our voluntary, community and statutory services and all the frontline practitioners and managers for their commitment, hard work and effort in keeping children and young people

safe in Tameside. We will continue to seek out what we can do better, to support the community we serve and ensure that children and young people are safer as a result.

Gill Frame, Interim Independent Chair, Tameside Safeguarding Children Board



GFrame



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EXECUTIVE SUMMARY

Tameside Safeguarding Children Board has continued to develop and deliver programmes against its 2015-18 strategic priorities. Continual improvement to service design and delivery, the piloting and roll out of innovative work streams and preparations for new Multi-Agency Safeguarding Arrangements have all underpinned the Boards activities in 2017/18.

Of particular note have been the early phases of development on a number of initiatives that will form the bedrock of Tameside's safeguarding arrangements in the future. They include an Integrated Neighbourhood Model, a Signs of Safety approach, and the Voice of the Child. Tameside's confidence in its progress, readiness and commitment against these work programmes are such that it has applied, and been successful in its bid, to the Department for Education to be an Early Adopter of the new multi-agency safeguarding arrangements.

A new Strategic Framework 'Smarter, Stronger, Sooner, Safer' has been developed and outlines Tameside's integrated approach to improving outcomes for children, young people and their families through early help. A system to monitor the level of Early Help activity and support to enhance that activity has been implemented from July 2017. The level of Early Help activity is reassuring but the information collated also shows that more targeted support is required in certain settings. A Team Around approach, piloted as a core part of the Integrated Neighbourhood Model, will help to provide the support that services need to deliver early help.

Tameside Youth Council revised the content and created the final design of the Voice of the Child Strategy. They launched the strategy at a high profile event, organised and hosted, by young people at Tameside College in March 2018. The strategy sets out Tameside's commitment to hearing the voices of all children and young people in Tameside. Children and young people have identified 15 statements of expectation which will be the basis of future Voice of the Child training that the Board has commissioned as part of the TSCB Training Programme in 2018/19.

A dedicated social work team manager is now based at Ashton Police station to oversee all Domestic Violence notifications on a daily basis. Greater Manchester Police reported at the end of 2017/18 that there were no outstanding queues and referrals are addressed within the Children Hub in 24 hours. The Domestic Abuse Steering Group will continue to closely monitor the timeliness and response to Domestic Violence Notifications.

Tameside Safeguarding Children Board commissioned a CSE Systems Review and a Serious Case Review for Child U that was completed in July 2017. A series of recommendations were subsequently actioned including a revised CSE Joint Working and Missings Protocol which has clarified and improved the referral, allocation, assessment and case management processes. Further work in 2018/19 will ensure that any remaining recommendations are implemented such as reviewing the need for a Parenting Worker and the role of the Health Practitioner that supports the Phoenix Team.

TSCB ran a Safeguarding Practice Update on Neglect in April and a Conference in November 2017 which contributed to a body of ongoing work to encourage and promote the use of standardised

assessment tools for neglect, namely the Graded Care Profile. Whilst much has been done to raise awareness of Neglect and provide the tools to tackle it the impact in practice is yet to be realised. The Board have been advised that a stronger strategic position regarding the use of the Graded Care Profile across the partnership, and across Levels 2-4 of the Thresholds, would help to further encourage the use of the Graded Care Profile. The Board will seek assurance from partners that they are effectively identifying and responding to Neglect and review its strategic position in 2018/19.

The Boards Quality Assurance and Performance Management group has developed a new performance indicator set to oversee the performance of key agencies that work with children and young people. Data is now being collated more routinely but receiving exception reports with meaningful narrative and actions is proving more challenging and will have to be addressed in 2018/19. Members of the Quality Assurance and Performance Management group have conducted a number of multi-agency audits including; self-harm, neglect, early help and sexual abuse during 2017/18. Those audits have produced a series of recommendations for agencies to improve practice within their services. Partner agencies need to provide greater assurance that their internal auditing processes are evidencing that learning from case review and audit activity is being embedded in practice.

The Boards Serious and Significant Case Panel has continued to deliver the actions from the Child R, S and T case reviews, all of which are now complete. This has meant that a pre-birth assessment protocol has been developed including a learning disability pathway to ensure joined up assessments and intelligence are identifying and meeting the needs of vulnerable and at risk parents, multi-agency training on chronologies has been delivered to partner agencies, learning disability resources have been promoted and parental responsibility guidance has been disseminated to all schools.

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 from 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 RESPONSIBILITIES

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 2017-2018. 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 2017/18 the Board had a three tiered structure to enable it to carry out its statutory functions;

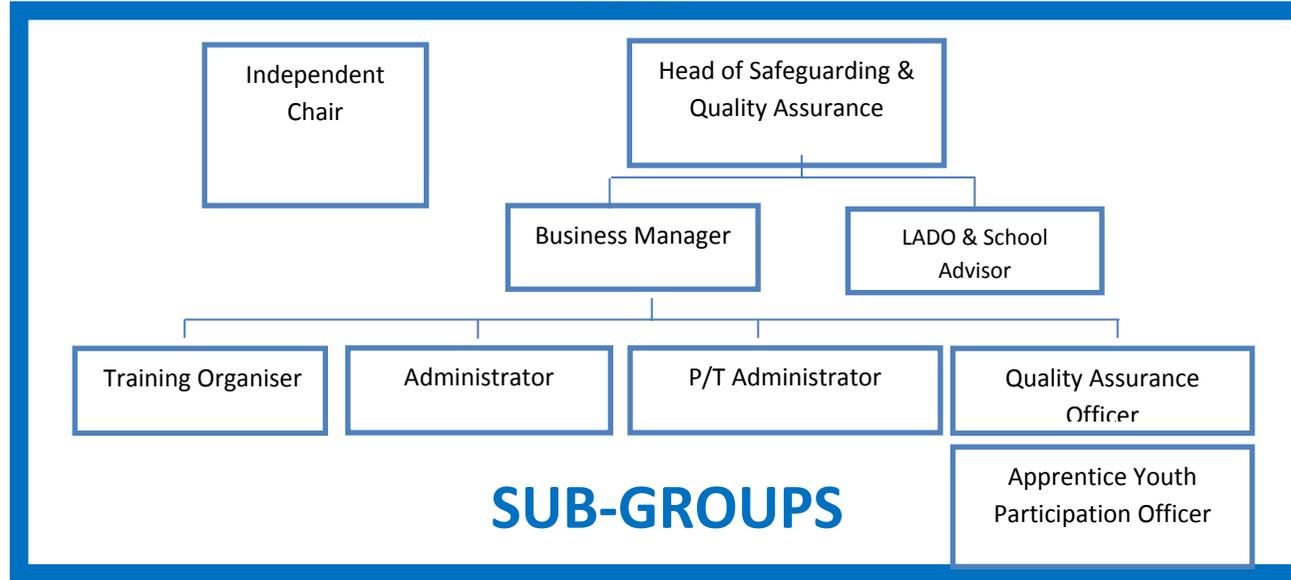
1. The Strategic Board – meets every 2 months and sets the strategic direction for the Board, agrees priorities and monitors effectiveness of both single agency and the collective arrangements. The group monitors and reviews the implementation of the Business Plan via progress/annual reports from TSCB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

TSCB STRATEGIC BOARD

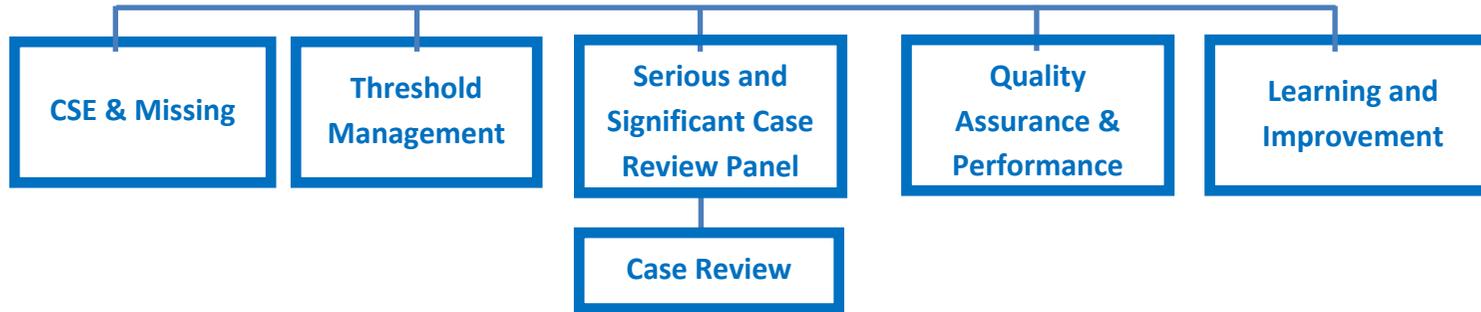


Tameside Safeguarding
Children Board

TSCB



SUB-GROUPS



1.4 TSCB Team

During 2017/18 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.

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 during 2017/18 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 7 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 2017/18, Tameside Safeguarding Children Board carried forward £102,996.

3. ACHIEVEMENTS AND DEVELOPMENTS 2017/18

3.1 Early Help Model & Thresholds

A new Strategic Framework 'Smarter, Stronger, Sooner, Safer' has been developed and outlines Tameside's integrated approach to improving outcomes for children, young people and their families through early help. It provides a guide to the workforce on the vision, principles, model, priorities and enablers of early help that will impact on children and families lives. The Early Help Strategic Group that developed the Strategy has become a Starting Well Sub-Group of the Health and Well-Being Board showing the group has the strategic impetus and direction required to deliver a quality Early Help offer.

A Threshold Management Sub-Group revised, launched and monitored the implementation of Tameside's Threshold Guidance during 2017. Revised guidance was published in June 2017 to ensure that all partners understood their responsibilities in relation to providing early help and to fulfil their safeguarding duties. The proportion of referrals from the Children's Hub has changed with information and advice given increasing from 31% (2017) to 56% (2018) whilst referrals to social care has reduced from 47% (2017) to 35% (2018).

There has been a clear and consistent message that all partners must do more to intervene early to prevent problems escalating to the point where statutory intervention is required. Additional support has been provided to enhance the early help offer through the Common Assessment Framework and in 2018/19 further work to reduce demand on Children Social Care will be developed with the roll out of Early Help Panels closely aligned to an Integrated Neighbourhood Model.

3.2 Integrated Neighbourhood Model

Tameside are developing an Integrated Neighbourhood Model through which joint working between partner agencies on the ground will be strengthened. The model will provide a governance structure which engages all of the partners including every single school. This will be done both through Neighbourhood Learning Circles which engage partners three times per year, and through introducing a Team Around the School model in which multi-agency safeguarding partners proactively meet in each school to discuss children of concern. In this way every school will be fully integrated in our local safeguarding arrangements, being held to account for their performance and being able to raise issues of concern.

3.3 Voice of the Child

Tameside Safeguarding Children Board has worked closely with the Youth Council and Voluntary and Community Sector to consult with children and young people and create a [Voice of the Child Strategy](#). The Youth Council took control of the final consultation phase, revised the content and created the final design of the Strategy. They launched the strategy at a high profile event, organised and hosted, by young people at Tameside College in March 2018. The strategy sets out Tameside's commitment to hearing the voices of all children and young people in Tameside. Children and young people have identified 15 statements of expectation which will be the basis of future Voice of the Child training as part of the TSCB Training Programme in 2018/19. The training will be delivered by members of the Youth Council twice a year.

In 2018/19 Tameside will build on this work and develop a Youth Forum Network that can connect the existing forums together and give them a stronger collective voice on issues that are important to them. The proposal is to feed their ideas and issues up to the Neighbourhood Learning Circles for action via the Integrated Neighbourhood Model.

3.4 Signs of Safety

Tameside Children Social Care has adopted Signs of Safety as its chosen model of practice. Signs of Safety is a relationship and strengths based practice model which enables practitioners to work collaboratively with families to produce assessments and plans; focussing on their own strengths and resources. The approach moves away from the professional adopting the position of expert towards a more constructive culture where 'the work is done together'. A project lead will be appointed to implement the Signs of Safety Model and Tameside Safeguarding Children Board will have responsibility for ensuring that all partners adopt the model across all levels of the Threshold.

4. TSCB STRATEGIC PRIORITIES 2015 - 2018

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

The following section reports on the work of the Board and its partners against its strategic priorities in 2017/18.

4.1 Domestic Abuse

A dedicated social work team manager is now based at Ashton Police station to oversee all Domestic Violence notifications on a daily basis. Greater Manchester Police reported in Quarter 4 that there were no outstanding queues and referrals are addressed within the Children Hub in 24 hours. The

Domestic Abuse Steering Group will continue to closely monitor the timeliness and response to Domestic Violence Notifications.

Tameside and Glossop Integrated Care NHS Trust have recruited and trained 36 Domestic Abuse Champion with the aim of having a Champion in every department of the Trust. Posters have been in place across the organisation to promote who the Champions are. The initiative has led to several members of staff receiving support after approaching champions in their clinical areas and subsequent referrals to Bridges and MARAC demonstrating are better at identifying and responding to concerns about Domestic Abuse.

TMBC and GMP have been completing a phased roll out Operation Encompass for Standard Risk incidents across all schools in the borough. The purpose of the operation is to notify schools of any Domestic Abuse incidents that have occurred where one of their pupils has been present and may have witnessed the incident. It allows the school to provide better pastoral care and support and help the child settle into the school day rather than sanction them for being late or for poor behaviour. A successful pilot in the Stalybridge cluster has now been rolled out into the Ashton schools. Feedback from schools where it has been rolled out has been extremely positive and a roll out across the remaining schools is planned during 2018/19.

What difference has it made?

TSCB Performance Scorecard reported to the March Strategic Board an increase in the number of repeat referrals to MARAC and an increase in the number of cases involving children during Q3. MARAC consider high risk Domestic Abuse cases and ensure a robust safety plan in place. This prompted a request for assurance from the Domestic Abuse Partnership about the effectiveness of the MARAC process to safeguarding children.

Across Greater Manchester an average of 60% of all MARAC referrals feature children. Tameside is consistently above that at approximately 70% but in quarter 3 jumps to 94%. In addition Tameside has a greater proportion of repeat referrals to MARAC which in quarter 3 was 43% compared to 25% across Greater Manchester.

The MARAC Coordinator presented comparator data over the past 3 years to the Strategic Board and explained how the number of expected cases is worked out based on population size by 'SafeLives', a Government funded project. The number of repeat referrals and the number of cases involving children is in line with the expected numbers and also the national average. Tameside's figures are consistent, and while there is an overall increase, Tameside are recognised as having an effective MARAC with other areas looking to adopt our model. The Chairing at MARAC is strong and members give adequate time to consider each case. Referrals to MARAC now include coercive control, harassment and stalking which may result in more referrals and a spike in the numbers next year.

What needs to happen next?

The Domestic Abuse Steering Group has identified from their performance management information that there has been a lack of referrals from Alcohol Services to the Bridges Domestic Abuse Service

during 2017/18. They have committed 2 members of staff from Bridges to attend the Alcohol Services team meeting to raise awareness of their service and how to refer appropriately to ensure that providers of commissioned alcohol services are aware of the links with domestic abuse and know how to access support. Similarly, there have been a small number of referrals from a range of services to MARAC.

Table 1: MARAC Referrals by Source

BY REFERRER														
Area	Tameside													
Year and Quarter	Secondary Care/ Acute trust	GMP	IDVA	Children's Social Care	Primary Care	Education	Mental Health	Probation	Housing	Voluntary Sector	Substance Abuse	Adult Social Care	MASH	Other
2017-18 Q1	2	43.5	13	7	4	0	1.5	1	4	1	0	0	0	3
2017-18 Q2	3	58.5	8	12	9	0	0	2	2	8.5	0	0	0	5
2017-18 Q3	4	41.5	5	2	3	2	0	0	3	4.5	0	0	0	4
2017-18 Q4	3.5	52	14.5	8.5	5.5	0	1	2	0	1	1	0	0	4
Grand Total	12.5	195.5	40.5	29.5	21.5	2	2.5	5	9	15	1	0	0	16

Tameside Safeguarding Children Board will need to ask the Domestic Abuse Steering Group for assurance that services training needs in relation to Domestic Abuse are being met. Changes to the Domestic Abuse Training as part of the Training Programme for 2018/19 have already been made in response to feedback from course trainers and participants. Promotion of those courses to a more targeted audience may be required so that those most in need of the training are receiving it.

Whilst the work outlined above highlights the excellent examples of joint partnership work there is other specialist support that is currently at risk. As of March 2018 funding for 2 posts, the Children's and the Young Person's Independent Domestic Violence Advocate was only secured until September 2018. Demand for the service far outstrips supply with 28 children and young people accessing outreach support in Quarter 3 and 213 on the waiting list for 1:1 support.

Tameside has a low number of FGM referrals or flags identified within Children Social Care. In addition Project Choice; that is based in Oldham but provide support across the 10 Greater Manchester Boroughs in relation to Forced Marriage, Honour Based Violence and FGM; has received no referrals from Tameside. Tameside Safeguarding Children Board had subsequently identified the need for FGM Training and this will be provided by Project Choice as part of the TSCB Training Programme in 2018/19.

4.2 Child Sexual Exploitation (CSE)

Tameside Safeguarding Children Board commissioned a CSE Systems Review that was completed in July 2017. An independent reviewer was appointed to undertake the review and make recommendations to the Board on the efficacy of the current system and whether changes or modifications may be required to improve the system and more importantly outcomes for young people affected by CSE. The review noted that Greater Manchester Police problem profile of CSE in Tameside was not unique amongst other areas of Greater Manchester. It indicated that CSE crime locally is primarily made up of one-to-one and/or internet based contacts with no evidence of links to serious organised crime or gangs. However it acknowledged that there is no room for complacency regarding the threat of links to organised crime groups.

A series of recommendations were subsequently actioned and implemented. A revised CSE Joint Working Protocol and Missings Protocol has been developed which clarifies the referral, allocation, assessment and case management processes.

All referrals are now received via the Children's Hub and screened and allocated to the area teams. If CSE is identified as a contributing factor the allocated Social Worker will make a referral to the Phoenix Team. Typically there are 30 young people open to the Phoenix Team at any one time. At the end of March 2018 there were 7 high risk cases, 19 medium risk and 1 low risk. The majority of CSE victims are white female aged 12 to 15yrs, living in a family home and having frequent missing from home episodes. Offenders are white male, aged 19 to 24yr old lone offenders. At present the majority of investigations start online and follow the older Boyfriend / Girlfriend Model.

Each referral is discussed at the weekly multi agency governance meeting where the decision is made whether the threshold is met to open to the Phoenix Team. If a Child in Need or Child Protection case is allocated to the Phoenix Team then it will be co-worked between the area team Social Worker and the CSE Social Worker to ensure that the specialist intervention is separate from the child protection process. The CSE Social Worker will complete the CSE risk assessment tool to determine the level of risk and the intervention required. The assessments are reviewed on a three monthly basis or following any significant event.

What difference has it made?

A CSE and Missing from Home Panel was implemented in October 2017 which has improved multi-agency sharing of information on missing from home episodes and the link to CSE. This has provided a more robust mechanism of assessing and responding to the needs of children that are reported missing from home and are at risk of CSE. Barnardo's Missing from Home return visits have seen an increase in meaningful and detailed information/intelligence being gathered and shared. This has had a direct result in missing from home children being located quicker and therefore safeguarded sooner, thus reducing the risk of CSE.

Off the Record Counselling Services continue to deliver first class 1-2-1 counselling sessions to victims of CSE. A dedicated counselling room provision has been provided within Phoenix Tameside, ensuring children have a safe welcoming environment when meeting with any representative from Phoenix Tameside. Positive feedback has been received from victims of CSE and families who have utilised the facility. Young People have said that it is important for a worker to build a positive trusting relationship, listen and not judge, to be consistent and persistent and honest. Feedback from young people indicates that they feel involved and informed in the work that is done to support and protect them.

The Phoenix Team have successfully implemented a range of disruption tactics to stop or deter potential offenders. 150 Joint Enforcement Visits to licensed premises and food takeaways have been completed compared to 68 in the previous year. 37 abduction notices have been served compared to 9 in the previous year. In addition there have been 13 CSE related convictions during 2017/18 compared to 3 in the previous year.

Tameside hosted a very successful launch of the It's Not Okay week of action, which called on parents to 'keep switched on' to their children's online and offline activities and raised awareness of steps they could take to help protect them from CSE. The SSNAP team from Great Academy Ashton delivered online safety training to parents on a Surviving Teenagers course at Greenside Children's Centre. Tameside also produced a very powerful [case study of a Tameside mother](#) whose son was abused after being groomed online. Both the launch and the case study achieved wide coverage both locally, regionally and even nationally. The Phoenix team also ran various engagement activities across the borough throughout the week including at Tameside Hospital, school sports events, youth clubs and Stalybridge Carnival. Youth workers made CSE their theme for the week while carrying out outreach and intervention work in the community and many schools shared the campaign information on their websites and social media themes.

A dedicated CSE page has been added to the Tameside's Service Information Directory to more effectively signpost parents, carers, young people and professionals to CSE support groups and resources. This facility has helped reduce some of the demand on Phoenix Tameside and the Tameside Children's Hub by providing advice, guidance and information on how to access early help.

What needs to happen next?

The Achieving Change Together (ACT) Programme piloted in Rochdale and Wigan will be rolled out across Greater Manchester. It will tackle Complex Safeguarding encompassing CSE, Criminal Exploitation, Modern Slavery and Trafficking. Each Local Authority will have to determine its operational response and resource in order to implement the programme. In Tameside discussions have already taken place about the need to provide transitional support for vulnerable young people up to the age of 25 as a minimum. Tameside Safeguarding Children Board will need to identify a Complex Safeguarding Lead and determine how it wants to progress this work so that it can benefit from the offer of support from the GM Complex Safeguarding Group.

4.3 Self-Harm & Suicide

Tameside and Glossop has invested in new early intervention and prevention services as well as expanding capacity within its Healthy Young Minds service to ensure that children and young people receive the right level of support in a timely manner; aid recovery and prevent escalation to specialist services. The specialist workforce has increased from 23.7 FTE in 2014/15 to 32.5 FTE in 2016/17 (a 37% increase on base line year). Both public and third sector services have been uplifted, providing accessible services in meeting need and an array of new pathways have been developed and implemented for children and young people with mild and moderate mental health issues.

Healthy Young Minds (CAMHS) has been working to improve the support available between referral and first appointment through the development of a waiting times initiative, which includes embedding Third sector providers within the core offer. In addition a new, user friendly, interactive and informative website has been launched. Work on the website has included reviewing and including a range of applications for young people, self-help information and links to social media such as Twitter. The website has a range of quality assured self-help information, links to local and national resources NHS applications approved by young people.

What difference has it made?

Accessible expert knowledge of children and young people's mental health has been placed across the system; particularly placing them where children and young people are deemed most vulnerable such as in the LAC Team and Youth Offending Service. A pathway for families with high needs, such as those within the child protection system and care leavers has been established. Work with NHSE and the Department for Education to pilot and test the CAMHS school link model has provided training within 14 schools and ensuring a named practitioner for each of the schools that has a mental health lead (champion) within its setting. In addition all GPs have a named Consultant to improve communication and access between Primary Care and Healthy Young Minds.

There has been investment in the development of a local training ladder and a programme of e-learning and face to face training. The training ladder is hosted by Tameside Safeguarding Children's Board and a core part of its Training Programme.

What needs to happen next?

Healthy Young Minds needs to develop stronger links to Children Social Care and ensure that they are part of the Single Point of Entry meetings. Based on feedback from young people about access and referral routes to the service it has committed to reviewing the possibility of a self-referral option. There are, however security and confidentiality issues that need to be carefully considered as part of this.

4.4 Early Help

A network of CAF Champions across schools and other partner agencies have been identified and supported to implement the Common Assessment Framework process within their service. A team of CAF Advisors provide regular advice and guidance to those CAF Champions and services. Tameside Safeguarding Children Board has devised a system for recording the level of CAF Activity on a quarterly basis and the CAF Team has implemented a Quality Assurance Framework.

What difference has it made?

Approximately 250 CAFs are being initiated or completed by all partner agencies each quarter. From quarter 3 there has been over 800 multi-agency meetings a quarter to implement and review action plans in order to provide a coordinated package of support to families. Crucially over 100 CAFs a quarter are being closed because the families needs have been met and stepped back down to universal services. The number of CAFs closed due to non-engagement has reduced by almost 75% since the CAF Advisors have been in post suggesting that more families are willing to accept support. Cases are also being stepped up to Children Social Care but in quarter 4 the number of CAFs escalated to CSC reduced by almost 50%. This could be for a number of reasons such as a better understanding and application of Thresholds, or CAF Advisor support strengthening the CAF process. The trend will need to be closely monitored and understood in 2018/19.

What needs to happen next?

While there have been significant improvements to the Common Assessment Process there are still some services that are either unable to provide information on their level of Early Help Activity or provide nil returns. Tameside Safeguarding Children Board and the CAF Team will continue to use the quarterly returns to target those services in need of additional support and training.

CAF Advisors are also auditing the quality of CAF and have completed 47 Audits in Quarter 4 of which 24% were assessed as good, 72% requires improvement and 4% inadequate. They have found that during 2017/18 the number of good CAFs has increased by 3%, the number requiring improvement has increased by 26% (this is from a large amount of Inadequate) and the number of inadequate CAFs have reduced by 29%. The CAF Advisors will continue to work with CAF Champions and Lead Professionals to improve the quality of the CAFs so that more families have their support needs identified and met as early as possible.

4.5 Neglect

TSCB ran a Safeguarding Practice Update on Neglect in April 2017 which was attended by over 40 professionals and a TSCB Conference in October 2017 attended by over 100 professionals. The practice update and conference contributed to a body of ongoing work to encourage and promote the use of standardised assessment tools for neglect, namely the Graded Care Profile.

What difference has it made?

Between July and September 2017 just 0.5% of Child in Need cases had a Graded Care Profile, and 2.5% of Child Protection cases where neglect was identified. Following the conference, in Quarter 3 the figures rose to 2.1% of all Child in Need Neglect cases and 7.6% of Child Protection Neglect cases which is a promising increase but still only a small proportion of all cases.

What needs to happen next?

The Board have been advised that a stronger strategic position regarding the use of the Graded Care Profile across the partnership, and across Levels 2-4 of the Thresholds, would help to further encourage the use of the Graded Care Profile. However, there has been a big push to promote and support the uptake of the Common Assessment Framework and to improve the quality of assessments in Children's Social Care during 2017/18. The Board has also acknowledged that all partner agencies, and not just Children's Social Care, have an equal responsibility for identifying and responding to Neglect at the earliest opportunity.

Wherever possible, early assessment tools and processes such as the Common Assessment Framework and the Graded Care Profile should be used to address the issues associated with Neglect in order to avoid the need to escalate safeguarding concerns up to the Children's Hub.

In recognition of this Board members agreed to undertake a Neglect Assurance Exercise and were asked to provide evidence to show how they have implemented the Neglect Strategy. The following 3 questions were asked;

1. How is your organisation assuring itself that the Neglect Strategy is embedded within the organisation?
2. How is your organisation quality assuring the use of the Graded Care Profile?
3. How is your organisation quality assuring their assessment, planning and supervision processes to ensure that staff are identifying and responding to Neglect in a robust manner?

Partner agencies noted that while there is good evidence of awareness raising and training there is insufficient assurance that it has impacted on front line practice and led to improved service delivery for families. Partners agreed at the Strategic Board meeting in March 2018 that the responses did not provide the required assurances and agreed to repeat the exercise for the Strategic Board meeting in September 2018. While Tameside Safeguarding Children Board acknowledges it is not able to assure itself that their response to Neglect is effective it does demonstrate a willingness to provide strong challenge of each individual partner agency, and the collective partnership, response in an open and transparent way.

5. 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.

5.1 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.

5.2 Communication and Raising Awareness of Safeguarding Issues

A Learning and Improvement Activity Group is responsible for communicating, and raising 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 2017/18 a total of 48 Multi-Agency Learning Events were delivered including 42 Courses on the Multi-Agency Training Programme, covering 21 different topics associated with safeguarding children, 4 themed Safeguarding Practice Updates, a 'Voice of the Child Strategy Launch Event' and a 'Tackling Childhood Neglect Conference'.

Two new courses were commissioned; Multi-Agency Practice Development Programme, which provides an opportunity for multi-agency partners to consider their contribution to Tameside's improvement journey and specifically addresses the principles of effective assessment, weak analysis of history, risk and parenting capacity and children's wishes and feelings not consistently informing plans. Domestic Abuse; Analysing the Impact, which provides a more in depth examination of the impact on children, impact of trauma and safety planning for survivors and children.

The Safeguarding Practice Updates dealt with themes of Neglect, Thresholds, Mental Health of Young People, through a joint learning event with Oldham and Engaging Resistant Males in Assessments. The Update involving neglect was a precursor to a 'Tackling Childhood Neglect Conference', which reinforced the 'Neglect Strategy', promoted use of Tameside's Graded Care Profile and the importance of acquiring and analysing the 'daily lived experience of children and their families'.

Overall a total of 1,093 Multi-Agency learners attended the Multi-Agency Learning events delivered by TSCB. Between them, representatives from Education, Local Authority and Health take up the majority of places on offer, with an improving take up rate from the Police & Probation, which has previously been poor. In addition to the events attended, 303 active Multi-Agency e-learning licences were issued to consolidate learning for the foundation course, domestic abuse, neglect and Early Help (CAF).

Pre & end of course evaluation:

Part of the update to the electronic booking system involved learners completing pre and end of course evaluation through their electronic individual learner account. Learners self-assessed the level of their existing knowledge at the time of applying for a course and upon conclusion completed a further evaluation to measure their acquired learning. Across all courses delivered during the period there was an average increase of 34% in the level of knowledge from 'little' or 'moderate' at the time of application to 'good' or 'significant' at the end of course.

Impact evaluation:

A system to monitor and evaluate the effectiveness of multi-agency training on practice has continued to be utilised. A post course survey designed to determine the impact of the **Child Sexual Exploitation Course** revealed qualitative data suggesting the course had been useful to participants with evidence of increased understanding, awareness and confidence. Some practitioners were able to link their learning to improved outcomes for young people which included protecting a child who had been sexually abused by her father and one-to-one work with 3 vulnerable young girls. Some participants had also worked with other family members to offer support and guidance. Several had gone on to provide training, information and advice to other relevant parties both in the workforce and in the community. Spreading the word and disseminating information increases the likelihood of vulnerable young people finding suitable help. The system of impact evaluation based on the 'Kirkpatrick Model' has proven to be a valid and reliable model and needs to be developed to cover more courses on the programme. This will be a priority for the current year and a further course, **Safeguarding Children where there is Neglect (including the Graded Care Profile)**, is subject of the system at the time of writing.

5.3 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

QAPM has developed a new key performance indicator set to oversee the performance of key agencies that work with children and young people.

QAPM members have conducted a number of multi-agency audits including; self-harm, neglect, early help and sexual abuse. These audits produced a series of recommendations for agencies to improve practice within their services. For example Children Social Care has provided assurance that the Child in Need procedures are now being applied and audited more robustly, Information Sharing guidance has been reviewed and multi-agency chronology guidance has been developed, and Children's Social Care are now attending the Healthy Young Minds Single Point of Entry meetings. There is a need to make practitioners more aware of the necessity of gaining consent to share information when providing additional support outside of a statutory framework such as the CAF. It is also important for practitioners to give greater consideration to historical information in order to understand the root causes of a child's presenting issues so that they can be tackled in the most effective manner.

QAPM faces challenges around evaluating the effectiveness of partners safeguarding practice, ensuring actions impact on frontline practice and ensuring actions from audits have been implemented by individual agencies.

2018/19 sees an opportunity for QAPM to improve its effectiveness during the transition between the current Tameside Safeguarding Children Board to the new Partnership arrangements.

5.4 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 strategic 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

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

- Family Justice Board
- Corporate Parenting Panel
- Child Death Overview Panel
- Youth Justice Board
- Educational Attainment Board
- Emotional Health and Well-Being 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.

5.5 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 2017/18 the SSCP considered 2 referrals of which neither met the criteria for a case review. The National Serious Case Review Panel agreed with all of the TSCBs decisions.

The final report for Child U was completed in July 2017 and the Panel has focused its efforts on delivering the learning and recommendations from that review and the CSE Systems Review. They included a separation of the Children Social Care and Phoenix roles so that the CSC Social Worker

managed the Child Protection or Child in Need process while the Phoenix Social Worker provided the specialist support required. A revised CSE Joint Working Protocol and Missings Protocol has been developed which clarifies the referral, allocation, assessment and case management processes. An online directory of support services for those at risk of CSE and a network of CSE Champions have been created to ensure that risks are identified and dealt with at the earliest opportunity.

The Serious and Significant Case Panel has continued to deliver the actions from the Child R, S and T case reviews, all of which are now complete. This has meant that a pre-birth assessment protocol has been developed including a learning disability pathway to ensure joined up assessments and intelligence are identifying and meeting the needs of vulnerable and at risk parents, multi-agency training on chronologies has been delivered to partner agencies, learning disability resources have been promoted and parental responsibility guidance has been disseminated to all schools. 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 few 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.

6. Local Demographics and Needs

6.1 Tameside's Population

Tameside is one of ten Local Authorities based in Greater Manchester. Tameside's 0-17 year old estimated population is 49,645 (Office National Statistics, 2018). This is 7.8% of the Greater Manchester's 0-17 year old population.

Table 2: Tameside's population by age band 0 to 24.

	0to4	5to10	11to16	17	0to17	18to19	20to24
Tameside	14,664	17,424	15,073	2,484	49,645	4,843	12572

Source: Office National Statistics, 2018

The ethnic diversity of Tameside's population has changed. The proportion of Tameside who classified from a BME as increased from 7.4% (2001) to 15.8% (2011).

In 2017, 2875 live births were recorded within Tameside geographical boundaries. The number of births to 15-17 year olds is higher in Tameside 26 per 1,000 compared to England 19 per 1,000.

6.2 Deprivation within Tameside

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

The average house price in Tameside as increased from £136,400 (June 2017) to £144,200 (June 2018). However, it is still well below the national house price is £245,076 (June 2018)

Data from: <https://www.gov.uk/government/publications/uk-house-price-index-england-june-2018/uk-house-price-index-england-june-2018>

6.3 Children receiving social services support

The number of children with a child protection plan and LAC status continues to increase in Tameside. The rate per 10,000, suggest Tameside is an outlier in Greater Manchester, Statistical Neighbours and Nationally. The Improvement Plan was revised towards the end of 2017 and include detailed plan to address this trend with several actions in place including development and implementation of Strengthening Families Child Protection Conference process and Signs of Safety model of practice. This is beginning to be effective and the number of Children on Protection Plans is reducing. We are also now beginning to see stability and reduction in the number of Children Looked After through our Edge of Care and Early Help work to ensure that children only become looked after when necessary and there is an active permanency plans for those children.

We are seeing more LAC being placed over 20 miles away from home and outside of Tameside geographical boundaries. However, we see 374 LAC being placed within Tameside geographical boundaries from other local authorities. We have developed a new sufficiency strategy and increased capacity in our placement commissioning team to strengthen procurement and commissioning arrangements so that we maximise the use of available placements within the borough. We have also launched the residential provider forum to strengthen opportunities for Tameside children to be looked after in Tameside.

(ii) Table 3: Child Protection Plan

	2014/15	2015/16	2016/17	2017/18
Number of children on CP plan	212.0	220.0	370.0	473.0
Rate per 10,000 on CP plan	44.0	45.0	76.0	94.0

(iii) Table 4: Looked After Children (LAC)

	2014/15	2015/16	2016/17	2017/18
Looked After Children (No.)	417	423	509	625
Looked After Children (Rate)	85	87	105	127

	2014/15	2015/16	2016/17	2017/18
Looked After Children Placed 20+ miles out from their home (out of Tameside)	4%	6.1%	8.40%	10.10%
Looked After Children placed inside geographical boundaries from other LAs			380	374

The number of LAC placed in residential settings has reached over 100 for the first time.

	2014/15	2015/16	2016/17	2017/18
LAC placed in residential settings	63	53	75	108
LAC in Fostering	289	299	360	424

6.4 Injuries to Children

It is important to understand of rate of injuries to children to judge whether we are safeguarding children well.

Hospital admissions caused by injuries in children (0-14 years) was 635 per 10,000 (2016/17). This was rated as significantly worse than England by Public Health England (<https://fingertips.phe.org.uk>). As part of Tameside's Healthy Child programme staff routinely cover child safety as part of routine developmental reviews and Emergency Department staff regularly cover prevention when children attend with injuries.

Hospital admissions as a result of self-harm (10-24 years) was 181 per 10,000 (2016/17). This was rated as significantly worse than England by Public Health England (<https://fingertips.phe.org.uk>). Healthy Young Minds Tameside and Glossop has revised its care pathway and this will be introduced from April 2018. The pathway is informed by a number of psychological theories to ensure that the service supports children and young people and their networks at the various stages of their emotional development and needs. Children are being routinely and appropriately referred for support when they present acutely at Tameside Hospital.

7. Children's Hub

7.1 Number of Contacts and Referrals

Tameside's Hub recorded 13,587 contacts in 2017/18. This was similar to the number of contacts received in 2016/17 (13,205).

The number of referrals has increased from 3,487 (2016/17) to 4,481 (2017/18). The conversion rate from contact to referral is 33%. Rates of referrals per 10,000 are higher in Tameside compared to Statistical neighbours and England.

(Source: Whole Service Data Booklet June 2018)

There has been a peak in the conversion of contact to referrals in 2017/18 compared to 2016/17. The Ofsted inspection back in September 2016, noted that there was inconsistency's in the threshold application across the partnership and work has been undertaken to address this, which may be an influencing factor within the increased conversation rate. The other factors that has contributed to the increase rate is that services are increasingly effective at identifying higher level need within the community therefore a greater percentage of contacts are of higher level of need, which may include higher levels of identification of Domestic Violence given we have the Team manager based at Ashton Police Station for the purpose of triage with police. There is lower tolerance of risk with greater scrutiny being placed on marginal level of need contacts and therefore referrals increasingly are made to CSC.

We have commenced the implementation of a MASH in Tameside and partner agencies are keen to buy in to this way of working. We have also strengthened our Early Help offer to ensure that our families receive the right support at the right level.

7.2 Assessment

Once the referral to social care has been made it is important to undertake an effective assessment of the child and families needs.

The number of child and family assessments reported in 2017/18 was 5515. The proportion of assessments completed within 45 days has improved from 70% (2016/17) to 82% (2017/18).

(Source: Whole Service Data Booklet June 2018)

Tameside is performing above statistical neighbours' performance. In response to the increase in contacts and referrals, and in line with the Improvement Plan, we have increased the capacity within the Duty Teams. We have further strengthened management oversight in respect to allocation and direction; inclusive of internal 10 day reviews which led to improved quality and timeliness of assessments. **8. SPECIFIC RESPONSIBILITIES UNDER WORKING TOGETHER (2015)**

8.1 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
2014/15	22	106	128
2015/16	26	120	146
2016/17	23	136	159
2017/18	29	160	189

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	46
Early Years	21
Other LADO	0
Children's social care	46
Police	14
OFSTED	8
Other	51

(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	2017/18
Health	10	7	7	6	6
Education	26	46	55	50	60
Early Years	11	24	16	21	35
Residential	14	17	22	37	40

Children's social care			3	1	6
Police	4		1	2	2
Foster carers	16	14	18	20	16
Other	17	20	4	23	24

The rise in referrals in education, early years and residential care settings is due to the LADO work promoting their role and developing good working relationships with managers in those settings.

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 29 cases which progressed to an initial consideration meeting were in respect of the following agencies:

Foster carers – 4
 Education – 7
 Residential care workers – 3
 Early Years – 4
 Health – 2
 Other – 9 including faith group, voluntary sector etc.

The cases were in respect of the categories of abuse:

1– Neglect
 10- Physical abuse
 10 – Sexual abuse
 1 – Emotional abuse
 7 – Risk of harm

8.2 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. There were a total of 47 childhood deaths notified to the CDOP in 2017/18. Since 2007/8 there have now been a total of 614 child deaths across the 3 areas with year on year variations. When the numbers of deaths 2007-2018 across the CDOP are compared to the total under 18 population across the 3 areas of the CDOP the split is Stockport 37.5%, Tameside 29.5% and Trafford 33%.

Cases can only be closed when all other processes such as Inquests, criminal investigations and Serious Case Reviews have concluded. In closed cases over the previous 3 years 2014-2017 saw an increase year on year in deaths under the age of 1 from 55% to 77%. In 2017/18 there was a slight drop to 66% of deaths being children under the age of 1. There continues to be a significant proportion of these children being 27 days old or less. In Stockport 66% of the deaths under 1 year of age were 27 days old or less. In Tameside this figure was 89% and in Trafford it was 92%. This is an average for 2017/18 across the CDOP of 82%. This percentage has increased year on year from 37% in 2014/15. 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, high maternal BMI (30+) and to a lesser extent drug and alcohol abuse.

Since 2009 both Tameside and Trafford have a higher percentage of deaths in the BME population than might be expected when set against the population percentages.

In 2017/18 the CDOP identified 1 SUDI case which was in Tameside. Across GM as a whole there were 19 cases and although there has been a reduction in the number of SUDI cases in the percentages have remained fairly consistent between 7-10% of total closed cases. In the local case the modifiable factors were around parental smoking and co-sleeping. In 2016/17 each area had 1 case of SUDI although none involved co-sleeping. The common features across GM were that parents smoked and/or had been co-sleeping with their child in bed or on a settee. Research shows that the North West and Wales have the highest rate of sudden unexplained deaths in England and Wales.

In 2017/18 a total of 58 cases were closed by the panel. Of those, 27 (47%) were identified as having modifiable factors. This is higher than in previous years and is also higher than the average for Greater Manchester (40%). In 2016/17 the figure for the CDOP area was lower than in previous years at 21%.

Where modifiable factors are identified consistent features are smoking by mothers in pregnancy, high maternal BMI or smoking by parents where the infant is vulnerable due to age or medical condition.

APPENDIX A

TSCB Membership 2017/18

Agency	Name	Title	TSCB Role
	Gill Frame	Independent Chair	Independent Chair
TMBC/T&G CCG	Steven Pleasant	Chief Executive	Member
TMBC - People	James Thomas	Executive Director	Member
TMBC - People	Gani Martins	Assistant Executive Director	Member
TMBC - Stronger Communities	Emma Varnam	Assistant Executive Director	Member
Education	Bob Berry	Assistant Executive Director	Member
Secondary Schools	Alan Harrison	Head Teacher	Member
Colleges	Leon Dowd	Vice Principal	Member
Community Rehabilitation Company	Beverley Cogan 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	Interim Delivery Improvement Director	Member
NHS Tameside and Glossop Clinical Commissioning Group	Gill Gibson	Director of Safeguarding and Quality Assurance	Member
Tameside Hospital	Pauline Jones	Chief Nurse	Member
Greater Manchester Police	Jane Higham	Super Intendent	Member
NHS Tameside and Glossop CCG	Christina Greenhough	CCG clinical lead and GP	Member
TMBC Councillor	Jim Fitzpatrick	Lead Member for Children and Families	Observer
Children's Services	Ged Sweeney	Head of Service - Safeguarding	Sub Group Chair and Member
NHS Tameside and Glossop CCG	Munera Khan	Designated Doctor Safeguarding	Sub Group Chair and Advisor



Tameside Safeguarding Children Board

NHS Tameside and Glossop CCG	Hazel Chamberlain	Lead Designated Nurse Safeguarding	Sub Group Chair and Advisor
TMBC Legal Services	Alison Robertson	Principal Solicitor	Advisor
Tameside Safeguarding Children Board (TSCB)	Stewart Tod	TSCB Business Manager	Advisor

APPENDIX B TSCB Membership Attendance 2017/18

Key:	
	75% attendance and above (Expectation)
	Between 50% and 74% attendance
	49% attendance and below

Agency	Title	TSCB Role	Agency Attendance	Named person attendance
Independent Chair	Independent Chair	Independent Chair	100%	100%
TMBC	Chief Executive	Member	50%	50%
TMBC - People	Executive Director	Member	67%	67%
TMBC - People	Assistant Executive Director	Member	50%	100%
TMBC - Stronger Communities	Assistant Executive Director	Member	17%	17%
Education	Assistant Executive Director	Member	100%	100%
Secondary Schools	Head Teacher	Member	50%	100%
Colleges	Vice Principal	Member	50%	50%
Community Rehabilitation Company	Community Director	Member	17%	17%
National Probation	Head of Stockport and Tameside NPS	Member	67%	0%



Service (NPS)				
CAFCASS	Service Manager	Member	67%	17%
Community and Voluntary Action Tameside	Chief Executive	Member	33%	0%
Pennine Care NHS Foundation Trust	Service Director	Member	33%	0%
Public Health	Director of Public Health	Member	83%	0%
NHS England	Interim Delivery Improvement Director	Member	0%	0%
NHS Tameside and Glossop Clinical Commissioning Group	Director of Safeguarding and Quality Assurance	Member	100%	100%
Tameside Hospital	Chief Nurse	Member	83%	17%
Greater Manchester Police	Super Intendant	Member	100%	75%
TMBC Councillor	Lead Member for Children and Families	Observer	50%	40%
Children's Services	Head of Service - Safeguarding	Sub Group Chair and	100%	100%



		Member		
NHS Tameside and Glossop CCG	Designated Doctor Safeguarding	Sub Group Chair and Advisor	100%	100%
NHS Tameside & Glossop CCG	Lead Designated Nurse Safeguarding	Sub Group Chair and Advisor	100%	100%
TMBC Legal Services	Principal Solicitor	Advisor	33%	33%
Tameside Safeguarding Children Board (TSCB)	TSCB Business Manager	Advisor	83%	83%

APPENDIX C

TSCB FINANCIAL SUMMARY 2017/18

INCOME/CONTRIBUTIONS 2017/18	
Tameside Council contribution	£123,330
School/Academies	£82,735
Clinical Commissioning Group	£134,700
Other contributions inc. Police, New Charter, NPS, CRC & CAF/CASS	£16,240
Training Charges & Contributions	£11,820
Total Contributions 2017/18	£368,825

Account Code Description	Actual Spend 2017/18
Staffing costs	-£187,570
TSCB General	-£172,975
Training Strategy	-£12,890
Serious Case Review	-£20,370
TOTAL EXPENDITURE	-£393,805

FINANCIAL RESERVE 2017/18	
Headings	2017/18
Funds from 1 April 2017	£127,98
Total Expenditure in excess of income	-£24,991
Balance in Reserve 31/03/18	£102,996

APPENDIX D

TSCB BUSINESS & IMPROVEMENT PLAN 2018/19

1. BUSINESS PLANNING & DEVELOPMENT

OFSTED RECOMMENDATION

- * Urgently review the Board priorities and update its business plan to include concerns about front line practice and service deliver at all level
- * Include in the Board's annual report an evaluation of the impact of safeguarding practice upon children's wellbeing and safety
- * Establish effective links with the corporate parenting strategic group and family justice board

Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
1.1 Establish governance arrangements of strategic partnerships and align safeguarding agendas	Accountable Strategic Partnerships work together to ensure the effectiveness of safeguarding arrangements	Aug-18	DCS		
1.2 Produce TSCB Annual Report	Impact of safeguarding practice and Board activity is evaluated. Priority and emerging themes are identified and addressed via TSCB Business Plan	Sep-18	TSCB Strategic Board		

2. ENABLING EFFECTIVE SERVICE DELIVERY

Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
2.1 Implement recommendations from the CSE Systems Review	Children at risk of CSE are protected from harm and provided with the appropriate level of support. Perpetrators are disrupted or prosecuted.	Jul-18	CSE & Missing Sub-Group		
2.2 Deliver TSCB Training Programme	Children's workforce have the	Mar-19	LIAG		



2018/19 in accordance with the identified needs of the multi-agency workforce	confidence and knowledge to identify and respond safeguarding concerns				
2.3 Undertake regular case reviews and identify areas for improvement	Lessons are learned from case reviews and lead to improved practice	Mar-19	SSCP		
2.4 Develop and revise safeguarding policies as required	Children's Workforce have the guidance and processes they need to safeguard children effectively	Mar-19	GM Tri-X Group		
2.5 Communicate learning and good practice to partner agencies	Lessons learned lead to improved practice	Mar-19	LIAG		
2.6 Develop a Multi-Agency Practitioner Forum	Children's Workforce propose and develop solution to improve frontline practice	Aug-19	QAPM		
3. ENSURING COMPLIANCE AND QUALITY					
OFSTED RECOMMENDATION					
*Establish a programme of sufficient multi-agency and single-agency audits					
* Evaluate the application of thresholds					
* Improve understanding and informed challenge underpinned by the development of an integrated multi-agency dataset					
Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
3.1 Deliver an agreed Multi-Agency Audit schedule	Multi-agency safeguarding practice is effective or areas for improvement are identified	Mar-19	QAPM		
3.2 Deliver an agreed single-agency audit schedule	Single-agency safeguarding practice is effective or areas for improvement are identified	Mar-19	QAPM		



3.3 Agree new format and reporting mechanism for multi-agency dataset	Effectiveness of service delivery against Board priorities, Hub and Duty arrangements are monitored. Consistent application of Thresholds means children receive the support they need when they need it	Apr-19	QAPM		
3.4 To regularly seek assurance from strategic partnerships that their work is addressing strategic priorities and safeguarding children effectively	Safeguarding arrangements and practices are scrutinised and continually improved	Mar-19	TSCB Strategic Board		
4. CAPTURING THE VOICE OF THE CHILD					
OFSTED RECOMMENDATION					
*Re-establish effective methods of ensuring the views of children influence the service planning needed to deliver TSCB priorities and plans					
Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
4.1 Develop and deliver the Voice of the Child Strategy	Partner agencies implement the 'Statement of Expectations'	Mar-19	TSCB Strategic Board		
4.2 Build regular service user feedback sessions into performance management framework and quarterly reports	Children and parent/carers feedback their experiences of service provision and inform future planning and service improvement	May-18	QAPM		
4.3 Collate evidence of partners gathering, and responding to, the views of children via the S.11 audit	Partner agencies routinely gather feedback from children and use it to improve service delivery	Jul-18	QAPM		
5. RESPONSE TO STRATEGIC PRIORITIES AND EMERGING NEED					
Objective	Difference it will make	Timescale	Responsibility	Direction of Travel	Comments
5.1 TSCB will ensure the Neglect Strategy is embedded into frontline practice	Neglect is identified at the earliest opportunity and responded to at the appropriate level of the Threshold	Jul-18	Board Members		



	Guidance				
5.2 TSCB support the implementation of the Early Help Strategy	Families receive the support that they need at the earliest opportunity	Dec-18	Via the Early Help Strategy Group		
5.3 TSCB and Strategic Partners develop and implement a governance structure for Complex Safeguarding	Tameside has a clear service response and reporting mechanism for all elements of Complex Safeguarding	Sep-18	DCS		
5.4 Review transitional arrangements from Children to Adult Service provision	Vulnerable adults 18-25 receive the continued support they need	Nov-18	TSCB & TASP		

Agenda Item 6

Report to:	HEALTH AND WELLBEING BOARD
Date:	24 January 2019
Executive Member / Reporting Officer:	Councillor Brenda Warrington – Executive Leader and Adult Social Care & Wellbeing Councillor Bill Fairfoull – Executive Member – (Finance, Governance, Performance and Digital) Councillor Gerald P. Cooney – Executive Member (Economic Growth and Housing) Kathy Roe – Director of Finance – Tameside & Glossop CCG and Tameside MBC
Subject:	STRATEGIC COMMISSION AND NHS TAMESIDE AND GLOSSOP INTEGRATED CARE FOUNDATION TRUST – CONSOLIDATED 2018/19 REVENUE MONITORING STATEMENT AT 30 NOVEMBER 2018 AND FORECAST TO 31 MARCH 2019 TAMESIDE HEALTH AND WELLBEING BOARD 2018/19 BETTER CARE FUND MONITORING REPORT – PERIOD ENDING 30 SEPTEMBER 2018
Report Summary:	<p>This report has been prepared jointly by officers of Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and NHS Tameside and Glossop Integrated Care Foundation Trust (ICFT).</p> <p>The report provides a consolidated forecast for the Strategic Commission and ICFT for the current financial year. Supporting details for the whole economy are provided in Appendix 1.</p> <p>The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £1 million by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas.</p> <p>The report also provides details of the Tameside Health and Wellbeing Board Better Care Fund 2018/19 monitoring report for the period ending 30 September 2018. 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.</p>
Recommendations:	<p>Health and Wellbeing Board Members are recommended :</p> <ol style="list-style-type: none">1. To note the report content.2. Acknowledge the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks which are contributing to the overall adverse forecast.3. Acknowledge the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children’s Social Care and Growth.4. To note the 2018/19 Better Care Fund monitoring report for the period ending 30 September 2018. (Appendix 2).

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 CCG'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 statutory
Section 151 Officer & Chief
Finance Officer)**

This report provides the 2018/19 consolidated financial position statement at 30 November 2018 for the Strategic Commission and ICFT partner organisations. For the year to 31 March 2019 the report forecasts that service expenditure will exceed the approved budget in a number of areas, due to a combination of cost pressures and non-delivery of savings. These pressures are being partially offset by additional income in corporate and contingency which may not be available in future years.

The report emphasises that there is a clear urgency to implement associated strategies to ensure the projected funding gap in the current financial year is addressed and closed on a recurrent basis across the whole economy. The Medium Term Financial Plan for the period 2019/20 to 2023/24 identifies significant savings requirements for future years. If budget pressures in service areas in 2018/19 are sustained, this will inevitably lead to an increase in the level of savings required in future years to balance the budget.

It should be noted that the Integrated Commissioning Fund (ICF) for the Strategic Commission is bound by the terms within the Section 75 and associated Financial Framework agreements.

Health and Wellbeing members should also note that the Better Care Fund allocations relating to **Appendix 2** are included within the Section 75 funding allocation of the Integrated Commissioning Fund.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

This is a monitoring report which has no direct legal implications but which it is important for the Board to scrutinise as it helps to demonstrate that the public body with responsibility for the budget is fulfilling its public law fiduciary duty and guardianship of the public's health and wellbeing.

Risk Management:

Associated details are specified within **Appendix 1**

Access to Information :

Background papers relating to this report can be inspected by contacting :

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Glossop Integrated Care NHS Foundation Trust

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1. INTRODUCTION

- 1.1 This report aims to provide an overview on the financial position of the Tameside and Glossop economy in 2018/19 at the 30 November 2018 with a forecast projection to 31 March 2019. Supporting details for the whole economy are provided in **Appendix 1**.
- 1.2 The report includes the details of the Integrated Commissioning Fund (ICF) for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the ICF for 2018/19 is currently £580.816 million.
- 1.3 It should be noted that the report also 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 overall Tameside and Glossop economy position. Reference to Glossop solely relates to health service expenditure as Council services for Glossop are the responsibility of Derbyshire County Council.
- 1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations namely:
- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT);
 - NHS Tameside and Glossop CCG (CCG);
 - Tameside Metropolitan Borough Council (TMBC).

2. FINANCIAL SUMMARY

- 2.1 Table 1 provides details of the summary 2018/19 budgets and net expenditure for the ICF and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) projected to 31 March 2019. The Strategic Commission is currently forecasting that expenditure for the Integrated Commissioning Fund will exceed budget by £1m by the end of 2018/19 due to a combination of non-delivery savings and cost pressures in some areas. Supporting details of the projected variances are explained in **Appendix 1**.

Table 1: Summary of the ICF and ICFT – 2018/19

Organisation	Net Budget £000s	Forecast £000s	Variance £000s
Strategic Commission (ICF)	580,816	581,853	-1,037
ICFT	-19,139	-19,139	0
Total	561,677	562,714	-1,037

- 2.2 The Strategic Commission risk share arrangements remain in place for 2018/19. Under this arrangement the Council has agreed to increase its contribution to the ICF by up to £5.0m in 2018/19 in support of the CCG's QIPP savings target. There is a reciprocal arrangement where the CCG will increase its contribution to the ICF in 2020/21.
- 2.3 Any variation beyond is shared in the ratio 68:32 for CCG: Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5.0m) in 2018/19 which is a maximum £0.5m contribution from the CCG towards the Council year end position and a maximum of £2.0m contribution from the Council towards the CCG year end position. The CCG year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total CCG variance) as the Council has no legal powers to contribute to such expenditure.
- 2.4 A summary of the financial position of the ICF analysed by service is provided in Table 2. The projected variances arise due to both savings that are projected not to be realised

and emerging cost pressures in 2018/19. Further narrative on key variances is summarised in sections 3 and 4 below with further detail in **Appendix 1**.

Table 2: 2018/19 ICF Financial Position

Service	Net Budget £000s	Forecast £000s	Variance £000s
Acute	203,804	204,615	(811)
Mental Health	32,726	33,415	(689)
Primary Care	83,664	83,237	427
Continuing Care	14,279	16,937	(2,658)
Community	29,913	30,119	(206)
Other CCG	24,707	20,770	3,936
CCG TEP Shortfall (QIPP)	0	411	(411)
CCG Running Costs	5,209	5,209	0
Adults	40,480	40,276	204
Children's Services	49,330	56,630	(7,300)
Population Health	16,232	16,160	72
Operations and Neighbourhoods	50,333	51,198	(865)
Growth	7,846	10,293	(2,447)
Governance	8,813	7,711	1,102
Finance & IT	4,553	4,286	267
Quality and Safeguarding	79	94	(15)
Capital and Financing	9,638	8,058	1,580
Contingency	(2,660)	(7,365)	4,705
Corporate Costs	1,870	(201)	2,071
Integrated Commissioning Fund	580,816	581,853	(1,037)
CCG Expenditure	394,302	394,713	(411)
TMBC Expenditure	186,514	187,140	(626)
Integrated Commissioning Fund	580,816	581,853	(1,037)
A: Section 75 Services	266,571	268,693	(2,122)
B: Aligned Services	240,841	247,310	(6,469)
C: In Collaboration Services	73,404	65,850	7,554
Integrated Commissioning Fund	580,816	581,853	(1,037)

3. BUDGET VARIATIONS

3.1 The forecast variances set out in Table 2 includes a number of variances driven by cost pressures arising in the year and risks or non-delivery of savings. The key variances by service area are summarised below.

Continuing Care (£2.658m)

3.2 Growth in the cost and volume of individualised packages of care is amongst the biggest financial risks facing the Strategic Commission. Expenditure growth in this area was 14% in 2017/18, with similar double digit growth rates seen over the previous two years. When benchmarked against other CCGs in GM on a per capita basis spend in Tameside & Glossop spends significantly more than average in this area. A continuation of historic growth rates is not financially sustainable and should not be inevitable that the CCG is an outlier against our peers across GM in the cost of individualised commissioning. Therefore budgets which are reflective of this and assume efficiency savings have been set for 2018/19.

3.3 A financial recovery plan was put in place and progress against this is reported to the Finance and QIPP Assurance Group on a regular basis. Since the recovery plan was put in place we have seen a reduction in forecast of circa £0.3m.

CCG Other £3.936m

3.4 Services within this directorate such as BCF, estates, safeguarding and patient transport are spending broadly in line with budget and do not present a risk to the CCG position. We have received £3.2m of the approved £6.3m transformation funding so far this year. Allocations for the remainder will be transacted later in the year and we have plans in place to spend.

3.5 The significant favourable variance has been calculated in order to balance the CCG position and can only be delivered if the CCG is able to fully achieve the £19.8m Targeted Efficiency Plan (TEP) target. As reported in **Appendix 1**, there is a £0.4m risk attached to fully closing this gap.

CCG TEP Shortfall (£0.400m)

3.6 The CCG has a TEP target (also known as the QIPP), of £19.8m for 2018/19. Against this target, £13.803m (70%) of the required savings have been achieved in the first eight months of the year. A further £5.023m is rated green and will be realised in future months. After the application of optimism bias, anticipated further savings of £1.126m from schemes currently rated as amber, as the CCG no longer has any schemes as red (high risk), reducing the net gap to £0.4m.

Children's Services (£7.300m)

3.7 The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 654 at 30th November 2018. Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget for Third Party Payments by £6.475m; due to the additional placement costs. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at 30th November is 654; a resulting increase of 69 (11.8%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £4,009 and foster care £786.

Growth (£2.447m)

3.8 The service continues to face pressures due to non-delivery of savings and additional cost pressures.

3.9 Following the liquidation of Carillion the appointed liquidator PwC managed the contracts to effect a transfer to other providers. This transfer took place on 31 July 2017 but significant costs were incurred up to this date, which were not included in the budget.

3.10 Significant pressures are also being experienced in relation to loss of income due to the sale of assets and utilisation of assets for Council purposes, income from advertising and income from Building Control and Development Control is currently forecast to be less than budget.

3.11 Non delivery of savings is also creating further pressures. The additional Services contract with the Local Education Partnership (LEP) was due to end at the end of October 2018, it was anticipated that savings as a result of a new provision would be achievable although there was no robust review of these proposals. As a result of the collapse of Carillion the existing contract with the LEP has been extended until July 2019 to enable a full review of the Service. Savings proposed will therefore not materialise in 2018/19. In addition, the purchase of the Plantation Industrial Estate is no longer proceeding and the anticipated additional income will not be realised.

4. TARGETED EFFICIENT PLAN (TEP)

- 4.1 The economy wide savings target for 2018/19 is £35.920m. This consists of:
- CCG £19.800m
 - TMBC £3.119m
 - ICFT £13.001m

Table 3 : 2018/19 Targeted Efficiency Plan (TEP)

Organisation	High risk	Medium risk	Low risk	Savings posted	total	target	Post bias expected savings	Post bias variance
CCG	0	1,126	5,023	13,803	19,952	19,800	19,389	(411)
TMBC	547	280	543	941	2,311	3,119	1,679	(1,440)
Strategic commissioner	547	1,406	5,566	14,744	22,263	22,919	21,068	(1,851)
ICFT	726	180	4,056	8,233	13,195	13,001	12,469	(533)
Economy total	1273	1,586	9,622	22,977	35,458	35,920	33,536	(2,384)

- 4.2 Against this target, £22.977m of savings have been realised in the first eight months, 64% of the required savings. Expected savings by the end of the year are £33.536m, a shortfall of £2.384m against target. Slides 10 and 11 of **Appendix 1** provide a summary of the associated risks relating to the delivery of these savings for the Strategic Commission. It is worth noting that there is a risk of under achievement against this efficiency target across the economy at this reporting period.
- 4.3 More work is required to identify new schemes and turn red and amber schemes green. As things stand we would need to fully deliver all of the amber rated schemes and half of the red rated schemes to fully close the gap. It is therefore essential that additional proposals are considered and implemented urgently to address this gap on a recurrent basis thereafter.
- 4.4 There are high risk savings proposals of £1.273m which are currently at risk of non-delivery in 2018/19. **Appendix 1** summarises risks by service area, which for the Strategic Commission includes:
- For Adults the remaining £0.318m of the savings is due to delays in the delivery which has had an impact on the achievement. Other savings are being identified across the service which it is expected will compensate for non-delivery of the planned savings.
 - Governance - £0.129m savings target red rated relates to summons fee increases not being achievable as a result of a reduction in the number of summons being issued due to changes in approach to recovery processes under revised government guidance. The non-delivery of this saving is being offset by other cost savings elsewhere in the service.
 - Operations and Neighbourhoods - Most of this savings target relates to the new Car parking provision at Darnton Road which was expected to generate additional income per annum. A delay in the construction of the spaces has resulted in the forecast additional income for this financial year being reduced.

5 CCG SURPLUS

- 5.1 In 2018/19 the CCG is now planning to deliver a surplus of £12.347m, a £3m increase from the original £9.347m as set out by national guidance. This overall surplus is broken down into three parts:

- **£3.668m** Mandated 1% surplus;
- **£5.679m** Cumulative surplus brought forward from previous years;
- **£3.000m** Agreed increase in Surplus to support national financial risks.

- 5.2 The 1% in year surplus is a requirement of the business rules. It is calculated on the basis of 1% of opening allocations, excluding the allocation for delegated co-commissioned primary care.
- 5.3 The cumulative surplus brought forward was built up in 2016/17 and 2017/18, when CCGs had to contribute into a national risk reserve offsetting overspend in the provider sector. While the cumulative surplus brought forward remains on the CCG balance sheet, there is currently no mechanism through which Tameside and Glossop are able to drawdown or use any of this resource.
- 5.4 There is no national risk reserve in 2018/19. However there is still a significant financial gap nationally, which needs to be addressed. Greater Manchester Health and Social Care Partnership have been in discussions with national bodies to address this gap and has confirmed and agreed that any CCG who could increase their surplus for 2018/19 would be able to drawdown some of their cumulative surplus in 2019/20. Using the flexibility of the ICF we have increased our surplus by £3m, which will allow for a potential of up to £6m drawdown in 2019/20, under the 2 for 1 offer by NHS England.
- 5.5 Under the terms of the GM proposal, increasing the 18/19 surplus by £3m would enable drawdown of £6m in 2019/20, reducing the cumulative surplus to £6.3m. The money drawn down would be paid back into the ICF through increased CCG contributions to the pool.
- 5.6 An additional benefit from this proposal would be an improvement in the aggregate GM financial position in 2018/19. Any underspend against the GM system control total would attract 48p of additional Provider Sustainability Funding for every £1 of underspend.
- 5.7 5 year financial plans have been built on the assumption that there will be no mechanism to access the CCGs cumulative surplus. If we are able to drawdown some of our surplus in 2019/20 through the GM proposal, the financial position of the integrated commissioner will improve on a recurrent basis and the reported gap will reduce.

6 BETTER CARE FUND

- 6.1 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.
- 6.2 **Appendix 2** provides supporting details of the 2018/19 quarter two (1 April 2018 to 30 September 2018) Better Care Fund monitoring statement submitted to NHS England. Guidance recommends that the quarterly monitoring returns are also presented to Health and Wellbeing Board members.

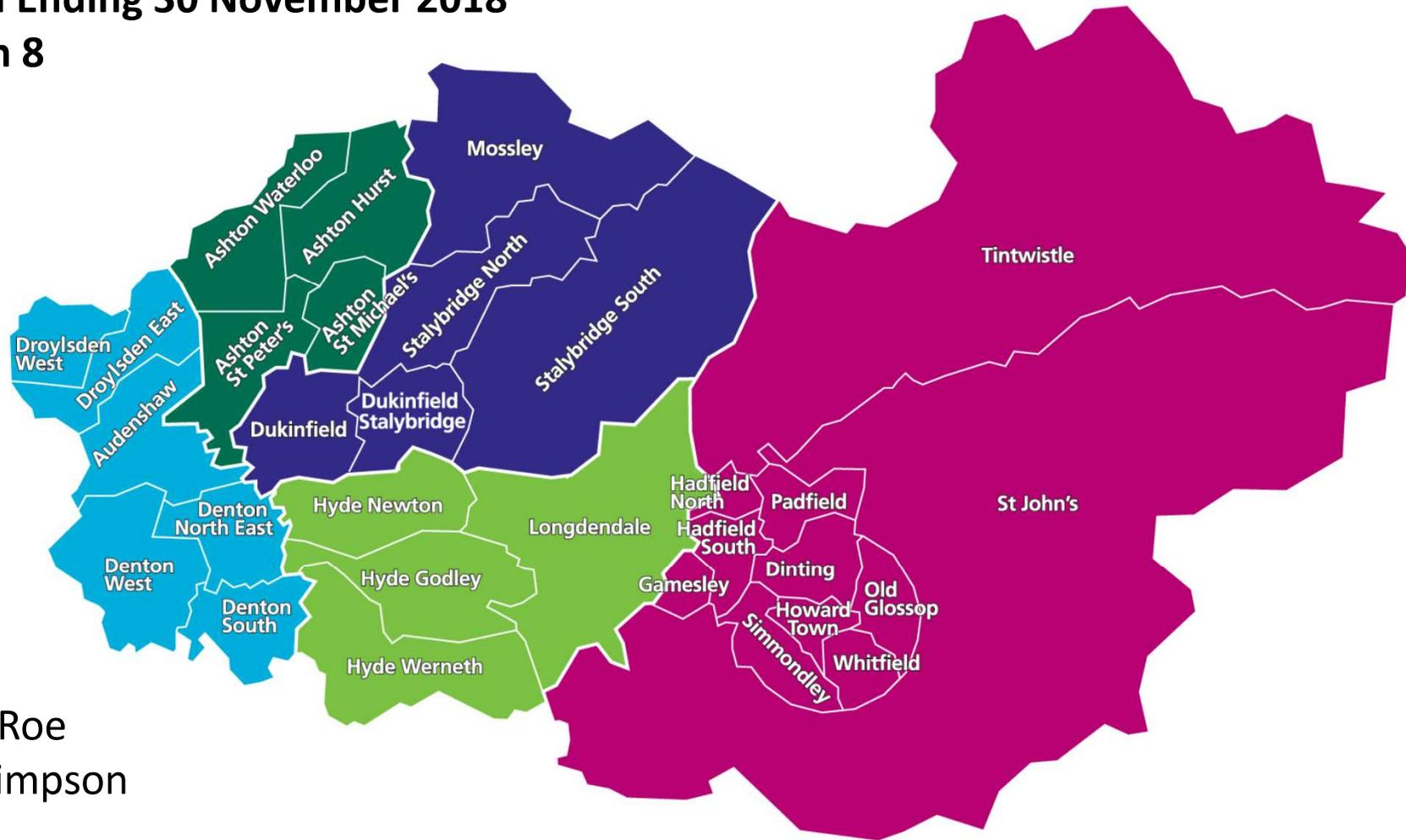
7 RECOMMENDATIONS

- 7.1 As stated on the report cover.

Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 30 November 2018
Month 8



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Kathy Roe
Sam Simpson

Integrated Financial Position Summary Report

Economy Wide Financial Position	3
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Integrated Care Foundation Trust	8
Targeted/Trust Efficiency Plan	9

Tameside & Glossop Integrated Economy Wide Financial Position

£7.3m

Children's Services

Unprecedented levels of demand in Children's Social Care continue and place significant pressures on staff and resources.

Placement costs are the main driver of the forecast £7.3m in excess of approved budget.

Message from the DOFs

****Congratulations**** to Kathy Roe who has won the prestigious HfMA award for Finance Director of the Year. This award is a testament to Kathy's exceptional financial leadership of our ground-breaking integration work here in Tameside & Glossop. This award is a testament to the amazing work of the finance team and wider colleagues.

As we head towards winter, we are feeling fairly comfortable with the economy wide financial position as it continues to improve this month. Whilst we remain optimistic that we have covered most of our risks, there will be elements that will be out of our control such as any unexpected severe weather, which will add additional pressures to our front line services.

Whilst we are confident that we can meet financial control totals and deliver an in-year balanced position, savings delivery for 2018/19 and future years remains a key priority. Financial plans for 2019/20 and beyond are now being refined and savings required next year remain significant.

£0.9m

Strategic Commission Forecast

Overall forecast outturn for the Strategic Commission has improved by £0.9m due mainly to the delivery of further savings. The forecast is now for an overspend of £1m.

This report covers all spend at Tameside & Glossop Clinical Commissioning Group (CCG), Tameside Metropolitan Borough Council (TMBC) and Tameside & Glossop Integrated Care Foundation Trust (ICFT). It does not capture any Local Authority spend from Derbyshire County Council or High Peak Borough Council for the residents of Glossop.

Forecast Position £000's	Forecast Position			Variance	
	Budget	Forecast	Variance	Previous Month	Movement in Month
CCG Expenditure	394,302	394,713	-411	-926	515
TMBC Expenditure	186,514	187,140	-626	-967	341
Integrated Commissioning Fund	580,816	581,853	-1,037	-1,893	856
ICFT - post PSF Agreed Deficit	-19,139	-19,139	0	0	0
Economy Wide In Year Deficit	-19,139	-20,176	-1,037	-1,893	856

Tameside & Glossop Integrated Commissioning Fund

As at 30 November 2018 the Integrated Commissioning Fund is forecasting to spend £581.8m, against an approved budget of £580.8m, an **overspend of £1.0m**, which is an improvement of £0.9m since last month. Whilst we have seen another month of improvement to the integrated commissioning fund, there still remains significant risks within Children's services that has seen another adverse movement of £0.7m due to the significant increase in placements over the past couple of weeks. Whilst we are seeing unrepresented levels of children being placed in care, there is a further risk of an increase over the Christmas period. The improved position from month 7 is due to a combination of savings exceeding expectations and the release of corporate contingency budgets and reduced corporate costs.

Forecast Position £000's	Forecast Position					Net Variance	
	Expenditure Budget	Income Budget	Net Budget	Net Forecast	Net Variance	Previous Month	Movement in Month
Acute	203,804	0	203,804	204,615	-811	-1	-810
Mental Health	32,726	0	32,726	33,415	-689	-672	-16
Primary Care	83,664	0	83,664	83,237	427	286	141
Continuing Care	14,279	0	14,279	16,937	-2,658	-2,766	108
Community	29,913	0	29,913	30,119	-206	-327	122
Other CCG	24,707	0	24,707	20,770	3,936	3,481	456
CCG TEP Shortfall (QIPP)	0	0	0	411	-411	-926	515
CCG Running Costs	5,209	0	5,209	5,209	0	-0	0
Adults	82,653	-42,172	40,480	40,276	204	213	-9
Children's Services	78,173	-28,843	49,330	56,630	-7,300	-6,575	-725
Individual Schools Budgets	116,029	-116,029	0	0	0	0	0
Population Health	16,912	-680	16,232	16,160	72	61	11
Operations and Neighbourhoods	76,306	-25,973	50,333	51,198	-865	-777	-88
Growth	42,614	-34,768	7,846	10,293	-2,447	-2,447	0
Governance	88,619	-79,807	8,813	7,711	1,102	1,102	0
Finance & IT	6,103	-1,550	4,553	4,286	267	231	36
Quality and Safeguarding	367	-288	79	94	-15	0	-15
Capital and Financing	10,998	-1,360	9,638	8,058	1,580	1,580	0
Contingency	4,163	-6,823	-2,660	-7,365	4,705	4,358	347
Corporate Costs	8,726	-6,857	1,870	-201	2,071	1,287	784
Integrated Commissioning Fund	925,965	-345,150	580,816	581,853	-1,037	-1,893	856

Integrated Commissioning Fund – Movements since month 7

£810k Acute

As the RTT issue remains a real concern for the CCG and the impact on the achievement of QPP, the CCG has seen a real increase in the level of activity going through the independent sector providers. This increase and our expectation that we will make some headway towards meeting the national targets has resulted in an increase in the forecast outturn of £498k. Key providers are BMI Healthcare, Spire and Spamedia, in particular with day case surgery and ophthalmology.

Salford Royal FT contract has increased by £94k due to an increase in high costs patients. This has been seen in critical care, neuro and bariatric surgery. In connection with Salford Royal the forecast with the Priory Group has increased by £100k this month to account for a patient due for discharge from critical care but will be admitted into neuro rehab.

Based on the current levels of activity for acute out of area treatment and the trajectory for winter, the forecast has seen an increase of £100k



£725k Children's Services – Social Care

The Council continues to experience extraordinary increases in demand for Children's Social Care Services, placing significant pressures on staff and resources. The number of Looked after Children has gradually increased from 612 at 31 March 2018 to 654 at 30th November 2018. Despite the additional financial investment in the service in 2017/18 and 2018/19, the service is projecting to exceed the approved budget for Third Party Payments by £6.475m; due to the additional placement costs. It should be noted that the 2018/19 placements budget was based on the level of Looked After Children at December 2017 (585); the current level at 30th November is 654; a resulting increase of 69 (11.8%). This should also be considered alongside the current average weekly cost of placements in the independent sector with residential at £4,009 and foster care £786.



Integrated Commissioning Fund – Movements since month 7

£784k Corporate Costs

Corporate Costs budgets include dividend income from the Council's shareholding in Manchester Airport Group. In previous months, the forecast outturn for corporate costs was based on the level of dividend received in the previous year. The Council now has confirmation of the dividend that will be paid in December 2018 which results in total dividend receipts in 2018/19 being £800k in excess of the previous forecast. This additional income will be used to offset overspends in other service areas but is one-off in nature and cannot be guaranteed in future years.



£347k Contingency

The Corporate Contingency budget includes an annual provision for risks and unforeseen costs. Year-end projections for the use of contingency budgets are reviewed and updated each month. The revised forecast at month 8 has released further contingency budget which offsets forecast overspends in other areas..



£515k CCG TEP

The net risk has reduced down from £926k last month to £411k in Month 8. This is an improved position of £515k. Based on our expectations, we anticipate that our net risk will reduce to zero in month 9 with the full achievement of TEP.

One of the key benefits to the TEP position this month is the successful review of prescribing for patients with respiratory which has exceeded expectations.

Additional non-recurrent benefit is due to the achievement of the Quality Premium, which is the highest ever seen in Tameside & Glossop and the success of the Primary Care Access tender which has now gone live sooner than anticipated.

Other benefits have been through the NHS associate contract performance and budget management.



Tameside & Glossop Integrated Commissioning Fund

Forecast Position £000's	YTD Position			Forecast Position			Variance	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	134,978	135,715	-737	203,804	204,615	-811	-1	-810
Mental Health	21,932	22,379	-447	32,726	33,415	-689	-672	-16
Primary Care	55,178	54,826	352	83,664	83,237	427	286	141
Continuing Care	9,270	10,454	-1,184	14,279	16,937	-2,658	-2,766	108
Community	19,941	19,895	46	29,913	30,119	-206	-327	122
Other CCG	20,558	18,601	1,958	24,707	20,770	3,936	3,481	456
CCG TEP Shortfall (QIPP)	0	0	0	0	411	-411	-926	515
CCG Running Costs	2,613	2,600	13	5,209	5,209	0	-0	0
Adults	30,987	31,408	-421	40,480	40,276	204	213	-9
Children's Services	28,886	31,055	-2,168	49,330	56,630	-7,300	-6,575	-725
Population Health	12,321	12,474	-152	16,232	16,160	72	61	11
Operations and Neighbourhoods	33,555	34,598	-1,043	50,333	51,198	-865	-777	-88
Growth	7,231	9,225	-1,995	7,846	10,293	-2,447	-2,447	0
Governance	15,375	14,801	574	8,813	7,711	1,102	1,102	0
Finance & IT	3,036	3,043	-8	4,553	4,286	267	231	36
Quality and Safeguarding	53	-92	144	79	94	-15	0	-15
Capital and Financing	0	1	-1	9,638	8,058	1,580	1,580	0
Contingency	-1,773	-871	-902	-2,660	-7,365	4,705	4,358	347
Corporate Costs	1,246	-262	1,508	1,870	-201	2,071	1,287	784
Integrated Commissioning Fund	395,387	399,850	-4,464	580,816	581,853	-1,037	-1,893	856
CCG Expenditure	264,470	264,470	0	394,302	394,713	-411	-926	515
TMBC Expenditure	130,917	135,380	-4,464	186,514	187,140	-626	-967	341
Integrated Commissioning Fund	395,387	399,850	-4,464	580,816	581,853	-1,037	-1,893	856
ICFT - post PSF Agreed Deficit	-14,755	-14,693	62	-19,139	-19,139	0	0	0
Economy Wide In Year Deficit	-14,755	-19,157	-4,402	-19,139	-20,176	-1,037	-1,893	856

The CCGs net risk at the start of the financial year was £3m, which was a significant challenge against an overall TEP target of £19.8m. To report the net risk of £0.4m at month 8 is a massive achievement, but recognise that there is still the longer term recovery plan to deliver.

Tameside Integrated Care Foundation Trust Financial Position



Tameside and Glossop
Integrated Care
NHS Foundation Trust

SUMMARY

- For the financial period to the **30th November 2018**, the Trust has reported a net deficit of c.£16.2m (Pre PSF), which is c.£0.1m better than plan. The in month position for November reported a £1.6m net deficit, £142k worse than plan.
- The Trust delivered c.£1.6m of savings in month, this is an overachievement against target of c.£331k in month, cumulatively the Trust is reporting an overachievement against plan of c£0.9m
- To date the Trust has spent c.£5.0m on Agency, against a plan of £6.0m; based on this run rate, spend should be within the agency cap of £9.5m.

Financial Performance Metric	Month 8			YTD			Outturn
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000s
Normalised Surplus / (Deficit) Before PSF	-1,455	-1,597	-142	-16,231	-16,169	62	-23,360
Provider Sustainability Fund (PSF)	281	281	0	1,476	1,476	0	4,221
Surplus / (Deficit)	-1,174	-1,316	-142	-14,755	-14,693	62	-19,139
Trust Efficiency Savings	1,316	1,646	331	7,298	8,233	934	13,000
Use of Resources Metric	3	3		3	3		3

KEY RISKS

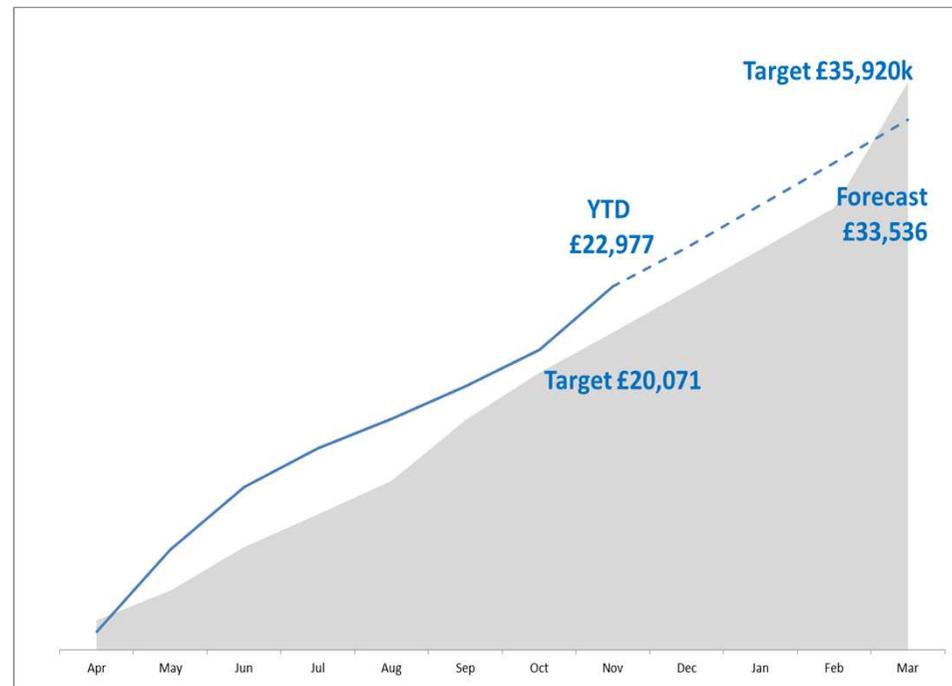
- Control Total** – The Trust now has an agreed control for 2018/19 of **c£19.1m**, this assumes the Trust will be in receipt of the full Provider Sustainability fund.
- Provider Sustainability Fund** - The Trust must achieve its financial plan at the end of each quarter to achieve 70% of the PSF, the remainder is predicated on achievement of the A&E target. If the Trust fail to deliver the financial and/or performance targets it will need to borrow additional cash at 1.5%
- TEP** – The Trust is currently forecasting an underachievement against its in year TEP delivery of **c£0.5m** and recurrently of **c£1.2m**. **Failure of delivering the TEP target will challenge the Trust's ability to deliver its control total.** Work is on-going with Theme groups to progress high risk schemes and hopper ideas to improve this forecast position.

TEP – Targeted/Trust Efficiency Plan

Organisation	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	0	1,126	5,023	13,803	19,952	19,800	19,389	(411)
TMBC	547	280	543	941	2,311	3,119	1,679	(1,440)
Strategic Commissioner	547	1,406	5,566	14,744	22,263	22,919	21,068	(1,851)
ICFT	726	180	4,056	8,233	13,195	13,001	12,469	(533)
Economy Total	1,273	1,586	9,622	22,977	35,458	35,920	33,536	(2,384)

Progress Against Target

- The opening economy wide savings target for 2018/19 is £35,920k:
 - Commissioner £22,919k (£19,800k CCG & £3,119k TMBC)
 - Provider £13,001k
- Against this target, £22,977k of savings have been realised in the first eight months, £2,906k above plan
- Expected savings by the end of the year are £33,536k, a shortfall of £2,384k against target. This is an improvement of £721k on the position reported last month.
- More work is required to identify new schemes and turn red and amber schemes green.
- The scale of the financial gap in future years mean there must be a continued focus on identifying schemes for 2019/20 and beyond.



TEP – Targeted/Trust Efficiency Plan

£1,862k CCG



The expected savings reported last month has improved by £515k. This is largely attributable to prescribing for patients with respiratory conditions which has exceeded expectations and the earlier than anticipated Go-Live date of the new Primary Care access service following the successful tender, along with the QPP achievements. Actual savings achieved in month are in the table opposite.

Theme	Savings Posted
Reverse Demographic Growth	207
GP Prescribing	268
Individualised Commissioning Recovery Plan	46
Associate Provider Demand Management Schemes	250
Running Costs Savings	52
Primary Care Access Service	173
Budget Management	365
Release of reserves	500
TOTAL	1,862

Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
CCG	Emerging Pipeline Schemes	0	0	0	0	0	3,239	0	-3,239
	GP Prescribing	0	615	797	1,695	3,107	2,000	2,800	800
	Individualised Commissioning Recovery Plan	0	0	347	346	693	1,326	693	-633
	Other Established Schemes	0	261	581	2,869	3,711	4,283	3,580	-703
	Tameside ICFT	0	0	827	1,653	2,480	2,480	2,480	0
	Technical Financial Adjustments	0	250	2,471	7,240	9,961	6,472	9,836	3,364
CCG Total		0	1,126	5,023	13,803	19,952	19,800	19,389	-411
TMBC	Adults	318	0	0	379	697	697	411	-286
	Growth	0	25	340	0	365	898	353	-546
	Finance & IT	50	0	0	122	172	172	127	-45
	Governance	129	0	0	25	154	154	38	-116
	Childrens (Learning)	0	0	90	0	90	90	90	0
	Operations & Neighbourhoods	50	255	0	0	305	580	133	-448
	Pop. Health	0	0	113	415	528	528	528	0
TMBC Total		547	280	543	941	2,311	3,119	1,679	-1,440
Strategic Commissioner Total		547	1,406	5,566	14,744	22,263	22,919	21,068	-1,851

TEP – Targeted/Trust Efficiency Plan

£1,647k ICFT



Overall expected savings have improved from the previous month with savings posted in month of £1.6m. The Trust is currently forecasting an underachievement against its in year TEP delivery of c£0.5m and recurrently of c£1.2m. **Failure of delivering the TEP target will challenge the Trust's ability to deliver its control total.** Work is on-going with Theme groups to progress high risk schemes and hopper ideas to improve this forecast position.

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Org	Theme	High Risk	Medium Risk	Low Risk	Savings Posted	Total	Target	Post Bias Expected Saving	Post Bias Variance
ICFT	Community	6	11	195	107	318	363	312	(51)
	Corporate	12	0	207	836	1,054	805	1,043	238
	Demand Management	320	0	302	776	1,398	1,474	1,078	(396)
	Estates	28	6	214	267	514	569	486	(83)
	Finance Improvement Team	80	0	366	1,180	1,626	1,067	1,546	480
	Medical Staffing	3	83	33	166	286	1,103	282	(820)
	Nursing	132	0	274	791	1,198	1,243	1,065	(178)
	Paperlite	27	0	26	72	124	250	97	(153)
	Pharmacy	43	80	430	164	717	450	674	224
	Procurement	76	0	325	96	496	752	420	(331)
	Transformation Schemes	0	0	1,225	2,211	3,436	3,000	3,436	436
	Technical Target	0	0	58	430	488	375	488	113
	Vacancy Factor	0	0	401	1,139	1,539	1,550	1,539	(11)
ICFT Total		726	180	4,056	8,233	13,195	13,001	12,469	(533)

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Better Care Fund Template Q2 2018/19

1. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Tameside
Completed by:	Elaine Richardson
E-mail:	elaine.richardson@nhs.net
Contact number:	07855469931
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
6. iBCF	0



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
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2. National Conditions & s75 Pooled Budget

[^^ Link Back to top](#)

	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? 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
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3. Metrics

[^^ Link Back to top](#)

	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToc Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToc Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToc Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToc Support Needs	G14	Yes

Sheet Complete:	Yes
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4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Reference	Checker
Chg 1 - Early discharge planning Q2 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19	F15	Yes
Chg 5 - Seven-day service Q2 18/19	F16	Yes
Chg 6 - Trusted assessors Q2 18/19	F17	Yes
Chg 7 - Focus on choice Q2 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19	F19	Yes
UEC - Red Bag scheme Q2 18/19	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes
Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes
Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes
UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes
Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes
Sheet Complete:		Yes

5. Narrative[^^ Link Back to top](#)

	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
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6. iBCF[^^ Link Back to top](#)

	Cell Reference	Checker
1. Average amount paid to external providers for home care in 2017/18	C19	Yes
1. Average amount expected to pay external providers for home care in 2018/19	D19	Yes
1. Uplift if rates not known	E19	Yes
2. Average amount paid for external provider care homes without nursing for clients aged 65+ in 17/18	C20	Yes
2. Average expected pay for external provider care homes without nursing clients aged 65+ in 2018/19	D20	Yes
2. Uplift if rates not known	E20	Yes
3. Average amount paid for external provider care homes with nursing for clients aged 65+ in 2017/18	C21	Yes
3. Average expected to pay for external provider care homes with nursing for clients aged 65+ in 18/19	D21	Yes
3. Uplift if rates not known	E21	Yes

Sheet Complete:	Yes
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Agenda Item 7

Report to:	HEALTH AND WELLBEING BOARD
Date:	24 January 2019
Executive Member / Reporting Officer:	Richard Hancock, Director of Children's Services, TMBC Dr Jeanelle de Gruchy, Director of Population Health, TMBC
Subject:	STARTING WELL: IMPROVING SCHOOL READINESS IN TAMESIDE
Report Summary:	School readiness includes the readiness of the individual child, the school's readiness for children, and the ability of the families and communities to support optimal early child development. The presentation gives an update on School Readiness in Tameside which will be a priority of the new Starting Well Board. This will be followed by a workshop style session where there will be an opportunity for Board Members to comment on progress challenges and future strategy to improve school readiness in Tameside.
Recommendations:	Health and Wellbeing Board members are asked to: <ul style="list-style-type: none">• Note the content of the presentation;• Discuss current challenges and contribute to the development the Tameside School Readiness action plan.
Links to Health and Wellbeing Strategy:	Starting Well
Policy Implications:	Health and wellbeing boards should ensure a focus on early intervention, within an overall understanding of a 'lifecourse' approach to provision. The vision of the Health and Wellbeing Board is to make an effective contribution to improving health and wellbeing outcomes and driving the development of healthy policies for children and families in Tameside.
Financial Implications: (Authorised by the Borough Treasurer)	There are no direct financial implications arising from the report as the presentation is for discussion and comment at this stage.
Legal Implications: (Authorised by the Borough Solicitor)	<p>The broad social and economic circumstances that together influence health throughout the life course are known as the 'social determinants of health'. There is a social gradient across many of these determinants that contribute to health with poorer individuals experiencing worse health outcomes than people who are better off.</p> <p>Children growing up in more deprived areas often suffer disadvantages throughout their lives, from educational attainment through to employment prospects, which in turn affect physical and mental wellbeing. Although the percentages of children not ready for school, and young people not in education, employment or training (NEET) have both fallen in recent years, significant inequalities remain.</p>

Income and work are 2 of the most important determinants of health and wellbeing.

Educational attainment is strongly linked with health behaviours and outcomes. More educated individuals are less likely to suffer from long-term diseases and to report themselves in poor health, or suffer from mental disorders such as depression or anxiety. It is one of the key milestones for wellbeing through the life course and can impact on many outcomes in later life including, quality of work, future earnings, involvement in crime, morbidity, and death.

Children are assessed for their 'school-readiness' upon completion of the Reception Year in school, at around 5 years of age. To achieve a 'good level of development' a child should have reached the expected level in early learning goals around communication and language, physical development, and personal, social and emotional development. For example paying attention, listening to stories, using the toilet, dressing themselves, and they should have started to read, write and do simple sums.

If we are to increase the prosperity of the Borough and significantly reduce the demand for expensive intervention services this should be a top priority focus area. Whilst any improvement will not enable the Council to address immediate budget issues it should impact significantly on the economy within the medium to long term.

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 Tim Bowman, Assistant Director Education or Debbie Watson Assistant Director Population Health:



Telephone: 0161 342 3358



e-mail: tim.bowmna@tameside.gov.uk

debbie.watson@tameside.gov.uk

STARTING WELL: IMPROVING SCHOOL READINESS IN TAMESIDE

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Richard Hancock, Director of Children's
Services

Tim Bowman, Asst Director of Education

Debbie Watson, Asst Director of Population
Health

All children in GM are school ready

*The proportion of children with a ‘**good level of development**’ at the end of reception will be at least the national average across all of Greater Manchester within the next five years*

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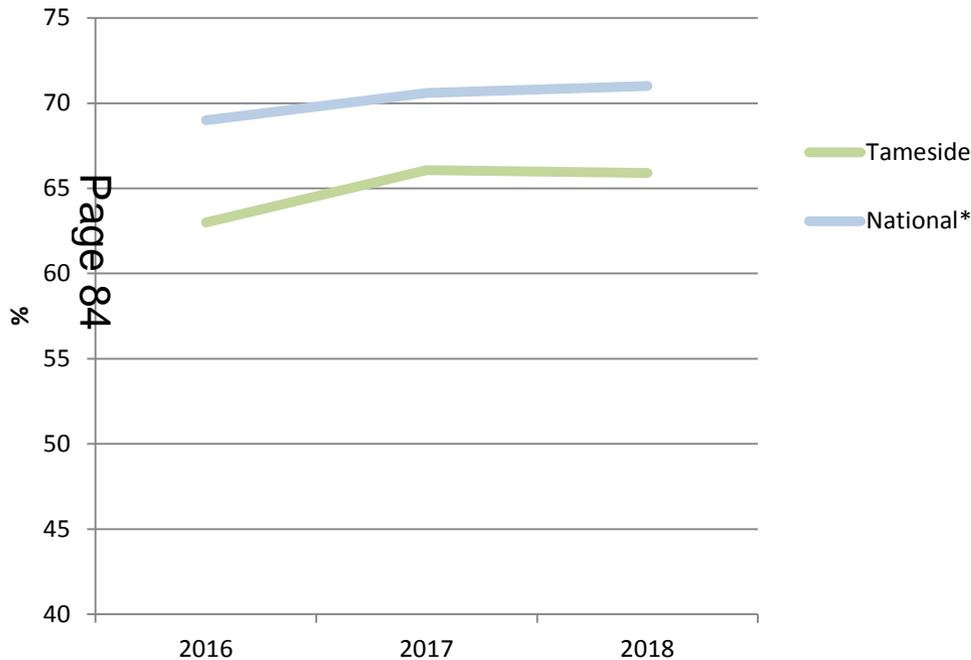
Early Years Foundation Stage – Good Level of Development

Since 2013, children will be defined as having reached a Good Level of Development at the end of the EYFS if they achieve at least the expected level in:

- Page 83
- the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and;
 - the early learning goals in the specific areas of mathematics and literacy.

Tameside 2018 unvalidated data – data subject to change

EYFS - % pupils achieving GLD



66% of pupils achieved a good level of development (GLD) in 2018 – the same as 2017. This is the first year since the revised EYFS profile was first assessed in 2013 that the percentage of pupils achieving a GLD has not increased in the borough.

The national average in 2018 has provisionally remained the same as 2017 – 71%.

How do we compare to other LAs?

% achieving a 'Good level of development'

LA No.	Local Authority	2013	2014	2015	2016	2017	2018	+ / -
889	Blackburn with Darwen	40	47	56	63	66	67	1 ↑
890	Blackpool	52	54	61	65	67	68	1 ↑
350	Bolton	48	54	61	65	66	67	1 ↑
351	Bury	51	56	66	69	69	71	2 ↑
895	Cheshire East	56	62	68	71	72	73	1 ↑
896	Cheshire West and Chester	52	61	69	71	71	72	1 ↑
909	Cumbria	50	59	63	65	69	70	2 ↑
876	Halton	37	46	55	62	61	64	4 ↑
340	Knowsley	55	60	60	66	67	68	1 ↑
888	Lancashire	59	63	68	69	69	69	0 →
341	Liverpool	51	54	57	60	62	66	4 ↑
352	Manchester	47	53	61	64	66	67	1 →
353	Oldham	41	52	57	61	64	64	0 →
354	Rochdale	42	50	57	63	64	66	2 ↑
355	Salford	53	57	61	65	68	67	0 →
343	Sefton	51	58	66	70	70	71	1 →
342	St. Helens	57	62	64	66	67	69	2 ↑
356	Stockport	54	62	68	70	72	70	-2 ↓
357	Tameside	42	52	58	63	66	66	0 →
358	Trafford	61	69	73	74	73	75	2 ↑
877	Warrington	45	60	68	72	71	73	2 ↑
359	Wigan	38	55	64	67	69	69	-1 →
344	Wirral	47	63	70	70	69	70	1 ↑
England		52	60	66	69	71	71	1 →
North West		50	58	64	67	68	69	1 →

Tameside is 19th in the North West alongside Liverpool and Rochdale. The borough was 18th in 2017.

Only Oldham and Halton have a lower percentage of pupils achieving a GLD in the NW.

Developing the Neighbourhood Model

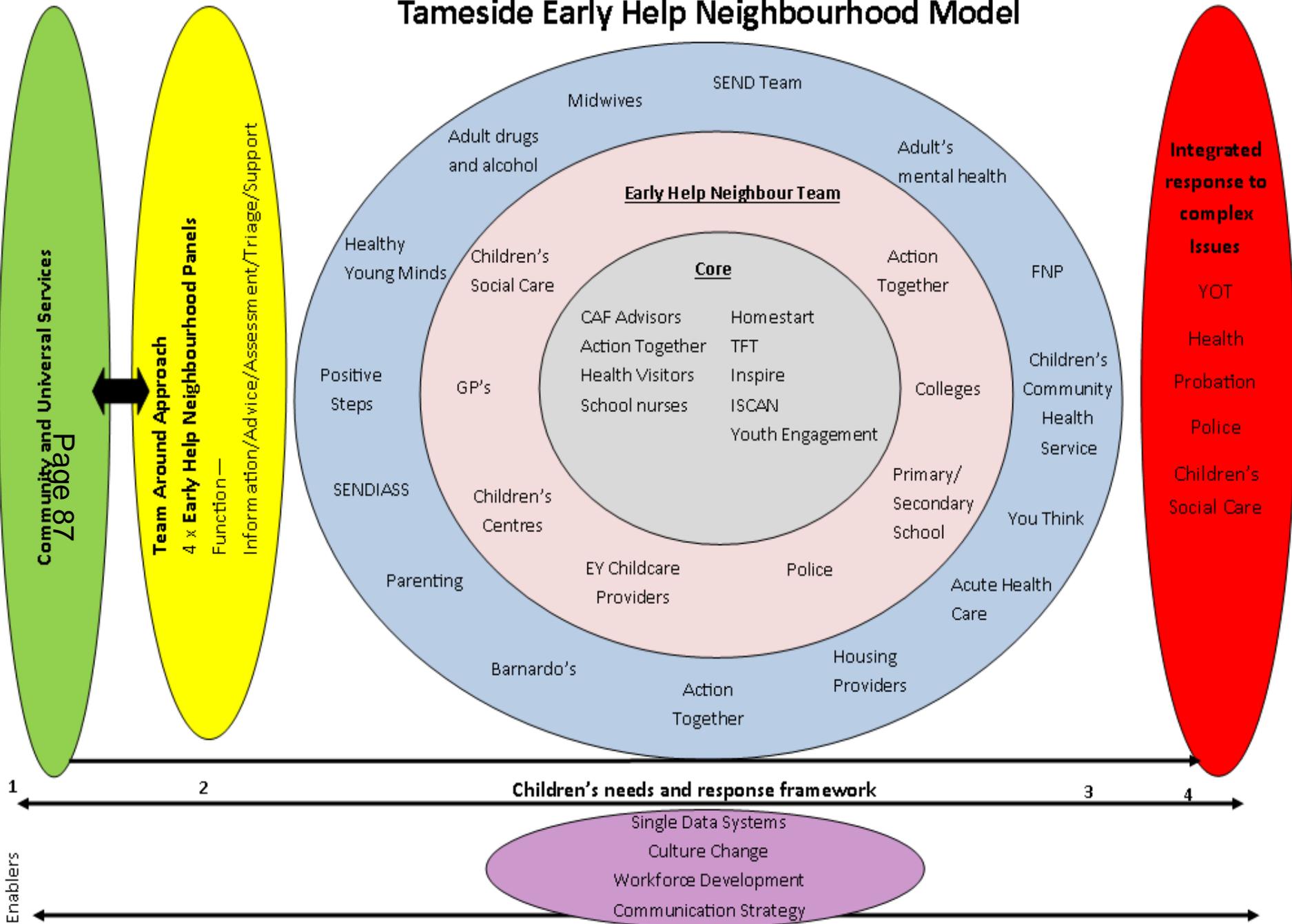
Tameside Early Help Strategy 2017 - 2020

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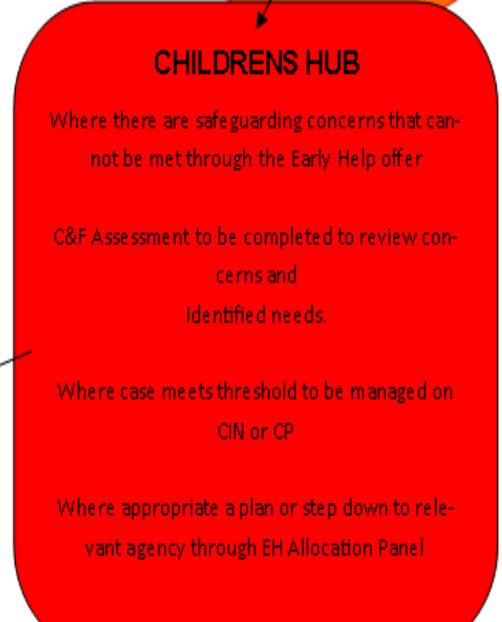
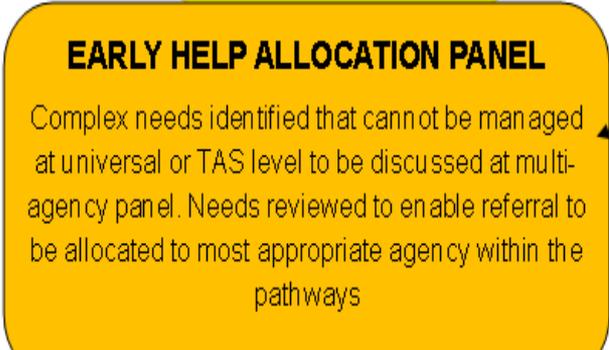
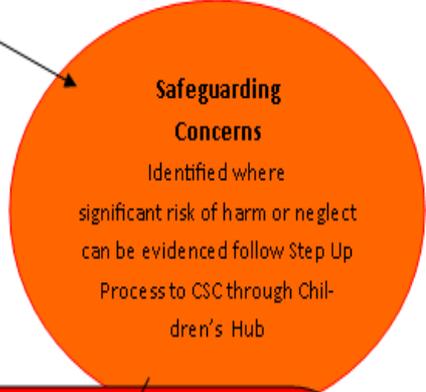
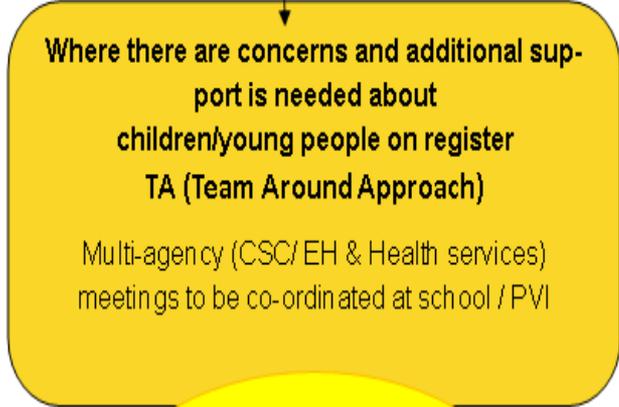
Smarter,
Stronger,
Sooner,
Safer



Tameside Early Help Neighbourhood Model



Early Help Neighbourhood Offer



What does not achieving a GLD tell us?

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Pupils that do not achieve a GLD – future indications

Pupils who do not achieve a GLD, particularly those who do not achieve expected in literacy and numeracy, are at risk of not being at the expected standard in reading, writing and maths at the end of key stage 1.

In addition, not achieving a GLD could potentially provide an indication of future cohorts of PRS pupils or pupils who may be at risk of exclusion. At present:

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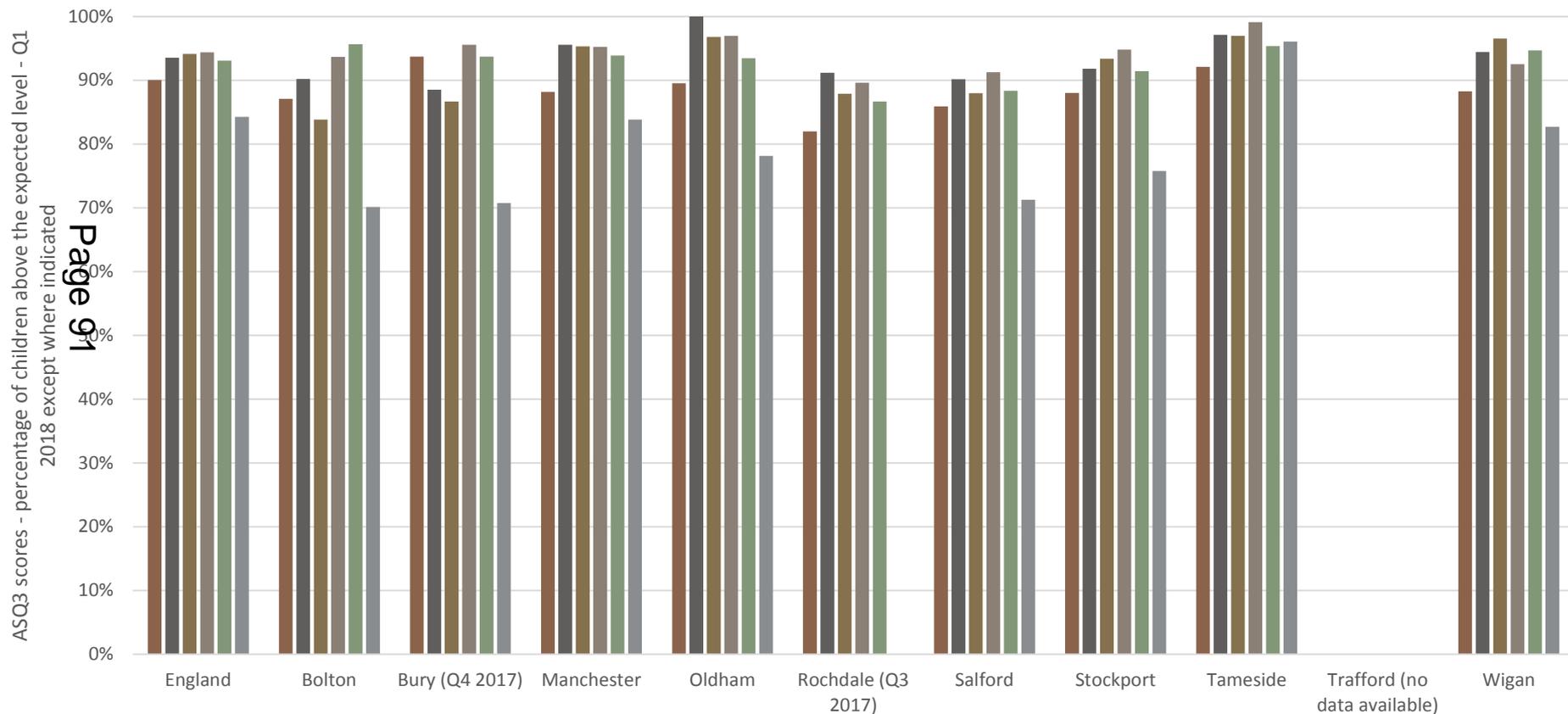
Of the 14 pupils currently on roll (Summer Census) in the Tameside PRS who are primary school age, only 2 achieved a good level of development*

- Of the 19 pupils permanently excluded from a primary school this academic year, only 6 achieved a good level of development*

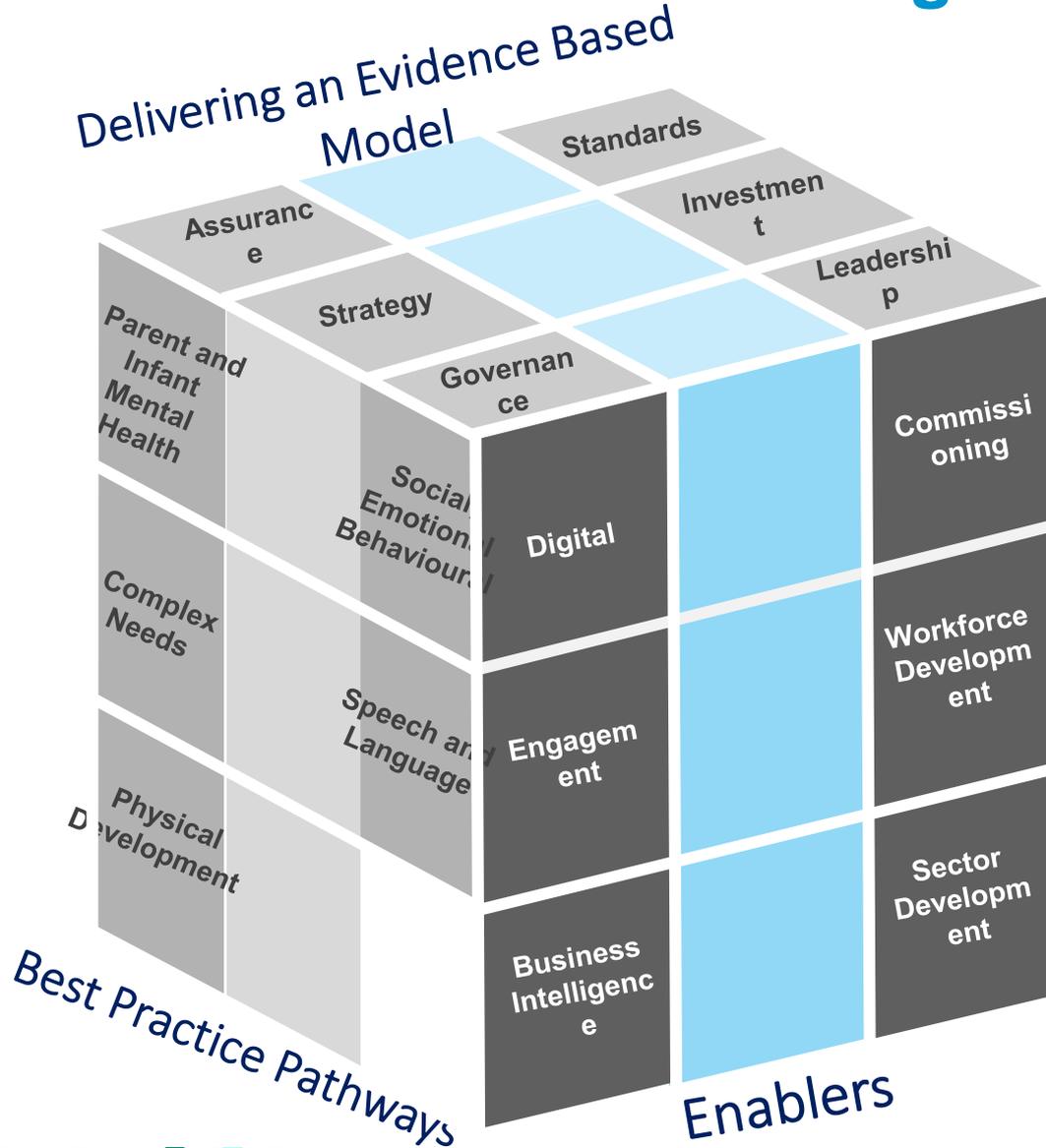
*
old and new profile

Performance on the 2-2.5 year old ASQ assessment is broadly in line with the national average

Percentage of children above expected level for each of 5 elements



GM Themes and Programmes



What else do we know?

- ASQ data tells a different story
- Ofsted outcomes are good (Does this mean that learning is good?)
- Take up of FEL is good (is attendance good? Is engagement good?)
- Health outcomes – mirror these learning outcomes?
- Earliest identification of need is not good enough?
- And neither is the plan, do, review cycle quick enough...

Some thoughts...

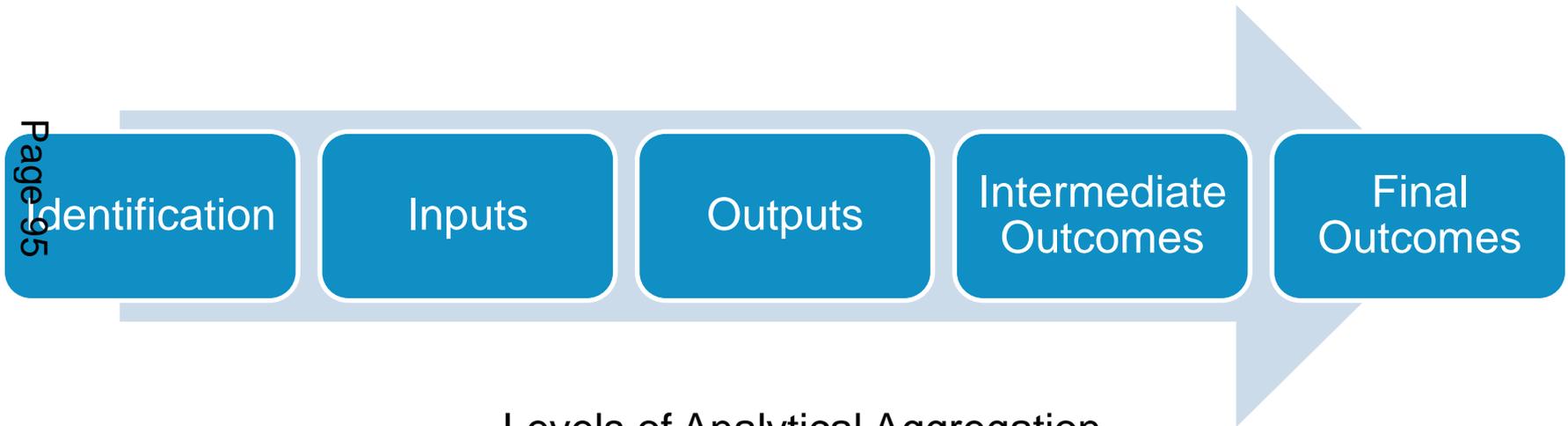
- School Readiness is critical BUT it is not final
- Home learning environment has a GREATER impact than deprivation on outcomes
- Speech, Language and Communication skills are the KEY to accessing the curriculum in Y1 (and on....)
- New workforce model is in place (very new)
- The GM role is “ill defined”

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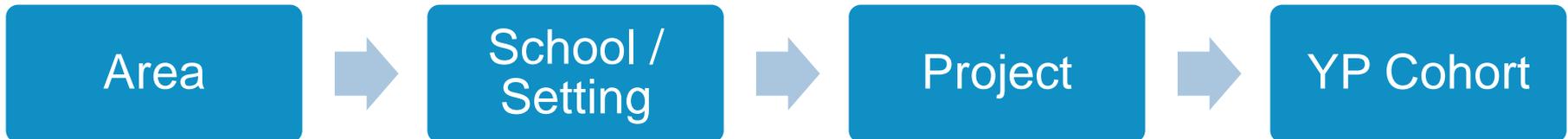
Theory of Change Model



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Levels of Analytical Aggregation



The problem...

Too few four and five year olds reach the expected standard in the Early Years Foundation stage, communication and language skills although improved are still not good enough. Progression in to KS1 and beyond is not rapid and reading skills continue to lag behind their national peers throughout the primary phase.

Inputs

Outputs

Intermediate Outcomes

Improvements to at least national averages at the end of EYFS (GLD)

Improvements to at least national averages for KS1 Phonics

Targeted interventions are robustly monitored and are supporting young people who are not reaching age related expectations for reading to catch up

Improvements in KS2 Reading, Writing and Maths to at least national averages

Progression into KS3 is rapid. Young people have the reading skills required to learn

Defining, prioritising and implementing our response

What Change is required?

Better and more integrated data analysis

Priority focus on SLCN is influencing resource priority, commissioning and service design

Workforce better equipped to support good learning

Better assessment of need, higher quality planning and speedier access to targeted and specialist support

Deeper understanding of school readiness for all children (what does this mean in Tameside)

How will we do it?

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Discussion Paper jointly produced by CLT is discussed and agreed with all partners. EY delivery team in place

EY “delivery team” in place with action plan agreed and resources in place to implement

Discreet targeted interventions to improve SLC outcomes in EYFS are commissioned

Single data view agreed, with neighbourhood, cohort, school/setting level analysis completed

Cohorts to be targeted for support at area, school, cohort and child level are agreed

Workforce and quality audit completed – will review qualification levels, CPD offer, practitioner confidence and quality of T&L

Reflections – From the GM evaluation and impact T&F group

If we are going to affect an improvement in this key measure (GLD) we need:

More Impatience

- Our targeting must be better
- Although we must aim for the best; good enough is good enough. Let's not wait for the perfect model or evidence base to get started

More Intelligence

- In our joint working
- In matching targets to interventions
- In longitudinal research

More Confidence

- To focus on excellent practice and trust that improved outcomes will follow
- To focus on the highest quality early years experiences
- In practitioners
- To move beyond a binary understanding of school readiness – the EYFSP GLD is not the only measure

Questions for discussion

- What does school readiness mean to you?
- How well (actually) are we doing?
- Do we know enough about the quality of practice?
- Are we supporting parents well enough?
- Do families understand how critical their influence is?
- Are we all trying to achieve the same outcomes?

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Agenda Item 8

Report to:	HEALTH AND WELLBEING BOARD
Date:	24 January 2019
Executive Member / Reporting Officer:	Jeanelle De Gruchy, Director of Population Health
Subject:	HEALTH AND WELLBEING FORWARD PLAN 2018/19
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 2018/19.
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, Interim Assistant Director of Population Health by:  Telephone:0161 342 3358  e-mail: debbie.watson@tameside.gov.uk

TAMESIDE HEALTH AND WELLBEING BOARD FORWARD PLAN 2018/19

	Strategy / policy and Board process	Priorities and performance	Integration	Other
24 January 2019	<ul style="list-style-type: none"> Tameside Safeguarding Children Annual Report 	<ul style="list-style-type: none"> Starting Well Update – School Readiness PACT Sign Up 	<ul style="list-style-type: none"> Care Together 2018/19 Monitoring Statement Q2 	<ul style="list-style-type: none"> Forward Plan
7 March 2019	<ul style="list-style-type: none"> Tameside Adult Safeguarding Partnership Annual Report Substance Misuse Peer Review 	<ul style="list-style-type: none"> Living Well Update 	<ul style="list-style-type: none"> Care Together 2018/19 Monitoring Statement Q3 	<ul style="list-style-type: none"> Forward Plan
NOTE: AGENDA ITEMS ARE SUBJECT TO CHANGE				
	Items to include: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> JHWS Performance monitoring (outcomes) JSNA updates PH annual report HWB performance 	Items to include: <ul style="list-style-type: none"> Regular public service reform updates Integrated Commissioning Programme – Care Together Partner member business planning updates (including CCG operating plan) 	Items to include: <ul style="list-style-type: none"> Forward Plan Consultation on key issues and developments