

HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 7 March 2019
Time: 10.00 am
Place: The Heginbottom Room, Tameside One Building, Ashton-under-Lyne

Item No.	AGENDA	Page No
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GENERAL BUSINESS

- 1. **APOLOGIES FOR ABSENCE**
To receive any apologies for absence.
- 2. **DECLARATIONS OF INTEREST**
To receive any declarations of interest from Members of Health and Wellbeing Board.
- 3. **MINUTES** 1 - 4
To receive the Minutes of the meeting of the Health and Wellbeing Board held on 24 January 2019.

ITEMS FOR DISCUSSION / DECISION

- 4. **TAMESIDE ADULT SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2017/18** 5 - 34
To consider the attached report of the Independent Chair of Tameside Adult Safeguarding Partnership Board.
- 5. **BETTER CARE FUND - 2018/19 QUARTER 3 MONITORING REPORT** 35 - 42
To consider the attached report of the Director of Finance.
- 6. **CHILDREN'S EMOTIONAL HEALTH AND WELL-BEING LOCAL TRANSFORMATION PLAN** 43 - 70
To consider the attached report of the Interim Director of Commissioning.
- 7. **TOUR OF TAMESIDE 2019** 71 - 82
To consider the attached report of the Assistant Director of Population Health.

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

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8.	<p>LIVING WELL: INCREASING PHYSICAL ACTIVITY IN TAMESIDE</p> <p>To consider the attached report of the Director of Population Health.</p>	83 - 104
<i>ITEMS FOR INFORMATION</i>		
9.	<p>HEALTH AND WELLBEING BOARD FORWARD PLAN 2019/20</p> <p>To consider the attached report of the Director of Population Health.</p>	105 - 108
10.	<p>URGENT ITEMS</p> <p>To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.</p>	
11.	<p>DATE OF NEXT MEETING</p> <p>To note that the next meeting of the Health and Wellbeing Board will be held on Thursday 27 June 2019.</p>	

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.

HEALTH AND WELLBEING BOARD

24 January 2019

Commenced: 10.00 am

Terminated: 11.50 am

Present:

Councillor Warrington (Chair) – Executive Leader
Councillor Cartey – Assistant Executive Member
Steven Pleasant – Chief Executive Tameside MBC and Accountable Officer for Tameside and Glossop CCG
Dr Alan Dow – Chair Clinical Commissioning Group
David Swift – CCG Governing Body Member
Jane Higham – Greater Manchester Police
Phil Nelson – Greater Manchester Fire and Rescue Service
Richard Hancock – Director of Children’s Services
Andrew Searle – Independent Chair, Tameside Adult Safeguarding Board
Sarah Berne – Active Tameside
Trish Kavanagh – Tameside and Glossop ICFT
Liz Windsor-Welsh – Chief Executive, Action Together

In Attendance:

Tom Wilkinson – Assistant Director (Finance)
Anna Moloney – Consultant in Public Health
Debbie Watson – Interim Assistant Director (Population Health)

Apologies for Absence:

Councillors Cooney and Ryan – Tameside MBC
Tony Powell – Jigsaw Group

25 DECLARATIONS OF INTEREST

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

26 MINUTES

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

27 PACT: SIGN UP

The Chief Executive, Action Together, reminded Members that the PACT agreement had been signed off by the Tameside Health and Wellbeing Board at its meeting in June 2018. The PACT outlined a new working relationship between communities and the voluntary, community, faith and social enterprise sectors with public sector services. The Agreement would build on the strong foundations within neighbourhoods, within communities of geography and identity in Tameside recognising the enormous potential to be harnessed.

The PACT contained three main principles detailed in the report: involving community groups and charities in advising and delivering services; better communication to build genuine partnership working; and working together to secure investment. It described giving local people a meaningful opportunity to be involved in decision making and setting priorities.

The Chair stated that partnership working was vital in building a better future and she was delighted to see organisations coming together to harness all our assets to improve the way we worked together to achieve even better outcomes.

The Chair then invited Members of the Board, representing organisations from across the Borough to sign the PACT. These included Tameside MBC, Action Together, Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Greater Manchester Police, Active Tameside, Jigsaw Homes and Greater Manchester Fire and Rescue Service, plus members of the Voluntary Sector Influencers Group (VSIG) such as Diversity Matters NW, MIND, Emmaus and others to sign the PACT.

RESOLVED

That the content of the report be noted and the new PACT agreement be formally signed by the Health and Wellbeing Board.

28 TAMESIDE CHILDREN'S SAFEGUARDING BOARD

Consideration was given to the report of the Independent Chair, Tameside Safeguarding Children Board providing an overview of the partnership's safeguarding activity against its 2017/18 priorities. It identified particular areas of vulnerability or weakness and details of the strategic priorities and actions for 2018/19.

It had been a challenging year for the Tameside Safeguarding Children Board with the requirement to progress improvements identified through the 2017/18 Ofsted Inspection. These challenges continued into 2018/19 as the Board supported the improvement journey in Tameside and moved to the new Safeguarding Arrangements determined in Working Together 2018.

Changes were put in place in the last quarter of 2017/18 to review and refresh the business processes that underpinned the work of the Board including sub-group report to the Board, reframing the agenda to ensure that strategic developments and assurances were seen as key functions, and starting each meeting with a presentation from partners on how they captured the voice of the child and the changes they were making.

RESOLVED

That the content of the Tameside Safeguarding Children Board Annual Report 2017/19 be noted.

29 TAMESIDE HEALTH AND WELLBEING BOARD 2018/19 BETTER CARE FUND MONITORING REPORT – PERIOD ENDING 30 NOVEMBER 2018

Consideration was given to a report of the Director of Finance providing 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 including details of the Integrated Commissioning Fund for all Council services and the Clinical Commissioning Group. The total net revenue budget value of the Integrated Commissioning Fund was currently £580.816 million, against an approved budget of £580 million, an overspend of £1.0 million. The report also provided details of the financial position of the Tameside and Glossop Integrated Care Foundation Trust.

Reference was made to the supporting details for the whole economy provided in Appendix 1 to the report.

It was further reported that heading towards winter the Director of Finance remained optimistic that risks had been identified and covered, but there would be elements such as unexpected severe weather that would add additional pressures to front line services.

The report also provided details of the Tameside Health and Wellbeing Board Better Care Fund 2018/19 monitoring report for the period ending 30 September 2018 attached as Appendix 2.

The Director of Finance was confident that the economy could meet its financial control totals and deliver an in-year balanced position, although savings delivery for 2018/19 and future years remained a key priority. Financial plans for 2019/20 and beyond were now being refined and the savings required next year remained significant.

RESOLVED

- (i) That the significant level of savings required during 2018/19 to deliver a balanced recurrent economy budget together with the related risks contributing to the overall adverse forecast be acknowledged.**
- (ii) That the significant cost pressures facing the Strategic Commission, particularly in respect of Continuing Healthcare, Children's Social Care and Growth be acknowledged.**
- (iii) That the 2018/19 Better Care Fund monitoring report for the period ending 30 September 2018 be noted.**

30 STARTING WELL: SCHOOL READINESS

Consideration was given to a report and accompanying presentation of the Director of Children's Services and Director of Population Health. It was explained that school readiness included 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 provided an update on School Readiness in Tameside which would be a priority for the new Starting Well Board.

It was reported that since 2013 children would be defined as having reached a Good Level of Development at the end of the Early Years Foundation stage if they achieved at least the expected level in the early learning goals in the prime areas of learning and in the specific areas of mathematics and literacy. The Tameside 2018 data indicated that 66% of pupils achieved a Good Level of Development in 2018, the same as 2017. This was the first year since the revised Early Years Foundation Stage profile was first assessed in 2013 that the percentage of pupils achieving a Good Level of Development had not increased in the Borough. The national average in 2018 had provisionally remained the same as 2017 – 71%. In comparison with other local authorities, Tameside was 19th in the North West alongside Liverpool and Rochdale. The borough was 18th in 2017. Only Oldham and Halton had a lower percentage of pupils achieving a Good Level of Development in the North West.

Reference was made to the Early Years Strategy Group established six years ago implementing the Greater Manchester Early Years Development Model and strengthening partnership work over the last 18 months in early intervention and early help for families. A Tameside Early Help Neighbourhood Model was being developed and the children's needs and response framework outlined.

It was reported that pupils not achieving a Good Level of Development, particularly those who did not achieve expected in literacy and numeracy were 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 Good Level of Development could potentially provide an indication of future cohorts of Pupil Referral Service pupils or pupils who could be at risk of exclusion. Of the 14 pupils currently on roll in the Tameside Pupil Referral Service who were 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.

Members of the Board discussed defining, prioritising and implementing a response and what change was required, how would this be undertaken. It was felt that more intelligence was required in joint working, longitudinal research and matching targets to interventions. More confidence was

required to focus on excellent practice and highest quality early years experience and trust that improved outcomes would follow. It would also be necessary to move beyond a binary understanding of school readiness as the Early Years Foundation Good Level of Development was not the only measure.

RESOLVED

That the content of the presentation and discussion be noted.

31 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.



32 URGENT ITEMS

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

33 DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Wellbeing Board would take place on Thursday 7 March 2019.

Agenda Item 4

Report to :	HEALTH AND WELLBEING BOARD
Date :	7 March 2019
Reporting Officer:	Andrew Searle – Independent Chair of Tameside Adult Safeguarding Partnership Board
Subject :	TAMESIDE ADULT SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2017/18
Report Summary :	This report sets out the activity and strategic work plan of the Safeguarding Board in Tameside and its partner organisations and agencies
Recommendations :	That the Health and Wellbeing Board receive the annual report of the Tameside Adults Safeguarding Partnership Board
Links to Health and Wellbeing Strategy :	Safeguarding vulnerable adults is a fundamentally important issue throughout the Health and Wellbeing Strategy.
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications arising from this report.
Legal Implications: (Authorised by the Borough Solicitor)	The report highlights the strategic direction of the Safeguarding Board and its partners. It is in line with the duties and responsibilities set out in the Care Act 2014. There is a statutory duty for the Safeguarding Board to produce an annual report setting out the work of the Board to improve the outcomes for Adults at risk of abuse.
Policy Implications :	In compliance with existing policies.
Risk Management :	The Safeguarding Board is required to produce an annual report and would be in breach of the legislative requirement if it failed to do so.
Access to Information :	The background papers relating to this report can be inspected by contacting Pam Gough, Safeguarding Adults Co-ordinator, by:  Telephone:0161 342 5229  e-mail: pam.gough@tameside.gov.uk

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Tameside Adults Safeguarding Partnership Board (TASPB)

Annual Report 2017/18



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Foreword

Once again I am pleased to introduce and welcome all readers to the Annual Report of Tameside Adult Safeguarding Partnership Board for 2017/18. It is a statutory duty that we produce this report and we welcome the opportunity to evidence the Boards work and that of our partners surrounding the Safeguarding of adults within Tameside.

The Board is a statutory requirement of Local Authorities but is not a Local Authority Board it is a true partnership Board made up from the 3 statutory organisations the Local Authority, Health (Clinical Commissioning Group) and Police. Here in Tameside we involve other partners ensuring we engage with others who are involved in safeguarding. We have in place jointly agreed Policies and Procedures which give staff guidance and we believe if, they are considered along with professional judgement they do provide a sound platform to tackle the safeguarding of adults with care and support needs.

As the Independent Chair I give the assurance that the work carried out by the Board and partners is I believe fit for purpose. Hopefully this report will give you an insight to the work carried out during the past 12 months and our aims for the future.

Through a collaborative partnership approach we tackle incidents of abuse and neglect by raising awareness and when reported address the issues as soon as possible. It is, sadly a reality that such incidents do occur and hopefully as you read, you will see how we attempt to minimise the effects and offer solutions to individuals caught up in these awful situations. We use the term "Making Safeguarding Personal", we don't impose solutions on others, we engage with them directly or through advocacy. Any safeguarding enquiry undertaken takes account of the wishes and desired outcomes of the individuals from an early stage and are reviewed on conclusion.

We include in the report a small amount of data and activity information giving a flavour of the work carried out but I wish to say this does not give a full picture of how busy those involved in adult safeguarding are. Early actions and early interventions often prevent incidents escalating and not all safeguarding concerns require a full investigation. We have guidance tools in place to help staff make consistent decisions in order that a proportionate response is given.

The integration of Health and Social Care continues here in Tameside, the right care at the right time in the right place being the aim; this mirrors the approach of our Partnership Board. We recognise that we have to work together and look at the whole picture. We need to look at long term solutions to problems. I'm pleased to say we do have a vision and my role as Independent Chair is to hold all partners to account and encourage the joint work. The last line of this introduction says it all.

Hopefully you will find this report informative and of interest.

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



Andy Searle
Independent Chair

PS. please remember

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

Introduction

Tameside Adult Safeguarding Partnership Board is a multi-agency group which assure itself that local safeguarding arrangements and partners act to support and protect adults in Tameside who meet the criteria as defined in The Care Act 2014:-

Safeguarding duties apply to an adult who:-

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

TASPB have continued to deliver a robust Safeguarding Adult Framework in Tameside during 17/18. Partnership working is fundamental to the success of this work and the Partners represented at the Board are:-

The statutory agencies represented at the Board are:-

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

Partner Organisations of the Board

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

Elected Members of the Board

- Councillor Brenda Warrington
- Councillor Ged Cooney

To respond to the TASPB Strategy 2016 -19 and Annual Plan, the six principles as defined in the Care Act are discussed in this report:-

Empowerment

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

Prevention

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

Proportionality

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

Protection

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

Partnership

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

Accountability

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

TASPB annual report 2017/18 reviews the Adult Safeguarding Board activity during the last 12 months. The report reflects on the Boards Achievements working in Partnership and confirms TASPB agreed priorities for 18/19.

Safeguarding Adult Activity in Tameside

This section of the report discusses the Safeguarding Activity in Tameside and the response taken, this could be in the form of a safeguarding concern which is a sign of suspected abuse or neglect or the safeguarding concern could lead to an enquiry in which further action is taken to respond to a concern.

There are two types of enquiry one where the Adult meets all the Safeguarding criteria:-

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

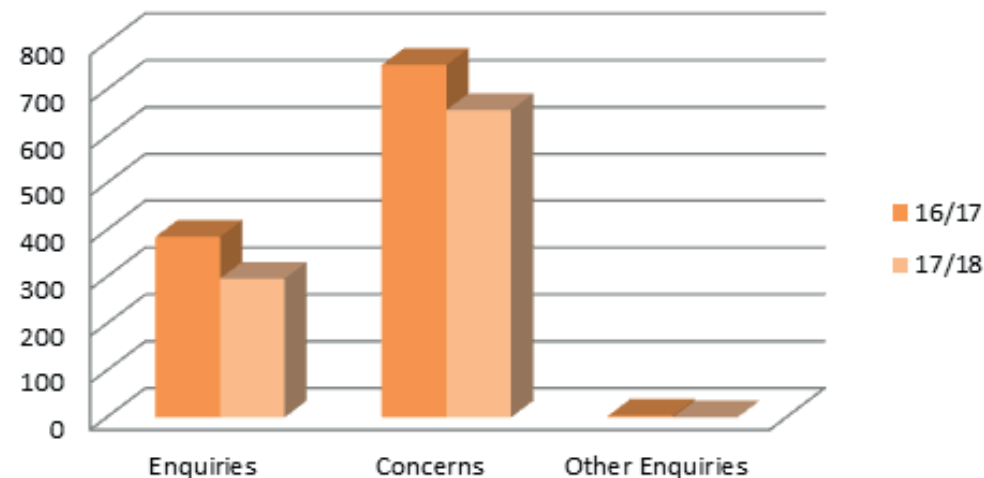
This is a Section 42 Enquiry.

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

Adults who are at risk of abuse or experiencing abuse may also choose to approach other agencies for support and may choose not to receive support via the TASPb Safeguarding Adult framework. This reflects the Making Safeguarding Personal Approach to Adult Safeguarding, discussed later in the report.

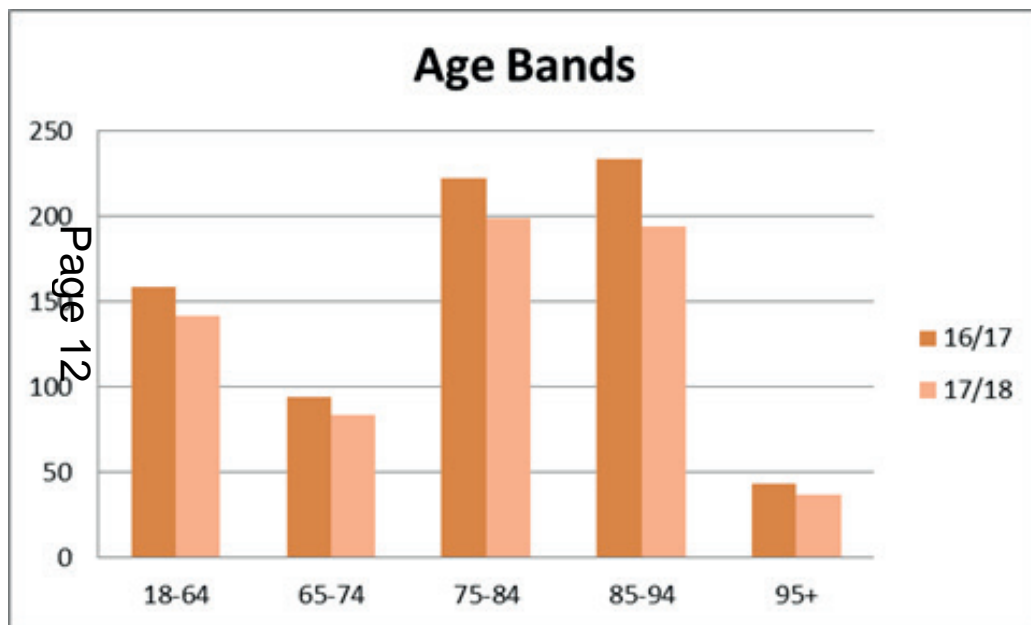
The total number of safeguarding concerns raised for individuals during 17/18 is 656. To put this into perspective this equates to 0.03% of the adult population in Tameside.

Safeguarding Activity



The total number of concerns that progressed to an enquiry for individuals during this period is 296. In comparison to 2016/17 the numbers of concerns have reduced by 12% and the number of enquiries by 23%. This is as a result of TASPb preliminary work during 17/18 to educate staff regarding a proportionate, appropriate response to safeguarding in response to the Care Act. It was an expectation that this work would begin to influence practice and result in a reduction of section 42 enquiries and concerns.

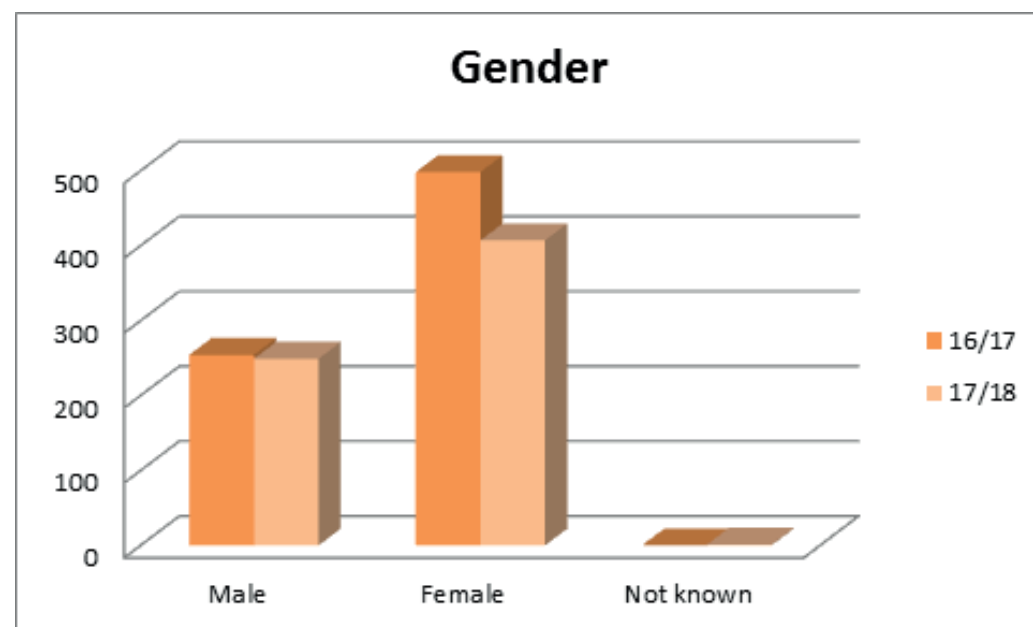
The 75-94 age bands have had the largest decrease. It's thought that this is due to the reduction in enquiries in care homes during 17/18. It is understood during 16/17 that the Care Quality Commission (CQC) inspections in the area had increased and as a consequence of the approach this had an impact on the number of safeguarding enquiries raised during this period.



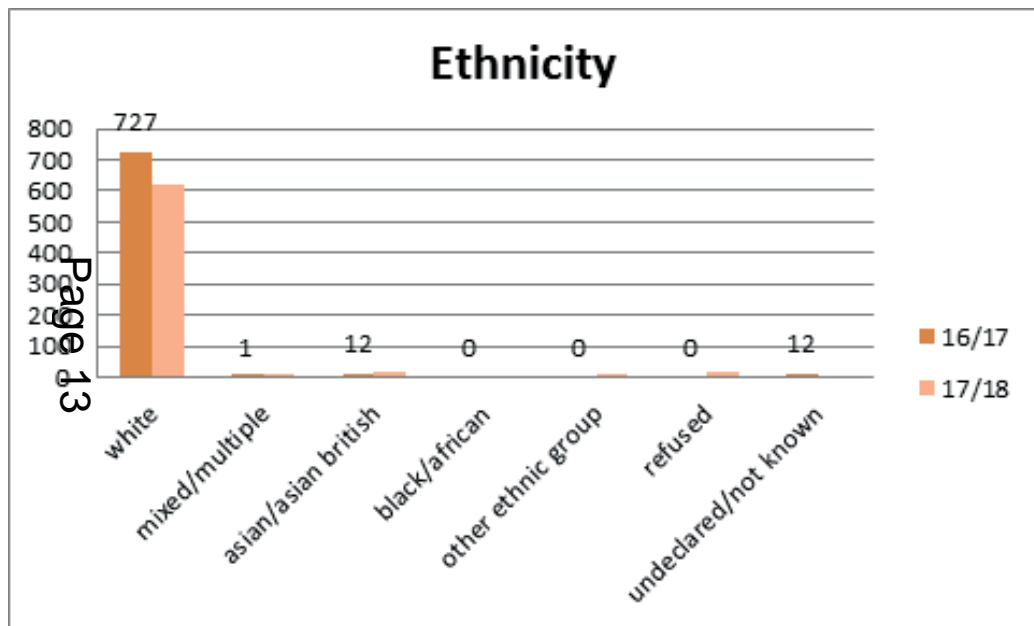
The numbers of concerns that have progressed to an enquiry have decreased during 17/18, compared to 16/17. This is again thought to be due to the reduction of enquiries in care homes. It is also thought that this decrease has been influenced by TASP initial work to encourage a proportionate response demonstrating a Making Safeguarding Personal approach.

There have been no 'other' (non-stat) safeguarding enquiries recorded this financial year. During 16/17 there were 3 'other' safeguarding enquiries.

As in previous years there are more concerns and enquiries for females than males. There is no evidence to indicate trends that females are more at risk than males.



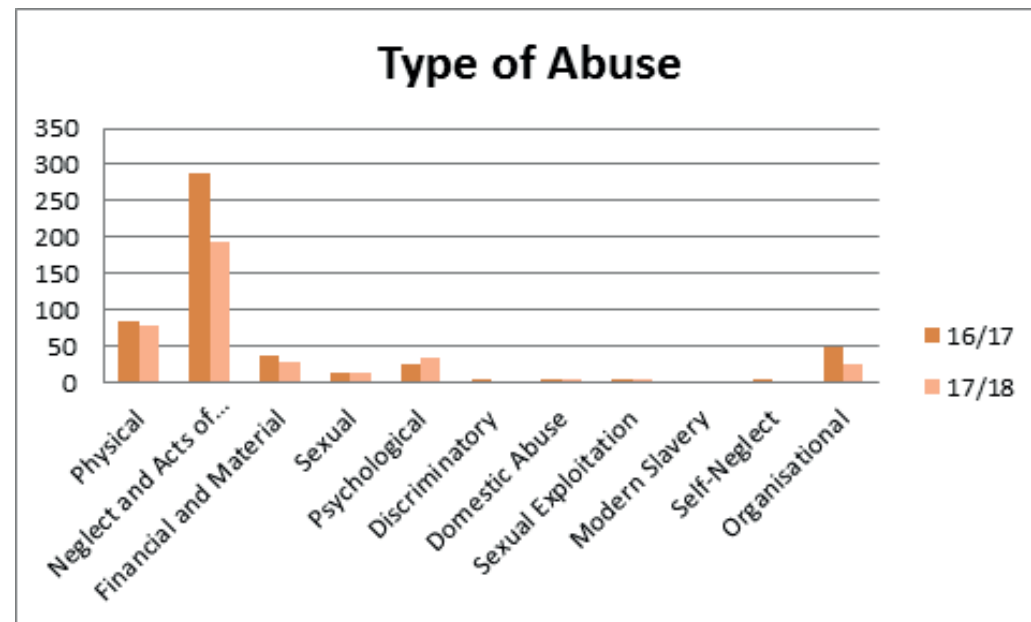
As in previous years counts of individual for those recorded as ethnicity 'white' indicates the most number of Section 42 enquiries and concerns, followed by Asian/Asian British. This data reflects the population in Tameside. There are no trends for concern regarding one ethnic community.



The overall number of concerns includes repeat referrals and totals 831. This is a reduction of 15% in comparison to 17/18. 351 concerns that were raised progressed to an enquiry which is a reduction of 34% again in comparison to last year's figures.

The data collated indicates the number of repeat concerns totals 301. Of these 301 concerns, 126 Adults had repeat referrals. The majority had 1 repeat referral which was not related to the previous safeguarding concern. The majority of these concerns raised were due to missed calls, medication errors and service user altercations.

As in previous years Neglect and Acts of Omission are reported as the most prevalent. However there has been a reduction during 17/18 in this type of abuse.



As discussed previously during 16/17 the CQC inspections in the area increased and as a consequence of the approach this had an impact on the number of safeguarding enquiries raised for neglect and acts of omission during this period. It was apparent that there was a focus on two particular care homes during 16/17 and as a result of this preventative work during 17/18 not as many concerns were generated for these homes. In addition there are no particular trends identified for organisational abuse which further indicates the issues raised in 16/17 have been addressed.

The overall figure for physical abuse has decreased compared to 16/17. This is because the overall number of enquiries has decreased, hence the number of enquiries for physical abuse illustrates a reduction but in reality as a percentage there has been 4% increase of physical abuse based on total number of enquiries. There are no specific trends identified.

Incidents of domestic abuse could generate a Safeguarding Concern if the criterion as discussed earlier for a section 42 enquiry is met. Victims of domestic abuse who meet the criteria may also choose to contact other agencies for support. Consequently, not all cases of domestic abuse would automatically generate a section 42 enquiry. TASPb acknowledge that domestic abuse figures are low and these mirror last financial year's figures. However, the scrutiny of this data has also indicated that practitioners are not choosing to record domestic abuse where physical and financial abuse is evident. In these cases, it is recorded as either physical or financial abuse. It is acknowledged that how this data is recorded did not mean that the response to the safeguarding was impaired in anyway. However, TASPb will address this through the TASPb training strategy.

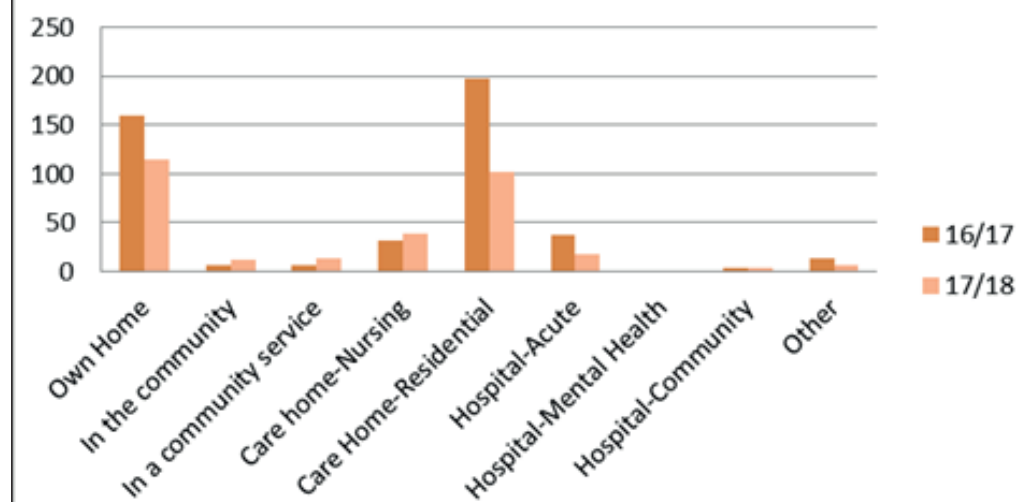
Allegations of sexual exploitation recorded are minimal for both 16/17 and 17/18. However, this has reduced during 17/18. This would indicate that further work is required to provide assurance to TASPb that organisations are recognising and supporting adults who are at risk of sexual exploitation.

The prevention strategy 17/18 has had a focus on raising awareness of financial abuse. It is an expectation that the reduction in financial abuse where the alleged perpetrator is unknown will have influenced this. However, it is apparent that many of the concerns regarding financial abuse remain as a concern only and are signposted to other agencies eg. Police.

All other types of abuse reported are consistent with last year's figures, all minimal and no trends identified.

During 17/18, the most prevalent location of abuse recorded has been Care Homes, which includes residential and nursing. This is comparable to last year's figures. There has been a decrease recorded in abuse in Residential Homes during 17/18. This is consistent with the overall decrease of enquiries.

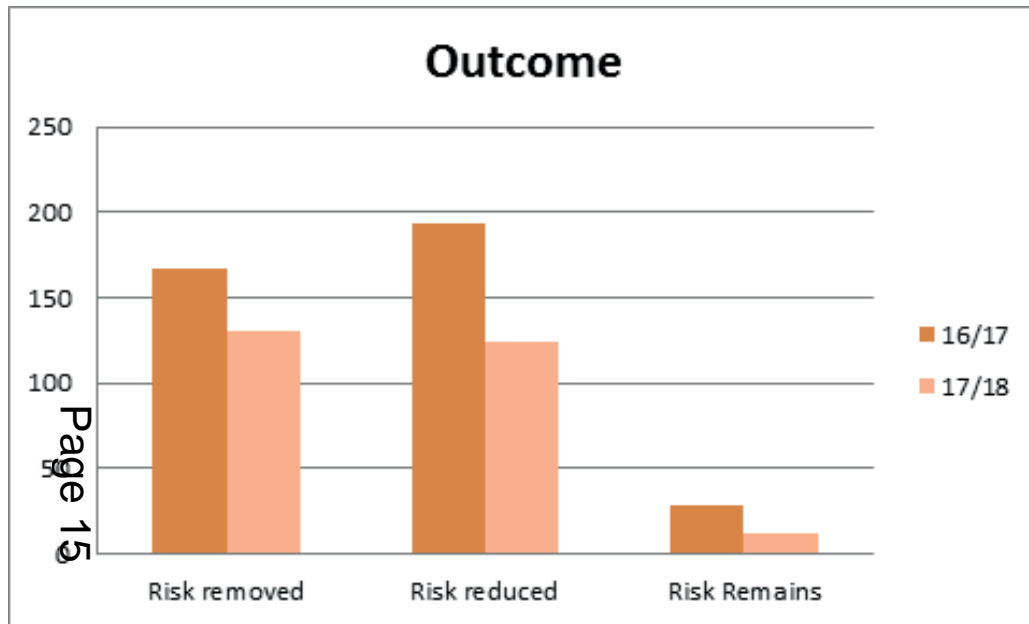
Location of Abuse



The number of allegations in which alleged abuse is in one's own home has decreased which is expected due to the number of the overall enquiries decreasing. However, as a percentage based on the number of the overall enquiries, an increase of 2% is illustrated for 2017/18 of abuse in one's own home. The majority of the alleged perpetrators in this context are defined as the service provider. The majority of incidents are relating to medication errors, missed calls, pressure ulcers and falls. However, there are no trends that identify that the 'service provider' is the same provider. Work is ongoing to reduce the incidents across all partner organisations and explore more options for reporting these incidents.

Abuse in the Community Service which includes locations such as leisure centre and dental practices appears to have increased by 50%. Having scrutinised the data, there appears to be confusion regarding the interpretation of the community service definition. TASPb will revisit this with practitioners.

The number of cases that indicate risk remains has reduced compared to last year. However, the outcome is case specific and as no trends have been identified in 16/17 or 17/18 this remains incomparable. However, following further analysis of the soft data in some cases actions have been taken to reduce risks but recorded as risk remains. Risk reduced indicates that actions have been taken to minimise the risk, as it is not always possible to totally eliminate the risk of abuse. This learning will inform the Safeguarding Adult training programme



All the cases recorded in which the Adult lacks capacity, an advocate was appointed. However, there has been an increase in recording of Adults where it is not known if they lack capacity or this information is not recorded. This is not consistent with a Making Safeguarding Personal approach. TASP will address this via the Learning and Accountability and Continual Improvement Principles.

Partnership Working

TASPB revisit the three year strategy regularly to ensure that the Annual Business Plan is responding to the business and the TASPB Principle work streams are aligned with this work. Further detailed information regarding this work is available www.tameside.gov.uk/adultabuse.

During the last 12 months the focus for the work streams has been:

Leadership/Partnership

TASPB will work together to safeguard adults at risk of abuse.

Develop a protocol with Health and Wellbeing Board (HWB), Tameside Safeguarding Childrens Board (TSCB) and TASPB to ensure aligned priorities and provide a joint strategy was a priority for 17/18. To respond to this TASPB have continued to work with Tameside Safeguarding Children's Board (TSCB) to identify and explore the crossover between the Boards and shared priorities. This has been productive and the outcome of this work is expected to inform and contribute to outcomes of the strategies for TASPB, TSCB, Community Safety Partnership (CSP) and Health and Wellbeing Board (HWB) in 18/19. This work will continue to be progressed as a priority over the next 12 months.

This work stream has also focused on supporting the wider Safeguarding Adult Agenda across Greater Manchester. This has been acknowledged receiving funding from the Mayor's Office to progress the work of the Annual Business Plan.

Protection and Proportionality

Victims of adult abuse are supported and helped to feel safe. Adults which have section 42 enquiries raised have Safeguarding Plans in place to keep them safe.

TASPB believe that the figures for financial abuse recorded as section 42 enquiries do not portray a true picture across Tameside. The understanding is that the figures are too low and people are not reporting this. Consequently, the Board recognised the need to raise awareness of financial abuse as a priority.

The work to respond to this priority was a joint venture with the Community Safety Partnership (CSP). TASPB focus was to provide opportunity for Practitioners to explore areas of material and financial abuse and have dedicated time to consider these issues and discuss the most proportionate response to addressing these concerns in practice. TASPB hosted an event in which 90 staff attended and presentations included Cuckooing and work in the Integrated Neighbourhood Service, Think Jessica, Stop Loan Sharking awareness, Banking Protocol, Social Isolation and doorstep crime.

Following this event TMBC Neighbourhood Services delivered interactive 1 hour scam awareness sessions. These were delivered across Tameside mainly to over 55's established groups i.e. Time of Your Life where approximately 40-100 people attend. Information relating to Home Security and home visits were also offered. This is one example of how TASPB responded to the priority for 17/18 to engage Community in the safeguarding agenda and empower individuals to take action

A priority objective this financial year for this Principle work stream, was to raise awareness of the Herbert Protocol. The Herbert Protocol is a national scheme introduced locally by Greater Manchester Police and other local agencies which encourages carers and family members to compile useful key information which could be used in the event of a person with dementia going missing. TASPB supported Greater Manchester Police (GMP) with the launch in Tameside of the Herbert Protocol. For more information regarding the scheme go to www.gmp.police.uk/live/nhoodv3.nsf/triage-category?ReadForm&l2=86365&l3=40081.



Learning and Accountability

TASPB Safeguarding Framework in Tameside is fit for purpose

This Principle introduced a Safeguarding Audit tool to provide assurance to TASPB that the Safeguarding Enquiries undertaken are robust and the TASPB Policy and Procedures remain fit for purpose. During 17/18, 6 audits have been undertaken during the course of the year across partner organisations. This work is evaluated quarterly. TASPB are assured that the Procedures are fit for purpose.

The continual development and support to the Safeguarding Adult Managers (SAM) across Tameside is fundamental to the effective and productive outcomes of TASPB Safeguarding Agenda. A development session was hosted in November 2017 for SAM's to inform their practice, raise their profile and provide opportunities to explore when a section 42 enquiry should be invoked. Presentations included reviewing the Safeguarding Activity in Tameside, understanding the role of the Public Protection Investigations Unit and the Care Quality Commission, opportunity to explore the links with the Integrated neighbourhood Services and an interactive session reviewing practice. The session was very well received and attended by 60 SAM's from partner organisations across Tameside. Evaluations indicated a request for an annual event. TASPB will respond to this and include this in the TASPB training programme.

A key piece of work this year to respond to the Safeguarding Adult Framework and the TASPB 17/18 priority to consider options to share learning regarding organisational abuse and Neglect and Acts of Omission and to ensure a proportionate and consistent response to Adult Safeguarding, reducing the number of Section 42 Enquiries has been the production of a Safeguarding Pathway to Decision Making Model. This document will assist individuals in the decision making process when concerns are raised around an adult at risk and aims to aid practitioners to make a proportionate and appropriate response to local incidents and safeguarding enquiries. This will support TASPB approach to the Making Safeguarding Personal agenda. Initial work with staff has contributed to a reduction in the number of enquiries as discussed earlier in the report. It is an expectation that organisations will embrace this guidance and embed in practice

This Principle has referred to the Learning Framework on 3 occasions during the 12 months. This is used for reference when considering cases for Safeguarding Adult Reviews. TASPB were assured that these cases didn't meet the criteria for a SAR or required further review. The learning from adopting this process has been used to inform the review of the Learning Framework Guidance.

Prevention

The Development of the Prevention Strategy was a priority for TASPB during 17/18. The strategy has now been published. A further priority was a directory of services to be available to staff and the Community to aid TASPB Prevention Strategy.

Work to progress this strategy and respond to the priorities, included a workshop to raise awareness of Safeguarding Adult forums in Tameside. This work then informed the development of an accessible directory for staff and the community of Safeguarding Adult forums in Tameside. TASPB worked with Public Health to deliver the Social Passport and Website 'My Life in Tameside and Glossop'. This will support the Safeguarding Adult Prevention agenda and provide information re. organisations across Tameside, which includes statutory services, community groups and networks, events and classes that will support Tameside residents to self-care and support staff across Partner Organisations to sign post patients and clients to support and help closer to home.

Self-Neglect in the context of a section 42 enquiry is complex and TASPB acknowledged that Practitioners require an opportunity to look at options to address this and share practice with colleagues. Consequently, TASPB hosted a Practitioner Event to review the approach to how organisations can protect and care for people who self-neglect, recognising signs and symptoms and how a partnership approach can support the Adult. This included reviewing options for support to build resilience and the approach to help Adults at risk of abuse to feel safe and confident.

The analysis of TASPB Safeguarding adult data for Domestic Abuse appears to be low. TASPB identified work to respond to this as a priority for 17/18. TASPB have ensured that this discussion is integral to the training programmes. In addition in response to this as well as revisiting training programmes, TASPB also commissioned the making of a video to raise awareness of Domestic Abuse in Older People. This was launched on the 15th June 2017 to also Promote World Elder Abuse Awareness Day (WEAAD).

Continual Improvement

TASPB are committed to supporting partner organisations with the staff development to support the Safeguarding adult framework. As well as the bespoke training sessions discussed above, TASPB have a training programme which includes Making Safeguarding Personal and Safeguarding Adult Manager training. During 17/18 120 staff accessed this training. The SAM training focuses on the TASPB policy and procedures and encourages managers to consider the additional support they may need in practice. The training has been well received as the comments from the evaluations indicate:-

‘Training was very well delivered and very useful. Clear and informative with just enough on each section. Conference was a good exercise for everyone. Clear that the facilitators are very experienced!’

‘I feel better equipped following this training and I will be reading around the subject to keep me updated’

Making Safeguarding Personal (MSP)

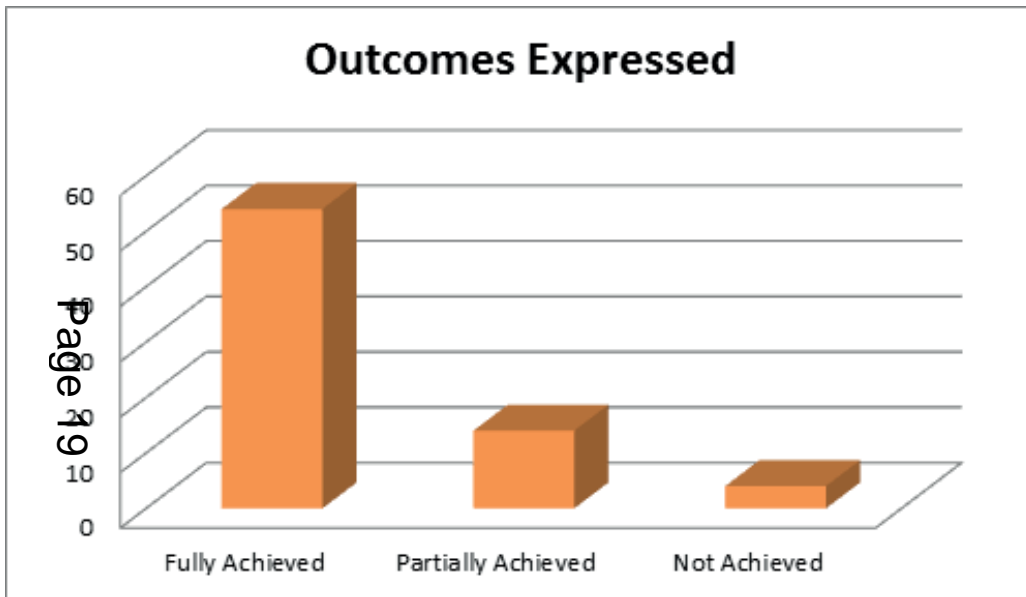
Making Safeguarding Personal is fundamental to the approach Practitioners apply when conducting Safeguarding Enquiries. Making Safeguarding Personal means that the Safeguarding Enquiry is Person led and outcome focused. The Adult should be engaged and contributing to how best to respond to their safeguarding situation, in a way in which enhances their involvement as well as their wellbeing and safety. TASPB are committed to ensuring that the MSP approach is integral to Practice across all partner organisations. It has been a challenge during 17/18 to complete the Making Safeguarding Personal Surveys. This has been due to timescales and capacity. However, TASPB have also continued to focus on activity that evidences the MSP arrangements.

All adults who are using the safeguarding adult arrangements are offered information regarding the safeguarding arrangements. The Adult is asked at the beginning of the safeguarding what outcome they would like and the practitioner asks again during the course of the enquiry.

The table below is an example of the outcomes that are recorded. The analysis also includes where the data has not been recorded. TASPB look at this in more detail and work is completed directly with Practitioners to address this.



TASPB analyse the data regularly to look at why outcomes were not achieved or partially achieved as illustrated in the table below. The majority of outcomes expressed are achieved.



Those not Achieved raised the following reasons:

- One person expressed to be supported by the same staff member at all times.
- One person expressed they would like the perpetrator to be removed from the home.
- One person expressed consistency in the care provided.
- One person expressed they wanted to go home.

Individual Organisations Reports

- Tameside Adult Social Care Services.....15**
- Greater Manchester Police Tameside District (GMP).....16/17**
- Tameside & Glossop Clinical Commissioning Group (CCG).....18**
- Greater Manchester Fire & Rescue Service (GMFRS).....19/20/21**
- Integrated Care NHS Foundation Trust (ICFT).....22/23/24**
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Tameside Adult Social Care Services

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

2017-18 saw a slight reduction in the number of safeguarding concerns raised from 957 in 2016-17 to 831. The last year has been consistent with previous years in terms of the volume of safeguarding activity that the service has been involved with. There were over 831 concerns raised as possible safeguarding of which 351 required further enquiry and investigation; a conversion rate of 42%. During 17/18, the most prevalent location of abuse recorded has been Care homes, which includes residential and nursing. This is comparable to last year's figures. Based on this 2017-18 activity it would be expected that Service Provider is the most prevalent source of risk. In comparison to last year's figures, as section 42 enquiries have decreased overall in 2017-18, a decrease appears to be evident with this source of risk. However, based on the overall number of enquiries received for 2017-18 this would illustrate a 6% increase of this source of risk compared to last year. Abuse in one's own home has decreased which is expected due to the number of the overall enquiries decreasing. However, as a percentage based on the number of the overall enquiries, an increase of 2% is illustrated for 2017/18 of abuse in one's own home.

To put this number into perspective and to give some idea of the type and volume of activity that Tameside Adult Social Care Services are involved in we currently work with over 3000 service users and 3000 carers. Of these people around 950 people receive homecare from a number of different independent home care providers across the borough; a further 1500 people are in residential or nursing care homes in Tameside, some being financially supported by the Council and some paying for their care in full. Over 400 people use some form of day service either in specific day centres or as part of older people's day care in care homes. There are nearly 200 people living in Extra Care accommodation and a further 400 living in some form of supported accommodation commissioned by the Council. Tameside Adult Services also supports around 1200 people each year in its Reablement service which supports people supporting people who are in crisis in their own homes or who are being discharged from hospital or emergency respite care. There are also over 4000 people using the Council's Community Response Service which enables people to remain at home and feel secure in the knowledge that assistive technology is available to alert the Council if people are struggling with aspects of daily living.

The prevailing local market conditions and the quality of care have had an impact on safeguarding activity and quality concerns during 2017-18. The importance of maintaining good quality services remains as a fundamental principle of Adult Social Care in Tameside and managers and staff from the Service have been working closely with independent provider owners and managers, and with Strategic Commission colleagues to ensure that risk to people receiving these services is minimised and that quality across all social care services is improved. The majority of safeguarding concerns continue to be raised in the services that are delivered across the independent sector. The Quality Improvement Team, funded via the Better Care fund (BCF), is now fully staffed and is working with a number of providers; initially those rated 'inadequate' or 'requires improvement' by CQC, though not exclusively. Where issues are raised about practice and safeguarding the Team will offer support and guidance to the provider to improve practice.

Health and social care integration and transformation continued through 2017-18 with more teams either physically coming together in co-locations or beginning to work closer together on joint projects. This developing integration is having positive results in not only our ability to identify possible abuse and neglect but also to respond in a more effective and efficient way. Decisions about the best person to lead safeguarding investigations are now much easier to make and as a consequence the outcomes for users and families has improved.

A considerable amount of work has been undertaken to review and strengthen the Deprivation of Liberty Safeguards (DoLS) process to ensure it is timely and effective. This has included reviewing the team functionality and ensuring that DoLS authorisers have attended the appropriate training. Efforts have been made to reduce the backlog in authorisations.

Adult Services have committed resources to employing a social worker to focus on working to support the smooth transition of young people into Adult services. This post is based in Childrens Services and is tasked with supporting individuals and their families from 14 years through into Adults.

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



Greater Manchester Police Tameside District (GMP)

Safeguarding Vulnerable People remains a force priority as well as a local one here in Tameside. Each day the Senior Leadership team chairs a daily management meeting to focus on serious incidents and managing the threat, risk and harm risk to our communities, however that presents itself.

The Integrated Neighbourhood Services (INS) model was introduced, in part, to improve the police and partnership response to the effective management, and response to, the needs of vulnerable adults in Tameside. This is in addition to the delivery of 'traditional' neighbourhood policing services.

The landscape and working environment for police and partners has evolved and developed since the introduction of the INS and new opportunities and challenges have presented themselves. For example, Hyde received national press coverage for anti-social behaviour and reported 'lawlessness' early in 2018, and St Peters remains one of the highest areas for reported ASB in GMP. Both these issues have raised questions over capacity and capability within the current INS model in Tameside, and community concerns have also highlighted the developing need for our neighbourhood INS provision to listen, and effectively respond to, concerns within our communities.

Operation Ergo is a GMP Force pilot model for leading teams and the delivery of place, problem solving and leadership. This model is currently being piloted in the Tameside and Oldham Districts, with a plan for a wider roll-out. The Op. Ergo model has resulted in changes to the leadership of Tameside neighbourhood policing through the creation of four Neighbourhood Policing Teams; North/ EAST/ West/ South, each led by a Neighbourhood Inspector. This additional leadership and focus is a fantastic opportunity to develop the INS model, to retain elements which are working effectively such as multi-agency problem solving with partners, but also create space and capacity to develop our local neighbourhood policing offer and response to community priorities.

Unique to the Tameside District within Greater Manchester, our police officers and staff in the INS are the only Neighbourhood policing teams to lead on the management of Adult Investigations with partners. Other neighbourhood policing teams in Districts across GMP have limited and sporadic involvement in these cases- predominately where there are repeat demand, or community concerns, and when policing powers or expertise are required. This undoubtedly impacts on our neighbourhood team's ability to deal with other 'traditional' neighbourhood issues, which are important to communities, and also affects the ability of the supervisory team to lead and manage their officers, due to the significant administrative impact associated with these investigations.

As a partnership it is vital we ensure that adult safeguarding/ vulnerability, currently managed within the INS structure, continues to be addressed with partners through effective pathways which provide a high quality of care to the person, and also, is an effective and proportionate use of police resources.

The vision for local neighbourhood policing is the provision of Integrated Neighbourhood Services meetings which prioritises; ASB, crime, wider vulnerability and repeat demand and to enable to the four neighbourhood policing teams to deliver a local policing service which listens, responds and involves communities in designing solutions to issues affecting local people and communities.

In support of this wider work, is the development of a Multi-Agency Safeguarding Hub (MASH) which will triage and assess all incidents involving adults and children whether that be domestic abuse, child abuse, adult abuse or vulnerable people who go missing from home. The aim is to ensure that the right service is delivered to the individual to enable the best outcomes in the future. We are hopeful that the MASH will be up and running by the end of 2018, and I look forward to reporting its progress next year.

Below are a couple of examples of the types of outcomes we can achieve when working in partnership, and prove the value of working together:

Male In Crisis

In August to October 2017 there were 12 calls created relating to male 1 in a state of crisis stating he was suicidal resulting in Both Police and Ambulance attending.

Actions taken:

- Police and Action together visited on several occasions and formulated some actions to help male 1 to 'empower himself' to make changes in his life.

Male 1's primary issues revolved around seeing his estranged children and alcohol misuse, with several illnesses including diabetes. We spoke with the GP to arrange a check-up for him.

Male 1 would drink large amounts of alcohol daily. We liaised with CGL (Drug and Alcohol service) and arranged appointments for him (including calling him on the day of the appointments to ensure attendance).

- Male 1 started to attend CGL appointments which appeared to have a good effect on him and since October 2017 neither the Police nor other emergency services have had cause to attend the address of Male 1 in relation to any suicidal thoughts or alcohol related matters

Vulnerable Elderly Crime Victim

Male 2 first came to police attention as a concern for welfare after neighbours had not seen him and they knew he had not been well.

Actions taken:

- We did a re-visit after this concern and became involved with Male 2, liaising with adult social services, as well as members of the Deaf Team, who were brilliant. We put numerous safety measures in place for him after he revealed he felt he was being targeted by a local family.
- Male 2 was extremely vulnerable due to illness, age and his caring nature. Certain neighbours were always asking for money and he believed items were going missing from the house.
- Male 2 desperately wanted to move away from the area to start again. After liaising with professional from Jigsaw homes, it was suggested to Male 2 that Supported Housing would be the best option and although at first reluctant, he agreed after seeing first-hand how supported housing worked.
- We regularly visited Male 2 to make sure he wasn't receiving unwanted visits, we asked for his doctor to visit when he was too ill and for Social Services to assess him for additional support.
- Professionals from Jigsaw Housing found Male 2 suitable accommodation. Male 2 has now moved but keeps in touch.

His last message read "you are always welcome any day; I would not have safety and this lovely flat without your help. I really appreciate all you and your team have done for me"

He said he couldn't be happier and expressed how grateful he is to Police and New Charter.

As a partnership, we deal with hundreds of similar incidents each year, helping people through times of crisis and supporting them to a more stable future. This can only be achieved by forging strong links between services, which is fundamental to safeguarding the most vulnerable people in our communities.

Jane Higham (Superintendent, Thameside Police)

Tameside & Glossop Clinical Commissioning Group (CCG)

Tameside & Glossop Clinical Commissioning Group (CCG) are part of the Strategic Commissioning Organisation. We work in partnership with Tameside Metropolitan Borough Council (TMBC) to commission joined up services which will improve the health and social care offer for the people of Tameside & Glossop.

The strategic commission firmly believes that by joining up commissioning we will deliver high quality services which are more joined up as well as delivering better value for public money.

Safeguarding will continue to be at the heart of all commissioning decisions and remains embedded in all aspects of the commissioning cycle. Tameside and Glossop CCG is a statutory partner of Tameside Adult Safeguarding Partnership Board and supports and contributes to the business of the Board by ensuring representation and engagement at all Board Meetings and Subgroups.

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

General Practitioners (GPs) are members of the CCG. In 2017/18 the Safeguarding Team supported Primary Care with the delivery of its statutory safeguarding duties by facilitating and leading Primary Care Safeguarding Leads Forums and developing a Safeguarding Web Page. In 2017/18 a safeguarding audit tool to seek assurance and monitor safeguarding standards was forwarded to Primary Care Partners in Tameside. Training has emerged as a theme and the CCG has been asked to support with this. In 2018/19 the CCG will commit to develop a level 3 Adult Safeguarding Training Package for Primary Care.

2018/19 the CCG will endeavour to continue to seek assurance across Primary Care in safeguarding arrangements with a refresh and relaunch of the audit tool and support offer.

The CCG continues to work closely with all its multi-agency partners. In 2017/18 the CCG's Adult Safeguarding Team contributed to the delivery of the TASPb safeguarding principles and making safeguarding personal agenda by its engagement with all Board Activities and Multi-agency Training.

2017/18 the CCG supported the delivery of Safeguarding Adult Managers training, Financial Abuse Awareness Training and the Launch of the Multi Agency Risk Management Tool.

2018/19 the CCG will continue with its support and will contribute to the development and launch of Version 8 Multi Agency Policy and Guidelines including additional guidance for Safeguarding Adult Managers and the delivery of Modern Slavery Training.

Safeguarding will remain at the heart of all our activity and lessons learned from all Statutory and Non Statutory Reviews will continue to be shared with Commissioners and Providers of services to drive quality initiatives and standards and safeguard Adults at Risk.

Greater Manchester Fire & Rescue Service (GMFRS)

Key officers from GMFRS have continued to attend and support the work of the Board and communicate back new local developments in relation to adult safeguarding. In addition, they have engaged with and supported other work streams including Domestic Abuse, Suicide Prevention, Dementia, Mental Health and Community Safety.

GMFRS continues to embed the principles of MSP and MECC within GMFRS culture, policy and practice. The existing GMFRS Safeguarding Policy was reviewed during 2017/18. The GMFRS Safeguarding Policy Review Group has continued to meet quarterly to keep up to date with national and local developments relating to safeguarding and is the governance group for ensuring new developments are communicated and actioned across the service. In addition, a Designated Safeguarding Officers (DSO) Operational Group also meets quarterly and reviews all safeguarding incidents that happen either within GMFRS or under GMFRS jurisdiction within the community, and ensures that standards are being met. These forums also provide an opportunity for staff to review cases and any emerging issues/risks/trends are discussed and appropriate action agreed. This group also considers any new legislation and decide, along with colleagues from within the HR function, whether any changes are required to existing GMFRS policies and procedure, and training.

Refresher training is carried out with all GMFRS DSO's, including the Community Safety Manager and Community Safety Team Leader for the Tameside area, every 2 years. A hierarchy of support is in place for staff to refer to in cases which are complex or sensitive. DSO's are available 24/7 to provide staff with advice and support to resolve or report cases in a way that achieves the best possible outcome for the individual at actual, or perceived risks.

GMFRS recognise the importance of working closely with or alongside staff from partner agencies and services. Examples of this include where we have staff embedded in Greater Manchester Police (GMP) Operation Challenger and the North West Counter Terrorism Unit. GMFRS also has a team of National Inter-Agency Liaison Officers (NILO) who receive specialist training to bridge the interoperability gap across the emergency services and other partners in extreme or emerging threat environments. Locally, the NILO officers provide a 24/7 point of advice on a range of issues, often bridging the intelligence and information sharing gap between partner agencies.

GMFRS has produced Hoarding Guidance for staff, which provides clarity on how to identify and assess the level of hoarding in a home using the Clutter Image Rating scale (CIR); and what actions to take following identification of hoarding. We acknowledge that whilst we cannot be expected to prevent a person from hoarding, we can reduce the risk of fire and the impact that hoarding can have on a person's functioning and wellbeing, through prevention activities by involving the person at all stages, and in partnership with local agencies. Capacity is often an issue in such cases and staff will work closely with partners, including mental health services, to assess capacity and balance this against the safety of the individual and also the residents of adjacent properties.

Safe and Well Visits

Safe and Well visits, for persons at increased risk of fire, have continued with 2,233 visits undertaken by operational firefighters and 294 by Community Safety Advisors (CSA's) in the Tameside area during the 2017/18. The visits are targeted towards those people whose fire risk may be increased by factors such as older age, mental health, substance misuse, smoking, physical disability, living alone, medication use and having social care needs. The aim of a Safe and Well visit is to reduce the occupier's fire risk, and to ensure that the fire risk assessment and advice that we provide is effective for each individual household. Taking a more person-centred approach to fire risk reduction means that we have an opportunity to give or signpost people to advice to improve their health and wellbeing, or refer them to specialist services. In doing this we can contribute to improving people's lives, improve public health outcomes, and further reduce fire incidents, injuries and deaths by addressing the underlying issues that increase an individual's risk of having a fire.

During all Safe and Well visits, consideration is given to any safeguarding concerns. Operational firefighters send in safeguarding referrals whilst carrying out visits, as well as then responding to 999 emergency calls. Safe and Well training and processes lend themselves well to the identification, capture and response to cases where there are concerns or emerging risks relating to adults with care and support needs. GMFRS staff attempt to mitigate immediate risk and also make immediate safeguarding referrals where needed 24/7. The Community Safety Team deals with cases where there are care and support needs that are not currently being met, and have excellent contacts with local partner agencies and support services who are able to arrange this.

GMFRS works closely with GMP and partners and receives regular referrals for priority Safe and Well visits. A priority Safe and Well visit can include the fitting of additional smoke alarms and letter box protection, and the giving of advice on how to reduce the risk of arson and accidental fires. GMFRS will aim to carry out priority Safe and Well visits within 24 hours of receiving the report of an actual threat of fire related crime or violence, or an attempted attack or a threat to kill.

Spotlight on Mental Health

GMFRS annually supports and promotes Mental Health Awareness Week and works in partnership with other agencies, such as the Alzheimer's Society. In July 2017, the service had a stall at The Alzheimer's Show, held at Event City in Manchester, where the GMFRS Safe and Well offer was promoted.

On World Mental Health Day, GMFRS reminded staff members from across the service and wider GMCA about our health and wellbeing team and the support its members offer to the workforce. Over the last year we have undertaken a number of activities to continue to fight stigma and promote wellbeing at work and have previously signed the MIND Blue Light pledge, showing a commitment to tackling stigma and making positive changes to improve mental health in the workplace.

Our Health and Wellbeing team and colleagues from the Prevention and Protection Directorate have delivered a series of mental fitness roadshows for operational firefighters, along with the Charity State of Mind, focusing on raising mental health awareness and sharing current work in this area. This was followed by an internal Extended Leadership Team conference focusing on mental and physical wellbeing.

GMFRS are working towards becoming a dementia friendly organisation. Guidance is now in place to ensure that estate refurbishments and new builds are dementia friendly, particularly within areas that are likely to be used by the public.

GMFRS Service and Referral Pathway Directories are available to all operational firefighters and Community Safety Teams, and include a decision making tree that provides first contact points under the banners of physical health, mental health, social care and support for carers.

During 2017, the service agreed to support the Herbert Protocol, a national scheme introduced by GMP which aims to help improve the chances of finding a vulnerable person if they go missing.

As part of the GMFRS Health and Wellbeing Strategy, a number of volunteer chaplains provide practical and emotional support to operational firefighters/dependents, and other staff members/volunteers.

Training/Learning

Approach to Safeguarding Adults e-learning training:

Over 2,000 (approx. 95%) members of staff have now successfully completed and achieved the required standard.

Advanced safeguarding training:

4 days' training delivered to 11 staff from Youth Engagement and Community Safety Teams.

Domestic Abuse - Everyone's Business training:

Training, provided by Women's Aid, delivered to 48 members of support staff. 6 further sessions are programmed to be delivered to operational firefighters as well as support staff. The aim of the training is for GMFRS staff to understand, identify and respond effectively to domestic abuse.

WRAP (Workshop to Raise Awareness of Prevent) training:

A 2 hour interactive facilitated workshop is being delivered to operational firefighters and support staff on a rolling programme. Aimed at frontline staff, the introductory workshop to Prevent is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals and communities have the resilience to resist violent extremism

Dementia Friends training:

As part of our journey to become a dementia friendly organization, 110 of our 155 operational watches have participated in Dementia Friends' sessions on stations, as well as the majority of our Community Safety Teams.

Mental Health First Aid at Work training:

This 2 day course, which qualifies participants as a mental health first aider, provides an in-depth understanding of mental health and the factors that can affect wellbeing. The training is being rolled out across the service to operational firefighters and support staff.

Quarterly safeguarding lunchtime learning sessions:

Sessions for staff and volunteers have taken place including:

- Countering Far Right Hatred and Division: delivered by a representative from Small Steps Ltd. (run by former members of far-right organisations who have rejected violence and far-right narratives and who are now committed to exposing and eradicating far-right extremism in the UK).
- Child Sexual Exploitation: delivered by Barnardo's.
- Domestic Violence and Honour-Based Abuse.
- Extremism and Radicalisation.
- Surviving and Thriving in the Workplace (looking at the importance of mental wellbeing in the workplace).

Trapped training:

Delivered by GMP's Operation Challenger team, the training involved 2 ad hoc sessions delivered to Community Safety Managers, raising awareness of the criminal exploitation of children and vulnerable adults by criminal groups.

Get Safe Online training:

Tameside Community Safety Team participated in training delivered by GMP, designed to equip participants with a basic level of knowledge sufficient to keep themselves safe and to provide information and advice to others on keeping safe whilst using the internet, including basic information on common terminologies and types of crimes involving an online element.

Challenges

GMFRS is currently experiencing a period of unprecedented change and review, having transferred over to the Greater Manchester Combined Authority (GMCA) in April 2017. In March 2018, the Mayor of Greater Manchester, Deputy Mayor, Interim Chief Fire Officer and GMCA Chief Executive announced a whole service review of GMFRS to look at leadership and culture within the service and ultimately redesign how fire and rescue services are delivered. This followed the postponement of some elements of GMFRS' Integrated Risk Management Plan 2016-2020 (IRMP) in December 2017, a significant change in senior management within the service, and the publication of the Kerslake Report. Although the review may present a number of challenges, it also provides the opportunity to look at the way we operate and how we can become a stronger, more cohesive, effective and efficient service.

Looking Ahead

- Roll out further safeguarding awareness training to Tameside operational crews.
- To have specific Domestic Violence guidance as an addition to our current GMFRS Safeguarding Policy.

Louise Atkinson (Community Safety Manager, Greater Manchester Fire & Rescue Service)

Integrated Care NHS Foundation Trust (ICFT)

This is the Tameside and Glossop Integrated Care Foundation Trust (ICFT) annual Adult Safeguarding Report for the period April 2017 to March 2018.

The ICFT recognises that all health professionals have an obligation to safeguard Service Users and their families. They do so by utilizing multi-agency policies and protocols, sharing information and pursuing their professional curiosity. At the heart of effective safeguarding arrangements is the principle of partnership. Throughout the year the ICFT has been able to demonstrate a visible commitment to this, evidenced by participation on a number of integrated Boards and sub groups, which clinicians and Named professionals have actively contributed to.

During 2017/18 the ICFT has remained an active participant in the Tameside Adults Safeguarding Partnership Board; (TASP). The Named Nurse for Safeguarding Adults and Prevention has regularly attended the partnership meeting and has had significant involvement in establishing the anti-terrorism/anti-radicalisation Channel Panels as well as leading on the introduction of the Greater Manchester Police Herbert Protocol within the ICFT.

Internally, the ICFT Integrated Safeguarding Committee (ISC) has led a number of developments - achievements of both the committee and the Adult Safeguarding service are described in this paper. Looking forward, the ISC has formulated annual training plans and performance score cards for 2018/19. These are being used to drive improvement and provide assurance to the ICFT Board. Central to the delivery of the plans for 2018/19 will be the creation of an Integrated Operational Safeguarding Group (IOSG). This will be led by the Deputy Chief Nurse and will be the engine room for integrated activity across safeguarding domains and operational services. The score cards will be used by the Operational Safeguarding Group to ensure that performance in areas such as mandatory training and safeguarding supervision is improved, and agreed targets are achieved.

Safeguarding Adult Managers (SAMs)

The ICFT has continued to effectively respond to Section 42 enquires through an embedded Safeguarding Adult Managers (SAMs) empowerment framework. This model maximizes the competencies of the specialist named professionals and advisors by developing and empowering Safeguarding Adult Managers (SAMs) to safeguard adults at risk of harm or abuse. During 2017/18, this work has continued in terms of developing confidence in effective decision making and maintenance of a required level of safeguarding expertise. ICFT were involved in the launch of the multiagency SAM toolkit at the annual TASP SAM development event in November 2017, in recognition of the challenges and complexities associated with Section 42 enquiries and concerns. Over 100 SAMs are currently available across the ICFT to respond to/ manage multi agency processes, including named SAMs within several community services located in the neighbourhood localities. Whilst a number of SAMs (61) were involved in leading safeguarding concerns, the model encourages SAMs to champion and raise awareness of the wider training and policy requirements associated with the Care Act. During 2017/18 the Named Nurse also developed a framework for safeguarding adults' supervision, to support all SAMs for instance those within high risk areas to effectively manage enquiries.

Performance Indicators

A small number of local operational performance indicators were identified during 2017/18 by the safeguarding team to support delivery of essential outputs. These have been incorporated within the ICFT Safeguarding Adults annual plan and training trajectory framework for 2018/19 to provide ongoing assurance.

Mandatory training competencies in safeguarding adults are aligned to the local and national Care Act requirements, with an expectation of a minimum 3 yearly update. A blended approach, which includes both E-Learning and classroom opportunities for staff to meet their Mental Capacity Assessment training requirements, is in place. Reviewing training requirements is an ongoing process which will continue into 2018/19 and it is good to note an increase in training compliance at the end of year position (61.6%).

Where training targets were not achieved during 2017/18, urgent plans of action were introduced by the Safeguarding service, including the delivery of a number of bespoke training sessions, review of internal training recording models and targeted training for staff for in hard to reach areas including medical and volunteer staff.

Key achievements and training progress is described in the table below.

Safeguarding Adults Performance Outputs 2017/18	Achievements
75% of section 42 cases related to the ICFT to be closed in 45 days	Achieved
All Safeguarding adults cases to be closed within 6 months	Achieved
Achieve 95% L2 Safeguarding adults mandatory training	89% end of year position – improvement plan in place and on track. Status at Q1 2018/9 is 94.6%
99% of inpatient cases with a MAPPA restriction will have electronic safeguarding alerts in place within 48hours	Achieved
Achieve 85% Wrap L3 statutory training requirements	51.5% end of year position - improvement plan in place and currently exceeding trajectory. Status at Q1 2018/19 is 92%.

Making Safeguarding Personal (MSP)

To maximize the potential for further learning, all section 42 ICFT-related Safeguarding enquiries are followed up by the Safeguarding service. To strengthen this further the 2018/19 annual plan includes the completion of an audit to review all ICFT related cases with a substantive outcome to assess if ‘what we said we would do’ was implemented and the voice of the adult at risk is ‘heard’ to provide ongoing assurances and prevent re-occurrence of any abuse or harm. This approach supports the launch of the ICFT “MSP” statement posters detailing Care Act principles to ensure making safeguarding personal remains a key driver in decision making processes and that decisions made centre around the individual at risk.

Trends & Activity

As in previous years, the main safeguarding concerns raised relating to ICFT during 2017/18 concerned neglect or acts of omission (i.e. unsafe discharge, pressure ulcer management, missed district-nursing visits), followed by physical abuse, and self-neglect. The safeguarding team is closely linked with the divisional leads to feedback and address work associated with these areas, resulting in the review of discharge processes, introduction of training for pressure ulcer verification and review of care models for district nursing. The high number of reported neglect or acts of omission is reflective of the local and national picture.

The ICFT has supported the safe Deprivation of Liberty Safeguards (DoLS) for adults who lack capacity and made a cumulative 152 referrals to supervisory bodies within Tameside and Derbyshire Council, a decrease of 34 compared with the previous year (186). Of these referrals, 43 received standard authorisations - an increase of 11 compared to 2016/7. Notably, the majority of these patients were discharged, transferred or died before formal assessment/ formal authorisation could be completed by the local authority. To maximize staff competence and awareness, the ICFT introduced a new practical DoLS “practical paperwork” training and weekly spot checks to increase staff awareness of the Cheshire West DoLS criteria and use of a DoLS care plan. Aligned to this, the ICFT awaits the outcome of the anticipated changes and recommendations made by the Law Commission in March 2018 for the future shape to the current statutory DOLS responsibilities, with proposals for the introduction of new Liberty Protection Safeguards (LPS)

During 2017/18, there were 3 new Prevent related incidents, reported through the local Prevent systems bringing the number of cases reported by the ICFT to 13 to date. Each case was risk assessed by the Named Nurse and the local Prevent Police lead as low risk. This reflects the drive to support staff in meeting their statutory responsibilities by providing WRAP Level 3 and Basic awareness (L1 -2) training, so that a proportionate response can be undertaken.

During 2017/18, the Named Nurse assumed the lead role for Multi Agency Public Protection Agency (MAPPA) activity to provide focused leadership within this area. Several systems were introduced during this period to provide closer monitoring of activity (previously not recorded) and the development of a robust governance framework for tracking both high and low risk MAPPA cases accessing ICFT services. This work has included developing strong interfaces with the local Probation and Police services (Nexus House), children and community services and the development of a care plan to sensitively manage and coordinate any identified legal restrictions(S). The number of MAPPA related attendances to the ICFT during this period was 15 from a starting position of 0 in 2016/7.

Partnership Working

The ICFT continues to play an active role in the Tameside Adult Safeguarding Partnership Board (TASPB) with representation in all key sub-groups of the Board. In particular, the ICFT has played an active role in the SAM development events and in supporting the annual national World Elder Abuse Awareness day, which focused on domestic abuse in older people. Of note, the TASPB has seven strategic priorities for the period 2016-19; partnership, leadership, empowerment, prevention, protection and proportionality, accountability and learning and continual improvement. The ICFT annual development programme for integrated safeguarding improvement and associated milestones is aligned to these strategic multi-agency priorities together with the commissioning requirements outlined in the NHS England Performance contract for 2018/19. Work will continue as the ICFT progresses its strategic ambitions in relation to its wider integration agenda, proposals for integrated Adult Health and Social Care framework and its statutory safeguarding responsibilities. Staff within ICFT will also access multi-agency training events set to take place in 2018/19 with places reserved for staff to meet new challenges associated with MAPPA cases, requests from Coroner's office and legal matters associated with adults at risk of harm and abuse. This will also support collaborative working with the sharing of joint agendas with colleagues within Children's' Safeguarding Board/Teams.

Conclusion

The ICFT remains committed to building effective and sustainable relationships with its partner's agencies and meeting its wider strategic and operational Care act obligations outlined and as will continue to build up new opportunities and work with colleagues to address any new and forthcoming challenges in the next 12 months.

Paula Flint (Deputy Chief Nurse) and **Naz Khadim** (Named Nurse and Head of Safeguarding Adults & Prevent)

Healthwatch Tameside

Healthwatch Tameside is the consumer champion for health and social care services. It represents the voice of service users in Tameside in relation to their experiences of safeguarding practice. The primary focus is on understanding the needs, experience and concerns of people of all ages who use services, and to speak out on their behalf.

The skills and expertise of Healthwatch Tameside make a significant contribution to Tameside Adults Safeguarding Board Principle of Empowerment: that 'people are supported and encouraged to make their own decisions and informed consent'.

Healthwatch Tameside undertakes this role in four key areas. These are to:

- 1 Ensure the voices and experiences of service users are heard and fed into the planning of services
- 2 Help shape the design and delivery of health and social care services
- 3 Hold services to account
- 4 Support the resolution of any NHS and Social Care complaints and aim to ensure lessons are learnt.

Healthwatch Tameside achieves this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them, and involving people in the commissioning and scrutiny of health and social care services
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Enabling people to monitor and review the commissioning and provision of care services
- Providing information and signposting support
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same
- Working with a network of health champion to improve services and to empower local people
- Providing an independent complaints support service.

During the past year Healthwatch Tameside has undertaken a range of work with the people of Tameside including contact with over 2,500 people. This has been via outreach sessions, community events, surveys, focus groups and the complaints service.

The information received was analysed and anonymous data provided information about services and experiences. This was used to inform service commissioners and improve service delivery.

The independent complaints service has supported people to raise concerns appropriately, to be addressed promptly and prevent escalation; it has enabled the most vulnerable people to have their voices heard. The complaints service has supported people to make speedy referrals to statutory agencies where any potential safeguarding concerns have arisen.

Healthwatch Tameside is proud to be a member of the Tameside Adult Safeguarding Board, meeting the Care Act requirements, and working with partner agencies to protect and promote the welfare of vulnerable adults in Tameside.

Viki Packman (Manager, Healthwatch Tameside)

Summary

The Safeguarding Activity for Tameside Adult Safeguarding Partnership Board facilitates the opportunity for TASPb to interrogate the data to increase the Boards understanding of the prevalence of abuse and neglect locally. The reduction in Safeguarding Adult concerns and enquiries evidences the focus is on prevention and proportionality. The partnership approach has contributed to TASPb successful response to the 17/18 priority '...to ensure a proportionate and consistent response to Adult Safeguarding, reducing the number of Section 42 Enquiries.' However, despite a reduction of section 42 enquiries, Board acknowledge there are areas that may be under reported such as Domestic Violence and Sexual Exploitation. Further work with Staff and the Community to raise awareness of abuse in these areas will continue. In addition the work to develop a proportionate response and embed the Safeguarding Pathway to Decision Making Model will remain a priority for TASPb.

Additional evidence of Partnership working is the development of a joint protocol across the Safeguarding and Childrens Board, Community Safety Partnership and Health and Well Being Board. TASPb are assured the approach will be productive the initial work to confirm shared priorities supports this. The development of these agendas via the proposed joint working approach will be a key driver for TASPb during 18/19, ensuring effective use of resources.

Each partner agency has a responsibility to ensure the protection of adults. The single agencies reports illustrate this. There are occasions individual TASPb Leads frequently champion specific areas of work. The launch of the Herbert Protocol in Tameside is a good example of this and also demonstrates how TASPb work in Partnership to support preventative Strategies.

It is evident TASPb are committed to ensuring that the Safeguarding Adult Framework is effective. The introduction of the Audit Tool provides assurance to TASPb that the procedures are fit for purpose. In addition TASPb adopt this approach to provide an opportunity for challenge and ensure that practitioners and the Adults contribute to the development of the Safeguarding Adult Framework in Tameside.

The Board acknowledges the responsibility to carry out Safeguarding Adult Reviews as appropriate. TASPb had cases presented for consideration and used the opportunity to develop and improve the Learning Framework. This demonstrates Board Commitment to facilitating opportunities for learning.

TASPb constantly strive to be effective and build on existing good practice. The 'My Life in Tameside and Glossop' website demonstrates this. Board intend to continue to support the development of this with the knowledge that going forward this area of work will inform TASPb prevention strategy.

Training is well attended and the TASPb Training programme is productive in supporting

Practitioners to deliver the Safeguarding Adult arrangements. It is an expectation that Boards will work together in 18/19 to promote safeguarding agendas and deliver joint training. This will ensure that resources are used effectively providing learning opportunities for Practitioners and empowering the Adults in the Community.

Empowerment is the principle which applies to all the work streams. The Making Safeguarding Personal approach TASPb adopt clearly evidences the Boards commitment to this. Despite the challenge to complete the MSP surveys, TASPb have continued to be assured that Adults identify their outcomes and where possible these are achieved. During 18/19 TASPb will focus on strengthening these arrangements.

TASPb have been successful during 17/18 in meeting their identified priorities. The Board is assured the Safeguarding Adult Framework in Tameside is fit for purpose. However, TASPb acknowledge there remains further work to strengthen this agenda. As during previous years this can only be successfully achieved working in Partnership. To ensure effectiveness of the Board, the development of this agenda within existing resources will inevitably put more emphasis on the need for partnership working. TASPb embrace the opportunity to work with other Partnerships and Boards in Tameside to assure itself that local safeguarding arrangement and partners act to help and protect adults in Tameside. Subsequently, TASPb priorities for 18/19 are:-

- work to engage the Community in the safeguarding agenda and empower individuals to take action
- collaboration between partners to create a framework of inter-agency arrangements and encourage joint working to ensure an effective approach to safeguarding
- secure long term financial arrangements and contributions from Partner Organisations

Glossary

Glossary of Terms

BCF	Better Care Fund
CCG	Clinical Commissioning Group
CSP	Community Safety Partnership
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
GMFRS	Greater Manchester Fire and Rescue Service
GMP	Greater Manchester Police
HWB	Health and Wellbeing Board
ICFT	Integrated Care Foundation Trust
MSP	Making Safeguarding Personal
SAM	Safeguarding Adult Manager
TASPB	Tameside Adult Safeguarding Partnership Board
TSCCB	Tameside Safeguarding Childrens Board

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Agenda Item 5

Report to:	HEALTH AND WELLBEING BOARD
Date:	Thursday, 7 March 2019
Executive Members / Reporting Officer:	Deputy Executive Leader / Kathy Roe – Director Of Finance – Tameside & Glossop CCG and Tameside MBC
Subject:	TAMESIDE BETTER CARE FUND – 2018/19 QUARTER 3 MONITORING REPORT
Report Summary:	The report provides details of the 2018/19 Tameside Better Care Fund monitoring report for the period ending 31 December 2018.
Recommendations:	To consider the 2018/19 Better Care Fund monitoring report for the period ending 31 December 2018.
Policy Implications:	Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our public and patients are incorporated into all services provided.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>This report provides details of the 2018/19 Better Care Fund monitoring report for the period ending 31 December 2018 for approval (Appendix 1).</p> <p>Health and Wellbeing members should note that the Better Care Fund (including Improved Better Care Fund) allocation of £24.4 million as per table 1 within the report is included within the Section 75 funding allocation of the Strategic Commission's Integrated Commissioning Fund (ICF). For reference, the ICF 2018/19 gross expenditure total is £927.8 million and is bound by the terms within the Section 75 and associated Financial Framework agreements.</p> <p>The Disabled Facilities Grant (DFG) allocation also shown within table 1 is a capital grant. This is not included within the ICF as the ICF includes revenue funding resources only. However, the DFG allocation is provided as the grant is required to be spent in accordance with the 2017-2019 Tameside Better Care Fund (BCF) spending plan which was approved by the Health and Wellbeing Board on 21 September 2017.</p> <p>Members should also note that the Economy wide financial monitoring report for the same period end has recently been presented to the Strategic Commissioning Board and Executive Cabinet on 13 February 2019 and is therefore not included within this report.</p>
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 the terms of the related Section 75 and Financial Framework agreements of the Integrated

Commissioning Fund.

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

Tom Wilkinson, Assistant Director of Finance, Tameside Metropolitan Borough Council



Telephone:0161 342 5609



e-mail: tom.wilkinson@tameside.gov.uk

1. INTRODUCTION

- 1.1 **Appendix 1** provides details of the 2018/19 Better Care Fund monitoring report for the period ending 31 December 2018.
- 1.2 Members should note that the Economy wide financial monitoring report for the same period end has recently been presented to the Strategic Commissioning Board and Executive Cabinet on 13 February 2019 and is therefore not included within this report.

2. BETTER CARE FUND ALLOCATION – 2018/19

- 2.1 Table 1 provides details of the various funding allocations that are included within the 2018/19 Better Care Fund (BCF). .

Table 1 – 2018/19 BCF Allocation

	2018/19 £'000
Better Care Fund - Original	15,597
Better Care Fund - Improved Phase 1 - (2015 Spending Review)	5,477
Better Care Fund - Improved Phase 2 - (2017 Spring Budget)	3,299
Total	24,373
Disabled Facilities Grant - Initial Allocation	2,327
Disabled Facilities Grant - Supplementary Allocation	259
Total	2,586

- 2.2 The Better Care Fund (including Improved Better Care Fund) allocation of £24.4 million is included within the Section 75 funding allocation of the Strategic Commission's Integrated Commissioning Fund (ICF). For reference, the ICF 2018/19 gross expenditure total is £927.8 million and is bound by the terms within the Section 75 and associated Financial Framework agreements.
- 2.3 The Disabled Facilities Grant (DFG) allocation also shown within table 1 is a capital grant. This is not included within the ICF as the ICF includes revenue funding resources only. However, the DFG allocation is provided as the grant is required to be spent in accordance with the 2017-2019 Tameside Better Care Fund (BCF) spending plan which was approved by the Health and Wellbeing Board on 21 September 2017.

3. BETTER CARE FUND

- 3.1 Health and Wellbeing Board members are reminded that the better care fund was introduced during 2015/16 and has continued each financial year thereafter. 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.
- 3.2 **Appendix 1** provides supporting details of the 2018/19 quarter three (1 April 2018 to 31 December 2018) Better Care Fund monitoring statement submitted to NHS England.
- 3.3 Section 6.44 of 'the Integration and Better Care Fund Operating Guidance for 2017 – 2019' (link provided below to the document), recommends that the quarterly monitoring returns are discussed and approved by Health and Wellbeing Board members.

<https://www.england.nhs.uk/wp-content/uploads/2018/07/better-care-fund-operating-guidance-v1.pdf>

4. RECOMMENDATIONS

4.1 As stated on the report cover.

Version 1.01

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



[<< Link to Guidance tab](#)

1. Cover

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

2. National Conditions & s75 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

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

Sheet Complete:	Yes
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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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2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Tameside

Confirmation of Nation Conditions

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

Confirmation of s75 Pooled Budget

Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
Have the funds been pooled via a s.75 pooled budget?	Yes	

Metrics

Selected Health and Wellbeing Board:

Tameside

Challenges Please describe any challenges faced in meeting the planned target

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Acuity has increased. A full view of 18-19 quarter 3 non-elective activity is not yet available. As at Q2 18-19 we are 3.4% over plan, at Oct-18 (single month) we are 12.1% over plan.	Admission avoidance from Care Homes through Digital Health. Integrated Neighbourhood Teams developing strong MDTs.	none
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Performance is comparable with this time last year.	Roll out of Trusted Assessor model has commenced-trialling it in the transition beds. The use of a trusted assessor will hopefully reduce the numbers and waiting times of people awaiting discharge from	Information sharing protocol is necessary in order to share wider intelligence between relevant groups/ disciplines.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	This is dependent upon the success of good reablement as well as good hospital discharge.	Reablement continues to meet positive outcomes for service users and support the system to continue to work towards our targets	Working with SCIE and NAIC to ensure that we continually review current practice against national developments.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	A review of DTOC processes and guidance at one of our providers (Pennine Care Trust), to ensure consistency and accuracy of DTOC recording across the trusts has resulted in an increase in DTOC incidence	The level of acute beds occupied by a DTOC has improved. Integrated Urgent Care Team managing discharges. Strong focus on Home First and Discharge to Assess.	We have been made aware of a review of DTOC processes and guidance at one of our providers (Pennine Care Trust), to ensure consistency and accuracy of DTOC recording across the trust. This has resulted

Agenda Item 6

Report to: HEALTH AND WELLBEING BOARD

Date: 7 March 2019

Executive Member/Reporting Officer: Jessica Williams, Interim Director of Commissioning

Subject: CHILDREN AND YOUNG PEOPLE'S (CYP) EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN (LTP) UPDATE

Report Summary: The Tameside and Glossop Local Transformation Plan (LTP) was finalised in October 2015 and assured at the end of 2015/16 through NHS England. There is a requirement for the LTP to be refreshed on an annual basis to reflect local progress and further ambitions. The report details the refresh of the LTPs and is seen by NHS England as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.

Recommendations: The Health and Wellbeing Board are asked to note the progress detailed in the draft plan, agree and comment on the direction of travel and planned future developments.

Links to Community Strategy: Throughout the transformation plan, there is a focus on developing a whole-system collaborative approach to meeting the emotional health and well-being needs of children and young people. The plan has partnership involvement from a range of providers including specialist services, the third sector and the wider public sector. There is ongoing partnership work to fully implement the THRIVE model of practice with strong links to the Neighbourhood teams.

Policy Implications: Clinical Commissioning Groups, working closely with the Health and Wellbeing Board and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, Local Authority, Youth Justice and Education sectors – are required to develop Local Transformation Plans to support improvements in children and young people's mental health and wellbeing.

Financial Implications:
(authorised by Section 151 Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
CCG	£1,024k	-	-	£1,024k
Total	£1,024k	-	-	£1,024k
Section 75 - £'000 Decision: SCB	As set out in table 1 of the report, the CCG will receive an earmarked allocation in relation to LTP. This is £1,024k in 2019/20 rising to £1,136k the following two years. This expenditure is subject to external scrutiny and audit ensuring the funding is spent in accordance with agreed criteria. The CCG would be at risk of losing this allocation if it is not spent in line with external expectations.			

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

The plan detailed in the report sets out projected spend which meets external expenditure criteria.

Legal Implications:
(authorised by Borough Solicitor)

Risk Management :

Failure to confront the issues the report seeks to address will have potentially serious future consequences for the vulnerable children and young people who it seeks to protect, with a consequential impact on the legal framework within which they find themselves.

Access to Information :

The background papers relating to this report can be inspected by contacting Kristy Nuttall, Children, Young People and Families Commissioning Manager



Telephone: 07824 694276



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1. EXECUTIVE SUMMARY

- 1.1 The Local Transformation Plan (LTP) refresh report sets the ongoing achievements realised from the onset of the original plan in 2015/16. The report also details a number of actions identified for 2019/20 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 February 2016.
- 1.2 The LTP report also details the proposed financial plan to support the national delivery of extra capacity and capability whilst also giving access to high-quality mental health care for children and young people.

2. BACKGROUND

- 2.1 The report update continues the emphasis for joined up provision and commissioning for the delivery of the proposals as set out in Future in Mind published in March 2015. The proposals set out a series of transformation and improved outcomes for children and young people with mental health problems which were further endorsed by the Five Year Forward View for Mental Health published February 2016.
- 2.2 The Tameside and Glossop Local Transformation Plan (LTP) was finalised in October 2015. This included reference to how local areas would deliver the national ambition through extra capacity and capability in relation to new funds agreed by NHS England (NHSE) announced in the Autumn Statement 2014 and Spring Budget 2015.
- 2.3 LTP's require active engagement led by Clinical Commissioning Groups (CCG'S) working with all stakeholders. Government and national public interest surrounding children and young people's Mental Health ensures that robust assurance and auditing remains in place; with additional scrutiny from Greater Manchester Health and Social Care Partnership.
- 2.4 The NHS Long Term Plan sets the continued commitment to improving the mental health support available to children and young people and builds on the plans set out in the Five year forward view. The plan includes the following:
 - Continued expansion of access to community based mental health services to meet the needs of more children and young people.
 - Continued investment and development of CYP eating disorder services.
 - Improving access to support for children and young people experiencing a mental health crisis.
 - Mental health support for children and young people will be embedded in schools and colleges.
 - A new approach to young adult mental health for people aged 18-25 will support transition into adulthood.

3. INTRODUCTION

- 3.1 The LTPs are 'living' documents that need to be refreshed as required and delivered through action plans for the 5 year life span of the programme. In support of this at the start of 2016 CCGs were advised of rising baseline funding for the next five years for implementing Future in Mind and the Five Year Forward View for Mental Health; providing the assurance and confidence for commissioning of increased resources to improve capacity and capability of LTPs.

3.2 Our LTP was finalised in October 2015 and assured at the end of 2015/16 through NHSE bespoke process, with a view to align in 16/17 with mainstream CCG planning and assurances cycles. An update was published in November 2017.

3.3 The refresh of the LTP reflects the local progress and further ambition going forward for 2019/20 and is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended.

4. CONTEXT AND NEED

4.1 The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

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

4.3 Most children grow up mentally healthy, but surveys suggest that more children and young people have problems with their mental health today than 30 years ago. That's probably because of changes in the way we live now and how that affects the experience of growing up.²

4.4 Therefore it is important to know that across England

- 10% of children aged 5-16 years suffer from a clinically significant mental health illness¹
- Only 25% of children who need treatment receive it.²
- 50% of those with lifetime mental illness will experience symptoms by the age of 14 years.³
- Maternal depression is associated with a 5 fold increased risk of mental health conditions in children.⁵
- Boys aged 11-15 years are 1.3 times more likely to have a mental health issues than girls of the same age.⁴
- 60% of Looked after children have some form of emotional or mental health problem.
- Young people in prison are 18 times more likely to take their own lives than others of the same age.⁴

4.5 Children and young people make up a third of the Greater Manchester population and it is forecasted that the 0 -15 year old cohort will be one of the fastest growing groups over the next 5 years. The Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester.

4.6 Current prevalence estimations predict that one in ten children aged 5 to 16 years has a diagnosable mental health. Applying prevalence assumptions the table below shows the Greater Manchester estimated prevalence of mental health disorder in children and young people aged 5 – 17 years, at a locality level.

¹ Department of Health (2013) Our children deserve better: Prevention pays

² Kessler R, Berglund P, Demler O et al Arch Gen Psychiatry. 2005;62(6):593-602 Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey

³ Children and young people's health outcome forum (2012) Report of the children and young people's health outcomes forum – mental health subgroup

⁴ Department of Health (2013) Our children deserve better: Prevention pays

Table 1. Greater Manchester Estimated number of children with mental health disorders aged 5-17 years

Greater Manchester Locality	Locality Population Aged 5-17 yrs.*	Prevalence % **	Estimated Prevalence of Mental Health Disorder
Bolton	47,297	9.8	4,635
Bury	30,549	9	2,749
Manchester	80,618	10.5	8,465
Oldham	41,833	10.1	4,225
Rochdale	36,288	10.1	3,665
Salford	37,267	10	3,727
Stockport	44,310	8.7	3,855
Tameside & Glossop	39,496	9.9	3,910
Trafford	39,957	8.4	3,356
Wigan	49,068	9.8	4,809
Greater Manchester	446,683		43,396
Greater Manchester (Aggregated)		9.7	43,328

* Mid-2016 Local Authority and Lower Layer Super Output Area population estimates

** Modelled on synthetic estimates, 2015 (Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

- 4.7 A 2014/15 base line suggests only 25% of them receive specialist intervention. The NHS has committed to widening access to NHS funded community Mental Health service, so that 70,000 more Children and Young people (CYP) by 2020/21 are accessing treatment each year. 'Implementing the Five Year Forward View' (2016) sets out an indicative trajectory to achieve this.

Table 2. Adapted from *Implementing the Five Year Forward View for Mental Health: CYP Increased Access Trajectories*

Objective	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community Mental Health service.	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	49,000	63,000	70,000

- 4.8 The risk of child mental health disorders is estimated up to six times higher in vulnerable groups of children and young people e.g. those with a Learning Disability and Autism, children with chronic physical health problems, Looked After Children, children in contact with youth justice, and in families where parents / carers have a mental health disorder.
- 4.9 Mental health disorders in childhood have high levels of persistence and continuity through adolescence, and sometimes into adult life (25 to 40%). The consequences of untreated emotional wellbeing and mental health problems early in life can be long lasting and far-reaching, thus effective early intervention is essential.
- 4.10 For Tameside and Glossop children's and young people's mental and emotional health outcomes are worse when compared to the England averages. For example when looking at risk factors

- In 2018 there were 616 looked after children (Tameside only)⁵
- Around 329 children in need in 2017 was due to family stress or dysfunction.⁷ (Tameside only)
- Approximately 375 people in drug and alcohol treatment services in 2017/18 had children.⁶ (Tameside only)
- Around 1,200 women experienced mild to moderate postnatal depression or post-traumatic stress in 2015/16.⁷
- Around 15% of children and young people in Tameside and Glossop have a long term condition, disability or medical condition.⁸
- 16% of 15 year olds in Tameside report low life satisfaction.¹⁰
- More than half of all 15 year olds say they have been bullied.¹⁰
- Around 9% of 15 year olds say they are regular drinkers of alcohol.¹⁰
- Around 69, 10 to 15 year olds entered the youth justice system for the first time in 2017.¹⁰ (Tameside only)
- More than 1,500 10 to 15 year olds provide unpaid care.¹⁰
- More than 1,700 referrals to children social care in 2017/18 were related to domestic abuse.⁹

4.11 Therefore the prevalence of Emotional and mental health issues for children and young people in Tameside and Glossop are significant

- Around 3,124 children aged 5-16 years have a mental health condition.¹⁰
- Around 1,195 children have an emotional disorder.¹²
- Approximately 3,183 children aged 16 to 24 years have an eating disorder.¹²
- 758 school aged children in 2018 had a social, emotional or mental health need.¹² (Tameside only)
- In 2016/17, 107 children were admitted to hospital due to self-harm.¹¹
- There were 603 A&E attendances for self-harm in children and young people in 2017/18¹²
- In 2017/18 there were 1,717 referrals to Child and Adolescent Mental Health services (CAHMS) in Tameside & Glossop.¹³

5. TRANSPARENCY AND GOVERNANCE

5.1 The initial Transformation Programme Board for Children and Young People's Emotional Wellbeing and Mental Health has developed into the Children's emotional health and wellbeing Strategic Steering Group and will report to the Starting Well Board as this is established. Work will also continue with a number of smaller working groups or task and finish groups. The aim of these groups has been to agree a number of overall high level objectives and key tasks with action plans and timelines for implementation.

⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766707/LAIT.xls

⁶<https://www.ndtms.net/>

⁷<https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health>

⁸<https://fingertips.phe.org.uk/profile/child-health-profiles>

⁹ Tameside mbc childrens social care

¹⁰<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/6/par/E12000002/ati/102/are/E08000008/iid/92766/age/245/sex/4>

¹¹<https://fingertips.phe.org.uk/profile/child-health-profiles>

¹² TIIG

¹³<https://www.gmtableau.nhs.uk/#/site/TamesideandGlossopCCG/views/>

- 5.2 Governance structures are maturing ensuring we fully realise the benefits of the additional investment agreed by the CCG/Strategic Commission. At GM CYP MH Programme and implementation plan has been developed. The delivery of this is being overseen by the GM CYP Mental Health Board, which in turn reports into the GM MH Programme Delivery Board and overseen by GM Joint Commissioning Board (GM JCB).

6. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

- 6.1 Tameside and Glossop continue to undertake a variety of engagement activities with CYP to inform the development of its LTP. The original 'I Statements', developed by children, young people and their families in 2016 remain at the core of all commissioning and outcome monitoring:-

Figure 1: The Voice of the Child I statements

1. *I should be listened to, given time to tell my story and feel like what I say matters.*
2. *I want my situation to be treated sensitively and I should be respected and not feel judged.*
3. *I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.*
4. *I should always be made to feel safe and supported so that I can express myself in a safe environment.*
5. *I should be treated equally and as an individual and be able to shape my own goals with my worker.*
6. *I want my friends, family and those close to me to understand the issues so that we can support each other.*
7. *I want clear and up to date detailed information about the services that I can access.*
8. *I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.*
9. *I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling. I want my support to feel consistent and easy to find my way around.*

- 6.2 This year's Make Your Mark campaign has seen 1,106,788 young people take part, making it one of the largest youth consultations of its kind in UK history, with 1 in 5 of all young people aged 11-18 taking part. The Make Your Mark ballot is supported by Local Authorities, schools, Parliament, the British Youth Council and the Department for Digital, Culture, Media & Sport. It gives young people across the country a say on what is to be debated on the green benches of the House of Commons by Members of Youth Parliament.

The five issues that have been prioritised are:

- **Put an end to Knife crime** – Too many young people's lives are lost to knife crime; the Government need to do more to help end the knife crime epidemic.
- **Mental Health** – Mental health services should be improved with young people's help; and should be available in schools..
- **Equal Pay, Equal Work** – Give young people the same amount of pay, if they are doing the same work as adults in the same job.
- **Tackling Homelessness** – Every person should have a place to live and the opportunity to live comfortably. Let's make it happen and put a stop to homelessness.
- **Votes at 16** – Give 16 and 17 year olds the right to vote in all elections/referendums.

There were 6,078 votes from young people within Tameside which is 27.67% of the 11-18 population. 1,159 votes were for improved mental health services, which was the highest vote at 19%.

We are working with the Youth Council to progress these views and explore how we can get some in-depth feedback to inform and co-design new services such as the youth counselling service and transitions pathway.

6.3 Future in Mind sets out a clear rationale that;

“All services give you the **opportunity to set your own treatment goals** and will **monitor with you how things are going**. If things aren’t going well, the team providing your care will work with you to make changes to achieve your goals. You have **the opportunity to shape the services you receive**. That means **listening to your experience of your care**, how this fits with your life and **how you would like services to work with you**. It means giving you and those who care for you the **opportunity to feedback and make suggestions** about the way services are provided”.

6.4 With the points above in mind, work to incorporate outcome led commissioning has enabled emerging and growing evidence indicating that services are:

- establishing good therapeutic alliance – vital in helping recovery
- helping CYPF to recover together and demonstrating effective services
- aiding CYPF to progress towards their self-identified goals
- offering a positive experience according to CYP and parent feedback through a range of Routine Outcome Measures (ROM)– Experience of Service Questionnaire (ESQ), Young Child Outcome Rating (YCOR), Young Child Session Rating Scale (YCSRS), Goal Based Outcome (GBO)

6.5 We have established whole system outcome monitoring, working in partnership with CORC. Data is being collected by providers, using pertinent outcome measures. From April 2019, there will be a national outcome matrix and a requirement to submit outcome data to the Mental Health Services Data Set (MHSDS). This will supersede CORC reporting.

6.6 Throughout 2018/19, Action Together have further developed work around the voice of the child establishing a young people’s emotional wellbeing voice and influence forum. The forum has worked alongside Tameside Youth Council and Tameside Children in Care Council to develop a Voice of the Child Strategy for the wider Tameside Partnership.

7. LEVEL OF AMBITION

7.1 As detailed above, our LTP has been structured in line with the five priority areas set out in the Future in Minds and the Five Year Forward View for Mental Health. Our ambition is for a children and young people’s emotional wellbeing and mental health system that is truly personalised, joined up, supports all children and young people to stay well and provides the very best support and care when and where they need it.

7.2 It is expected that by 2020/21, there is a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year nationally will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. The expectation in Tameside and Glossop is as follows:-

Objective	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receives treatment from an NHS-funded community MH service	30%	32%	34%	35%
National Target- No. of additional CYP treated over 2014/5 baseline	35,000	49,000	63,000	70,000
T&G Target - No. of additional CYP treated over 2014/5 baseline	1646	1755	1865	1920

- 7.3 Our ambition, through working collectively to create an integrated system requires the following aims to be achieved and embedded in order to deliver a seamless service:
- To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people.
 - To ensure children, young people and families have:
 - Access to timely and appropriate information and support from pregnancy to adulthood;
 - Clearly signposted routes to support, including specialist CAMHS;
 - An 'open door' into a system of joined up support that holds a 'no wrong door' approach, which is easy to navigate;
 - Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are);
 - Timely access to this support that is as close to home as possible.
- 7.4 Maximising success is a key driver in delivering success at Greater Manchester level which recognises the need to improve access and partnership working through an integrated whole system approach to meeting the emotional and mental health needs of children and young people.
- 7.5 This is a five year programme of change and our successes to date should be viewed as the start of a longer planning process with subsequent year on year updated action plans to follow; ensuring a phased approach that addresses not just system changes, but also develops the culture for sustainability and learning.
- 7.6 Our LTP is extremely ambitious both in its desire to effectively implement the recommendations set out in Future in Mind but also changes the model of care for CAMHS to the Thrive model fully incorporating universal, community and voluntary sector provision, and also the pace and volume of supporting activity required to make this happen. Our plan includes a mix of redesign, underpinned by the transformational restructure of our specialist Healthy Young Minds (CAMHS) service, and additional investment to increase capacity in specific pathways and services such as Eating Disorders and Neurodevelopmental conditions (ADHD and ASC). Details of all investment areas are provided in the finance section.
- 7.7 These investments initially reduced waiting times and enabled the wider offer for this client group in partnership with Paediatric services (if no co morbidity of MH needs) and education. Those with other identified MH needs are seen and held by HYM through the offer of post diagnosis parenting support/ workshops. Further work is ongoing to ensure the pathway model is sufficient to meet the ongoing rise in demand.
- 7.8 Within HYM, all care pathways have been redeveloped and aligned to the Thrive model. This has ensured that further development of close working alliances with our partner

agencies remains crucial to ensure that care is coordinated and comprehensive across all levels of need.

- 7.9 While last year's nationally mandated priority was for the design, development and delivery of extended specialist Eating Disorder Teams for children and young people (which we have delivered), this year's focus is on ensuring 'Better Crisis Care support'.

8. WHERE ARE WE NOW (Jan 2019 UPDATE)

- 8.1 **Access** – Improving access to mental health support for children and young people is at the heart of our LTP ambition, with transformation money being invested to ensure far more children with a diagnosable mental health condition will get support where and when they need it. At a CCG level and Greater Manchester STP level we are aware that the data quality reported through MHSDS does not reflect the completeness of the activity taking place. The known reasons for discrepancies in the data being submitted centre around the difficulties and complexities with the submission of data to the MHSDS capturing all NHS funded activity that should also include the Voluntary, Community and Social Enterprise (VCSE) sector, education settings and paediatrics. As such locally we are confident that as a locality we reaching the required access target our lined in the 5yFV (outline in 5.2). However this needs to be captured (evidenced) through the MHSDS. The BI post identified in last year's LTP is not required due to changes in the access to the MHSDS from April 2019. Interim arrangements are in place for third sector providers to submit their data via a secure CCG connection, however, challenges remain in the collection and format of the data collection and this is not yet flowing successfully from all providers.

- 8.2 **Referrals** - The number of referrals for part year 2017/2018 (February) were 1439 and those accepted for HYM were 747. A further 316 referrals were picked up by partner agencies from (SPOE). The current wait times to first meeting have reduced to an average of less than 6 weeks for a first appointment and there is less than 2% which have exceeded the 18 week target which have been due to delays in getting further information to enable an informed decision being made.

The number of referrals accepted by Healthy Young Minds is on average 60 per month from April 2018, with very few referrals being rejected. Increased demand on the service the waiting times average around 8 weeks to first appointment and 13 weeks to second appointment, with only around 3% being seen outside of the 18 week target.

Partner organisations collect referrals from the Single Point of Entry (SPOE) which is working well as a multi-agency triage meeting.

Off the Record receive on average 60 referrals a month with the main referral source as GP, but a good proportion of referrals are also generated from the SPOE. They see an average of 33 young people per month for counselling, and on average the young people have 5 sessions each. In addition, around 20 people per month attend the Off the Record drop in sessions for counselling.

The open access offer has seen on average 80 young people per month attend the Hive to access early intervention or counselling, and 40 people access the Talk Shop for individual brief intervention counselling or support.

VCSE organisations attendance at the Single Point of Entry is a significant development. Sharing information and knowledge as equal partners has helped to break down barriers and has forged new partnerships and helped to develop new levels of trust and cooperation. As partners we have been able to respond in a multi-disciplinary way, offering young people and families a wider range of options to enable them to get the most appropriate types and levels of support.

8.3 **Data Quality** - Improvement actions for reducing variation and improving data quality and completeness have been instigated. Under the improvement plan 4 phases/domains are identified:

- Phase 1: NHS CAMHS Provider Assurance
- Phase 2: Commissioning Review
- Phase 3: VSCE Reporting
- Phase 4: Other NHS Provider Reporting (e.g. Paediatrics)

To date, all phases are currently underway. The work completed so far includes:

- 1- Participating in GM wide data masterclass, which was supported by NHS Improvement's Intensive Support Team (IST). Discussion with the main provider regarding the learning from Trafford CCG in relation to data collection and quality.
- 2- Completed through the strategic steering group.
- 3- Actions are being worked through to improve the reporting on to the MHSDS by provider and there is an action plan in place to ensure that Data will be flowing into the MHDS by April 2019.
- 4- Data now flowing from the ICFT for Neurodevelopmental Paediatric clinics and diabetes Psychology.

8.4 **Waiting times** - Reducing waiting times was identified in the LTP as a key priority for 2017 and beyond. Moving to a Single Point of Access (SPOE) where all referrals to HYM are reviewed by a multi-disciplinary and multi-agency team which includes representation from local 3rd sector representatives, Local authority and education this has resulted in a reduction in those referrals that would have not been accepted or an instruction "you need to refer to another service" it has aided partnership relations and reduced waiting times for a response to individuals requiring a service therefore offering the right support in the right place within a timely manner. These responses are fully integrating the Thrive model approach of support / response to the presenting needs.

8.5 **Growth in Specialist CAMHS** - In order to sustain delivering increased timely access to mental health services a significant expansion in the workforce (and associated investment) is required. Following publication of the FYFVMH and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), GM as an STP area has been asked to submit returns to NHSE/ HEE on how we are planning to grow the mental health workforce to enable us to deliver the FYFVMH objectives. Our Tameside and Glossop LTP year on year has realised this aspect with an uplift in the specialist HYM workforce from 23.7 FTE in 2014/15 to 32.5 FTE in 2016/17 (a 37% increase on base line year) and in 2017/18 34.5 FTE (a 0.66 increase on baseline year). This is a total of 45.6% increase. In January 2019, there are 34.7 FTE and a further 4.13 FTE posts to be established and recruited to by April 2019 (total 38.83 FTE) which represents a 63.8% increase in specialist HYM workforce since 2014.

The local Tameside and Glossop expansion is seen below:

CYP Workforce Expansion 2016-2021	Medical	N&M	AHP (STT)	Total Clinical
Tameside & Glossop (8.3%)	0.7 FTE	4 FTE	8 FTE	12.7 FTE

N.B there is also additional specialist workforce expansion in the Greater Manchester commissioned teams such as the Community Eating Disorder service and the Crisis Care Pathway and an additional Neurodevelopmental Co-ordinator FTE.

8.6 **Growth in Community Services** - Key community and voluntary sector providers continue to support the delivery of The Getting Advice and The Getting Help elements of the Thrive Model. This steering group continues to align and review its priorities outlined as follows:

- CYP Voice: Raise the profile of those services who are providing mental health support - who can help
- CYP Voice: Let us know who can help
- Continuation of the engagement of Children, Young People and Families in the co-production of the CAMHS Service to ensure the Voice of the Child is embedded
- Continuation of drop-in/open access support from Third Sector organisations, before during and after treatment
- Ensure promotion of mental health and emotional wellbeing through tackling stigma campaigns, workshops and local events (e.g. World Mental Health Day)

8.7 Work in this area has included the addition of a website www.youandyourmind.co.uk offering access to local and national support as well as including self-help tools for children and young people. The site was developed by a group of local young people the “Jury Riggers” who won Tameside Hack 2017, a 2 day coding competition for 12-18 year olds. The group have worked collaboratively with Public Health, TMBC Employment and Skills and third sector organisations to ensure the implementation and promotion of the website and to ensure that the meaningful engagement and involvement of young people who use emotional wellbeing services has influenced the development and implementation of the website.

8.8 **THRIVE** - Also within the ‘THRIVE’ offer, ‘The Talk Shop’ has continued to grow. The Talk Shop is a collaborative drop in service for children, young people and their families with Off The Record, Healthy Young Minds and The Anthony Seddon Fund. This runs in partnership with ‘The Hive’ coordinated by TOG Mind.

The Talk Shop offers families and carers support, advice and advocacy. Young people can access face to face counselling, brief intervention counselling and a range of activities, including drama and art workshops. Parents, carers and other agencies can meet and get advice from a HYM’s manager. This has helped to breakdown a number of barriers. Young people at the Talk Shop are developing a young people’s emotional wellbeing forum, this is being delivered by the Anthony Seddon Fund.

The Hive is a children, young people and families emotional wellbeing hub, services available from the hub include:

- Weekly Drop-in sessions - CYP can attend as one-off appointment to find out about our services or other services available within the area or can attend whilst they are waiting to access a service if their situation changes and then need some immediate support.
- 1-1 early intervention sessions - This facilitated self-help service support CYP to work on specific issues such as anxiety, low mood, and anger.
- Group psychoeducational courses- Specific issues are addressed with interactive activities, promoting peer support
- Family wellbeing activities - Workshops delivered within the café space at our wellbeing centre include specific cooking sessions, creative/arts & crafts activities such as mindfulness colouring, parent information sessions.
- Counselling - Time-based counselling sessions for young people needing higher clinical support to address specific issue, up to 8 sessions offered.
- Hive Hosts - The wellbeing centre supports other voluntary sector groups to deliver young people’s services within available spaces at the centre.

Off The Record’s Time-2-Talk project provides counselling and group work support for young people who are the victims of CSE and Sexual Abuse in Tameside. Off The Record has developed a partnership with the Police, the Phoenix Team and the Women’s and

Family Centre at Cavendish Mill to ensure young people and their families have access to emotional support. This project has attracted national research funding from the NSPCC. In October 2018 researchers from the Anna Freud Centre came and conducted interviews over two days. They interviewed the victims and survivors of child sexual exploitation, their families, carers and other professionals working with the project. In total 20 interviews were booked and every participant turned up for their interview. Findings from the research will be published in Summer 2019.

The Action Learning Sets are run in collaboration by HYM's and Off The Record. It is a process of learning and reflection, supported by a small group or 'set' of people with the intention of moving work issues forward. Individuals learn with and from each other by working on their own particular situations and reflecting on their experience. The sets are open to the children and young people's mental health and wellbeing workforce. To date, three Actions Learning Sets have been completed successfully and they have attracted an eclectic group of professionals, including; Head Teachers, Teachers, Commissioners, School Pastoral Managers, Careers Officers, Early Years Workers and managers from the Voluntary Sector. Feedback from professionals attending the sets has been very positive. A new ALS is being planned for Spring 2019.

8.9 **Working with schools** - Tameside and Glossop was selected in 2016 as a national pilot site by the Department for Education (DofE) and NHS England (NHSE) to test the named CAMHS school link scheme expressed in Future in Minds.

8.10 In addition to the school link scheme, a programme is in place to support Tameside schools to implementation and sustain a whole school approach to emotional health and wellbeing. This programme is known as the Emotional Health and Wellbeing Consultancy delivered by TOG Mind (commissioned by Tameside Population Health). The consultancy programme offers tailored and flexible support to the school including:

- Emotional wellbeing and mental health asset-based assessments;
- Pupil, parent and staff survey distribution, evaluation and feedback summary;
- Interactive strategy session with senior staff to review finding of the two above;
- Bespoke support package addressing specific needs and key actions to the school's tailored plan;
- Additional support or training sessions available to support implementation of the model, this could include specific skills training for select staff.

Schools working on the consultancy programme have the opportunity to seek the nationally recognised [AcSEED Award](#), a quality assurance mark presented to schools that have made a substantial effort to support the mental health of their students. The first school in Tameside and Greater Manchester was award May 2018, with subsequent schools since.

It is envisaged by April 2020, 40% of Tameside schools will have accessed the programme.

Furthermore, Tameside has launched a new Sex and Relationship Curriculum to support the statutory requirements in 2020, this covers a range of topics but includes emotional health and relationships. A Drugs, Alcohol and Tobacco Curriculum is currently in the making and due for releasing in the academic year 2019/20.

Tameside has also developed in partnership with local artists and schools, an arts based resource to enable child to reflect and express their feeling during the school day.

For more information on this work, please contact charlotte.lee@tameside.gov.uk (Tameside Population Health).

8.11 **Workforce Training** - The development of a local training ladder and a programme of e-learning and face to face training hosted by Tameside Safeguarding Children’s Board from April 2017 has included a Youth Mental Health First Aid Course delivered by Tameside and Glossop Mind. The course is delivered to workers from across the sector with the aim of the developing people’s knowledge and understanding to best support young people with a mental health problem. Delivery is on target to facilitate 8 courses in 2018/19 offering places to 128 participants. The feedback is positive and courses are fully attended.

In its third year, the YMHFA delivery team plan to deliver to more school groups in a cluster approach, local leisure providers and the wider workforce to really embed the principles that mental health support is everybody’s business.

Table1: Evaluation of Youth Mental First Aid Course based on 59 Responses

	Improved	Maintained	Declined
Participants personal confidence of how best to support young people with a mental health problem	98.3%	1.7%	0%
Participants knowledge of understanding of how best to support young people with a mental health problem	100%	0%	0%

8.12 **Eating Disorder Provision** – The launch of the new innovative South Sector Hub Community Eating Disorders Service (CEDS) covering Tameside and Glossop was launched in November 2017. Initially, the team worked with over 16 year olds but this has not been extended to reach young people age 14 and over.

8.13 **Parent Infant Mental Health** – Through the LTP the Parent Infant Mental Health pathway has been reviewed in line with national developments, including NICE Guidance on Ante and Postnatal Mental Health and has been mapped to the Thrive model. The pathway in Tameside and Glossop includes a strategic network involving all stakeholders to ensure the functioning of a whole service pathway and to allow for development and innovation as new evidence arises.

It is recognised that intervening early and maximising the impact of change in the first 1001 days of a baby’s life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Parental mental health is also a significant factor for children entering the care system. Children’s social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues.

Parent Infant Mental Health support continues to develop through the LTP as follows;

- a Vulnerable Families post delivering a partnership approach between Early Attachment Services (EAS) and Children’s Social Care. The post prioritises families on the edge of care where there are risks of a second child being taken into care and an overarching women’s group for this cohort.
- a Parent Infant Mental Health Coordinator based in Home-Start working collaboratively with services, volunteers and families to promote the importance of the parent-infant relationship during the 0-2 period.
- A 1001 Critical Days Action Plan is being taken forward across Adult Mental Health Services

The strength of parent infant services comes from the delivery of a coordinated approach through shared practices and training across a specialist team of clinical and other practitioners and volunteers in recognising the significance of the relationship between

parents and their infant. The Tameside and Glossop model is being rolled out across Greater Manchester.

- 8.14 **New Developments for Age 16+, The Living Life Well Programme (Neighbourhood Mental Health Teams)** – It has been recognised that a number of people age 16+ with multi-faceted needs are falling between commissioned services in Tameside and Glossop. Although there are a number of options to support people diagnosed with mental health needs in primary and secondary care many people fall between the thresholds for these services and often present to their GP, A&E and other settings looking for help. Tragically there have been a number of people within this group who have taken their own life.

Types of multi-faceted complex needs of this group of people

- The effects of childhood abuse
 - Emotional instability
 - Dual diagnosis (substance misuse, LD and autism)
 - Young adults transitioning from CAMHS
 - People with complex psychological needs
 - Medically unexplained symptoms
 - People frequently asking for help, including GP, A&E
 - People under the care of tertiary services e.g. with eating disorders
- 8.15 In January 2018 the Strategic Commissioning Board (SCB) agreed to prioritise investment in mental health to improve parity of esteem. Investment to support establishing a new model of mental health support in the neighbourhoods and improving support to people with ADHD and autism were included. Following an analysis of options by a multi-agency working group SCB agreed investment to establish the 101 Days for Mental Health Project in May 2018. This included investing in the support of an experienced consultancy partner, the Innovation Unit to support bringing together a wide range of partners and people with lived experience to collaboratively co-produce a new model of care for mental health in the neighbourhoods.

As a result new mental health neighbourhood service model was co-produced. The service will provide support people aged 16+ however by seeing vulnerable groups of people and improving their quality of care this could have a positive effect for families and carers that could be under the age of 18. In summer 2018 Tameside and Glossop were also chosen as one of four sites nationally to join the Living Well UK Programme. Funded by the Big Lottery and led by the Innovation Unit this three year programme will build on the work started in the 101 days project. In 2019 we will be prototyping this new model in one neighbourhood to test, learn and adapt what we offer to ensure it meets people's needs prior to incrementally reaching the whole of Tameside and Glossop by 2020.

9. 2019 PRIORITIES AND BEYOND

9.1 Improving Access -

- Increase access to high quality mental health services so that 35% of Tameside and Glossop Young people with a mental health condition are getting the help and support that they need. There is an ongoing commitment to train existing staff in evidence based Psychological Therapies through the CYP- IAPT training programme.
- Further improve access to drop-in sessions across the borough.
- Review and further develop the single point of entry.

- Strengthen the links between mental health services and the Neighbourhood and early help teams.
- 9.2 **THRIVE-** Tameside and Glossop are being supported by GM iTHRIVE team to ensure continued roll out of the THRIVE model across all areas. Small teams will attend workshops and complete implementation projects on 4 key priorities including shared decision making, getting advice and signposting, risk support and knowing when to end treatment. These working groups will feed into the Children’s Emotional Health and Well-being Strategic Steering Group and subsequently the Starting Well board.
- 9.3 **Parent Infant Mental Health** – with the roll out of the new GM Specialist Community Perinatal Infant Mental Health Team into Tameside and Glossop, ongoing review of the integrated PIMH pathway will continue.
- 9.4 **CYP access to care in a crisis** – Ongoing work with the GM Crisis Care Pathway Team, Healthy Young Minds, Accident and Emergency and the hospital staff to ensure that children and young people suffering a mental health crisis get the help and support they need and are supported to stay or to return into the community where safe to do so. Children and Young people who present at A and E or on the Paediatric ward will have access to timely mental health assessments. This will include all an extended RAID provision in A and E.
- 9.5 **Transforming Care** for CYP with a learning disability and or autism and mental health needs
- Transforming care and CETR processes will be relaunched to include better use of the children and young people’s Dynamic Register – multi-agency planning for CYP who require additional support
 - Early Intervention – a small keyworker service will be piloted to work with children under the age of 7 and their families
 - Training – positive behaviour support training for parents and staff will be rolled out across the system
- 9.6 **Data** – Ensure that all access and outcome data is flowing to the Mental Health Services Data Set (MHSDS) from all providers.
- 9.7 **Oversight** – To ensure the transformation plan and its delivery has a focus on the whole - system, building stronger and robust relationships between partners across all sectors. This will be achieved through the strengthening of governance structures. The CYP Emotional Health and Well-being Strategic Steering board will report into the Starting Well board and this board will set the strategic priorities moving forwards.
- 9.8 **Neurodevelopmental Pathway** – Complete a review of the neuro-developmental pathway, aligning with the Greater Manchester developments and ensuring that children and young people receive timely support and diagnoses where indicated.
- 10. GREATER MANCHESTER STRATEGIC PLANS TO IMPROVE CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH SERVICES**
- 10.1 Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

- 10.2 Devolution has enabled Greater Manchester to collectively respond to the challenges outlined within Future in Mind and in doing so, make a step change in transforming mental health services for children and young people living in Greater Manchester.
- 10.3 Greater Manchester has developed an all age Mental Health and Wellbeing Strategy that provides a framework to support the transformation of Children and Young People's mental health at a Local Transformation Partnership level and across the wider Greater Manchester Footprint.
- 10.4 The Greater Manchester strategy focuses on:
- **Prevention** - with an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.
 - **Access** – improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.
 - **Integration** - many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.
 - **Sustainability** - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health
- The Greater Manchester Mental Health Strategy can be viewed at:
www.greatermanchester-ca.gov.uk/downloads/file/161/greater_manchester_mental_health_strategy
- 10.5 **Collaborative Commissioning across Greater Manchester** - Following the publishing of Future in Mind a collaborative approach to the commissioning and delivery of CYP mental health services across all 10 of GM's Local Authorities/CCGs has been established. This collaborative approach across the 10 Local Authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester. Working together CCGs/LAs are delivering more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improved as a result of an implementation of THRIVE informed service delivery which will result in increased throughput. Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.
- 10.6 **Greater Manchester Programmes** - The Greater Manchester Health & Social Care Partnership has made £60m available to support Greater Manchester's Local Transformation Partnerships to implement a three year cross sector system transformation programme that is characterised by:
- 10.7 **Crisis Care Pathway** - A Greater Manchester Transformation Fund £ 13.3m proposal was approved in December 2017, which held the vision to develop a GM-wide whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families, accessible across 7 days. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across GM, recruiting staff and designing clinical pathways and protocols.

For 2019/20, the overarching aim is to launch of all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of this financial year, Rapid

Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families. As a key partner we will continue to support this vital work as it progresses. For further information please go to: <https://www.penninecare.nhs.uk/gmccp/>

- 10.8 **GM i-THRIVE** - Each of the 10 Local areas will work with GM iTHRIVE team to enable the delivery of the GM CYP mental health transformation programme. It is planned that this will be achieved by strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of “THRIVE informed” local teams to better support the local implementation process.

Training will be provided and supported by a GM iTHRIVE Training and Development team over a three year period. GM iTHRIVE will provide training for a minimum of 60 front-line staff per year – 6 per locality to be trained and able to embed the training back in the locality to support delivery of THRIVE-like services. The GM team will coach and mentor local leads through THRIVE informed transformation processes and work flexibly with each LTP to develop a wider understanding of each locality’s needs and requirements and draw from both the resources in the THRIVE toolkit and the expertise within the National iTHRIVE team in order to provide each LTP with a tailored package of support.

Utilising the iTHRIVE implementation, evaluation and outcomes framework the GM team will create a learning network/community of practice alongside action learning groups, and will organise and facilitate joint learning days that will address and tackle common issues and challenges encountered across the 10 LTPs, and share knowledge about service improvement, innovations, that emerge within individual localities.

Since GM i-THRIVE programme team in place (July 2018)

- All localities are engaged and fully committed to implementing THRIVE
- All localities completed initial intelligence gathering tool
- All localities have as draft implementation plan and have had one to one meetings with programme manager to plan next steps.
- All localities have had an i-THRIVE presentation at their strategic board.
- Engagement workshops are starting to take place across GM.
- GM Outcomes Framework drafted.

Plan for 2019/20

- All localities to complete workshops and have a full understanding of what their current whole system looks like and identify priorities.
- Phase 1 of implementation to be completed.
- Subject Matter Experts to be pulled in using the funding from GM to work on implementing i-THRIVE in different parts of the system.
- THRIVE training academy to start in January – all localities committed to allocating 6 people from across the system to attend training and embed practice back within the locality.
- All localities committed to Community of Practice.
- Localities committed to supporting the gathering of data for GM Outcomes Framework including assistant psychologists undertaking surveys/interviews with Children and Young People and the wider workforce.
- Explore supervision and consultation models to support the broadening of the system (phase 2).
- THRIVE leads from each locality meet regularly to share good practice and challenges in a peer support forum.
- All localities to have a communication and engagement plan.

10.9 **GM wide mental health support in schools pilot** - A six month schools emotional wellbeing and mental health rapid pilot was delivered at pace across GM to increase access to evidence informed mental health support and help for students/pupils and staff, delivered across primary and secondary schools, special educational needs (SEN) schools and a pupil referral unit (PRU). The pilot was linked with the Green Paper reforms for 'Transforming Children and Young People's Mental Health Provision,' which was published in December 2017. A key feature of the pilot was a collaborative model of delivery of the programme to 31 primary and secondary schools, SEN schools and PRU. The pilot was delivered by four voluntary and community social enterprises (VCSE) organisations: Alliance for Learning (AfL), Place2Be (P2B), Youth Sport Trust (YST) and 42nd St, over an intense six month period and was completed in October 2018.

Each partner delivered areas of the programme which highlighted their expertise. AfL delivered Mental Health First Aid Training to support senior leaders and Mental Health First Aid Lite. P2B supported staff with a whole school approach and delivered Mental Health Champions training to senior leaders. They also worked with primary school students and supported YST with the delivery of their sessions.

YST delivered a programme of support to children and young people – 'Moving Minds' which was delivered by athlete mentors to support C&YP with their physical and emotional wellbeing. They also ran a programme of peer mentoring with Young Mental Health Champions/Ambassadors. 42nd Street offered a programme of supportive workshops to groups of secondary pupils and worked collaboratively with YST to deliver one on one support during their sessions.

The schools involved in the pilot were taken from across the GM footprint and a total of 7 of the 10 localities were included in the coverage of schools for the pilot. The localities involved in phase 1 were: Bolton, Bury, Manchester, Oldham, Stockport, Trafford and Wigan. The University of Manchester were engaged to complete an evaluation of the programme and produced a final report which was summarised into an evaluation document, which give an overview of the pilot, key findings, and recommendations for further development of the programme

An End of Pilot Summit was held in October at the Etihad Stadium. The summit was an opportunity to celebrate the successful completion of the 6 month Rapid Pilot, to hear from the young mental health champions/ambassadors who had participated in the pilot, together with views from some of the Head teachers of the schools involved in the pilot.

In summary:

- 31 schools recruited, engaged trained and supported
- 62 Senior leaders received Mental Health champion training over four sessions
- 53 Middle leaders received Mental Health First Aid Training
- 60 Targeted school staff received Mental Health First Aid Lite Training
- 450 Year 5 Primary pupils participated in two active workshops with follow up support
- 240 Year 10 secondary pupils participated in tow active workshop with follow up support
- 67 Primary pupils received training to become Young Mental Health Champions
- 90 Secondary pupils received training to become Mental Health Champions

Next Steps:

Phase 2 of the Pilot will see the continuation of work across the original 31 schools and the roll out to a further 31 schools & colleges, bringing the total number of schools and colleges within the Pilot to 62. The ambition is to scale the project to 10% of schools and colleges across the GM footprint, with the third phase of the project involving the procurement of additional providers to deliver to a further 63 schools and colleges – which will mean the total coverage of schools and colleges in GM (125) will represent 10% of our total schools and colleges.

10.10 **ADHD** - There is ongoing work across Greater Manchester taking place to ensure paediatrics and CAMHS are jointly delivering the ADHD pathway for young people. Almost all localities have Paeds and CAMHS representatives as part of their local multi-disciplinary team developing and assuring the pathway. Additionally all localities in GM have access to an objective psychometric measure (via Qb Test) to support diagnosis and management if and when required. Further work is taking place to increase all services cognisance with the 12 GM ADHD Standards.

10.11 **Eating Disorders** - Across Greater Manchester (GM) there are currently three community eating disorder services operating out of four different sites for young people. Work is taking place to ensure all services achieving the national access and wait time targets by 2020, which current trends would indicate that is on track, although not currently being achieved.

Source NHS Digital: Data shows CYP ED waiting Times for Urgent at Sept 2018

CYP Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	78.9%	74.7%	81.3%
NORTH OF ENGLAND	78.8%	73.5%	81.6%
GREATER MANCHESTER (ICS)	74.5%	81.0%	90.0%

Source NHS Digital: Data shows CYP ED waiting Times for Routine at Sept 2018

CYP Eating Disorder Waiting time - Routine (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	79.9%	81.2%	80.2%
NORTH OF ENGLAND	85.7%	84.2%	83.4%
GREATER MANCHESTER (ICS)	80.4%	82.8%	86.6%

The continued development and expansion of this service has delivered the following;

- Planned homebased treatment for young people aged under 16 years
- Ongoing support sessions and workshops to young people aged 14 years and above and families/carers where appropriate
- Parent support groups for all ages across CEDS and HYM referral routes
- Partnership work with the eating disorder charity B-eat delivering training to those agencies in contact with young people and an ambassador role
- An identified eating disorders champion across HYM and CEDS collaborating bi-monthly case support through a Junior Marzipan Meeting
- Offer seven day triage for 16-18 year olds
- Further develop close working arrangements with a range of support services from the third sector
- Completion of 16 days National Eating Disorder Training by the staff team

10.12 **Further Education Colleges-** A GM wide development programme to support Further Education Colleges to be better able to understand and respond to the impact of Adverse Childhood Experiences and Trauma on staff and students. This will include the development of GM standards (to be implemented locally) to support the mental health needs of identified **vulnerable groups** (not an exclusive list) including:

- Looked After Children those adopted and Care Leavers;
- Young people involved with the Youth Justice System;
- Children and young people with Neurological conditions (e.g. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)). We will build on the standards developed for ADHD to include ASD, with a view to developing commissioning recommendations and guidance for neurodevelopment disorders;

- Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual (LGBTQIA);
- Children and young people with Learning Disabilities;
- Young Carers (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem);
- Children and young people with chronic physical health problems;
- Children and young people who originate from Greater Manchester's Black and Minority Ethnic Communities;
- Children and young people who have experienced abuse neglect and trauma including those who have experienced CSE.

10.13 **Transition services** for young people moving from CYP mental health services to adult mental health services. The development of processes and protocols will be informed by the learning gained from two pilot projects up lifting ADHD and Community Eating Disorders to a young person's 25th Birthday All of GM's 10 Local Transformation Partnerships will support the implementation of agreed transition arrangements between CAMHS and AMHS and will work with adult mental health commissioners to achieve the above objectives.

10.14 **Perinatal and Infant Mental Health Services**

GM service components:

- Improving access to Parent Infant IAPT services
- Develop GM standards
- Options appraisal of different models of care
- Develop business case detail as required
- Developing elements for inclusion in IAPT Service Spec (with performance and outcomes framework)
- Parent Infant Mental Health Services across GM
- Draft a Business Case for CCGs to use;
- Develop GM standards
- Developing a GM PIMH Service Spec (with performance & outcomes framework)
- Offer support to localities to take interagency PIMH developments forward
- Developing a PNIMH training ladder

10.15 **Workforce Development** - the importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce. A whole GM CYP mental health system skills audit that maps onto the iTHRIVE framework is underway, and the outcomes will be utilised to contribute to the planning of the whole GM children and young person's workforce planning. Local Transformation Partnerships have agreed to collaborate to ensure that the workforce will grow to meet the planned increase of young people accessing specialist services.

10.16 **Greater Manchester CAMHS Workforce-** In order to sustain delivering increased access and improved outcomes for children and young people's (CYP) mental health – as per the national must do - a significant expansion in the workforce (and associated investment) is required. Following publication of the Five Year Forward View for Mental Health (FYFVMH) and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), Greater Manchester (GM) is required to hold plans how it will grow the mental health workforce to enable us to deliver the FYFVMH objectives.

In addition GM and its localities has recognised the potential risk to effectively delivering our ambitious children and young people mental health transformation plans are largely centred on the workforce.

In response a £1.4 million investment through GM transformation funding has been secured to ensure a clear strategy and associate plans are in place to mitigate the known risks. The

Greater Manchester Children and Young People’s Emotional Wellbeing and Mental Health Workforce Strategy has been developed through consultation and engagement with a variety of stakeholders that included NHS Providers, Clinicians, CCGs and the GM Strategic Clinical Network – to name a few.

The scope of the strategy focuses on the specialist element of CYP Mental Health workforce – CAMHS. Over time and through the work GM transformation funded GM i-Thrive programme strategic planning will seek to develop strategies for the wider CYP workforce. The purpose of the strategy is to outline principles and solutions across four key domains: -

- Improving supply and retention
- Building skills and knowledge
- Talent development and system leadership
- Improve workforce welfare and wellbeing

To date all specialist GM NHS CAMHS services have undergone the Self-assessed Skills Audit Tool (SASAT) to map their existing provision in order that a clear understanding of both local and GM gaps are understood. The assessment provides full information on staff numbers including whole time equivalents, skills and capabilities.

Building on the SASAT and in order to meet the requirements and those of the Five Year Forward View for Mental Health and Stepping Forward to 2020/21: The mental health workforce plan for England, GM as an STP area has to submitted returns to NHS England on how we are planning to grow the CAMHS workforce to enable us to deliver increased access and better outcomes.

Table 1: Greater Manchester CAMHS Workforce expansion (2016-2021)

CAMHS Workforce Expansion	Medical	Nursing	Allied Health	Total Clinical
Greater Manchester (100%)	9	65	37	111
Bolton (10.1%)	0.9	6.6	3.7	11.2
Bury (6.5%)	0.6	4.2	2.4	7.2
Heywood, Middleton & Rochdale (8.0%)	0.7	5.2	3	8.9
Manchester (21.1%)	1.9	13.7	7.8	23.4
Oldham (8.1%)	0.7	5.3	3	9
Salford (9.5%)	0.9	6.2	3.5	10.5
Stockport (10.0%)	0.9	6.5	3.7	11.1
Tameside & Glossop (8.3%)	0.7	5.4	3.1	9.2
Trafford (7.4%)	0.7	4.8	2.7	8.2
Wigan (11.0%)	1	7.1	4.1	12.2
TOTAL	9	65	37	111

Note: Workforce expansion by service area in Full Time Equivalents (FTE)

The numbers provided are based on Public Health weighted capitation formulas to apportion the nationally agreed figures across Greater Manchester STP

The enhancement of an additional 111 CAMHS clinical staff across Greater Manchester, outlined above, will be supported by Greater Manchester Transformation funded uplift of 39 additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN). This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs) to meet the population needs.

- 10.17 **Youth Justice** – discussions are underway to develop a place based commissioning model of extended support for GM’s Youth Justice Service. It is proposed that additional capacity is made available to recruit staff to coordinate and support joint working between GM’s Youth Offending Services, Children and Young Person’s mental health services and GM’s Integrated Health in Custody and Wider Liaison and Diversion Service to better: promote development of early recognition; improve communication between agencies; promote continuity of care and review pathways.
- 10.18 **GM’s Trauma / Resilience Hub** – set up to support those children, young people and families who were affected by the terror attack in Greater Manchester, and options are being considered to determine the legacy arrangements for this highly effective model. A range of options have been developed to support the ongoing function of the Hub to enable a Greater Manchester trauma service, supporting any child, young person or family who has experienced trauma, for example, families coming into Greater Manchester seeking asylum, being established.

11. 2017-2020 FINANCE PLAN

- 11.1 The CCG is in receipt of £4,242k of external LTP money to support delivery and redesign of children and young people’s mental health provision over a 4 year period. This overall programme of investment has already gone through the strategic commissioning governance process and the previously agreed programme of works will continue in 2019/20.
- 11.2 The LTP funding is subject to external scrutiny and monitoring to ensure funding is spent in accordance with agreed criteria and to assess value for money. The refresh of the LTPs – and its publication - is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.
- 11.2 Table 1 outlines the NHSE funding received by the CCG over the 4 year period. We have a budget of £1,024k to spend in 2019/20 which we are on track to deliver against. Subject to NHSE approval, there is the possibility of re-profiling spend across financial years, so long as spend across the lifetime of the programme remains within overall approval limits.

Table 1: Draft LTP Funding and Recommended Allocation

NHS Tameside and Glossop CCG LTP Income	2018/19	2019/20	2020/21	2021/22
Community Eating Disorders (CED)	141,000	141,000	141,000	141,000
Local Transformation Funding	790,000	883,000	995,000	995,000
Total LTP Income	931,000	1,024,000	1,136,000	1,136,000

Core Programme (Expenditure):	2018/19	2019/20	2020/21	2021/22
Community Eating Disorders (PCFT)	141,000	141,000	141,000	141,000
Parent Infant MH	40,000	40,000	40,000	40,000
Neurodevelopmental pathway	128,547	151,343	151,343	151,343
Looked After Children	104,009	104,009	104,009	104,009
Neighbourhoods and Schools	157,506	210,630	225,895	225,895
Improving Access- Drop ins and Assessments	99,599	99,599	99,599	99,599
HYM YOS Forensic & Transition	51,575	51,575	51,575	51,575
All Age RAID (PCFT)	28,076	56,151	56,151	56,151
Transforming Care - Early intervention	25,678	51,263	51,263	51,263

Transforming Care - Positive Behaviour Support training NR	16,000	0	0	0
CYP IAPT Trainees	50,281	87,975	43,647	9,459
CVS - MH First Aid Training	4,350	0	0	0
HYM Psychiatrist FTE 0.33	30,455	30,455	30,455	30,455
<i>Currently unallocated but subject to future SLT approval when schemes are known</i>	53,924	0	141,063	175,251
Total Expenditure	931,000	1,024,000	1,136,000	1,136,000

11.3 The five year forward view for mental health (approved in 2015) assumes that schemes currently funded through LTP will become recurrent schemes, funded from the CCG baseline from 2022/23 onwards.

11.4 Referencing the unallocated spend in table 1 above, it is anticipated that this will be spent on further improving access to mental Health Services and on building capacity with the Neurodevelopmental pathway. The detail of this spend is subject to future approval from Senior Leadership Team (SLT).

12. IDENTIFIED RISKS

12.1 **Recruitment** – there are challenges to recruit to specialist posts due to availability of appropriately trained and experienced staff.

13. IDENTIFIED ACTIONS

13.1 **Looked After Children** - access and provision for children who are looked after requires review to ensure that they are provided with timely services to make certain that their emotional health and well-being are promoted.

13.2 **Ensuring the Right Help is offered** – a review of how to ensure better alignment of multi-agency responses to referrals to Healthy Young Minds and Children’s Social Care through a review of the HYM daily screening, the SPOE, the weekly Children’s Social Care panel and the developing multi-agency panel in the Hub.

13.3 **Integrated Neighbourhood Services for CYP and families** - partnership process of designing a more effective model of partnership working on an Integrated Neighbourhood basis, with a strong emphasis upon more effective early help.

13.4 **Children with complex needs** – review of the needs of CYP in high cost out of borough placements and those requiring mental health in-patient care to identify alternative options, notably early intervention.

13.5 **Schools & Colleges** – the new Green Paper focuses on the role of schools in mental health. We will review the current position to ensure that every secondary school and college is supported by specialist services to deliver high quality emotional and mental health support to students and their families.

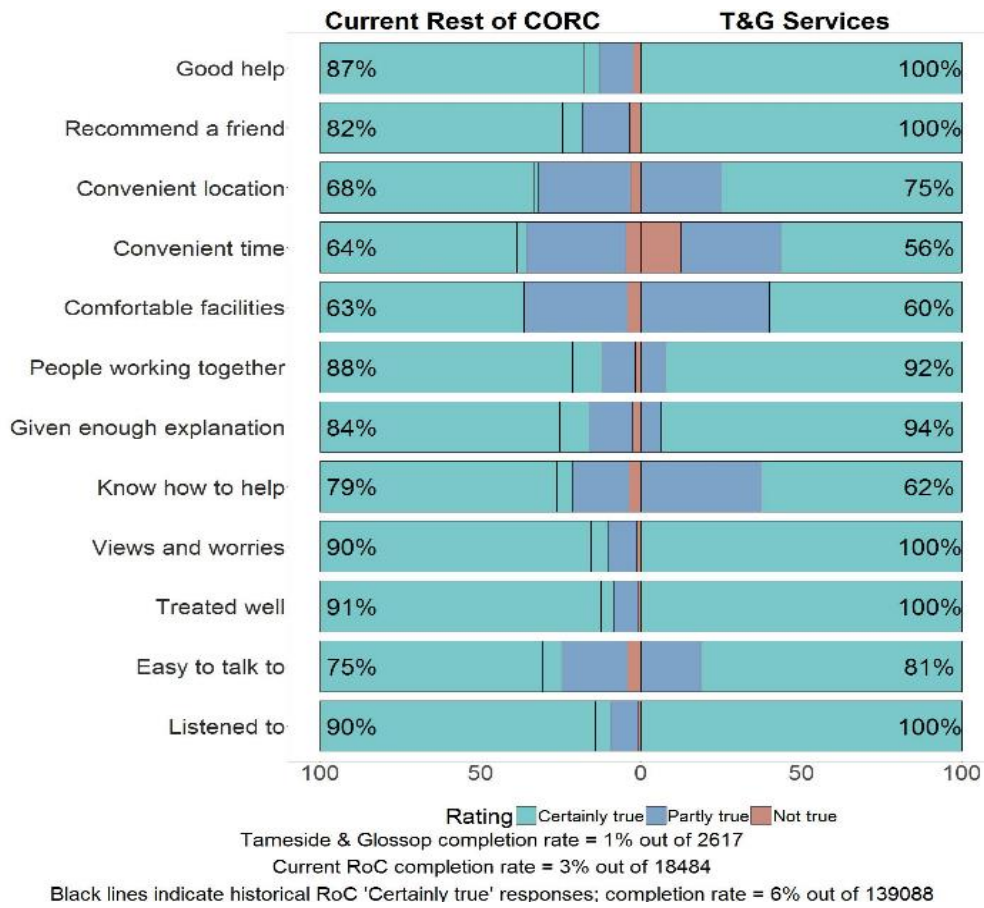
13.6 **Youth Offending Team** – integrated support for young people under the care of YOT will be reviewed.

13.7 **Getting Help** - To continue to review and develop the offer delivered by third sector providers in delivering the LTP. Further develop the strategic steering group to support the delivery of the Thrive Model.

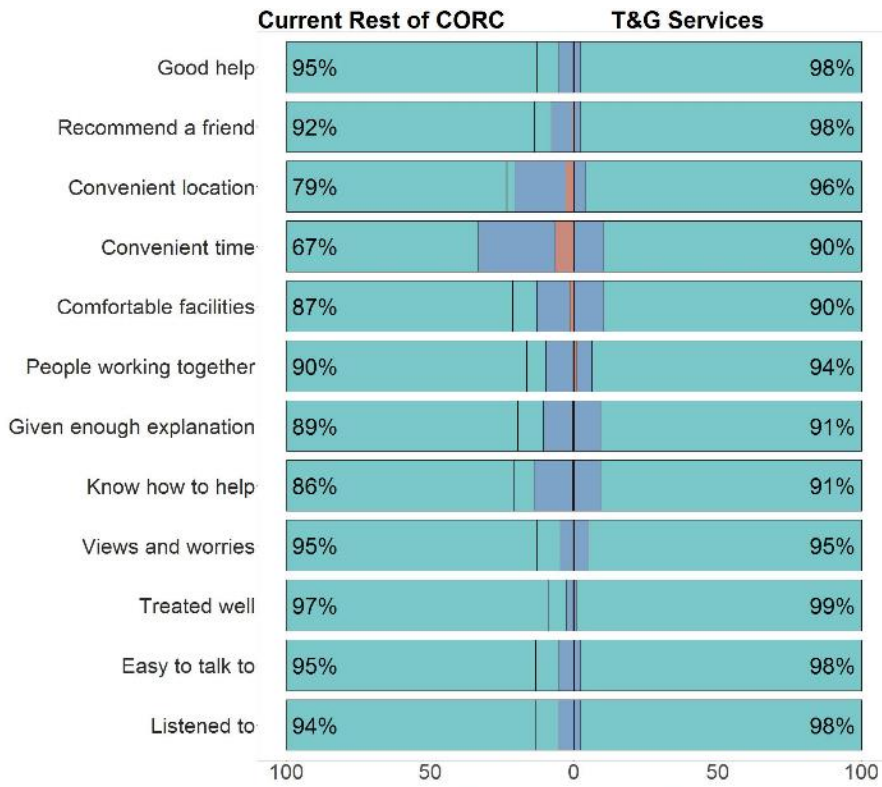
14. RECOMMENDATIONS

14.1 As set out on the front page of the report

Child Experience of Service Questionnaire



Parent Experience of Service Questionnaire



Rating: Certainly true (teal), Partly true (blue), Not true (red)

Tameside & Glossop completion rate = 4% out of 2617

Current RoC completion rate = 3% out of 18484

Black lines indicate historical RoC 'Certainly true' responses; completion rate = 5% out of 139088

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Agenda Item 7

Report to:	HEALTH AND WELLBEING BOARD
Date:	7 March 2019
Reporting Officer:	Debbie Watson – Assistant Director of Population Health
Subject:	TOUR OF TAMESIDE 2019
Report Summary:	The report provides information on the Tour of Tameside 2019 event including the agreed collaborative support from the Health and Wellbeing Board.
Recommendations:	The Health and Wellbeing Board is asked: <ul style="list-style-type: none">• To review the successes of Tour of Tameside to date;• To support Tour of Tameside 2019 including the agreed recommendations for working with the organisers.
Corporate Plan:	This proposal has several links across the Tameside and Glossop Corporate Plan but with particular focus on Starting Well and Living Well.
Policy Implications:	Tour of Tameside, within the context of the Tameside Active Executive Board and the Active Alliance, provides an important direction for the response to the local challenge of decreasing physical inactivity.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The report states that any related costs of the event (traffic management and regulation orders) will be absorbed (section 5.1). It is therefore essential that the related costs are appropriately planned for within the Population Health Directorate 2019/20 revenue budgets.</p> <p>In addition, any related facilitation fees of Strategic Commission employees who are supported to participate in the event will also be financed from related 2019/20 revenue budgets.</p>
Legal Implications: (Authorised by the Borough Solicitor)	It is important that decisions regarding resources are made on an evidence based approach. This report sets out the evidence of the challenges and proposals for how we respond to decreasing physical activity for the Board to determine if targeted resources delivering the necessary outcomes.
Risk Management:	There are no risks associated with this report.
Background Information:	The background papers relating to this report can be inspected by contacting Charlotte Lee, Population Health Programme Manager:  Telephone: 0161 342 4136  e-mail: charlotte.lee@tameside.gov.uk

- 1.1 The Tour of Tameside was founded by running legend, Dr Ron Hill MBE in 1983 and was originally a week-long event. After 14 years absence, the Tour of Tameside was reborn in 2015 by Sports Tours International and since 2016, has returned as a 4 daylong event.
- 1.2 The 4 daylong event consists of a cross trail 10K through Park Bridge and Daisy Nook (Ashton areas), a 6 mile hell on the fell 6 through Walkers Wood Reservoir to Active Copley (Stalybridge areas), hero half marathon on the Longdendale trail and a 7 mile road race through Hyde Town Centre.
- 1.3 Since 2015, the Tour of Tameside has seen an increase in participation which is illustrated in the table below:

	Full Race	10K	Hell on the Fell	Half Marathon	7 Mile	Total
2015	264		18	62	110	454
2016	252	125	42	150	140	709
2017	365	129	63	204	216	977
2018	430	184	85	209	311	1219

- 1.4 Above and beyond these 4 days, Sports Tours International endeavour to work with local communities to enable a wide audience participating in the Tour. An example of this is seen before the hero half marathon, where people are given the opportunity to participate in a short run dedicated to PC Nicola Hughes. Those who participate in both the short run and the half marathon complete 14.846 miles which makes up PC Nicola Hughes' badge number 14846 and all contributes are donated to the PC Nicola Hughes Memorial Fund.
- 1.5 Furthermore, Sports Tour International works alongside local charities that are given the opportunity to fundraise at these events with the arrangement to providing volunteer support.

2.0 THE SUCCESS OF TOUR OF TAMESIDE 2018

- 2.1 For the 2018 Tour of Tameside a number of partners across Tameside supported the event including; New Charter Housing Association (now Jigsaw Housing) who sponsored the event, Active Tameside who supported with warm up activities and facilitates where appropriate and Tameside MBC in relation to traffic management and communications.
- 2.2 Furthermore Public Health invested financial support to facilitate staff participation across Tameside MBC, Tameside and Glossop Clinical Commissioning Group, Greater Manchester Pension Fund, and Tameside and Glossop Integrated Care NHS Foundation Trust.
- 2.3 In agreement, for Public Health to fund the staff places, staff partaking would raise money for Tameside Hospital's critical care/high dependency unit in memory of Cllr Kieran Quinn and in recognition of the crucial role this unit plays in so many people's lives. By the end of Tour of Tameside £2,113.50 was raised for the unit.
- 2.4 In addition to the involvement of partners detailed above, Tour of Tameside engaged with a number of businesses, community and charity groups including:
 - Tameside4Good
 - Believe & Achieve
 - The Anthony Seddon Trust
 - Macmillan Cancer Support
 - The Grafton Centre
 - Hyde Town Team

- Willow Wood Hospice
- Tameside, Oldham and Glossop Mind
- Topaz Café
- Phoenix Tameside
- Rotary Club of Hyde
- High Peak Rotary
- Peak Valley Housing Association
- Hattersley Youth Football Club

2.5 A mapping exercise completed by Sport Tours International found that high numbers of participants of the Tour of Tameside, are resident in Tameside. As illustrated in appendix A.

2.6 With the success of the Tour of Tameside to date, participation is projected to grow for 2019, estimated at:

	Full Race	10K	Hell on the Fell	Half Marathon	7 Mile	Total
2019	450	200	85	230	300	1,265

3.0 OUTCOMES FROM THE TOUR OF TAMESIDE

3.1 The Tour of Tameside has all rounded positive outcomes for Tameside as a borough. Firstly, as an attraction, it draws people to several country trails and the sights that Tameside has to offer and thus increasing the use of the trails.

3.2 In addition, Tour of Tameside builds on the community assets, such as community groups, schools and local charities, enabling a wider audience to participate in the event whether that is partaking in the races or championing the community spirit.

3.3 Moreover, Tour of Tameside provides an opportunity for Tameside residents to engage in physical activity. It is known that 30.8% of the Tameside population are inactive and creates avoidable demand for health and social care services. It is reported that physical inactivity is directly responsible for 6% of premature deaths and is an independent risk factor for a range of long term health conditions affecting society today including, coronary heart disease, hypertension, diabetes, chronic kidney disease, some cancers, stroke, peripheral vascular disease, cardiovascular disease, musculoskeletal health conditions (including osteoporosis, back pain and osteoarthritis), common mental health conditions and obesity. By contrast, an active lifestyle shows clear benefits in the treatment, management or prevention of all these.

3.4 Tour of Tameside and its organisers are committed to assembling an event that empowers residents of Tameside of all ages to partake regardless of fitness levels. To promote inclusion, Active Tameside coordinates and delivers a walking tour of Tameside. The walking tour consisted of four daily walking events. Active Tameside also deliver year-round Couch to 5K programmes and encourage and support participants to enter Park Run and Tour of Tameside stages. Entering these events provides individuals and groups with a positive challenge to train towards and therefore supports efforts to increase physical activity in Tameside which ultimately plays an essential role in increasing healthy life expectancy and reduce demand in the health and social care system.

4.0 RECOMMENDATIONS/ CONDITIONS FOR SUPPORTING TOUR OF TAMESIDE

4.1 In line with the Tameside and Glossop Corporate Plan and the strategic vision of the Health and Wellbeing Board, a number of recommendations were agreed by the Health and Wellbeing Board in 2018. These recommendations are put to Sports Tours International as conditions to the support given by the Health and Wellbeing Board for the Tour of Tameside events.

4.2 These conditions are outlined as following:

- To ensure all events have an measure of healthy catering options;
- To advertise and commit to the Tour of Tameside being Smokefree;
- To award those who completed the full tour with a token that compliments their effort and supports a healthy lifestyle;
- To continue engaging schools and community groups in the Tour of Tameside via usage of the trails or alternative engagement methods, for example, enhanced daily mile in primary schools during that week;
- To ensure the event times support those of all abilities to complete the race;
- To actively seek support and sponsorship from businesses and partners that aligns and mirrors a healthy lifestyle ethos.

5.0 OVERVIEW OF SUPPORT FROM THE HEALTH AND WELLBEING BOARD

5.1 To sustain and build of the legacy of Tour of Tameside it was agreed in 2018 that the Health and Wellbeing Board will:

- Absorb the costs for traffic management and regulation orders;
- Support staff members of organisations associated with the Health and Wellbeing Board to partake in the Tour of Tameside, this may participating in the races themselves or providing a volunteer services;
- Where investment is made to support staff participation to agree on a local charity(ies) which partakers will fundraise for;
- Support and enable local groups where evidence suggests they are more likely to be inactivity to partake in the Tour of Tameside;
- Actively promote Tour of Tameside to the residents and where appropriate to embed and align with local programmes and services;
- Champion the Tour of Tameside and endeavour to encourage and support the wider sectors to be involved in the Tour of Tameside;
- Actively promote and support participation in the complimentary event, Tour de Manc (www.tourdemanc.co.uk/) which promotes cycling in a similar manner to that of the Tour of Tameside but on a Greater Manchester footprint.

6.0 2019 TOUR OF TAMESIDE

6.1 To build on the successes of the Tour, this year Sports Tours International will work closely with the School Sports Partnership to encourage all schools across Tameside to take part in the Tour by building up their daily miles (www.thedailymile.org/) over the course of 7 days; equally to distance of the 'Hyde 7 Mile Road Race'. All schools and pupils who partake will be awarded for their efforts.

6.2 Where staff members of organisations associated with the Health and Wellbeing Board are supported to participate in the Tour of Tameside, they will be asked to fundraise monies for [The Running Bee Foundation](#) which will see profits of the Tour injected back into the local community of Tameside.

6.3 Once again Sports Tours International will work with a number of partners and charities across Tameside to ensure all residents can partake in some form or another. To this effect, and building on the learning from last year; Active Tameside will host a number of walking tours across Tameside. In addition to this, following the 'Hyde 7 Mile Road Race', the road closures on Market Street, Hyde will remain to allow a 'Running Bee Family Mile', meaning local individuals and their families can walk, jog or run the final mile while raising money for The Running Bee Foundation.

6.4 The 2019 dates for the Tour of Tameside, has been confirmed as following:

Thursday 13 June 2019	10K Trail Race
Friday 14 June 2019	Fell Race
Saturday 15 June 2019	High Peak Half Marathon
Sunday 16 June 2019	Hyde 7 Mile Road Race

www.sportstoursinternational.co.uk/sportstours-event-categories/tour-of-tameside/

7 RECOMMENDATIONS

7.1 As stated on the report cover.

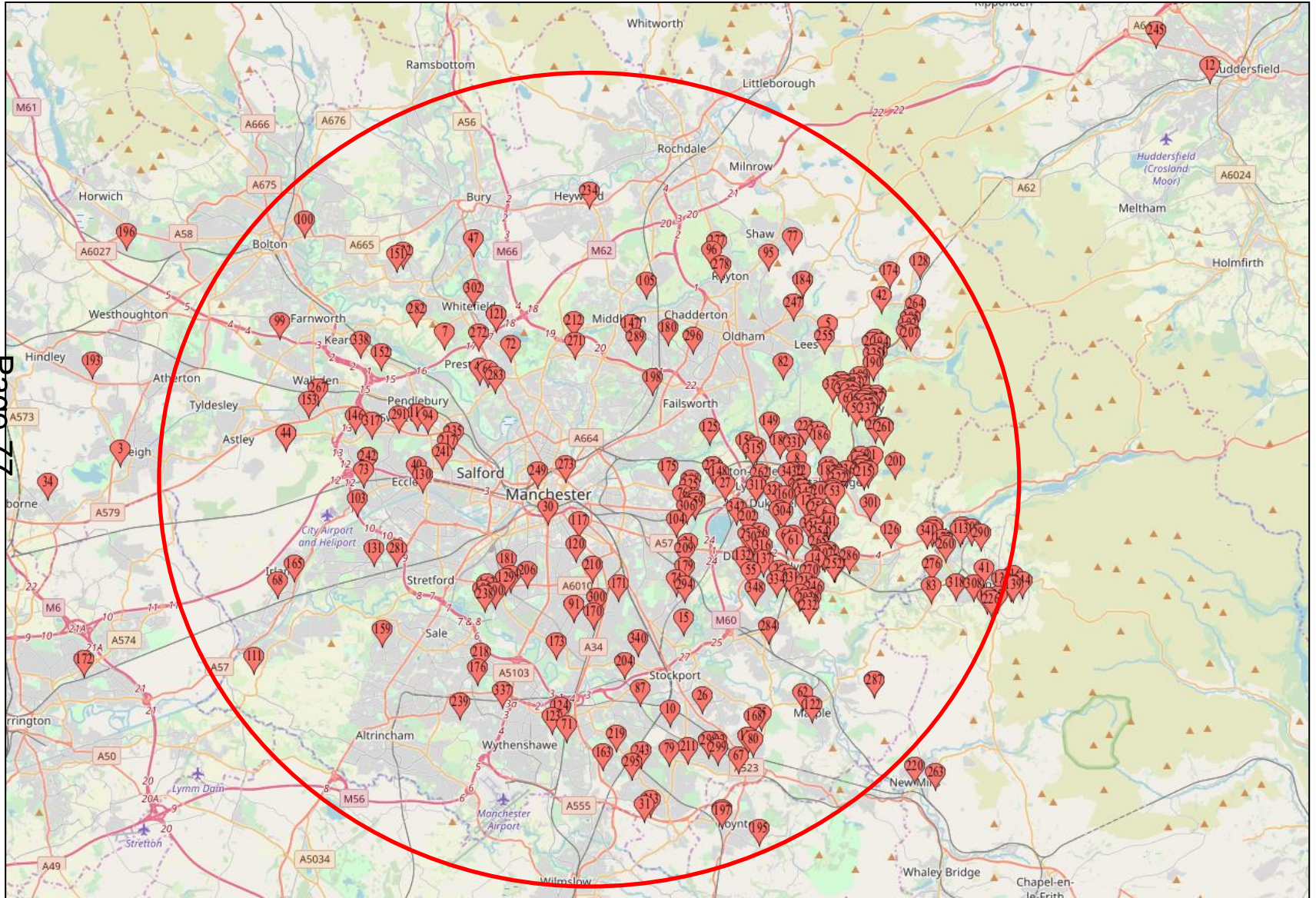
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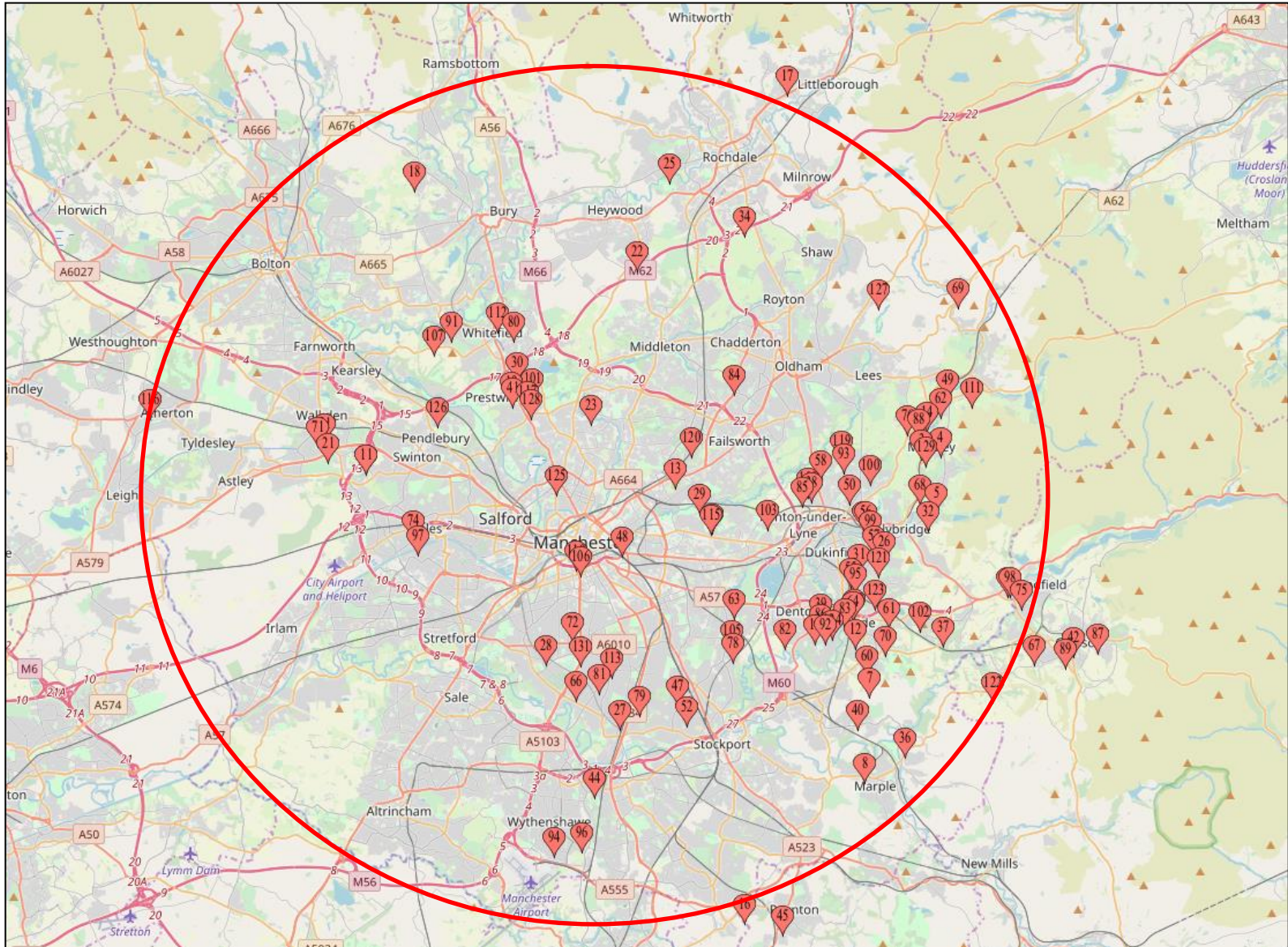
Full Tour of Tameside Runners 2018

89% from no further than 10 miles of the M60 Motorway

Gender Split **68% Male** & 32% Female

Average Age of Participant **44 years old**



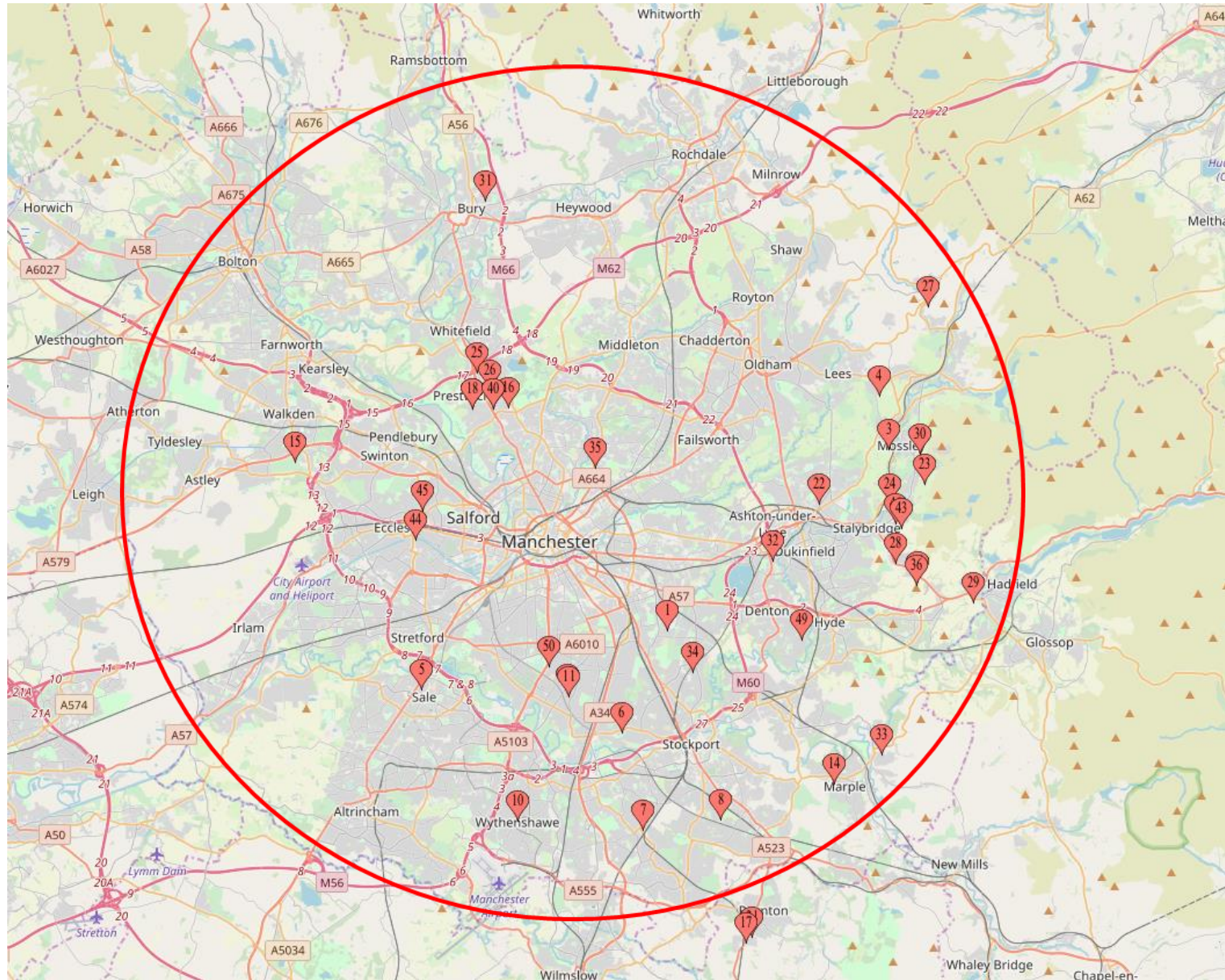


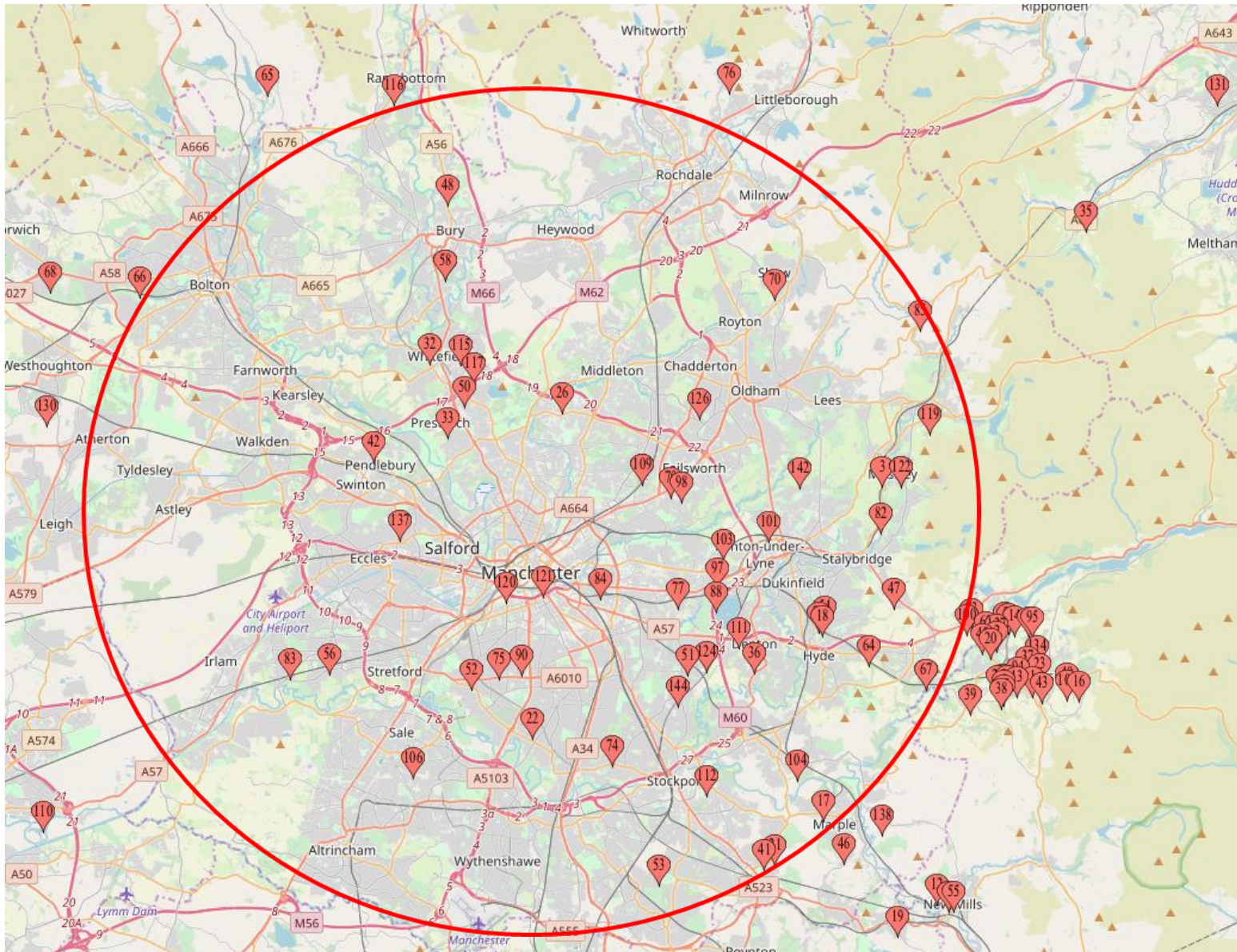
Hell on the Fell 10K Tour of Tameside Runners 2018

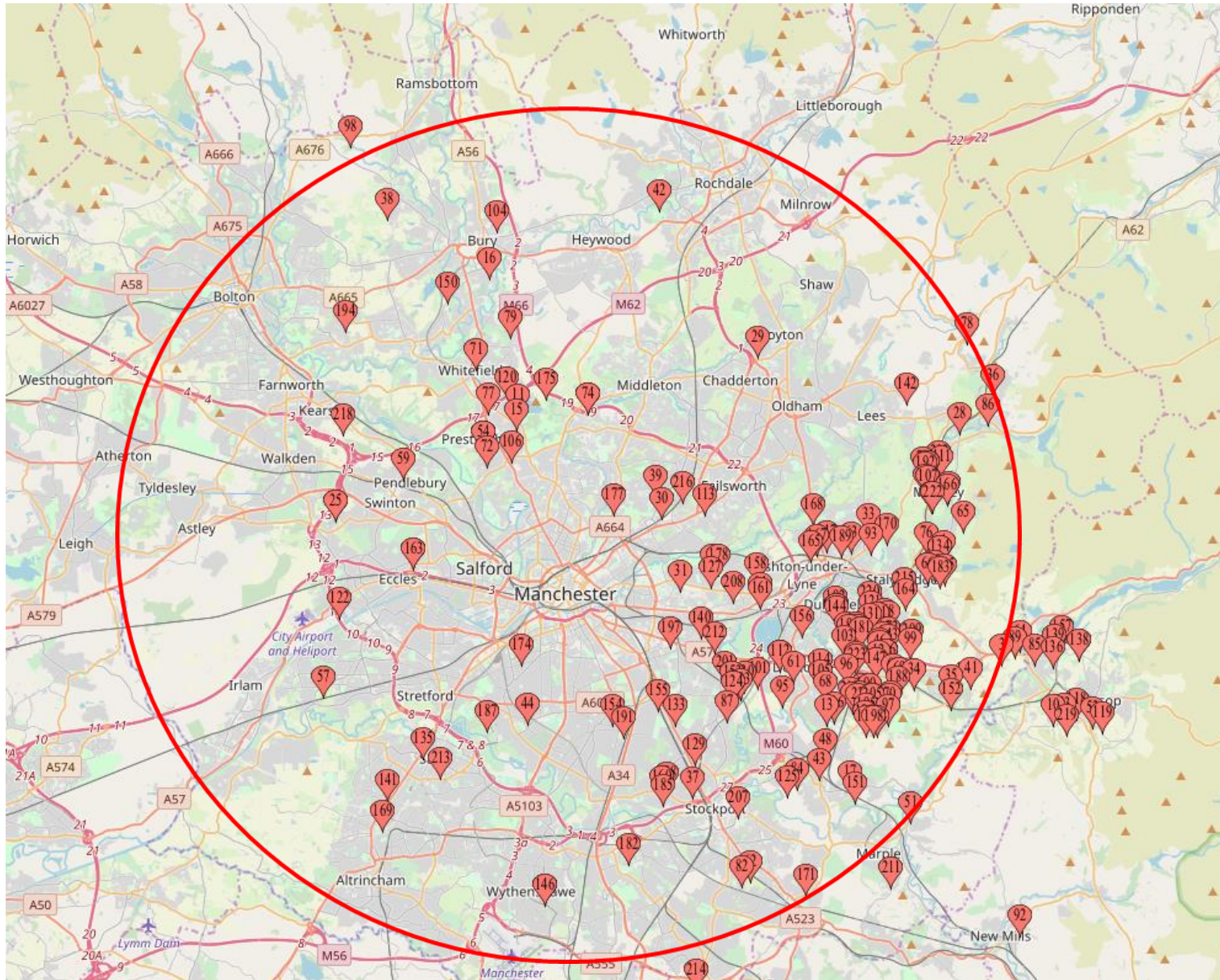
90% from no further than 10 miles of the M60 Motorway

Gender Split **69% Male** & 31% Female

Average Age of Participant **40 years old**







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Agenda Item 8

Report to:	HEALTH AND WELLBEING BOARD
Date:	Thursday, 7 March 2019
Reporting Officer:	Jeanelle De Gruchy, Director of Population Health Debbie Watson, Assistant Director of Population Health Annette Turner, Population Health Programme Manager
Subject:	LIVING WELL: INCREASING PHYSICAL ACTIVITY IN TAMESIDE
Report Summary:	<p>Our shared purpose is to positively change the lives of people across Tameside through physical activity and sport. Building from our strengths and through system wide collaboration, we aim across Greater Manchester to double the current rate of past improvements, reaching the target of 75% of people active or fairly active by 2025.</p> <p>The presentation gives an update on actions to increase physical activity levels in Tameside. 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 increase physical activity in Tameside.</p>
Recommendations:	<p>The Health and Wellbeing Board are asked:</p> <ul style="list-style-type: none">• Note the content of the presentation;• Discuss current challenges and contribute to the development of the programme to increase physical activity levels in Tameside.
Corporate Plan:	Increasing physical activity aligns to the provision of Excellent Health and Care services within the Thrive and Prosper Corporate Plan.
Policy Implications:	Greater Manchester Moving is the 'comprehensive plan to reduce inactivity and increase participation in physical activity and sport that is aligned to the Greater Manchester Population Health Plan priority themes and wider reform agenda'. Our shared purpose is to positively change the lives of people across Greater Manchester through physical activity and sport. Building from our strengths and through system wide collaboration, we will double the rate of past improvements, reaching the target of 75% of people active or fairly active by 2025.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	The presentation provides supporting details on physical activity and the related benefits that increased participation can bring. There are clearly system wide financial benefits that can be realised via increased participation. However, these are likely to be in the longer term and will not wholly resolve the projected Strategic Commission financial gap in the medium term.
Legal Implications: (Authorised by the Borough Solicitor)	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. However, as with spend on priority areas there needs to be a clear understanding of the outcomes that are being delivered and achieved and whether it is value for money on the basis that firstly the Council has to deliver within a balanced budget and secondly any outcomes must be achieved in an efficient and effective way.

Risk Management: There are no risks associated with this report.

Background Information: The background papers relating to this report can be inspected by contacting Annette Turner, Population Health Programme Manager

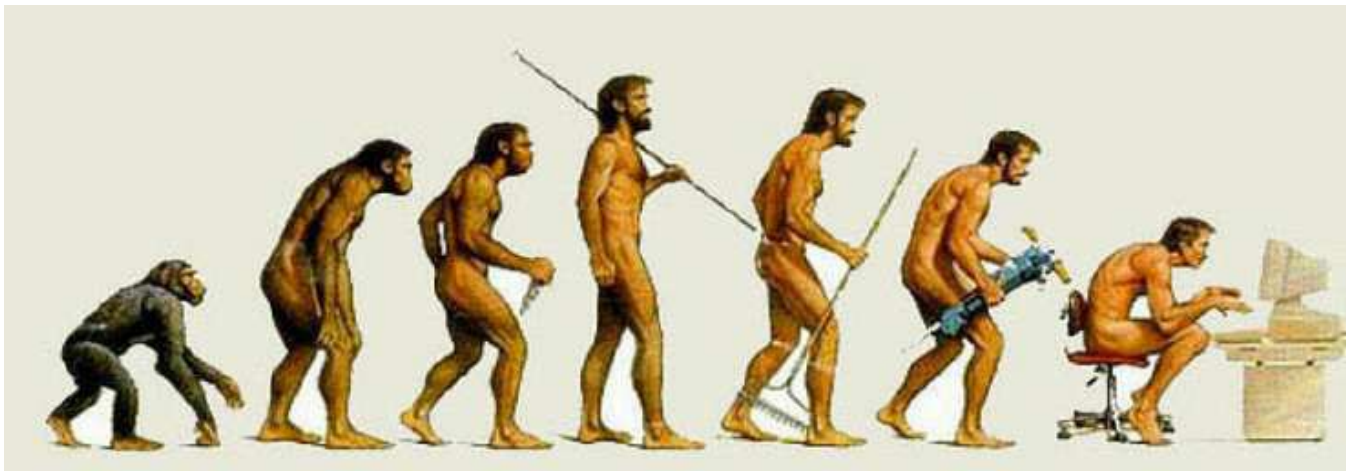


Telephone: 07800 958190



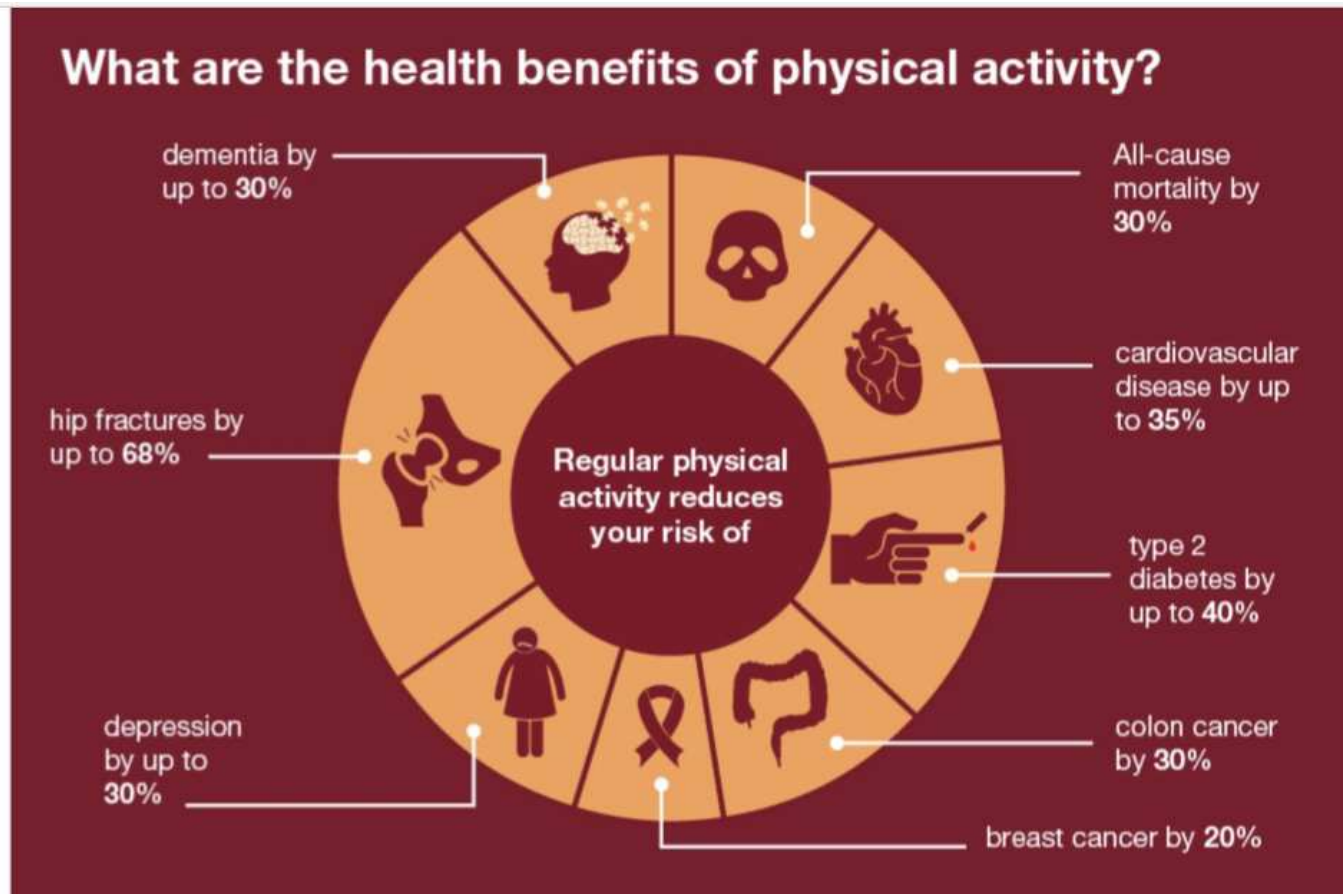
e-mail: annette.turner@tameside.gov.uk

Living Well; A Picture of Physical Activity in Tameside



Annette Turner
Debbie Watson

The Benefits



The Challenge

GREATER MANCHESTER OVERVIEW

INACTIVE

Less than 30 minutes a week

27.8%

27.8% of people (615,500) do fewer than 30 minutes a week



FAIRLY ACTIVE

30-149 minutes a week

10.9%

10.9% of people (241,700) are fairly active but don't reach 150 minutes per week



ACTIVE

150+ minutes a week

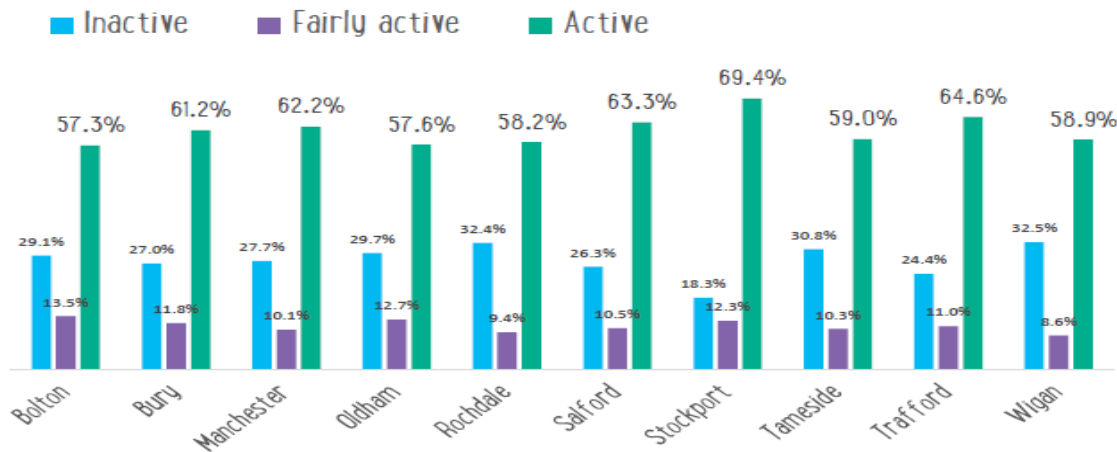
61.4%

61.4% of people (1.36M) do 150 minutes or more a week



Compared to nationally, levels of inactivity are considerably higher than 25.7%, levels of fairly active are lower than 12.5% and levels of activity are slightly lower than 61.8%. Compared to November 2015-16 this is a significant decrease of -1.2% in fairly active levels and a significant increase of 2.0% in levels of activity, with levels of inactivity staying stable in Greater Manchester (GM).

6%



Who

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Who

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Who

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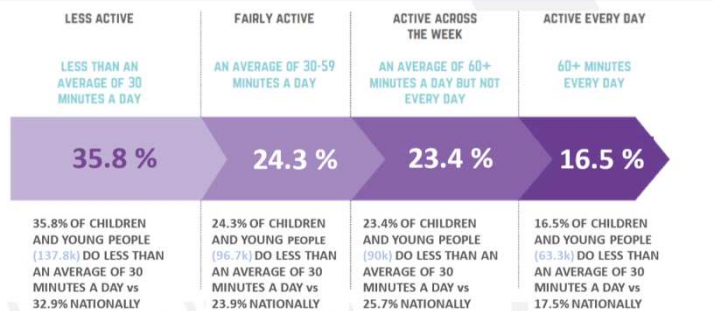
Who

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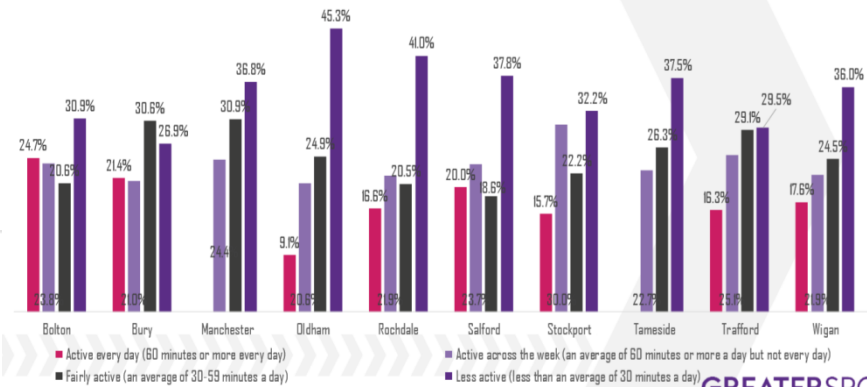
Who

CYP Activity Levels Across GM



GREATERSPORT

Across the localities



GREATERSPORT

Across the localities

	Population	Active every day (60 minutes or more every day)	Population	Active across the week (an average of 60 minutes or more a day but not every day)	Population	Fairly active (an average of 30-59 minutes a day)	Population	Less active (less than an average of 30 minutes a day)
Bolton	10,400	24.7%	10,000	23.8%	8,700	20.6%	13,000	30.9%
Bury	5,700	21.4%	5,600	21.0%	8,200	30.6%	7,200	26.9%
Manchester	*	*	17,800	24.4%	22,500	30.9%	26,900	36.8%
Oldham	3,400	9.0%	7,700	20.6%	9,300	24.9%	16,900	45.3%
Rochdale	5,100	16.6%	6,700	21.9%	6,300	20.5%	12,600	40.0%
Salford	6,400	20.0%	7,600	23.7%	6,000	18.6%	12,200	37.8%
Stockport	5,900	15.7%	8,300	30.0%	8,400	22.2%	12,200	32.2%
Tameside	*	*	7,100	22.7%	8,200	26.3%	11,600	37.5%
Trafford	5,600	16.3%	8,700	25.6%	10,100	29.1%	10,200	29.5%
Wigan	7,100	17.6%	8,800	21.9%	9,800	24.5%	14,400	36.0%

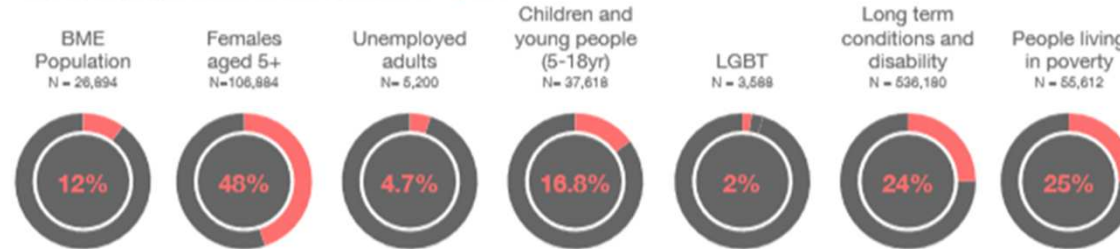
GREATERSPORT

Who-Under represented Groups



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The total population of tameside is **224,119**



Why

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What do people know and understand??

- Physical activity is often interpreted narrowly as dedicated exercise and can exclude everyday forms of movement
- Few are aware of specific activity guidelines, but most are able to make a reasonable estimate
- On reflection, most say they want to be more active than they currently are
- Despite a general desire to do more physical activity, there is a very wide range of barriers-fear of judgement, inertia, bad weather!
- People don't need convincing of the long-term health benefits of activity – but may need reminding of the short-term benefits.
- Most inactive adults are able to remember a time when they were more active – before 'life got in the way'
- Walking is regarded as one of the *most* simple and accessible movements

Reframing Perceptions

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10GM Engagement-What the People Said

- People's social connections – built in and integral
- Equality – awareness training
- Confidence – buddying schemes
- Resources – tackling transport
- Spaces and places - lets link in healthy eating and social contact
- Starting conversations – visibility, representation and communication

The Active Alliance

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Local Pilot



Greater Manchester
Moving > ^ < v



The Principles of Investment for Local Delivery Pilot

- 1> **Must be an identifiable need:**
 - Supported with an **evidence base**
 - **Targeting the physically inactive** (ensuring a focus on population health level interventions and targeting the most at risk proportionately)
 - **Must align to one or more of the target audiences** (and the insight that has been developed about them)
- 2> **Builds on individual and community assets to add value** to what is already going on, i.e. the conditions are right
- 3> **A plan for engaging with the key audiences** and a commitment to co-design with public services and VCSE engaged
- 4> **Must follow a Whole Systems Approach** (the blue and white circles diagram)
- 5> **Should demonstrate how it addresses social and health inequalities** as a cross cutting theme
- 6> **Embrace innovation** and calculated risk in the interests of doing things differently
- 7> **Is part of a coherent plan for physical inactivity in the locality** underpinned by:
 - A whole place approach to public expenditure in physical activity
 - A **focus on growth and sustainability**
- 8> **Committed to the GM and National Community of Learning** approach
- 9> **Distributed Leadership (everyone's a leader)**

75%
by
2025

Made to Move
15 steps to transform Greater Manchester, by changing the way we get around.



The Local Delivery Pilot Audiences

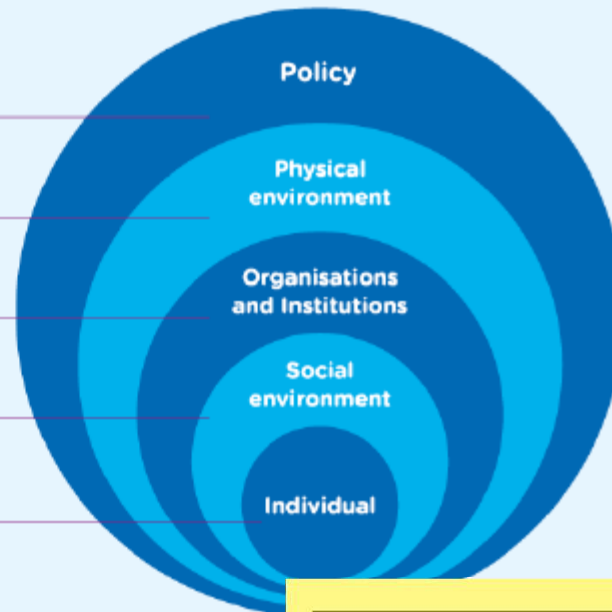
- Children and young people aged 5-18 in out-of-school settings.
- People out of work and people in work but at risk of becoming workless.
- People aged 40-60 with, or at risk of, long term conditions: specifically cancer, cardiovascular disease and respiratory disorders.

Parity of focus on physical and mental health and wellbeing. Addressing inequalities throughout the pilot work.

Leading Principals

Population level change requires 'whole system' approaches

- > International and national guidance and laws, local laws and policies, rules, regulations, codes
- > Built, natural, transport links
- > Schools, health care, businesses, faith organisations, charities, clubs
- > Individual relationships, families, support groups, social networks
- > Individual capabilities, motivations, opportunities, knowledge, needs, behaviours



How?



Local Pilot Approach





Discussion

- What resonates for you around what you've just heard?
- What is your contribution to whole system change?
- What is already strong/ working well that we need to scale up?
- What could be? (if we dare to dream)

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Agenda Item 9

Report to:	HEALTH AND WELLBEING BOARD
Date:	7 March 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 2019/20.
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
27 June 2019	<ul style="list-style-type: none"> Starting Well Board update 	<ul style="list-style-type: none"> Ageing Well – developing an Age Friendly Tameside Tameside & Glossop Local Pilot – update 	<ul style="list-style-type: none"> Care Together 2019/20 Monitoring Statement 	<ul style="list-style-type: none"> Forward Plan
19 September 2019	<ul style="list-style-type: none"> Public Health Annual Report 2019 	<ul style="list-style-type: none"> Working Well System Wide Self Care programme in Tameside & Glossop – achievements and next steps 	<ul style="list-style-type: none"> Care Together 2019/20 Monitoring Statement Children and Young People Neighbourhood Model 	<ul style="list-style-type: none"> Forward Plan
14 November 2019	Health and Wellbeing Board Development session		<ul style="list-style-type: none"> Care Together 2019/20 Monitoring Statement 	<ul style="list-style-type: none"> Forward Plan
23 January 2020	<ul style="list-style-type: none"> Tameside Safeguarding Children Annual Report 	<ul style="list-style-type: none"> Living Well – substance misuse in Tameside 	<ul style="list-style-type: none"> Care Together 2019/20 Monitoring Statement 	<ul style="list-style-type: none"> Forward Plan
5 March 2019	<ul style="list-style-type: none"> Tameside Adult Safeguarding Partnership Annual Report 	<ul style="list-style-type: none"> JSNA 	<ul style="list-style-type: none"> Care Together 2019/20 Monitoring Statement 	<ul style="list-style-type: none"> Forward Plan

Strategy / policy and Board process	Priorities and performance	Integration	Other
NOTE: AGENDA ITEMS ARE SUBJECT TO CHANGE			
<p>Items to include:</p> <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. 	<p>Items to include:</p> <ul style="list-style-type: none"> • JHWS Performance monitoring (outcomes) • JSNA updates • PH annual report • HWB performance 	<p>Items to include:</p> <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) 	<p>Items to include:</p> <ul style="list-style-type: none"> • Forward Plan • Consultation on key issues and developments

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