Tameside Metropolitan Borough

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

HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 10 March 2016
Time: 10.00 am
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES 1 - 4

To receive the Minutes of the previous meeting of the Health and Wellbeing Board held on 21 January 2016.

ITEMS FOR DECISION / DISCUSSION

4. QUALITY OF CARE IN A PLACE

To receive a presentation from Charles Rendell and Jennifer Good, Care Quality Commission, on the work of Quality of Care in a Place and the pilot approach to date which, will be followed by a question and answer session.

5. CARE TOGETHER PROGRAMME UPDATE 5 - 12

To receive the attached report from the Executive Member (Adult Social Care and Wellbeing) / Programme Director (Tameside and Glossop Care Together).

6. DEVELOPING A SINGLE COMMISSIONING STRATEGY 13 - 20

To receive a presentation from Clare Powell, Consultant, Stanley Powell Associates which, will be followed by a round table discussion.

7. IMPACT OF CUTS TO PUBLIC HEALTH GRANTS 21 - 40

To consider the attached report of the Executive Member (Healthy and Working) / Director of Public Health.

8. CHILDREN'S SERVICES DEVOLUTION UPDATE AND THE REGIONAL ADOPTION AGENCY PROGRESS REPORT 41 - 46

To consider the attached report of the Executive Member (Children and Families) / Assistant Executive Director (Children's Services).

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, by telephoning 0161 342 2798 or emailing linda.walker@tameside.gov.uk to whom any apologies for absence should be notified.

Item No.	AGENDA	Page No
9.	**OVERVIEW OF GREENSPACE ACTIVITIES AND POTENTIAL HEALTH AND WELLBEING OPPORTUNITIES** To receive a presentation from the Head of Environmental Operations and Greenspace, Tameside MBC.	47 - 54
10.	**UNLOCKING TAMESIDE'S COMMUNITY ASSETS** To consider the attached report of the Chief Executive, Community and Voluntary Action Tameside.	55 - 80
11.	**URGENT ITEMS** To consider any items which the Chair is of the opinion shall be considered as a matter of urgency.	
12.	**DATE OF NEXT MEETING** To note that the next meeting of the Health and Wellbeing Board will take place on 29 June 2016.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, by telephoning 0161 342 2798 or emailing linda.walker@tameside.gov.uk to whom any apologies for absence should be notified.

TAMESIDE HEALTH AND WELLBEING BOARD

21 January 2016

Commenced: 10.00 am **Terminated: 11.50 am**

PRESENT:
Councillor Kieran Quinn (Chair) – Tameside MBC
Councillor Brenda Warrington – Tameside MBC
Councillor Gerald Cooney – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Steve Allinson – Clinical Commissioning Group
Caroline Ball – Greater Manchester Police
Judith Crosby – Pennine Care NHS Foundation Trust
Graham Curtis – Clinical Commissioning Group
Ben Gilchrist – CVAT
Angela Hardman – Tameside MBC
Karen James – Tameside Hospital NHS Foundation Trust
Steven Pleasant – Tameside MBC
Dominic Tumelty – Tameside MBC
Clare Watson – Clinical Commissioning Group

IN ATTENDANCE:
Chris Mellor – Independent Chair, Care Together Programme Board
Sandra Stewart – Tameside MBC
Jessica Williams – Programme Director for Integration
Debbie Watson – Tameside MBC
Peter Timmins – Tameside MBC

APOLOGIES:
Alan Dow – Clinical Commissioning Group
Christina Greenhalgh – Clinical Commissioning Group
Stephanie Butterworth – Tameside MBC

38. DECLARATIONS OF INTEREST

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

39. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 12 November 2015 were approved as a correct record.

40. GREATER MANCHESTER STRATEGIC PLAN: TAKING CHARGE OF OUR HEALTH AND SOCIAL CARE IN GREATER MANCHESTER

Consideration was given to a report of the Chief Executive / Executive Member (Adult Social Care and Wellbeing) / Executive Member (Healthy and Working) and Executive Member (Children and Families) making reference to the landmark agreement signed in February 2015 by the 37 NHS organisations and all local authorities in Greater Manchester to take charge of health and social care spending and decisions in the Greater Manchester city region. This included a commitment to produce a comprehensive plan for health and social care.

The final draft of this plan 'Taking Charge of our Health and Social Care in Greater Manchester' had been endorsed by the Greater Manchester Health and Social Care Strategic Partnership Board at its meeting on Friday 18 December 2015. It detailed the collective ambition for the region over the next five years, setting out the direction of travel to ensure health and social care

transformation with the intention of reducing complex dependency and enhancing services to children and early years.

Each of the ten localities in Greater Manchester had a place-based plan and the Tameside Locality Plan was submitted to Greater Manchester Devolution in October 2015. A supporting transformation fund business case was scheduled for submission to GM Devolution / Department of Health by the end of January. The transformation fund would support the necessary transition within the economy towards the implementation of the new care delivery model. The Tameside Locality Plan would be delivered through the Health and Wellbeing Strategy and form the bedrock of what would be delivered in Tameside.

RESOLVED
That the Greater Manchester Strategic Plan 'Taking Charge of our Health and Social Care in Greater Manchester' be noted.

41. GOVERNANCE AND ACCOUNTABILITY FRAMEWORK FOR HEALTH AND CARE INTEGRATION

Consideration was given to a report of the Chief Executive, Executive Member (Social Care and Wellbeing), the Executive Member (Healthy and Working) and Executive Member (Children and Families) seeing approval to establish a governance and accountability framework to support the development and implementation of an integrated health and care system in Tameside whilst reflecting the wider Greater Manchester position.

Across Greater Manchester and within Tameside, health and social care partners were working together to reform health and care services to support the shared ambition of improving health outcomes for residents as quickly as possible. At the local level revised governance arrangements were required to enable the ambition and vision contained in the Tameside and Glossop Locality Plan, attached at **Appendix 2**, to be realised.

The report detailed the proposals for governance in shadow form with immediate effect and subject to review formally from 1 April 2016. The proposals were set within the framework of the Memorandum of Understanding and the governance and accountability arrangements agreed at Greater Manchester level where responsibility for the Greater Manchester Strategic Plan and the Greater Manchester wide commissioning arrangements resided.

Additionally, the proposals must take account of and interface with the governance arrangements of individual partner organisations. Over forthcoming months changes might be required to the constitutional arrangements of statutory organisations before these arrangements were to 'go live' in April 2016.

Finally, it remained imperative that robust safeguarding arrangements remained at the fore. Strong links to both the safeguarding boards for children and adults must be cemented in these new governance proposals with oversight by relevant scrutiny and audit / regulatory arrangements.

The Health and Wellbeing Board noted the significant progress that had already been made including:

- Development of the Tameside and Glossop Locality Plan.
- Development of a single commissioning team drawn from both organisations to take forward commissioning.
- Appointment of an Independent Programme Chair and Programme Director.
- Transfer of the Tameside and Glossop community staff currently hosted by Stockport Foundation Trust into Tameside Hospital Foundation Trust. This process was now underway and would be completed on 1 April 2016.
- Pooled budgets and associated financial plans relating to the Better Care Fund.

- Working Groups in place to develop contractual arrangements for Single Commissioning and extended pooled budget arrangements.
- Organisational development work relating to commissioning with a focus upon movement towards outcome based commissioning.

Board Members were also informed about the progress with the integration of the single commissioning team which would be made up of CCG staff and a sizeable number of Council staff involved in commissioning.

RESOLVED

(i) That the GM Devolution position be noted.

(ii) That the role of the Health and Wellbeing Board be endorsed and kept under review.

(iii) That the proposal to establish the governance arrangements in shadow form and the establishment in shadow form of the interim Single Commissioning Board and the terms of reference set out at Appendix 3 to the report be endorsed.

(iv) That the proposal to establish the governance arrangements in shadow form subject to review and individual engagement with partner organisations, including any necessary changes to constitutional arrangements be endorsed, and provisionally support formal introduction from 1 April 2016.

42. CARE TOGETHER PROGRAMME: UPDATE

In presenting the update report on developments within the Care Together Programme, the Chair of the Programme Board commented on high degree of alignment between Tameside MBC, the Clinical Commissioning Group and the Hospital Trust and from his perspective this was one of the most exciting projects in the health and social care sector in the UK.

In the coming weeks there would be a focus strategic issues, operational programme and in particular the model of care. Notable next steps were detailed as follows:

- Primary Care – new national voluntary contact pilot;
- Organisational form for the ICO;
- Single Commissioning function co-location;
- Communications Strategy.

RESOLVED

(i) That the progress of the Care Together Programme including the strategic and operational aspects be noted;

(ii) That a further update report be presented to the next meeting.

43. DEVELOPING A SINGLE COMMISSIONING STRATEGY

The Programme Director, Care Together Programme Board, delivered a presented providing an overview of the emerging commissioning strategy for the Tameside and Glossop single commission.

It is based upon discussions with key members of staff from the single commission and Tameside Hospital Foundation Trust, councillors and GPs, two staff workshops and a review of existing plans and strategies. The outcomes required were highlighted as follows:

- Identification of commissioning priorities and key outcomes to be commissioned over 5 years;
- Include an outcome framework to be used as a basis for contract and procurement discussions with providers;

- Enable development of an implementation plan and work programme for a single commission;
- Support the development of the 5 year system plan required by NHS England by June 2016;
- Developed with and by single commissioning function and 'owned' by the team; and
- Approved by the Health and Wellbeing Board and Care Together Programme Board in spring 2016.

RESOLVED
That the presentation be noted.

44. GREATER MANCHESTER DEVOLUTION AND WORKING WELL

The Assistant Executive Director (Development, Growth and Investment), gave a presentation on the Greater Manchester ambition to create an integrated employment and skills eco-system that better responded to the needs of residents, business and contributed to the growth and productivity of the GM economy.

There were several agendas that aligned to the priorities highlighted in the Greater Manchester Strategy including the Skills and Employment Partnership, City Deal, the Greater Manchester Growth and Reform Plan and Public Service Reform.

Devolution and further GMCA / LEP funding provided a unique opportunity to begin addressing challenges posed by the currently fragmented employment and skills system and details of future system were provided.

In term of progress so far, this was highlighted as follows:

- Working well expansion first phase currently out to tender;
- Mental health provision – talking therapies provision had been designed with close involvement of CCG's and was out to tender;
- Adult Skills Budget – funding and outcome;
- Models being developed linked to wider Outcome Framework for GM;
- Delivery commenced on Greater Manchester AGE grant with over 140 grants being paid to employers.

RESOLVED
That the content of the presentation be noted.

45. URGENT ITEMS

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

46. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 10 March 2016 commencing at 10.00 am.

CHAIR

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	10 March 2016
Executive Member / Reporting Officer:	Cllr Brenda Warrington, Executive Member Adult Social Care and Wellbeing Jessica Williams, Programme Director, Tameside & Glossop Care Together
Subject:	**INTEGRATION REPORT - UPDATE**
Report Summary:	This report provides an update to the Tameside Health and Wellbeing Board on the progress and developments within the Care Together Programme since the last meeting.
Recommendations:	The Health and Wellbeing Board is asked:- 1. To note the progress of the Care Together Programme including the strategic and operational aspects; and 2. To receive a further update at the next meeting.
Links to Health and Wellbeing Strategy:	Integration has been identified as one of the six principles agreed locally which will help to achieve the priorities identified in the Health and Wellbeing Strategy.
Policy Implications:	One of the main functions of the Health and Wellbeing Board is to promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate. This meets the requirements of the NHS Constitution.
Financial Implications: **(Authorised by the Section 151 Officer)**	Section 3.9 of the report explains the proposals for a single commissioning pooled fund from 1 April 2016. The Council and Health partners will be responsible for the delivery of a balanced budget during the 2016/17 financial year and beyond within the economy. There is clearly an urgency to implement associated strategies to ensure this is delivered. It is essential that the GM Transformation fund bid (as explained in section 2 of the report) also receives approval as soon as possible to commence implementation of service transformation within the economy. The update of the five year economy financial strategy is currently in progress in response to the recent financial settlement for both the Council and the CCG. Details will be provided within a report to the Executive Cabinet on 23 March 2016 and the Governing Body of the CCG on the same date. This report will also include the supporting analysis of the economy single commissioning pooled fund for the 2016/17 financial year.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is important to recognise that the Integration agenda, under the auspices of the 'Care Together' banner, is a set of projects delivered within each organisation's governance model and now to be delivered jointly under the Single Commissioning Board. However, the programme itself requires clear lines of accountability and decision making due to the joint financial and clinical implications of the

proposals. It is important as well as effective decision making processes that there are the means and resources to deliver the necessary work. This report is to provide confidence and oversight of delivery.

Risk Management :

The Care Together Programme has an agreed governance structure with a shared approach to risk, supported through a project support office.

Access to Information :

The background papers relating to this report can be inspected by contacting Jessica Williams, Programme Director, by:

 Telephone: 0161 304 5342

 e-mail: jessicawilliams1@nhs.net

1. INTRODUCTION

1.1 This report provides an update to the Tameside Health and Wellbeing Board on the developments within the Care Together Programme since the last meeting.

1.2 The report covers:

- GM Devolution;
- Operational Progress;
- Next Steps;
- Recommendation.

2. GM DEVOLUTION

2.1 At the end of January a submission for consideration for GM Devolution transformational support was submitted to GM Devolution. This had been requested by Ian Williamson, Chief Operating Officer and aimed to show how the Tameside & Glossop plans for transformation were developing in line with the emerging GM Devolution workstreams. The request was an early draft to show the level of funding likely to be required in Years 1 – 3 and with the areas for efficiencies highlighted. The Tameside and Glossop request for 2016/17 is £12M.

2.2 This submission was not a formal business case as the GM Devolution arrangements for the distribution of funds are not as yet agreed. However, it clearly set out the level of funding required over the next three years to transform the health and social care system across Tameside and Glossop. It did not contain sufficient detail about implementation plans or provide the necessary assurance around efficiency gains but both of these will be addressed by the next submission in March 2016.

2.3 The informal feedback to date has been largely positive; GM Devolution agree that the economy has ambitious, well developed and tested plans for the future of health and social care which are in line with the GM Devolution agenda. There have been some questions regarding the depth of implementation planning, cross economy financial planning and the level of GP engagement but these are acknowledged locally and work continues accordingly.

2.4 The GM Devolution team have agreed to run the Tameside and Glossop request through their initial governance processes to check on direction, ambition and deliverability. The Tameside and Glossop submission will be assessed in parallel with the two GM Vanguards (Salford and Stockport) and will involve a paper based assessment by PwC as well as scrutiny from Carnall Farrar. Following this, the Tameside and Glossop economy will be invited to a Question and Answer session with Sir Howard Bernstein and Ian Williamson to agree the next steps.

2.5 GM Devolution have requested a high level implementation plan and colleagues across the economy are working together to develop this within a template provided by GM Devolution. It is hoped that by the end of March, the economy will understand what is required further to gain access to the necessary transformational funds to move to implementation of the Locality Plan at scale and pace.

2.6 GM Devolution continues to receive invitations to and attend the Care Together Programme Board.

3. OPERATIONAL PROGRESS

Transfer of Community Services

3.1 This extensive and important project continues at pace with the imminent Due Diligence and Board Certification deadlines to ensure the transfer of service, staff and contract takes place safely and effectively on 1 April 2016.

3.2 A comprehensive risk register has been developed and is updated on a fortnightly basis. There are no risks remaining as "Red" on the critical path although significant amber risks remain within the IM&T area and the teams continue to work hard to address these. The March Health and Well Being Board will be presented with a comprehensive update outlining any remaining risks to the project before the transaction date.

3.3 The transaction is critical but perhaps even more so is how the approximate additional 600 staff, as well as all those staff already employed by the Trust, develop new behaviours and a culture based on integrated working. A significant organisational development programme is therefore being finalised for approval by the Care Together Programme Board in March which will begin this exciting work.

3.4 Part of the organisational development is the change of name currently being discussed with staff and members of the Foundation Trust. This process should be concluded in April 2016 and will be a powerful message of a changing organisation and one which will deliver improved outcomes for the residents of Tameside and Glossop.

Single Commissioning Function

3.5 Significant work continues to bring the two commissioning teams together under one single leadership, governance and management structure. As well as 3 development sessions for the senior management taking place, 2 sessions for the full staff team currently involved in commissioning (approx. 160 staff) have also been delivered focussing on team building, understanding the Integrated Care Organisation and co-location.

3.6 There is no doubt that staff across both organisations are finding this change process challenging. There remain questions for staff on the priorities for the economy and whether some roles should be in commissioning or in providing. All of these are valid questions and will be addressed through further half day sessions which are planned until September 2016, monthly Frequently Asked Questions (FAQs) and a programme of change management /resilience events for staff.

3.7 How the single commissioning function understands its priorities will be addressed through the creation of a single commissioning strategy which is due to be completed and will be presented for approval at the March Health and Wellbeing Board. It is also clear that although an interim leadership structure has been established, a substantive structure is required to set the direction in the near future. External support will be procured to ensure a structure which can develop and deliver single commissioning, provide a clear line of sight for GM Devolution, reduce cost if appropriate and ensure a fair and transparent process should any recruitment be required.

3.8 The initial Shadow Single Commissioning Board, chaired by Alan Dow held on 12 January agreed terms of reference and the approach to the 2016/17 contract negotiations. The plan to collocate the two commissioning teams is well underway with the Public Health team moving into New Century House as planned at the beginning of February. All moves are likely to complete by the beginning of March enabling the two commissioning teams to start developing new ways of working, effective issue solving and fostering relationships.

3.9 Creating a "pooled" budget by 1 April 2016 is a significant challenge. The cultural approach to setting and managing budgets differs greatly between the two organisations as does the way ledgers operate, audit occurs and commissioning decisions are made. However, both the Council's Executive Cabinet and Clinical Commissioning Group Governing Body are determined to drive this forward and will be scrutinising proposals also in March and in advance of the new financial year.

Model of Care

3.10 The Model of Care Steering group continues to work at pace to agree the process for determining the detailed model of care under the leadership of Karen James, Chief Executive, Tameside Hospital. The most recent group received a high level programme plan

for each workstream to identify outcomes, investment propositions and priorities. This work will continue to identify benefits and then from beginning of April 2016, will launch a significant engagement programme with public, staff, voluntary, community groups to ensure the emerging plans in all workstream areas meet the needs for Tameside and Glossop and also, is widely understood and supported.

3.11 Work also continues apace in many of the enabling task and finish groups which support the workstreams by focussing on what is required to ensure the model of care can be delivered. This includes a strategic estates plan, a comprehensive programme to radically overhaul current IM&T and drive benefits in the future, the organisational development programme and development of the organisational governance arrangements.

Programme Support Office and Programme Development

3.12 Reyhana Khan, has been recruited as Programme Manager to provide additional support for the Programme Director, Programme Support Office and ensuring all aspects of this extensive programme remain on target. Reyhana will be starting on 1 April 2016.

3.13 A high level programme plan has been created and is summarised by the Care Together Programme Board Forward Plan (attached as **Appendix 1**). The Programme Support Office will be working with the identified leads to ensure they receive the support they need to hit these milestones.

4. NEXT STEPS

4.1 As well as the continuation of all work above and especially the focus on the model of care, notable next steps are as follows.

Primary Care

4.2 Tameside and Glossop is presenting their plans for aligning primary care to GM Devolution on 23 February. This aims to secure Tameside and Glossop as a pilot for neighbourhoods/localities wishing to work with GM Devolution to develop new ways of working and the new national voluntary contract.

Communications Strategy

4.3 As previously stated, work to develop a comprehensive communication and engagement strategy continues at pace and will be presented at the next Health and Wellbeing Board. Engaging effectively with the residents of Tameside and Glossop and our stakeholders is essential to the success of implementation and long term delivery of a clinically and financially sustainable system which dramatically improves healthy life expectancy.

4.4 This strategy will be divided into three key areas; Communications, Engagement and Consultation. Communications is about the overall coordination of Care Together communications including developing an easily accessible and affordable website for use through the period of change, ensuring consistency of message, raising awareness of what we are setting out to achieve by when and the benefits including the expected benefits for people. The Engagement section will focus on generating enthusiasm, collective buy in, gaining feedback and ideas with staff, stakeholders and importantly, the public.

4.5 The final section on consultation is a matter for the Overview and Scrutiny Committee and Commissioners in accordance with legislation about any proposed material changes in services. This will clearly need to link to the GM Devolution continued discussions with the public.

5. RECOMMENDATIONS

5.1 As detailed on the front of the report.

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Tameside & Glossop Care Together

Care Together Programme Board - 2016 Forward Plan

March	**April**	**May**
• Organisational Development Strategy and Operational Plan. • Single Commissioning Strategy. • Projected 2015/16 year end budget position and provisional opening statement 2016/17. • Communications Strategy. • THFT to TMBC fibre link. • Single Commissioning Governance. • Single Pooled Budget. • Transfer of Community Services.	• Estates Development Strategic Principles and operational plan. • 2016/17 Care Together Programme budget and priorities. • Demonstration of Care Together website (to incorporate consultation if required). • Programme Risk Register.	• Detailed Model of Care (draft). • Aligned Primary Care at scale. • Single Commissioning organisational form. • Tameside and Glossop Financial Sustainability Plan.
June	**July**	**August**
• Detailed Model of Care (final). • Model of Care implementation plan. • Detailed IM&T investment and financial savings plan.	• Consultation plan.	• Consultation documentation.

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	10 March 2016
Executive Member / Reporting Officer:	Clare Powell – Consultant, Stanley Powell Associates
Subject:	**DEVELOPING A SINGLE COMMISSIONING STRATEGY**
Report Summary:	Presentation provides an overview of the emerging commissioning strategy for the Tameside and Glossop single commission. It is based upon discussions with key members of staff from the single commission and Tameside Hospital Foundation Trust, councillors and GPs, two staff workshops and a review of existing plans and strategies. It suggests an initial focus on 4 key commissioning priorities. These have been identified as the areas which can have the biggest impact on improving health and wellbeing whilst reducing long term costs.
Recommendations:	Members of the Health and Wellbeing Board are requested to receive and note the presentation and contribute to the development of the emerging strategic aims.
Links to Community Strategy:	Healthy Tameside – Improve the health and wellbeing of our residents.
Policy Implications:	There are no policy implications associated with this presentation.
Financial Implications: (Authorised by the Section 151 Officer))	The development of the economy single commissioning pooled fund from 1 April 2016 will resource the single commissioning strategy once developed. It is essential the level of economy resources are aligned to the strategy to realise the ongoing and future efficiencies required to deliver a balanced budget. The pooled fund and strategy should be monitored and reviewed on a regular basis to ensure expected outcomes are being delivered.
Legal Implications: (Authorised by the Borough Solicitor)	Given the health and social needs of the borough it is important that the whole system is very clear as to what priorities are and what needs to be focused on to ensure that impact made on reducing inequalities and we deliver value for money in light of significantly reducing budgets.
Access to Information :	Any background papers relating to this report can be inspected by contacting Clare Powell, Consultant, Stanley Powell Associates, by: Telephone: 0161 304 5300 e-mail: clarepowell@hotmail.co.uk

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Commissioning Strategy
2016 – 2020

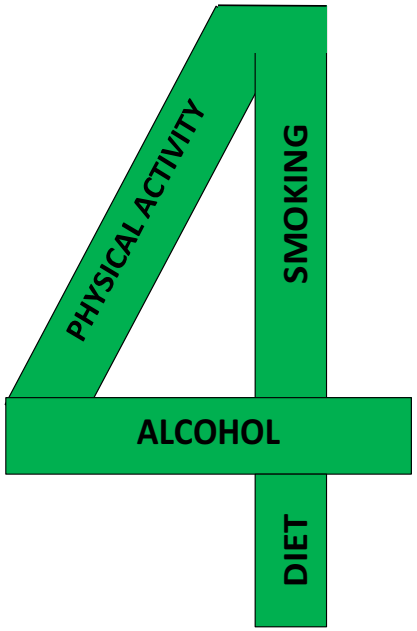
Tameside & Glossop Single Commission

The emerging commissioning strategy:

- Is consistent with the existing Health and Wellbeing Strategies
- Is a key component of the Care Together Programme and the local contribution to the GM Plan
- Identifies the strategic aims and priorities of the single commission that will contribute to the Care Together vision for the next 5 years
- Considers the role of the commission in supporting and shaping the development of the ICO and the model of care

Strategic Aims

- ***Empowering citizens and communities*** – control, culture and dependency
- ***Commission for the whole person*** (whole family)
- ***Proactive population health system*** – improving conditions in which people are born, live and work
- ***Place based commissioning*** – tailored to needs and assets
- ***Targeting resources*** – population segmentation, evidenced based care, decommissioning



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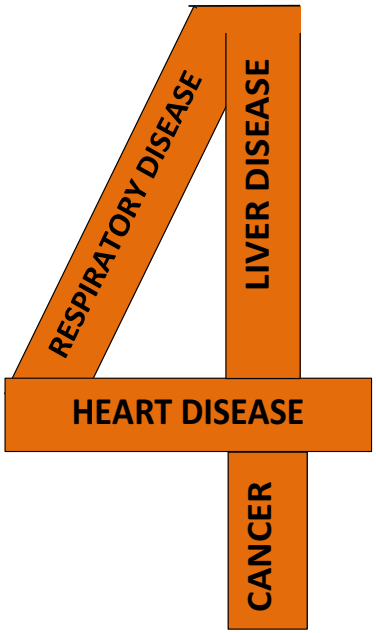

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70%

of Preventable Deaths

LIFESTYLE BEHAVIOURS **CONDITIONS**

4 Commissioning Priorities

- Wider determinants of health and wellbeing
- Healthy lifestyle behaviours
- Long term conditions
- Supporting positive mental health

Next Steps

Commissioning strategy to be circulated to members of H&WBB for comment	March 2016
Identify executive leads for each of the priorities	March 2016
Outcomes to be identified for each priority area	March 2016
Outcomes to be reflected in the development of the model of care and work streams.	April – June 2016
Understand and map the critical path for supporting the development of the ICO	July 2016
Transition of staff and skills to ICO	From August 2016
First draft outcomes based contract	October 2016
Outcomes based contract agreed	March 2017
Regular progress reports to Health and Wellbeing Board and Care Together Programme Board.	April 2016 – March 2017

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	10 March 2016
Executive Member / Reporting Officer:	Councillor G Cooney – Executive Member, Healthy and Working Angela Hardman – Director of Public Health
Subject:	**IMPACT OF CUTS TO PUBLIC HEALTH GRANT**
Report Summary:	On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year, 2015-16. The 6.2% in year cut in public health grant for Tameside amounts to £942,928. In the November 2015 spending Review, additional cuts in the Public Health grant were announced, which will be an average real terms cut of 3.9% each year to 2020/21. This translates into a further cash reduction of 9.6% in addition to the £200 million of savings that were announced earlier this year. This paper sets out the approach that the Council is taking to respond to the 2015/16 in-year Public Health grant cut, and the reduction in grant funding that will continue to 2020/21. The budget for 2015/16 and 2016/17 will include reduced expenditure on public health commissioned services.
Recommendations:	The Health and Wellbeing Board are asked to note and consider the approach being adopted and contribute views on how the Council and wider system responds to the funding situation described in the report.
Links to Health and Wellbeing Strategy:	The public health grant funds the delivery of services that contribute to the delivery of all priorities described in the Joint Health and Wellbeing Strategy.
Policy Implications:	There are no policy implications associated with this report.
Financial Implications: **(Authorised by the Section 151 Officer)**	Section 4 of the report provides the associated details of the expenditure savings to deliver the recurrent £0.943m reduction to the Public Health Grant received by the Council in 2015/16 and future years. Confirmation of the associated levels of Public Health Grant to be received by the Council in 2016/17 and 2017/18 was only received in early February 2016. Consequently the proposals to deliver the additional reduction of £0.363m from 1 April 2016 are currently in progress and will be reported to the next Health and Wellbeing Board following the necessary consultation. The reductions to the level of grant for the years 2017/18 to 2019/20 (as detailed in section 2.3 of the report) will also follow a similar consultation process and will be reported to a future meeting.

	It should also be noted that the grant from 1 April 2016 will be included within the single commissioning pooled fund and should therefore be aligned and considered alongside the outcomes of the single commissioning strategy once the strategy is finalised and has been approved.
Legal Implications: (Authorised by the Borough Solicitor)	The Council is required to deliver a balanced budget and cannot spend more than its allocated budget. That said we know that these budgets are critical to reduce health inequalities and the need to avoid expending money dealing with future and expensive health interventions so clearly it is important as a health economy we determine where pooled budget is spent to manage these specific reductions in budget.
Risk Management :	These are set out in the report.
Access to Information :	The background papers relating to this report can be inspected by contacting Debbie Watson, Head of Health and Wellbeing Telephone: 0161 304 5392 e-mail: debbie.watson@tameside.gov.uk

1. INTRODUCTION

1.1 In 2010 the Government announced its intention to transfer public health functions, previously provided by the National Health Service, to local authorities. The necessary legislation was enacted in the Health and Social Care Act 2012 with responsibility transferring to local authorities from April 2013.

1.2 From 1 October 2015, Local Authorities took over additional responsibility from NHS England for commissioning public health services for children aged 0-5. This includes health Visiting and Family Nurse Partnership (FNP) targeted services for teenage mothers.

1.3 The Council has a duty to take such steps as it considers appropriate for improving the health of the people in its area. The public health grant is provided to discharge public health responsibilities that are summarised as:

- Improve significantly the health and wellbeing of local populations;
- Carry out health protection and health improvement functions delegated from the Secretary of State ;
- Reduce health inequalities across the life-course, including within hard to reach groups
- Ensure the provision of population healthcare advice.

1.4 The Council has a statutory duty to provide mandatory functions, these being:

- Weighing and measurement of children;
- The School Nurse service and Health Visiting;
- Health Checks;
- Open access Sexual Health Services;
- Public Health Advice; and
- Health Protection Advice.

1.5 The Council also has a statutory duty to have regard to the NHS Constitution when exercising its public health functions under the NHS Act 2006. In particular, this means that when making a decision relating to public health functions, the Council must properly consider the Constitution and how it can be applied, in so far as it is relevant to the issue in question.

1.6 The Public Health grant allocation for Tameside for the financial year 2015/16 was £13,463,000 plus £1,771,000 for 0-5 commissioning. This grant is used to commission the following Public Health services:

- Contraception and Sexual Health services, both treatment and sexual health promotion and prevention;
- Health Improvement services, including Smoking Cessation, Weight Management Health Trainers and Health Community Development Workers;
- Integrated Drug and Alcohol services;
- Locally Commissioned Services in Primary Care (GPs and Pharmacies), including contraception, NHS Health Checks, Weight Management, Nicotine Replacement Therapy;
- Infection Control services;
- Workplace Health Programme;
- Employment and skills support;
- Programme via Environmental Services to tackle illicit and illegal tobacco and alcohol and underage sales;
- Community based and Primary Care NHS Health Checks;
- Smoking cessation service within the hospital's Maternity Unit;

- Mental Wellbeing services for Young People;
- Physical Activity promotion including Live Well service for residents with long term conditions, Ageing Well and Early Years programmes;
- Children and Family services, including Early Attachment, Oral Health, Children's Nutrition Team, School Nursing and Family Health Mentors and Nursery Nurse provision in the community;
- 0-5 years Healthy Child Programme, including Health Visiting and Family Nurse Partnership;
- Early Years New Delivery Model implementation – funding evidence based parenting programmes, workforce development and pathway development;
- Campaigns and social marketing including Picture of Health, Hypertension campaign, GULP (give up loving pop), Breastmilk It's Amazing;
- Infant Feeding Coordinator and community Breastfeeding support services;
- Support to schools and colleges around Young Peoples' Health and Wellbeing;
- Asset Based Community Development initiatives to support the growth of community resilience and the third sector;
- Falls services within the community and in hospital;
- Affordable Warmth programme ;
- Hospital discharge service to prevent homelessness;
- Support for the Greater Manchester Public Health Network – Tobacco Free Futures, Food Active, Working Well;
- Making Every Contact Count – training provision;
- Contribution to the Women and Families Centre at Cavendish Mill;
- Contribution to Bridges service for domestic abuse;
- Contribution to CVAT and Citizen's advice bureau.

1.7 In addition, where opportunity has allowed, several time-limited projects have been initiated, including:

- An Ageing Well programme that has delivered diverse projects related to 'Living Well with Dementia';
- A Health Champions Programme with volunteers at People First Tameside;
- Several projects related to social isolation and loneliness, particularly amongst Tameside's older residents;
- Housing residents 'peer-research' project, looking into increasing sense of community and wellbeing on two housing estates;
- A welfare rights programme within GP surgeries targeting the most vulnerable residents to reduce debt and improve financial resilience.

2. BACKGROUND AND CONTEXT

2.1 In July 2015 the Treasury proposed a 6.2% in year reduction in all Local Authorities' Public Health Grant. On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year. The 6.2% in year cut in public health grant for Tameside amounts to £942,928. In addition the Government's Autumn Review announcement, due on 25 November, is expected to contain further savings targets for Local Authorities.

2.2 Following the spending review, the CEO of Public Health England sent out on 27th November 2015 the following information to local authority CEOs and Directors of Public Health (DsPH):

"The Chancellor talked about savings in the Public Health grant, which will be an average real terms saving of 3.9% each year to 2020/21. This translates into a further cash reduction of 9.6% in addition to the £200 million of savings that were announced earlier this year. From the baseline of £3,461m (which includes 0-5 commissioning and

takes account of the £200m savings) the savings will be phased in at 2.2% in 16/17, 2.5% in 17/18, 2.6% in each of the two following years, and flat cash in 20/21".

2.3 For Tameside Council this means on top of the 6.2% already applied in 2015/16, a confirmed reduction of £363,180 for 2016/17 and another reduction of £387,000 in 2017/18 which will have a very significant impact on the commissioned public health services (see below).

Working example of grant reduction:

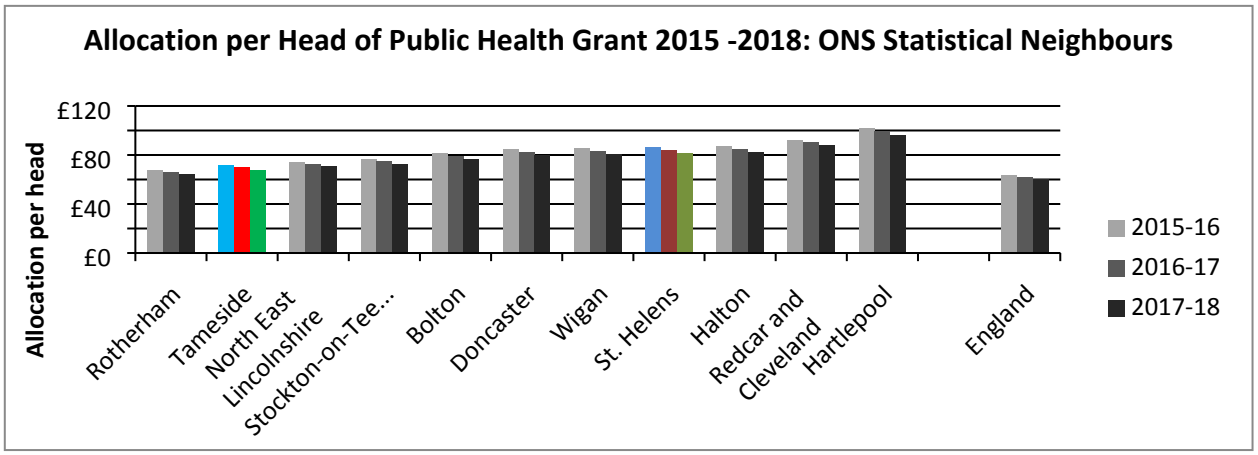
Baseline PH Grant 2015/16	£13,463,108
Full Year adjustment 0-5	£ 3,542,000
	£17,005,108
TMBC 6.2% reduction applied (recurrent)	-£ 942,928
Revised Baseline total grant 2015/16	**£16,062,180**

Financial Year	PH Cut %	PH Cut £	Revised PH Grant Allocation
16/17*	2.26%	363,180	£15,699,000
17/18*	2.46%	387,000	£15,312,000
18/19	2.6%	398,000	£14,914,000
19/20	2.6%	389,000	£14,525,000
20/21	0.0%	0	
TOTAL	9.92%	**1,537,180**	

*Reductions confirmed

2.4 All the proposed above reductions will have significant implications on our commissioned services and in particular those services that impact the most on inequalities. 85% of the public health grant is commissioned through contracts. Confirmation of these reductions will present enormous challenge to reduce, decommission or renegotiate contracts for April 2016/17.

2.5 It should be noted that Tameside already has a low allocation per head of public health grant compared to ONS statistical neighbours with the same level of deprivation and health challenges.



2.6 To respond to this, Public Health implemented a prioritisation framework and has undertaken a review of total budget in 2015/16. The service has developed a set of savings proposals against current Public Health expenditure.

3. PUBLIC HEALTH BUDGET STRATEGY

3.1 As the notification around 2015/16 in-year savings came so late, over a five month period (Quarter 3 and Quarter 4) it has been very difficult to find and fully deliver the savings, because the remaining budget controlled by Public Health is almost all in commissioned services under contract that need a minimum notice period, or in staff costs.

3.2 In response to anticipated cuts to the public health budget, the budget strategy has been reviewed and action taken to postpone or withdraw new investments whilst the impact of potential cuts were reviewed.

3.2 Opportunity was taken to reduce programme spend wherever budgets had not been formally committed, to reduce programme budgets for 2015/16 onwards and to conclude any time limited or phased projects rather than extend or mainstream them.

3.3 This approach has meant that a direct impact of reductions in front line services and statutory provision would be minimised however, it will still impact on the overall Public Health Outcomes Framework outcomes achieved where disinvestment is not matched with reinvestment in further interventions.

3.4 There is a risk that reducing programme budgets will limit the ability to react quickly to changing circumstances and implement targeted responses beyond the more mainstream approaches provided within the larger contracted services. Section 4 outlines the savings plan for 2015/16 to reduce the public health budget by 6.2%.

3.5 The proposal is that the public health grant will form a Tameside economy pooled fund from April 2016. A report will be considered by the Council's Executive Cabinet and the CCG Governing Body on 23 March 2016. The report will explain the associated governance and reporting arrangements relating to the fund for the 2016/2017 financial year.

4. SUMMARY OF PROPOSED PUBLIC HEALTH BUDGET REDUCTIONS 15/16

Starting and Developing Well Programmes

4.1 A review of the public health budgets recently assigned to the roll out of the Greater Manchester Early Years Delivery Model has identified a reduction in the Early Years recurrent budget of 11%. The saving has been made by redesigning the delivery model for parenting programmes and reduction in the planned expansion of the early attachment service. The next phase of the Breastmilk Its Amazing campaign aimed at the engagement of dads and grandparents will be ceased.

4.2 Review of the commissioned Oral Health services identified an area of clinical dental provision that fell under the responsibility of NHS England. Responsibility for this service has been passed back to NHSE and the previous budget, £12k in year and £25k full year, has been allocated towards savings.

4.3 The transfer of the 0-5 Healthy Child programme to Local Authority included a one off resource to support the commissioning of the programme. This will now be delivered internally within current staffing resource. The current Home safety equipment scheme with GMFRS and child accident training will not be refreshed in 2015/16.

4.4 The total saving proposed from the Starting and Developing Well programme is **£197,000.**

Living and Working Well Programme

4.5 There is a proposed 80% reduction in the programme budget and reduction in capacity to support the Health Workplace programme. Spend on the tobacco control programme

budget has been suspended impacting the prevention programme in schools and targeted outreach programmes.

4.6 A reduction in programme budget impacting on opportunities to promote public mental health, 5 ways to wellbeing and asset based approaches to prevent mental ill health and challenge stigma and discrimination is proposed. Plans to invest in asset based community development (ABCD) have been reviewed and a procurement exercise to procure a new ABCD Strengthening Communities service approach was terminated.

4.7 A proposed reduction for weight management support in Primary Care funding and a reduction in Making Every Contact Count programme funding will mean a reduction in training capacity.

4.8 Health protection is a core function of public health and provides a range of interventions that protect the public from infectious disease and environmental hazards. Savings will mean a reduction in capacity in specialist expertise, but the Council will look to deliver this function differently in partnership with Tameside and Glossop Clinical Commissioning Group (CCG) and Tameside NHS Foundation Trust.

4.9 The new contract for substance misuse included a reduction in contract value of £100k from 2017/18. The proposal is that the saving is being brought forward a year to 2016/17 and the provider is being consulted on the impact. Potential savings from accommodation costs have also been identified in Drug Intervention Programme and Integrated Offender Management.

4.10 The total saving proposed from the Living and Working Well programme is **£441,000.**

Ageing Well Programme

4.11 A reduction in the Ageing Well programme budget has been proposed with a total saving of **£25,000.**

Additional Savings

4.12 There are a number of additional proposals that relate to reducing staff costs and IT consumables. These savings amount to **£36,000.**

4.13 Work has commenced to review all contracts and meet with providers to negotiate a reduction to current contract prices. Reductions will be identified for 15/16 and for inclusion in contracts for 2016/17. This will include the larger contracts with NHS providers such as Stockport FT and Pennine Care FT. The target amount for reduction for 15/16 is **£164,928.** This has given an in year pressure due to the nature of contractual terms and has largely been mitigated through a range of measures, including holding vacancies, cutting planned public health initiatives and eliminating non-essential expenditure.

4.18 A Public Health staffing redesign has identified part year savings of **£79,000**. The Public Health team has reduced by a third from a year ago with particular reductions in capacity in commissioning and public health intelligence.

4.19 As these proposals deliver on the 6.2% reduction only, further financial modelling is currently being carried out to understand the additional savings required for 2016/17 onwards.

5. IMPACT FOR TAMESIDE

5.1 The table below illustrates the potential impact of proposed budget reductions identified.

Life Course	Potential Impacts
Starting and Developing Well	
Early Years funding reduction Oral Health review and reduction Cease Breastmilk Its Amazing programme 0-5 transition Healthy Child Programme commissioning costs Cease Child Accident Programme	• Increase in inequalities regarding Tameside children and young people having the best opportunities and start in life. • Potential negative impact on Tameside children being school ready. • Potential increase in A&E admissions • Potential impact on school attendance and levels of attainment. • Poorer health outcomes in general.
Living Well	
Drug Intervention Programme and Integrated Offender Management Re-negotiation of current contracts Reduction of Workplace Health Programme Reduction of Stop Smoking, Tobacco Programme and NRT prescribing Reduction of Asset Based Community Development Reduction of Public Mental Health Programme Reduction of weight management programme in Primary Care Reduction in Making Every Contact Count programme	• Potential reductions in number of residents adopting healthy behaviour, as a result of fewer options of and access to the tools, help and support needed to make informed lifestyle choices. • Potential negative impact on Tameside residents' health and mental wellbeing, including wellbeing in the workplace. • Reduced progress in making Tameside a smoke-free borough. • Reduced capacity in supporting Tameside residents and community groups in increasing community resilience in order to promote self-action and self-care.
Ageing and Dying Well	
Reduction of Ageing Well programme	• Increase potential for isolation and loneliness amongst our older residents. • Increased impact on our partner services, for example, increases in hospital demand and admissions. • A reduction in secondary prevention interventions may result in poorer health and social outcomes and an increased demand on acute and social care. • Reduced support in community-based interventions will likely result in increased pressure on carers and families. • Potential reduction in an individual's sense and attainment of confidence and independence.

6. CONSULTATION AND PROVIDER ENGAGEMENT

6.1 A public consultation on the Council's Big Conversation Website took place over a four week period, commencing 4 December 2015 until Monday 4 January 2016. The proposals for in year 15/16 reductions were described and the public were invited to comment. The late announcement of the cuts together with timescale and ability to promote the consultation was challenging.

6.2 **Appendix 2** outlines the structure of the consultation and the consultation questions. There were 17 respondents to the public consultation. Comments included:

"Children and Young people would be affected by cuts and changes to the community Health services, which would result in more teenage pregnancies, lots more drugs and alcohol problems and anti-social behaviours increased, more street crimes, more obesity without weight management programmes which will mean more young people hospitialised. Also mental health issues for families and young people, depression, more domestic violence due to family pressures or money issues."

"People will not have dementia support and a huge impact on the Hospital services will happen. Older people will not be able to access such services and be supported."

"My Grandsons have benefited from children's centre activities and parenting courses - want this to be available to other families; emotional support in schools is really important"

"This would not have an impact. In fact it could streamline services"

"I worry about the reduction in health visiting and school nursing services as I am a school nurse myself. Not only do I worry about my job, but I also consider the far wider reaching implications of reducing these services on young people's health. At present school nurses deliver the healthy child programme (on an already stretched budget) and if they were unable to deliver this there would likely be far worse health implications (and cost to the NHS) further down the road. We must continue to promote healthy lifestyles and deliver the early intervention and prevention strategies that ultimately save the NHS in the long run."

"I want to say how much I have valued the support from health visiting team and nursery nurses based at hyde clinic since developmental concerns were raised about my daughter 2 years ago (she is now 4). Their support and care really made a big difference and was a lifeline to us at a very anxious time. Without their support we would have been lost and frightened. I am a professional and educated person and well able to find information but when something is said about your child you need that support. I could not have coped without them."

6.3 A letter from the Director of Public Health was sent to all providers in November informing them of the proposed cuts to the public health budge, with one to one meetings taking place throughout November/ December to start the process of consultation and possible re-negotiating contract values. In addition public health commissioning leads have met with all Providers to look at possible financial scenarios of a 7%, 10% and 15% reduction on current contracts.

7. EQUALITIES

7.1 Equality Impact Assessments (EIA) will be prepared for each area of redesign as plans are further developed and options are proposed. An initial EIA is attached in **Appendix 2** of the report.

8. SUMMARY

8.1 The Council faces significant budgetary challenges over the coming years and therefore needs to diversify the service delivery market by looking at new and innovative approaches to deliver services whilst reducing cost of provision significantly. The savings outlined in this report look to deliver on the 6.2% public health budget cut imposed on the Council in 15/16. Public Health as part of a single commissioning function will use the available evidence on return on investment (ROI) from public health preventative measures to refine the approach to delivering savings. All recommissioning and redesign will look at delivering the maximum return on investment and net savings to the system, while improving health outcomes.

8.2 All public health commissioned services are currently under review following confirmation of the new funding cuts so that the appropriate level of investment can be achieved in 2016/17, balancing protecting the public's health with achieving better health outcomes through prioritised, high value interventions. At the same time, the public health programmes will need to be geared to supporting the delivery of the Council's priorities and those identified through the Care Together programme and joint commissioning strategy.

9. RECOMMENDATIONS

9.1 As outlined on the front page of the report.

APPENDIX 1

Subject	Consultation on Reducing Funding for Public Health services	
Service / Business Unit	**Service Area**	**Directorate**
Public Health	Public Health	Public Health
EIA Start Date (Actual)	**EIA Completion Date (Expected)**	**Completion Date (Actual)**
October 2015	October 2015	

Lead Contact / Officer Responsible	Richard Scarborough
Service Unit Manager Responsible	Debbie Watson

EIA Group (lead contact first)	**Job title**	**Service**
Teresa Jankowska	Public Health Lead Commissioner	Public Health
Debbie Watson	Head of Health and Wellbeing	Public Health
Richard Scarborough	Public Health Development Manager	Public Health

SUMMARY BOX

Due to continued cuts in Government financial support to local authorities the Council is considering a range of service cuts to enable a balanced budget. The proposals to reduce funding for public health are within the context of a proposed 2015/16 in year cut of 6.2% to the ring-fenced public health grant and further threats to future funding.

The Council is considering a package of reductions to Public Health spending. As well as reducing budget allocations for targeted public health interventions and time limited projects, the proposals include reducing programme spend in key areas and reductions in all contracted services.

This EIA relates to the consultation process on the proposal to reduce Council revenue funding for public health in year 15/16.

This EIA concentrates on ensuring that the consultation process is accessible to the diverse population within the Borough and to current and potential beneficiaries of public health services. The consultation will commence with detailed discussions with service providers about options to manage the reduction in funding and the impacts of this.

The main public consultation will be in the form of an on line survey that provides an explanation of the reason for the proposed changes and a free format text box to allow for people to provide any comments, views and suggestions they wish to be taken into account. It is proposed that the survey forms part of the Council's Big Conversation consultation process to enable the results to be evaluated in a consistent manner. It will be available for a 4 week period.

The EIA highlights a possible issue around ensuring consultation responses are representative of

the community/customers benefiting from public health services. To ensure this is the case monitoring of responses throughout the consultation period will be undertaken. Monitoring of responses will identify if particular services or particular groups, e.g. age, ethnicity, gender, disability are not responding and will enable more targeted consultation.

Section 1 - Background

BACKGROUND

Responsibility for public health functions transferred from the NHS to Local Authorities in April 2013 with the further transfer of responsibility for Health Visitors and the Family Nurse Partnership services for young parents in October 2016.

The Council has a duty to take such steps as it considers appropriate for improving the health of the people in its area. The public health grant is provided to discharge public health responsibilities that are summarised as:

- Improve significantly the health and wellbeing of local populations;
- Carry out health protection and health improvement functions delegated from the Secretary of State ;
- Reduce health inequalities across the life-course, including within hard to reach groups
- Ensure the provision of population healthcare advice.

The Council has a statutory duty to provide the following mandatory functions:

- weighing and measurement of children;
- the school nurse service and health visiting;
- health checks;
- Open Access Sexual Health Services;
- Public Health Advice;
- Health Protection Advice.

The impact of the public health grant is measured against the national Public Health Outcomes Framework (PHOF) http://www.phoutcomes.info/

The Council commissions public health services from a range of providers with 85% of the grant spent via commissioned services. This includes NHS Foundation Trusts, GPs and pharmacies and local and national providers. In addition to longer term contracts, Public Health also commission shorter term projects to target particular public health outcomes and contribute towards other services commissioned by the Council where there is a direct impact on public health outcomes.

When councils are undertaking their public health functions they must have regard to the NHS Constitution. In particular, this means that when making a decision relating to public health functions, the Council must properly consider the Constitution and how it can be applied, in so far as it is relevant to the issue in question.

In July 2015 the Treasury proposed a 6.2% in year reduction in all Local Authorities' Public Health Grant. On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year. The 6.2% in year cut in public health grant for Tameside amounts to £942,928.

In anticipation of this cut being implemented opportunity has been taken to reduce programme spend wherever budgets have not been formally committed and to conclude any time limited projects rather than extend or mainstream them.

In addition to the expected implementation of a 6.2% reduction in public health grant for 2015/16,

Government are consulting on changes in the distribution formula for the national public health grant allocations for 2016/17 onwards. Should the proposed changes to the formula be implemented this would lead to a further £340k reduction to the grant to the Council.

In addition the Government's Autumn Review announcement, due in the near future, is expected to contain further savings targets for Local Authorities and may also reduce the funding available for the national public health grant. This means that we could be facing a smaller share of a reduced level of funding.

Section 2 – Issues to consider & evidence base

ISSUES TO CONSIDER

The proposed funding reduction will impact most on communities and individuals who experience high levels of relative deprivation and disadvantage and highest levels of social exclusion, in addition it will impact on some groups within the protected characteristics, therefore the consultation process must ensure that these groups are included:

(A) Gender: Consideration has been given to the gender balance and it is not considered that a different approach to consultation is required.

B) Pregnancy and maternity: Some service provision is targeted at women who are pregnant and maternity services. Consideration has been given to this group and it is not considered that a different approach to consultation is required.

C) Age: the budget reductions will affect all ages with reductions across all life courses. The consultation process must take account of this factor.

D Sexual orientation: We have no indication of the positive or negative impacts of the proposals. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

E Disability: The consultation process must take account of the communication preferences of older people with a disability and their carers.

F. Gender Re-assignment: We have no indication of the positive or negative impacts of the proposals. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

G. Ethnicity: Consideration has been given to the issue of ethnicity and no potential adverse impacts have been identified when this proposal is implemented. The consultation process must be accessible to all residents of the Borough.

H) Religion or Belief: Consideration has been given to the issue of religion and/or belief and no potential adverse impacts have been identified when this proposal is implemented. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

I) Civil Partnership and Marriage: Consideration has been given to the issue of civil partnership and marriage and no potential adverse impacts have been identified when this proposal is implemented. We have concluded that the consultation process does not need to take particular account of groups with this protected characteristic.

LIST OF EVIDENCE SOURCES
Tameside Joint Strategic Needs Assessment 2015/16 Public Health Annual report 2014/15

Section 3 – Impact

IMPACT

The proposal under consultation is to reduce funding for public health services.

It is likely that the funding reduction will result in 1 or more of the following impacts:

Life Course	Potential Impacts
Starting and Developing Well	
Early Years funding reduction Oral Health review and reduction Cease Breastmilk Its Amazing programme 0-5 transition Healthy Child Programme commissioning costs Cease Child Accident Programme	• Increase in inequalities regarding Tameside children and young people having the best opportunities and start in life. • Potential negative impact on Tameside children being school ready. • Potential increase in A&E admissions • Potential impact on school attendance and levels of attainment. • Poorer health outcomes in general.
Living Well	
Drug Intervention Programme and Integrated Offender Management Re-negotiation of current contracts Reduction of Workplace Health Programme Reduction of Stop Smoking, Tobacco Programme and NRT prescribing Reduction of Asset Based Community Development Reduction of Public Mental Health Programme Reduction of weight management programme in Primary Care Reduction in Making Every Contact Count programme	• Potential reductions in number of residents adopting healthy behaviour, as a result of fewer options of and access to the tools, help and support needed to make informed lifestyle choices. • Potential negative impact on Tameside residents' health and mental wellbeing, including wellbeing in the workplace. • Reduced progress in making Tameside a smoke-free borough. • Reduced capacity in supporting Tameside residents and community groups in increasing community resilience in order to promote self-action and self-care.
Ageing and Dying Well	
Reduction of Ageing Well programme	• Increase potential for isolation and loneliness amongst our older residents. • Increased impact on our partner services, for example, increases in hospital demand and admissions. • A reduction in secondary prevention interventions may result in poorer health and social outcomes and an

	increased demand on acute and social care. • Reduced support in community-based interventions will likely result in increased pressure on carers and families. • Potential reduction in an individual's sense and attainment of confidence and independence.

The consultation process is required to enable us to fully assess and evaluate the impact of the funding withdrawal on people who currently and who may potentially use these services. An inadequate process could mean that the Council fails in its duty to fully consider the impacts of the proposal.

Section 4 – Proposals & Mitigation

PROPOSALS & MITIGATION
The main risk is that the proposed consultation process is not adequate and does not enable the current and potential service users who will be impacted by the funding withdrawal to participate. In 2014 the Council undertook consultation about proposals for the wellbeing services. During this period, people who live or work in Tameside were encouraged to share their views and ideas for a new Wellness Service. This consultation used online surveys, facilitated sessions and events. The proposal is to use a similar targeted process to consult with groups that are not represented within the responses to the online consultation where necessary. We propose to undertake consultation with organisations affected and encourage them to invite their staff and customers to respond to the survey. It is proposed to ask CVAT to circulate the consultation to their members and to encourage them to respond to ensure that we include diverse community groups.

Audience	**Mechanism**	**Content**	**Date**
Service Providers	Individual meetings	Context of continued Government cuts in Council funding and its impact on Tameside. Summary and rationale of proposal. Request to service providers to describe the impact of the reductions in PH funding on their service model and proposals to manage the change.	w/c 30th Nov 2015 onwards
Public	Big Conversation	Context of continued Government cuts in Council funding and its impact on Tameside. Summary and rationale of proposal/s. Request to respond with views about the impact of the proposal **(Appendix 2)**	4th Dec 2015 until 4th Jan 2016
Stakeholders	CCG, CVAT, wider Council	As above	w/c 30th Nov 2015

CVAT members	Link to the Big Conversation	The Council will provide a link to the consultation to Community and Voluntary Action Tameside asking them to promote the consultation with member agencies.	4th Dec 2015 until 4th Jan 2016

Section 5 – Monitoring

MONITORING PROGRESS
Monitoring of responses will identify if particular services or particular groups, e.g. age, ethnicity, gender, disability are not responding and will enable more targeted consultation.

Issue / Action	**Lead officer**	**Timescale**
Analysis of response to Big Conversation and follow up with specific providers	Richard Scarborough	*Nov 15 – Jan 16*

Sign off

Signature of Service Unit Manager	**Date**
Signature of Assistant Executive Director / Assistant Chief Executive	**Date**

APPENDIX 2

WORDING FOR BIG CONVERSATION – Public Health

Introduction

As part of its strategy to improve the health of the population of Tameside, Tameside Council funds a range of public health services and interventions. These include:

- Contraception and Sexual Health services, both treatment and sexual health promotion and prevention;
- Health Improvement services, including Smoking Cessation, Weight Management Health Trainers and Community Health Development Workers;
- Integrated Drug and Alcohol services;
- Locally Commissioned Services in Primary Care (GPs and Pharmacies), including contraception, NHS Health Checks, Weight Management, Nicotine Replacement Therapy;
- Infection Control services;
- Community based NHS Health Checks;
- Smoking cessation service within the hospital's Maternity Unit;
- Mental Wellbeing services for Young People;
- Children and Family services, including Early Attachment, Oral Health, School Nursing and Nursery Nurse provision in the community;
- 0-5 years Healthy Child Programme, including Health Visitors;
- Breastfeeding support services;
- Support to schools and colleges around Young Peoples' Wellbeing;
- Asset Based Community Development initiatives to support the growth of community resilience;
- Falls services within the community and in hospital;
- Making Every Contact Count – training provision.

Context

Since 2010 the Council has had £104 million less to spend on services due to funding cuts from the Government. Over the next 5 years we know the Government will continue to make further cuts to our funding. We expect that will mean another £90 million less to spend on services. That's nearly £200 million over the 10 year period.

Cuts in funding from Government have a significant impact on how much the Council has to spend on services as Government funding provides the greater proportion of the Council's finance. In fact, the money raised from Council Tax paid by local residents makes up only one third of the Council's funding.

To meet the challenge that we face as a Council as a result of these cuts a range of proposals are currently being considered. They include, having to reduce support for carers, people with learning disabilities and the frail elderly; reductions in school transport; reductions in street cleansing and the maintenance of our parks; further cuts of our libraries and cultural events; less money for roads and winter gritting; as well as cuts to children's centres.

In July 2015 the Treasury proposed a 6.2% in year reduction in all Local Authorities' Public Health Grant. On 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200 million this financial year. The 6.2% in year cut in public health grant for Tameside amounts to £942,928. In anticipation of this cut being implemented opportunity has been taken to reduce programme spend wherever budgets have not been formally committed and to conclude any time limited projects rather than extend or mainstream them.

In addition to the expected implementation of a 6.2% reduction in public health grant for 2015/16, Government are consulting on changes in the distribution formula for the national public health grant allocations for 2016/17 onwards. Should the proposed changes to the formula be implemented this would lead to a further £340k reduction to the grant to the Council.

In addition the Government's Autumn Review announcement, due in the near future, is expected to contain further savings targets for Local Authorities and may also reduce the funding available for the national public health grant. This means that we could be facing a smaller share of a reduced level of funding.

Proposal

The Council has been forced to review and reduce our spending on public health services. We have to save just under £1 Million in this area. As part of this we are considering reducing the amount of money we allocate for programme budgets and reduce funding for commissioned services.

This will mean that there will be fewer interventions aimed at improving the health of the Tameside population

Questions – to be drafted with communications

Your views

We are inviting your comments on our proposal.

Start Date for consultation: Friday 4 December 2016

Closing Date for Consultation: Monday 4 January 2016

PUBLIC HEALTH SERVICES CONSULTATION

1. We want to hear your views. This information will only be used as part of the consultation and will not be used or processed for any other purpose. Thank you for joining in our Big Conversation.

Name:	
Address 1:	
Address 2:	
Town:	
Postcode:	
Email	

QUESTIONS

2. On the understanding that the reductions in budget for Public Health are restricted to the services outlined in this proposal, to what extent do you agree/disagree with the following statement?

"I believe the proposed reductions are being made to the right services."

Strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree

2a If answering somewhat or strongly disagree please complete the following statements
"I feel it would be more appropriate to make a reduction to _____ " (20 word limit)

"The reduction could be made to this service by _____"

(100 word limit)

2b If you have made a suggestion to reduce a budget elsewhere, who would be impacted by the resulting change? (multiple choice)

Children and Young People,

Working Age People,

Older People,

Other

3. Do you have any further suggestions?
(Free text 200 word limit)

Report To:	**HEALTH AND WELLBEING BOARD**
Date:	10 March 2016
Cabinet Deputy / Reporting Officer:	Councillor Peter Robinson, Executive Member, Children and Families Assistant Executive Director, Children's Services
Subject:	**CHILDREN'S SERVICES DEVOLUTION UPDATE AND THE REGIONAL ADOPTION AGENCY PROGRESS REPORT**
Report Summary:	This report provides the Health and Wellbeing Board with updates on the seven workstreams currently running under the scope of the Fundamental Review of Services for Children in Greater Manchester and the Regional Adoption Agency developments.
Recommendations:	1. Board to note the contents of the report and continue to support Tameside involvement in the Devolution and Regional Adoption agendas 2. Board is asked to note the views of the Department of Education that partners in the CCG are crucial to successful pre adoption planning and post adoption support. 3. To note that service progression on the 0-25 offer will not wait for devolution decisions to be made but will be progressing with them in mind in order that duplication and delay is avoided
Links to Community Strategy:	Safeguarding Children and preventing need in families is throughout all community strategies.
Policy Implications:	Policy Implications will be explored when the workstreams are arriving at firm proposals for action.
Financial Implications: **(Authorised by the Section 151 Officer)**	The Childrens Service Directorate within the Council is currently projecting additional net expenditure of £4m compared to budget available for the 2015/16 financial year. It is estimated that this will increase to £5.8m in the 2016/17 financial year due to inflation and service demand related factors. This report provides supporting details of the potential opportunities to reduce Childrens service expenditure within Greater Manchester under Devolution. It is essential that proposals are progressed urgently to ensure cost savings and demand reduction opportunities are realised as early as possible. Details of the potential cost reductions to be realised will be included within the workstream business cases. These are due for submission by 7 March 2016 and details will be reported to a future Health and Wellbeing Board.
Legal Implications: **(Authorised by the Borough Solicitor)**	Children's Services form part of the Single Commissioning budget so it is important that we have a clear understanding of how this impacts on current budget reductions required to ensure service affordable in meeting statutory requirements.

Risk Management: The report recognises the risks to vulnerable children and the need to ensure a sufficient budget is provided to achieve the Council's objective to support vulnerable people, consistent with and proportionate to its other responsibilities.

Access to Information: Background papers and information can be obtained by contacting Dominic Tumelty, Assistant Executive Director, Children's Services, by:

☎ 0161 342 3354

E-mail: dominic.tumelty@tameside.gov.uk

1. SUMMARY

1.1 Devolution Manchester offers a number of opportunities for Children's Services to share resource and service transformation across the footprint in order to maximise outcomes for children whilst potentially achieving significant savings for each Council.

1.2 There are seven work streams that have been set up and further detail of each is set out in this report. Each work stream is headed by a Director of Children's Services and there is evidence of significant and important buy-in from Councils, other Governmental departments and the Voluntary Sector. The Department For Education (DfE) is committed to three weekly meetings which will include other government departments as required.

1.3 In addition, following Central Government announcements regarding Regionalisation of Adoption, Tameside Children's Services have been collaborating extensively with colleagues. This report provides an update of the progress to date.

1.4 For all of the above there will be a need to bring more detail through Governance processes as that detail is developed and the implications for Tameside are better understood. As such, this report remains as an update report rather than seeking permission for specific actions at this stage but we are mindful that in year 2016-17 there will be a number of reports coming to Board requesting authority to progress.

1.5 There has to date been some presentation to AGMA leaders of the work to date, dialogue has been started with the Departments of Education and Communities and partners from KPMG (management and accountant consultants) are assisting the process as commissioned.

2. SPECIFIC WORKSTREAMS

2.1 **Complex Safeguarding Workstream** is exploring the feasibility of addressing the more high profile areas of Safeguarding Children. This includes child sexual exploitation, serious and organised crime (including Sham Marriages and modern slavery), Female Genital Mutilation and honour based crime, violent extremism and radicalisation, gangs and violence. This will build on the work of the Greater Manchester Safeguarding Board, with a review of all Local Safeguarding Children Boards which will be part of the wider review announced by the Prime Minister, due to report in March 2016.

2.2 This workstream has started work with a comprehensive workshop which was attended by a large number of colleagues and partners from across Greater Manchester Children's Services but also including Police, Health, Immigration, Licensing, Voluntary Sector, Education and Adults Safeguarding Services. Further sessions are booked throughout February to enable the detailed work plan to be developed.

2.3 From a Tameside perspective, we are keen to embrace the best practice examples whilst acknowledging that currently not all of the areas of work are present to a large extent in our area. However, looking forward we know, for example, that we are expecting a higher birth rate in the population which are susceptible to Female Genital Mutilation.

2.4 Working to build on the positives from Operation Phoenix, extending it to children who go missing from home and care and into the areas above should have a positive effect for Tameside children who we know go to Manchester when they abscond frequently and where they are at high risk.

2.5 **Looked After Children Workstream** has begun work to explore how the aspiration of a reduction in the numbers of children in care by 20% across the Greater Manchester area

can be achieved safely, maximising savings and ensuring positive outcomes for children. Data collection is underway and dates booked through February to take this work forward.

2.6 For Tameside this is a crucial piece of work given the numbers of children in our care, the numbers of other Local Authority children living in our area and the expenditure incurred. Again, workplans will be delivered following sessions in February.

2.7 **Youth Offending Services** across Greater Manchester already enjoy close working together at Head of Service Level but this workstream seeks to bring in more partners and fresh ideas on collaboration, e.g. as Courts have centralised to Manchester town centre it seems evident that practitioners need a new working model to maximise efficiency and consistency. Three key aims are to (a) review local justice arrangements and explore single commissioning across Greater Manchester, (b) establish a common youth justice offer and (c) review the use of custody, particularly Wetherby Youth Offender Institution (YOI). Dates are in place across February as above.

2.8 For Tameside there are some clear opportunities to this approach being successful, not least the cost of remand beds and the opportunity to share our approach to restorative justice which can avoid custody and prevent cost.

2.9 **The Integrated Health Commissioning Workstream** has agreed to prioritise the offer for Early Years and Early Help, linking to joint workshops which will discuss a Greater Manchester wide approach. In addition the group is exploring the possibility of targeted intervention for specific cohorts, e.g. learning disability and maternal health, and a review of Child and Adolescent Mental Health Services (CAMHS) within the mental health strategy. Dates are similarly booked in and participation positive.

2.10 From a Tameside perspective we will be able to align our recent review of the Early Help offer and the ongoing work on Early Years with this workstream.

2.11 **Complex Dependency Workstream** seeks to build on the Public Service Reform (PSR) work, Troubled Families agendas and Early Help offers to explore whether approaches which have thus far been within individual councils can be scaled up across Greater Manchester to increase effectiveness. Crucially this will include the role of schools as a universal provision for children in need which needs to be developed further.

2.12 Tameside will contribute the experiences of the PSR Hub, Place based work and Troubled Families experience to the group in its considerations.

2.13 **The Quality Assurance Workstream** is also running and has positive stakeholder involvement, including from CAFCASS (Children and Families Court Advisory Service), the Department of Education and Ministry of Justice (under whom CAFCASS sit). The aim of this group is to explore the role and function of those involved in scrutinising the work of Councils as far as their duties to the Courts and children in care are concerned. There is a working hypothesis that the role of Independent Reviewing Officers and court appointed Children's Guardians has some duplication which could be removed and that the Court process is unnecessarily complex and expensive.

2.14 Clearly Tameside will benefit from reduction in cost in this area although the risk factor is that currently our Independent Reviewing Officer service costs less than many others due to lower salary costs.

2.15 **Finally the Education Workstream** has begun its work and has agreed priority areas to be pupil place planning, school improvement redesign and the collaboration with Early Years and Early help. Links with the regional schools commissioner to connect with Academies and Free Schools agendas are an integral component of this agenda.

2.16 For all work streams, a work plan is required for March 7 with presentation to Wider Leadership Team on March 11, followed by submission to the Department of Education for approval. Any areas where immediate action can be taken, it will be.

3. REGIONAL ADOPTION AGENCY

3.1 The Regional Adoption Agency is separate to Greater Manchester Devolution, having been announced and established beforehand, but an equal experience of collaboration across Local Authority and Voluntary Sector boundaries. The Department of Education set out proposals and expectations that Regional Adoption Agencies should be established in order to improve the quality and timeliness of the adoption process, both for people wanting to adopt and children needing to be adopted.

3.2 All Councils undertook an exercise which looked at demographics, service design, performance and other factors when determining who would be part of each collaboration.

3.3 Tameside was pleased to join a consortium consisting of Oldham, Rochdale, Bury, Bolton and Blackburn with Darwen as well as Caritas Care and Adoption Matters, two leading performers from the Voluntary Sector. This brings together several of the highest performers for Adoption into a collaboration which is proposed to be called the West Pennine Adoption Agency.

3.4 The Department of Education established a system whereby potential collaborations were assessed and graded, essentially on a scale from “requires further work” to “proceed and implement”. The West Pennine bid has been given the latter and is now at a stage where a detailed transition plan is to be submitted to DfE by March 31. At present the partners are working at strategic level to determine potential shape and scope of the service and it will be necessary for each Council to return to respective Executives and Boards when the detail is finalised. However it is anticipated that this piece of work, whilst not directly linked to a savings target, will in fact improve efficiency greatly by speeding up the recruitment, assessment and matching processes thereby reducing the time a child is in care, saving worker time and eliminating the need to pay external agencies for services.

3.5 As part of the input from Department of Education, they have been keen for Health and Wellbeing Boards and CCG colleagues to be invited to consider the offer to the adoption service, both pre Adoption (Health assessments, CAMHS and support to planning) and for adoption support services.

4. CONCLUSION

4.1 Business cases for each workstream are in the process of development and will include projected financial implications and are expected to include bids to the national transformation funding.

4.2 Board is asked to note the developments highlighted in this report and agree that the work continue on the understanding that future plans and proposals return for the appropriate governance approvals as and when necessary.

5. RECOMMENDATIONS

5.1 As detailed on the front of the report.

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	10 March 2016
Executive Member / Reporting Officer:	Councillor Allison Gwynne, Executive Member Clean and Green Nick Sayers, Head of Environmental Operations and Greenspace
Subject:	**OVERVIEW OF GREENSPACE ACTIVITIES AND POTENTIAL HEALTH AND WELLBEING OPPORTUNTIES**
Report Summary:	Presentation provides an overview of the facilities and activities across the Borough's greenspace and the potential opportunities to improve health and wellbeing outcomes.
Recommendations:	1. Members are requested to receive and note the presentation. 2. Members are invited to consider the possible benefits which the Borough's greenspace can offer in terms of the health and wellbeing of our communities.
Links to Community Strategy:	Healthy Tameside – Improve the health and wellbeing of our residents.
Policy Implications:	Members are invited to consider the potential to work closely with the Council's Public Health Team and health professionals.
Financial Implications: **(Authorised by the Section 151 Officer))**	The utilisation of greenspace is an important asset available within the economy to support the improvement of health and wellbeing of the borough's residents whilst also reducing patient demand at the hospital. It is recognised the use of greenspace will also contribute towards the delivery of a balanced budget position for health and social care within the economy during the five year period to 2020/21 and beyond where future levels of funding are expected to reduce. Demands on service provision will also need to reduce accordingly. Further work should take place to comprehend the potential level of cost avoidance within the economy if the greenspace opportunities are maximised. This should be quantified in a future report to the Health and Wellbeing Board.
Legal Implications: **(Authorised by the Borough Solicitor)**	There needs to be a clear understanding of the cost benefit analysis and now this links to reducing the cost of significant health interventions to address our health inequalities.
Access to Information :	Any background papers relating to this report can be inspected by contacting Nick Sayers, Head of Environmental Operations and Greenspace, by: Telephone:0161 342 2704 e-mail: nick.sayers@tameside.gov.uk

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Environmental Operations & Greenspace

Nick Sayers

Head of Environmental Operations & Greenspace

Tameside Metropolitan Borough

Environmental Operations & Greenspace

Service include:

- Street cleansing
- Ground Maintenance
- Play Areas
- Parks / Countryside / Greenspace
- Allotments
- Greenspace Volunteers

Benefit of quality greenspace

The health benefits of greenspace are well documented and include:

- Opportunities for people to walk, run, play and move more.
- Improved mental health and wellbeing through time spent outdoors in quality green space;
- Assists with reducing levels of obesity, heart disease and lung disease.

Greenspaces are great at bringing people together and improving community cohesion and sense of place.

Greenspace activities:

- Bowling Greens
- Football pitches
- Play areas
- Cultural Events
- Community growing plots for MIND, Stroke Assoc.
- Volunteer lead walks and self guided walks / Park Run
- Measured walks around Parks and Country Parks

Community involvement / Partnerships

- Greenspace Volunteers: Operational tasks & walks
- Corporate volunteering
- National Citizen Service
- Tameside College – Horticultural Course
- Community Payback – ‘Buddy Up’
- Routes to Work
- NEET’s

Opportunities:

- Approach GP's surgeries for outreach opportunities and 'Green prescriptions / Green Pill'
- Approach Cardio/Physio departments at local Hospital
- Improve the 'Health walk' program with a different variety of walks. eg. 'walking for non walkers'
- Improve accessibility to Greenspaces by sensitive development
- Offer different Volunteering packages.

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	10 March 2016
Executive Member / Reporting Officer:	Ben Gilchrist, Chief Executive, Community and Voluntary Action Tameside (CVAT)
Subject:	**UNLOCKING TAMESIDE'S COMMUNITY ASSETS TO IMPROVE HEALTH OUTCOMES AND REDUCE HEALTH INEQUALITY**
Report Summary:	This paper outlines proposals for how CVAT, Healthwatch and local voluntary and community organisations (VCOs) can be full and effective partners in Care Together and contribute to the Locality Plan's aim of transforming the relationship between the population and the health and social care system. Thanks to Care Together, Tameside is the perfect place to develop this innovation and showcase new approaches to demand reduction that also foster community resilience and achieve better outcomes for patients. The proposal sets out examples of how that can be achieved with investment focused on the following themes: a) Reduce demand and support empowerment; b) Improving health outcomes through co-production; c) Connecting with the business sector. CVAT and Healthwatch are keen to scale up the offer from the voluntary sector and develop our strategic role within Care Together to work together to unlock the potential within Tameside's communities.
Recommendations:	The Health and Wellbeing Board are asked to consider and endorse the proposals set out within the paper, with the recommendation that the proposals are developed further via the Care Together work streams.
Links to Health and Wellbeing Strategy:	This programme contributes to the Asset Based Community Development principle in Tameside's Joint Health and Wellbeing Strategy.
Policy Implications:	There are no policy implications at this stage.
Financial Implications: **(Authorised by the Section 151 Officer)**	The report details examples of proposed projects within the borough to reduce the cost and demand on health and social care within the borough. Investment in different models of service provision would be required but the report does not include any costings or suggested funding allocations for each project at this stage. If the Health and Wellbeing Board endorses the development of the proposals set out in this report, CVAT would be required to provide the associated project costings. A further report would then need to be presented to the Health and Wellbeing Board.

It should be noted that there is no provision for any potential additional expenditure within the Council's Medium Term Financial Strategy or within the Stronger Communities and Public Health Directorate revenue budgets.

Section 3.7 and **Appendix 4** contains CVAT income generation initiatives which include working with the business sector, sponsorship, fund raising events and increased opportunities to attract grants. This income is not quantified but it may be possible to use it to fund or partly fund the proposed projects in this report to reduce the cost and demand on the health and social care provision within the borough.

Legal Implications:

(Authorised by the Borough Solicitor)

This report clearly sets out the value provided by CVAT, Healthwatch and VCOs in supporting residents to be more resilient and self-sufficient. There needs to be some clarity as to how this can be funded and delivered effectively.

Risk Management :

Continuing work will take place to strengthen the proposed approaches to this work. Failure to develop and deliver this work will weaken voluntary sector involvement in Care Together and the outcomes that can be achieved. Risks will be managed across the Care Together workstreams with a lead role identified for the Healthy Lives and Locality workstreams.

Access to Information :

The background papers relating to this report can be inspected by contacting Ben Gilchrist, Chief Executive of CVAT.

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1. WORKING TOGETHER TO DEVELOP LOCAL COMMUNITY LED INNOVATION SCHEMES

1.1 Following discussion with a range of senior public sector leaders this proposition outlines practical examples of how CVAT and Healthwatch think that Care Together can better connect and lever in the assets of Tameside's community and voluntary activity to improve health outcomes. We want to ensure that the voluntary sector can be a full and effective partner in Care Together and contribute to the Locality Plan's aim of transforming the relationship between the population and the health and social care system. This is not intended as a fully costed proposal but to outline the areas that we believe have the greatest potential to be enhanced through Care Together.

1.2 The ultimate aim of the proposal is to seek opportunities where CVAT, Healthwatch and local voluntary and community organisations (VCOs) can better align with health priorities, combine our collective intelligence and know-how, evaluate effectively using robust evidence frameworks and demonstrate where there is potential if scaled up for a return on investment.

2. TAMESIDE'S COMMUNITY ASSETS

2.1 There are over 1000 local volunteer led community organisations (VCO's) in Tameside employing 1200 people (FTE) and benefitting from the time of 26,200 volunteers. Together they help people to stay healthy, promote mental and physical wellbeing, provide peer support to help people manage and prevent escalation of health conditions, and help people address the wider determinants of health. Many of these groups also work with particular communities of interest that help to reduce health inequalities. It is these groups that are catalysts for change from within communities and naturally connect and empower local people to be active citizens and take greater control of their lives. The support provided by these community organisations contributes to reducing the demand on health and social care services and achieving better health outcomes.

2.2 The voluntary, community and faith sector brings considerable strengths to the table which are complementary to those of health and social care commissioners and providers. These strengths are in enabling people and communities to become agents in identifying and maximising local assets; enabling them to create solutions to the barriers and problems they face; in creating and growing social networks; in ensuring the prevention of and recovery from disruptive events such as episodes of ill health, unemployment, homelessness etc; and in supporting people to live independent, fulfilling lives despite long term physical or mental health conditions. Voluntary and community action is founded on peer support, mutualism, long-term relationships and flexible responses to individuals.

2.3 As part of this Healthwatch has a database of over 1000 local people who are interested in managing their health and contributing to better health outcomes for other Tameside patients or service users. Healthwatch Tameside collects patient stories and local research and works with local health and social care providers to inform them of the independent voice of local people. We use a range of engagement mechanisms to reach local people and collect their views on health and social care provision across Tameside. Healthwatch is well placed to tap into the views of patients that are seldom heard and conduct qualitative research that captures local intelligence on patient experiences.

3. THE PROPOSITION

3.1 Tameside's VCOs are a valuable but untapped asset to the local health and wellbeing economy. They are trusted and are firmly based in their localities or within their communities of identity and interest. However, these small organisations are often not

linked into health and social care systems so their potential impact is limited. They are also fragile in the current funding environment with the reduction in small grant funding availability in particular.

3.2 Investment is needed to unlock the untapped potential within communities and safeguard VCO sustainability and growth in order to contribute to Care Together's ambitions. Also critical to our shared success would be developing further the strategic relationship with Care Together partners. Working together and levering in our resources both in kind and funding will enable us to attempt something genuinely innovative and pave the way across Greater Manchester for this creative partnership working.

3.3 CVAT can provide a framework that makes a two way connection to these VCOs straightforward, effective and good value, harnessing our unique brokerage role. Acting as 'supply chain manager' CVAT can lead tested approaches within the Care Together programme and lever in financial resources, volunteering capacity, connections, community know-how, community based resources and trust. This will help the health and social care system make connections to communities and people and create pooled resources that can be utilised for maximum benefit to further our shared objectives. This joint work will be underpinned by good evaluation allowing us to test the objective of shifting demand and identify where there is scope for scaling up or a return on investment.

3.4 Projects that would be in scope would reduce cost and genuinely reduce demand on the health system (rather than shift it) by**:**

- Directing needs that do not require health and social care service interventions to appropriate support delivered in and with Tameside's VCOs.
- Working with communities and local organisations to help people identify their solutions to create good health. Developing more community led peer support, social networks and volunteering opportunities.
- Developing and testing new and innovative ways of tackling health inequalities working with local people to create solutions that demonstrate better citizen outcomes and value for money.

Some examples of this include:

3.5 **Reduce demand and support empowerment**

In order to reduce demand on the health and social care system people in communities need to develop the confidence and skills to better manage their own health and seek support through informal channels. There is untapped potential to link people into the social and emotional support provided by VCO's and to develop this support further. Alongside support from services, individuals and groups in communities can offer practical and emotional support to enable people to manage their health better.

Examples
Social surgeries Social surgeries set up in localities with GPs, which are staffed by volunteers, and are connected into the local community and broker support from local VCOS. These community connectors based at the GP practices would be a source for self-referral or social prescription by the GP to link up the patient with social support in their local community and with communities of interest. It would increase the quality of information, co-ordination and facilitation to enable a greater number of people to access Tameside's community assets which, in turn, will improve their health and wellbeing. This responds to recent evidence that GPs spend a fifth of consultation time on non-health problems.[1]

[1] http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/gps-spend-fifth-of-consultation-time-on-non-health-problems/20009996.article

Investment is needed into developing this model of work aligned in particular with the Locality workstream plans especially around the Locality Community Care Teams with ideally activity in each locality.

Success would be based on practice led evidence of demand reduction, improved patient experience on their health and wellbeing and appropriate redirection of support. A recent evaluation by Sheffield Hallam University of one of the largest and highest profile such initiatives in the UK, covering 2012-2015 found that:

- An overall trend that points to reductions in service users' demand for urgent care interventions after they had been referred:
    - non-elective inpatient episodes reduced by 7 per cent;
    - non-elective inpatient spells reduced by 11 per cent;
    - Accident and Emergency attendances reduced by 17 per cent.
- When Service users aged over 80 are excluded the changes are more marked:
    - non-elective inpatient episodes reduced by 19 per cent;
    - non-elective inpatient spells reduced by 20 per cent;
    - Accident and Emergency attendances reduced by 23 per cent.
- People with long-term conditions who were referred experienced improvements in their well-being and made progress towards better self-management of their condition. After 3-4 months, 82 per cent of these Service users, regardless of age or gender, had experienced positive change in at least one outcome area. Importantly, when the results were broken down by category they showed that progress was made against each outcome measure.
- The estimated total NHS costs avoided if the benefits identified are fully sustained after five years could be as high as £1.1 million: a return on investment[2] of £1.98 for each pound (£1) invested. The value of service user's well-being outcomes were calculated[3] at between £0.57 million and £0.62 million in the first year following engagement which is greater than the costs of delivering the service.
- Patient quote: *'I have slept 7 hours for the first time in 15 years.'*

CVAT's involvement:

- Manage the volunteering programme providing the framework for support and supervision of volunteers ensuring appropriate access to training and local intelligence to connect to the local community.
- Draw on existing capacity building support to work with the local groups/organisations to enable them to develop the social support that is available and match it to identified needs. This would draw on our experience of working in the Public Service Hub in Denton – see **Appendix 3** for a review of this work including public service cost saving calculations.
- Promote and support access to the online directory and referral tool (see below) e.g. all practice staff having this 'map' of community assets available using tablets in waiting rooms.
- Project manage, evaluate and provide a single point of contact for the GPs.
- We can draw on our sister organisation's experiences of such models of work to quickly adopt developed and evaluated processes.

[2] A useful summary of wider return on investment evidence from the Kings Fund and Local Government Association can be found at http://www.slideshare.net/kingsfund/making-the-case-for-public-health-interventions

[3] Using financial proxies and techniques associated with social return on investment (SROI) analysis

Social prescribing[4]/community referral information systems

An online directory and referral tool could enable the health and social care system to identify, assess and tap into the support on offer across the borough. A partnership web portal incorporating the JSNA and the current Partnership Information Portal (PIP) for Tameside and Glossop is planned to bring the statutory JSNA, PNA and JSAA together onto one innovative, easy to access and user friendly website. The website will hold high quality and timely data and intelligence for anyone to access and use in creative and inspiring ways. The intention is for this to:

- help commissioners across Tameside and Glossop make evidence and knowledge based decisions.
- enable residents understand health and wellbeing where they live, while giving them insight into how to make better decisions about their own health and wellbeing and where they might get help and support.
- incorporate links that will signpost residents to the help they may need.

An online referral tool could be designed to work with this website, along with current referral systems, as part of the system wide resources and tools available to professionals and the public to enable residents to improve their personal health outcomes. Working in partnership as part of Care Together a joint strategy in how this is developed and managed can be prioritised to ensure it is fit for purpose and utilised across the system. This would ensure the data collection is fit for purpose and refreshed as needs change/ demand increases. This approach could work within any part of the health and social care system and evidence would be gathered on the impact on demand and patient experience and outcomes.

CVAT's involvement:

- There are a number of examples available from CVAT's sister organisations meaning the development of this work could be quick and cost-efficient.
- Manage the database required and support 'under the radar' groups (those that offer informal, locally advertised support) to upload their info to it.

3.6 **Improving health outcomes through co-production**

Working with Pennine Care and local community organisations our sister organisation Voluntary Action Oldham (VAO) has project managed a pilot to gather intelligence on end of life choices for Pakistani and Bangladeshi residents and to increase the take up of cancer screening from across these communities. The project achieved its objectives and provides a model of supply chain management that can be scaled up.

Examples

People powered solutions

Under the Healthy Lives workstream focus on Asset Based Community Development[5] and building resilient communities to tackle key health priorities Care Together work would focus on:

- Increasing participation and work with local people to facilitate their involvement in shaping services that tackle health inequalities.
- Strengthening the self-help support available within community groups and connect and develop new peer support mechanisms – putting a framework in place to support

[4] See **Appendix 1** for an introduction to terminology

[5] **Appendix 5** provides a summary of the recent Public Health funded Valuing Our Communities work in Tameside on asset based approaches and outlines a scope of how we can develop and embed this into a systematic plan. This information has been presented to the Care Together Models of Care Steering Group and the Healthy Lives Workstream.

people to be more resilient.

This will be critical for achieving the £10 million of savings targeted under this heading in the Locality Plan and would place Tameside as a leader in devolution work on this topic. Resilient people are socially connected and have the internal resources they need to live full and happy lives. Resilient communities need resilient community support and resilient VCOs that help people to stay well and manage their ill health better. The Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) outlines this position in their recent report 'Community Capital - The Value of Connected Communities'[6]. Some key findings[7] from this work in seven locations across England over the last five years were:

- Investing in community capital by supporting interventions that support social relationships produces measurable social value: greater wellbeing and empowerment, enhanced opportunities for employment and training, and the potential for savings in public service expenditure.
- People who said that they feel part of a community were the most likely to report high subjective wellbeing. People who said there was something stopping them from taking part in their community were the least likely to report high subjective wellbeing.
- Relationships are the key to wellbeing – more so than social status or life circumstances. People who lack certain kinds of social relationship – such as knowing somebody in a position to change things locally, or having somebody who can offer practical help – were more likely to report low subjective wellbeing than people who have a long term illness, are unemployed, or are a single parent.
- Access to community capital is uneven – 60 percent of people in the RSA study reported that they did not know anybody who can influence others or change things locally.

To enable us to tap in to and further develop such potential community capital a **joint grants programme** (combining our resources) could be developed to invest in innovation from groups that currently offer some social support and health and social care in their communities and who can also:

- identify solutions to, often intractable, health or social "problems";
- help people to more appropriately access services within community settings;
- develop new ways to support self-management and offer peer support.

The programme would ideally be implemented over 3 years, have clearly defined outcomes and build in a framework for evaluation and re-design. Examples of the type of outcomes would be:

- reducing isolation and loneliness for over 85s in key geographic areas;
- improved access to healthy food. Good nutrition is a major wider determinant for improving life expectancy e.g. targeting communities with greatest prevalence of diabetes and using data from the Child Health Measurement Programme;
- reduction in demand from defined cohorts of patients / population groups e.g. older people, complex dependency;
- improved patient experiences and outcomes.

CVAT's involvement:

- CVAT could draw on our grant management experience and act as programme manager.
- Our development service would help people and organised VCOs in communities to develop innovative solutions.
- CVAT are connected with a national programme of support for self-care and peer

[6] www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/

[7] See **Appendix 2** for the full executive summary

support and will host and co-facilitate the first 'community of practice' to explore this work in Greater Manchester in April.

3.7 **Connecting with the business sector**

To address the health inequalities in the borough will require not only stronger connections between the public and voluntary sector but also much better links to the business sector. Such three way connections have been shown[8] to be essential for developing resilient economies and communities.

Example

Tameside 4 Good (T4G) is a CVAT initiative to strengthen voluntary, community and faith groups by making it easier for businesses and people to help local good causes through the giving of time and skills, money and resources (see **Appendix 4** for more introductory details). By providing a focal point and now well recognised brand the ability to approach companies to promote corporate social responsibility, employer supported volunteering, pro-bono support, and giving of resources back to the community has been increased.

HWBB support for the development of a T4G organisational membership scheme would significantly strengthen the sustainability of this activity which already includes grant funding work for projects benefitting people's health and can further connect with wider Care Together priorities.

Benefits of joining T4G as an organisational member:

Profile

We have a unique reach across Tameside to raise members' profiles. We will acknowledge contributions to Tameside 4 Good via our:

- strong relationship with the local press and radio;
- 3771 twitter followers;
- average of over 2000 website visitors a month;
- parent charity publications which reach over 1000 individuals in Tameside.

Participation

Tameside 4 Good membership is a simple but effective way for members to demonstrate their commitment to corporate social engagement and to boost staff motivation and loyalty. We will help members to make a real difference to local communities in Tameside in a variety of ways including:

- teaming you up with a local community organisation to complete a 'team challenge' – enabling staff development or team building whilst completing a community project;
- raising awareness about and sponsorship for the Tameside 4 Good fund which provides grants to young people aged 5-25 and to groups helping disadvantaged people in Tameside.

Partnership

Tameside 4 Good is uniquely positioned to support access to new contacts. Membership enables new connections, whether it's via our community engagement work or via one of our regular business-charity networking events. We are growing the '4 Good' family across the country and have already successfully made links for businesses in Tameside to other regions. We also link members to partners who promote those committing to Tameside 4 Good to acknowledge their support.

Key features

[8] See http://www.cles.org.uk/wp-content/uploads/2011/01/Resilience-for-web1.pdf

Members of Tameside 4 Good receive:

- A named partnership manager.
- A 'get to know your community' briefing session.
- A team building day.
- Opportunities to develop staff skills.
- Free entrance to Tameside 4 Good networking events.
- A primary route to recycle unwanted/unused office items or other equipment that can be of use to communities. Free window sticker and a stamp and logo to use to display support.
- Prime slot/named partner for the annual Tameside 4 Good Paint it Pink fundraising extravaganza.
- Logo in our annual report and on our website.
- Member of the week features on social media.
- A feature in our newsletter, ebulletins and press releases.

Proposed membership fees:

Number of employees	**Membership price**
1-10	£500
11-50	£1000
51-100	£2000
101+	£4000

HWBB support requested:

- For partners to join as T4G members.
- To promote T4G membership to business contacts.
- To update procurement processes to lever business engagement with T4G and encourage membership particularly linked to social value expectations. This could form part of a wider social responsibility charter model that encompasses areas such as living wage commitments.

4. CONCLUSION

4.1 CVAT and Healthwatch are keen to scale up the offer from the voluntary sector and develop our strategic role within Care Together to work together to unlock the potential within Tameside's communities. Within the example opportunities above we can ensure any contract management is independent from front line delivery, utilise our reach into and understanding of VCOs across the borough and build on our long track record of facilitating partnership working.

4.2 Developing such exemplar work would contribute to reducing demands on the health and social care system whilst also empowering local people to find their own solutions to their health and care needs. Thanks to Care Together Tameside is the perfect place to develop this innovation and showcase new approaches to demand reduction that also foster community resilience and achieve better outcomes for patients.

APPENDIX 1

AN INTRODUCTION TO SOCIAL PRESCRIBING

Public health policy has highlighted the need for increased self-care for people with long-term conditions and the provision of support for people to take care of their own health. Social prescribing is a way forward in providing additional support to individuals. Social prescribing is defined as a "*mechanism for linking patients with non-medical sources of support within the community*" (CentreForum 2014:6). The voluntary sector is recognised for contributing to individual and community health (South et al 2008) and with health care resources being under financial strain, it is envisaged that the voluntary and community organisations will be called upon more to supplement health service and support requirements. Over the last several years well-known models of social prescribing have emerged and these include: exercise referral schemes; prescription for art; and healthy living schemes. A recent review of community referral schemes has found benefits of social prescribing to include: increases in self-esteem and confidence; a sense of control and empowerment; improvements in psychological wellbeing; and positive mood (Thomson et al 2015). A social prescribing pilot project with GP practices and local Age UKs involved GPs referring older people with mild to moderate depression or who were lonely and socially isolated to Age UK services and this was seen as a successful model of partnership working between voluntary sector and general practitioners (Age UK, 2012).

APPENDIX 2

COMMUNITY CAPITAL: THE VALUE OF CONNECTED COMMUNITIES[9] - EXECUTIVE SUMMARY

Since 2010 the RSA and its partners at the University of Central Lancashire (UCLan) and the London School of Economics (LSE) have been working with communities in seven locations in England to research and strengthen relationships within communities. The vision of 'Connected Communities' is one in which people are embedded within local networks of social support; in which social isolation is reduced and people experience greater wellbeing and other benefits from the better understanding, mobilisation and growth of 'community capital' in their neighbourhoods.

The Connected Communities programme explored this vision by surveying residents in ward-sized localities, analysing this data for insight into local social networks and wellbeing, and then working with local people to build projects that support social connections. In the wake of severe austerity in public services and no sign of a more generous public funding settlement on the horizon, policymakers are increasingly looking to communities to play a bigger role in contributing to public life. From the Big Society to the NHS Five Year Forward View, the UK government has expressed the desire to see resilient communities that are better able to support themselves and reduce pressures on public services.

The Connected Communities programme demonstrates that community-led action and targeted interventions can indeed strengthen local communities, and that substantial benefits can be derived as a result. The process of achieving these benefits is difficult and cannot be assumed to arise spontaneously. Instead we call for a strategic approach on the part of public service providers and others who have an interest in developing resilient communities. Furthermore the effects of social networks and the results of intervening to strengthen them are locally specific, unpredictable and non-linear. Overly idealistic or one-size-fits-all approaches will achieve little; but deliberative, intelligent and participatory engagement with communities can generate significant advantages for all involved. Context is key, and bespoke local engagement is required to successfully facilitate the growth of community capital.

Social relationships have a value. The activities and research presented in this report demonstrate that through working with communities this value can be grown by connecting people to one another in their local areas. We argue that investing in interventions which build and strengthen networks of social relationships will generate four kinds of social value or 'dividend' shared by people in the community:

1. ***A wellbeing dividend***. Social relationships are essential to subjective wellbeing and life satisfaction - indeed, our research suggests that social connectedness correlates more strongly with wellbeing than social or economic characteristics such as long term illness, unemployment or being a single parent. In the course of our primary research we found increases in the wellbeing of participants who strengthened their social networks through community-led initiatives. In a survey of 2,840 people, the variable most consistently associated with having higher subjective wellbeing was 'feeling part of a community', and the variables most negatively associated with wellbeing were identifying something or somewhere locally that you avoid or something that stops you from taking part in a community.

2. ***A citizenship dividend***. There is latent power within local communities that lies in the potential of relationships between people, and it can be activated through the methods that we advocate in this report. However, access to this power is uneven, and many people do not enjoy the full benefits of active citizenship: for example 60 percent of people we surveyed at the beginning of our research could not name anybody they knew who had the power or

[9] www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/

influence to change things locally. Conversely, our method of working with people to reflect upon their social relationships and the under-used assets in their communities and social networks has led to substantial positive effects on personal empowerment, higher levels of civic participation and individual and collective agency.

3. ***A capacity dividend***. Concentrating resources on networks and relationships, rather than on the 'troubled' individual as an end-user can have beneficial effects which ripple out through social networks, having positive effects on people's children, partners, friends and others. This 'positive contagion' has been evidenced in those activities which increase the capacity of social interventions to create greater benefits. In all areas there are certain individuals - our previous work has called such people 'ChangeMakers' - who are particularly adept at influencing change through networks. Interventions that identify and target these individuals and seek to work strategically with networks around them can generate greater efficiency and carry positive effects through a population more quickly than would less strategic approaches.

4. ***An economic dividend***. Researchers at LSE have supported our research by analysing the economic impact of several of our interventions, quantifying the potential of social relationship-based interventions for notional savings in public finances as well as contributions to the wider economy. There is evidence that investing in interventions which build social relationships can improve employability, improve health (which has positive economic impacts) and create savings in health and welfare expenditure.

These dividends can be derived by a managed approach to unleashing the value of community capital. Like other forms of capital, community capital can be increased, reserves of it can be unlocked, and putting it to use can bring about great social, economic and personal benefits. All communities, social networks, and individuals have assets that can help to create community capital and generate social dividends. Here we present models of engagement that can help funders, civil society, public service providers and all those trying to drive social change to utilise these assets to the benefit of people and their communities.

APPENDIX 3

Review of Tameside Public Service Hub from the Voluntary, Community and Faith Sector

1. Introduction

This report outlines a review of the voluntary, community and faith sector working with the Public Service Hub (PSH). The report covers the period January 2015-January 2016. Since January 2015 Community and Voluntary Action Tameside (CVAT) has had a member of staff based in the PSH. This post delivers a liaison function between cases referred into the PSH and support available through the voluntary, community and faith sector.

2. Experiences of working within the PSH

We have found there to be a number of benefits to working within the PSH including:

- Improved communication between public services and VCFOs.
- Improved access for VCFOs to information about the individuals they are supporting.
- Increased awareness of VCFOs and their services with Public Service staff teams.
- Improved quality of referrals and greater numbers of appropriate referrals to VCFO support services.
- Better access to support for complex and vulnerable children, young people and families from VCFOs
- Increased opportunities for the voluntary sector to "do things differently" to respond to new and emerging need.
- Ability to test out a 'spot purchasing' model around early intervention and prevention support.
- Increased opportunities to gather evidence around the impact of early intervention and prevention support.
- Improved intelligence to the sector about the levels and types of need, which have informed grant and trust applications.

3. Direct Case Work

The CVAT Hub staff member has worked directly with 154 cases referred into the Hub in this period which has included:

- 79 cases have received direct referrals to 111 VCFO support service interventions – in most cases this has included intensive work around engagement, including home visits and support to access services.
- 75 cases signposted to 127 VCFO support services and activities.

4. Demonstrating Impact

In this reporting period a number of VCFOs have been evaluating the impact that they have had on the outcomes for the children, young people and their families that they have supported following a referral from the PSH. These organisations were funded by the Local Authority to deliver a range of early intervention and prevention projects. Each project has provided a number of case studies which highlights the impact of this work, an overview summary of the combined information is below:

What were the needs/issues presented by the children, young people and families?

- Truancy / poor attendance at school
- Non conformity in school / behaviour issues at school
- ASB
- Criminality
- Very low levels of achievement / lack of aspiration
- Low in confidence and self esteem
- Poor levels of educational attainment
- Poor numeracy and literacy skills
- Victim of prolific bullying
- Anger issues

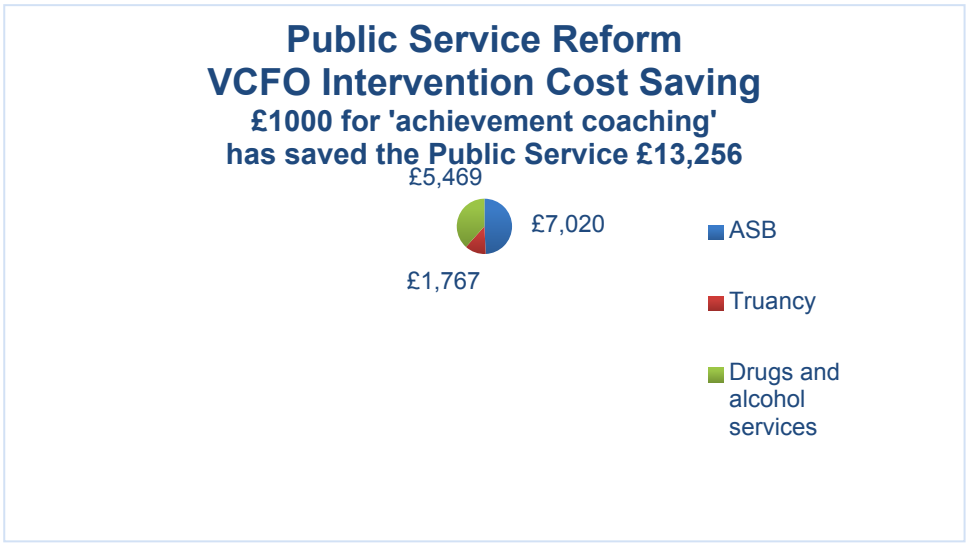
- Drug and alcohol use – including, cannabis, cocaine, legal highs
- Low parenting skills / capacity
- Poor behaviour and relationships at home
- Parents who have had children removed due to mental health and neglect issues
- Missing from home
- Family bereavement
- Domestic violence victims
- At risk of or victim of child sexual exploitation
- Poor mental health of young person
- Impact of poor mental health of parents
- Suicidal ideation / history of suicide attempts
- Prolific self-harm
- Young carer (parents have complex medical issues)
- Language barriers

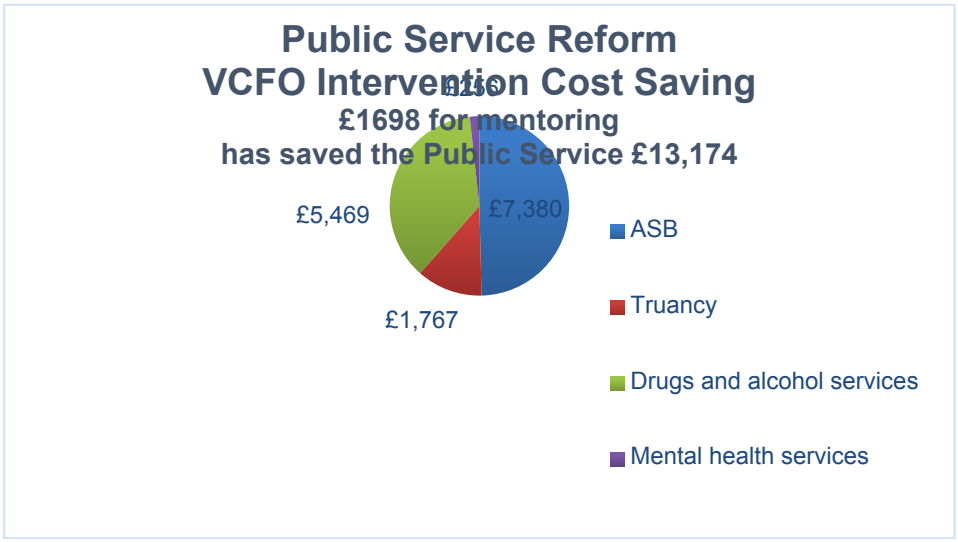
What interventions took place?
- Conducting consequential thinking exercises
- Illustrating alternative approaches and taking small steps to make small changes in approach
- Undertook a range of exercises and motivational interviews to highlight ways in which they could reach their targets
- Referral to Branching Out (young people's substance misuse service) and supporting specialist service engagement
- Attempts to refer to specialist agencies
- Work around understanding child development
- Work around understanding the emotional needs of a child and how to parent effectively
- Practical support around caring for a baby's personal care – hygiene and feeding
- 1-2-1 mentoring
- A range of talking therapies including counselling
- English and maths support
- Positive activities including - drama and film making, canoeing, day walks, trampolining
- Outdoor / activity sessions
- One to one guidance and support
- Issues based group work (sexual health, sexuality, bullying)
- Support to become a volunteer
- School readiness sessions with children and parents

What outcomes were achieved – what was the impact for the individuals and families?
- Reduction in instances of exclusion from school
- Improved school attendance and timekeeping
- Increased aspirations – completing college applications and a change in self-belief
- Accessing other specialist services e.g. Branching Out and the Careers Service
- Parents say they feel more confident with their son
- Behaviour changes – no longer involved in risky behaviours
- Improved mental health
- Reduced self-harming and reduced the risk of suicide
- Increased confidence and self esteem
- Increased communication and social skills
- Respite from caring for parents
- Improved relationships with peers
- Improved relationships at home
- Increased resilience with the impact of bullying
- Increased contact with parents
- Removal from school report / behaviour sanctions
- Improved mental health so has been able to maintain employment

- Improved managing emotions including anger management
- Improved readiness for school
- Improved parenting capacity

Public service cost savings
Using the Troubled Families Cost Saving Calculator the following calculations have been made regarding three different payments to VCFOs for interventions:





Full details of the case studies these calculations are based on are available from CVAT.

5. Future Commitment to the Public Service Hub

From CVAT's experience of working in the PSH we are convinced that the engagement and involvement of the voluntary, community and faith sector is critical to the success of Public Service Reform and the future development of the voluntary, community and faith sector. To this end we are fully committed to continued direct involvement in the developing integrated models of service delivery. The current capacity for CVAT's staff member to be based in the PSH has been dependent on the financial support of Tameside Council's Children's Services. As this is reviewed alongside the work of the PSH the ability of CVAT to resource such work will need to be discussed at an early stage. CVAT highly value the PSH model and the learning from this work for our services and the voluntary sector. We have championed this approach with partners and Greater Manchester colleagues and are focussed on continued ways to pool resourcing to enable the impact that the PSH has had. We recommend early engagement with the voluntary sector to co-design the next stage of developments for the PSH and other integrated and multi-agency working. CVAT are keen to support this dialogue and planning process and look forward to further discussion of the contents of this report.

6. More information

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APPENDIX 4

BACKGROUND INFORMATION REGARDING TAMESIDE 4 GOOD

1. INTRODUCTION

Tameside 4 Good has made a huge impact within the borough since its launch in September 2012. We have been overwhelmed by the generosity of businesses locally, of all sizes, and of local people. The success of Tameside 4 Good has reinforced our belief that businesses care about their communities, and would help more, if collectively we made it easier for them to give and contribute. There is now the opportunity to build on a strong, recognisable brand that helps encourage and support local giving of time and skills, money and resources to local good causes.

2. BACKGROUND TO TAMESIDE 4 GOOD

2.1 The history

Tameside 4 Good has been set up as an initiative of Community and Voluntary Action Tameside (CVAT) in 2012 to establish a tax-efficient local mechanism for individual and corporate giving relationships and partnerships. The development of Tameside 4 Good was achieved through the use of national government 'Transforming Local Infrastructure' funding. This provided the initial resources to 'kick-start' the initiative including the development of the brand, marketing and staffing.

Dormant charitable trust funds held and managed by Tameside Council were also released (working with the Charity Commission) to establish a means to be able to 'give back' to communities, the results of fundraising and other activities of Tameside 4 Good.

The main aim of Tameside 4 Good is to make it easier for local charitable giving, of time, money and resources by providing a focal point and brand to be able to approach the general public and companies to promote corporate social responsibility, employer supported volunteering, pro-bono support, and giving of resources back to the community.

2.2 Vision, Mission, Aims and Principles

Tameside 4 Good has **the vision of everybody helping to make Tameside a great place to live and work by supporting local good causes.**

Tameside 4 Good **mission** is to strengthen voluntary, community and faith groups **by making it easier for businesses and people to help local good causes through the giving of time and skills, money and resources.**

The **aims** of Tameside 4 Good are:

1. To improve mechanisms for businesses and individuals to 'give something back' to communities.
2. To increase local giving by establishing a local tax efficient fundraising initiative.
3. To strengthen local voluntary, community and faith organisations through increasing their ability to fundraise.
4. To build better relationships with businesses and local communities.
5. To raise the profile of local good causes.

What makes Tameside 4 Good unique, is that it is about more than money. Tameside 4 Good follows a set of key **principles**:

- It's so much more than money. 'Tameside 4 Good' celebrates, promotes and encourages the variety of ways in which we 'give' including time, skills and resources which can often be as valuable as money to local good causes.
- Building better relationships is the key to building better lives and communities.
- It's all about keeping it 'local' by giving people the channels to donate to those smaller, under the radar but valuable causes on their doorstep.
- Everyone has something to give. 'Tameside 4 Good' enables people to make it possible for individuals and businesses to 'give' easily and meaningfully.
- Collaboration not competition – 'Tameside 4 Good' works *with* local community, voluntary and faith organisation to improve their capacity and wider mechanisms to raise money and secure resources.
- Maximising giving – using gift aid, recycling unwanted materials.

2.3 Key Services and Activities

Tameside 4 Good creates and reinforces relationships between **local causes**, **communities** and **businesses** in four key ways:

1) **Time**
   - Micro-volunteering – providing short, one off activities for local people to give their time but not commit to formal volunteering role.
   - Encouraging Employer Supported Volunteering (ESV), including encouraging and co-ordinating team challenges for businesses.
   - Undertaking fundraising activities – encouraging local people to give up time to participate in events (and raise money at the same time). This may be to fulfil lifetime ambitions, build team morale or develop new skills and confidence (e.g. sky dive, sponsored silences, bake sale etc).
   - Becoming a volunteer 'Tameside 4 Good' Charity Champion to promote the initiative, recruit more supporters and organise local events in their neighbourhood.
   - Promoting formal volunteering opportunities locally.

2) **Skills**
   - Establishing a 'talent pool' to facilitate and promote local employees and residents to donate their skills to help others (for example a finance manager in a local company donating their time to help a small community group with their accounts; a joiner repairing a fence; or a marketer helping a local good cause raise awareness of its positive impact).
   - Working with local charities to identify skills gaps on their boards of trustees and advertise trustee vacancies via the Tameside 4 Good communications links.

3) **Money**
   - Increasing local giving and donations to local good causes through organising a range of Tameside 4 Good community fundraising activities including sponsored sporting events, holding stalls at community events and encouraging individuals to undertake personal sponsored challenges (e.g. sky dive, head shave) for Tameside 4 Good.
   - Promoting and establishing payroll giving schemes for employees.
   - Developing an online 'shop' to encourage people to spot purchase particular local good causes (e.g. buy a lunch for an older person; buy a sheet of music for a local choir group).
   - Match funding—helping charitable groups to seek a wider range of grants through offering to match fund a proposal.
   - Encouraging young people, through schools and colleges, to undertake a fundraising challenge – building entrepreneurial skills at the same time as raising money Tameside 4 Good.
   - Working with Tameside Council to release dormant charitable trust funds to establish a Tameside 4 Good Grant scheme as a mechanism to give back to local good causes including allocating the monies raised through the Tameside 4 Good.

4) **Resources**

- Co-ordinating the recycling of surplus items from businesses to be re-housed with a local community, voluntary or faith organisation in need of the items (e.g. office furniture, IT equipment).
- Identifying needs and opportunities between local good causes and businesses to donate resources e.g. cement to create a smooth and safe path for disabled access to a community facility.
- The Tameside 4 Good virtual / online 'shop window' encourages the 'give locally' message and helps small organisations without their own online presence to attract online donations / giving, and to 'market' specific resource or funding needs in innovative ways (for example "buy a hot meal for vulnerable person for a year for £100" [raising money for a local luncheon club]).

APPENDIX 5

VALUING OUR COMMUNITIES – AN ASSET BASED APPROACH

1. DOCUMENT PURPOSE

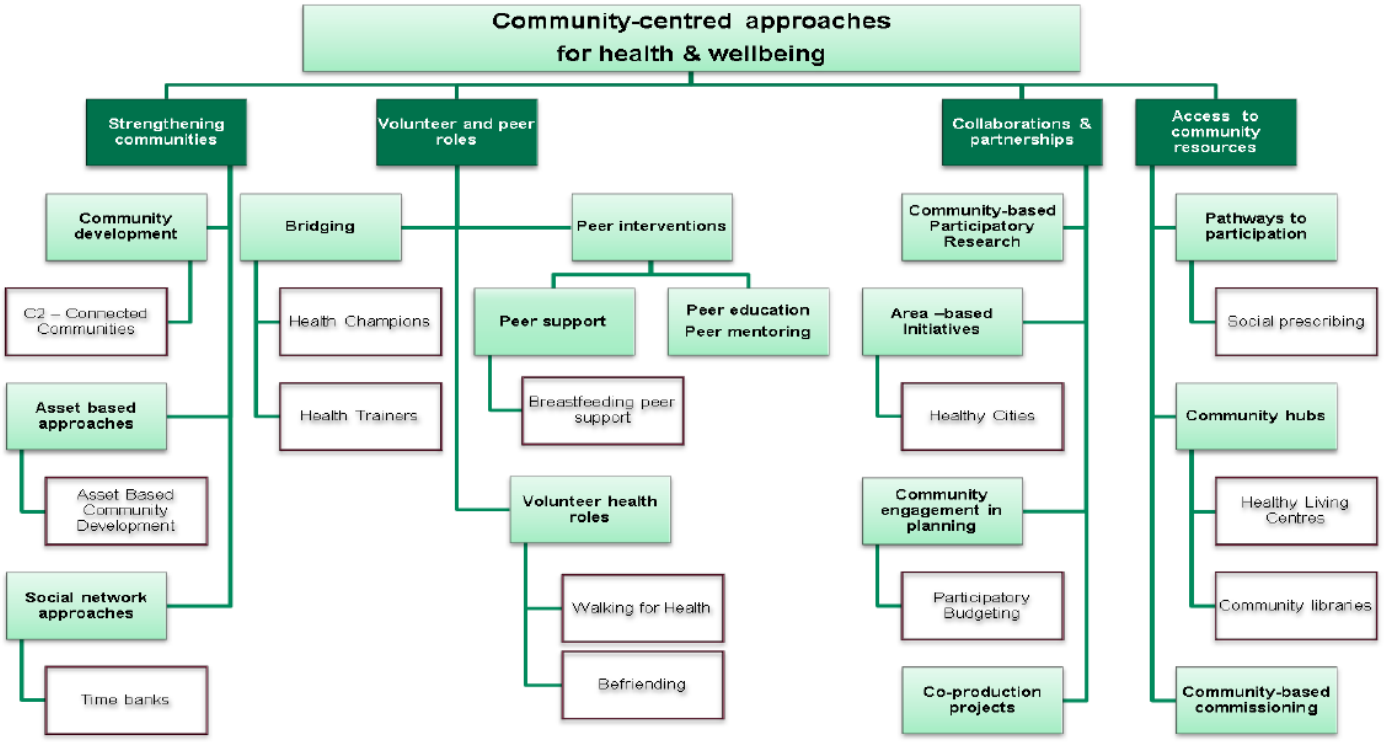
1.1 This report provides a summary of the recent Tameside work on asset based approaches and outlines a scope of how we can develop and embed this into a systematic plan.

2. DEFINITION

Community centred approaches and an asset based approach

2.1 Public Health England (PHE) and NHSE published, "A Guide to Community Centred Approaches for Health and Wellbeing" (February 2015). Professor Jane South led the work and the report summarises the research and learning on community centred approaches. It provides guidance for a case for change, key concepts, varieties of approach and sources of evidence. Figure 1 shows the family of family of community centred approaches. The term community centred rather than community based is used because these approaches draw on community assets and are non-clinical.

2.2 Figure 1: The family of community-centred approaches with examples of common UK models



Source: South, J (2015) A guide to community-centred approaches for health and wellbeing: Full report

2.3 There is an impetus to shift to a more people and community centred approach to health and wellbeing. The core concepts that underpin this are:

- Voice and control – Power and participation matter at an individual and collective level.
- Equity – a decrease in avoidable inequalities.
- Social connectedness leading to healthier, cohesive communities.

2.4 Community centred approaches do not tend to deliver neat, simple solutions. Desired outcomes are often connected to improvements in mental and physical wellbeing. When interventions are working well these outcomes are reinforced by supportive processes so there is sustainable social action. Asset based approaches are not a prescriptive set of operations that can be easily 'scaled up' or 'rolled out' but are forms of engagement and relationship building that enable strengths, capacities and abilities to be identified and developed for positive outcomes. They all share the key features of valuing the positive capacity, skills and knowledge and connections in a community:

- Assets are the strengths, skills, capacities and resources which enhance the capability of individuals and communities to sustain health and wellbeing.
- An asset approach involves refocusing from an approach based on the deficits that produce illness to an approach based on the factors that produce health.
- This includes how we describe, assess, evaluate and improve health through policy, practice and intelligence. We can identify assets through asset mapping, appreciative enquiry and participatory appraisal; create a Joint Strategic Assets Assessment (JSAA) to complement and/or integrate with an area's Joint Strategic Needs Assessment (JSNA) which supports assessing what approaches and services are available locally, so our citizens can make informed decisions and choices about their health and wellbeing.
- Community assets are the assets that exist within a community that people within it say are important to their health and wellbeing. Assets can be mobilised by asset based methods such as asset based community development (ABCD), time-banking, co-production, social prescribing (or community referral), participatory budgeting.

3. HEALTH OUTCOMES AND EVIDENCE

3.1 There are inherent difficulties measuring assets and their relationship to wellbeing. Evaluating asset based approaches is therefore challenging. Much of the evidence available is case study based and a significant number of these may have been retrospectively labelled 'asset based'. Outcomes cannot always be predetermined.

3.2 The National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering. The current evidence base does not fully reflect the rich diversity of community practice in England. Cost-effectiveness evidence is still limited; nevertheless research indicates that community capacity building and volunteering bring a positive return on investment.

4. LOCAL EXAMPLES OF ASSET BASED APPROACHES

CVAT: Valuing Our Communities: (February 2014-March 2016)

4.1 The Steering Group (made up of representatives from the Public Health Team, Neighbourhood Services, Community and Voluntary Action Tameside (CVAT) and the Community Audit and Education Centre of Manchester Metropolitan University (MMU)) identified a number of key steps to further strengthen a partnership approach to embedding asset based approaches within community development (ABCD), as per the Healthy and Wellbeing Strategy. These include:

- CVAT mapped local examples of asset based community development in Tameside that had previously been delivered via other programmes. These include local time-banking schemes delivered by the Volunteer Centre in Tameside in partnership with New Charter Housing Trust; and participatory budgeting work. In Tameside, CVAT

have used participatory budgeting techniques in the You Choose Scheme, and also in the 'I love Hyde' Grants Scheme. Within the South Partnership area (the initial focus of the project); Hyde Community Action has good case studies and evaluation of the Bengali's Women Programme (2011-2014) and the Young Voice of Hyde youth-led research project. Further information on these local case studies can be found on the CVAT website: www.cvat.org.uk/valuing-our-communities

- Training of local residents to become community researchers to help create a framework for measuring the effectiveness of ABCD in Tameside.

- MMU researched how best to identify changes in community resilience and social value in the context of wellbeing. This learning was then developed into an evaluation framework that is responsive to local community application and changes in the external environment. It also builds on and complements a number of on-going initiatives within Tameside:
    - Joint Health and Wellbeing Strategy
    - The Tameside Wellness Offer
    - Strategic Neighbourhood Partnerships
    - Social Value

  The evaluation framework is designed to be used at a strategic borough wide and area level, and with individual projects. See the end of this report.

- Building on the initial asset mapping exercise carried out by the Neighbourhood Teams to help inform Neighbourhood Plans. The aim is to produce a JSAA, initially for the South Neighbourhood, to complement and/or integrate with the JSNA. The JSAA will be a web based portal that residents can access and gain information about health and wellbeing in their area and what help, advice and community assets are available to support them.

- Established a network for practitioners, including volunteers, working directly with local people and groups to help build stronger and more resilient communities in Tameside. The network will provide the opportunity for workers to meet one another, exchange ideas and tackle common issues, access learning, and identify new ways of working and resources to help facilitate asset based community development.

- Training for Managers (09.12.14) and front line staff (January – March 2015) on asset based approaches. Frontline staff undertook small scale appreciative inquiries themselves within their local localities as part of their action learning. The longer term aim is to use appreciative inquiry methods to build relationships with communities and support them in developing their understanding of what is good and positive within their community (i.e. assets) and what they can do to build on those to create stronger and more resilient communities.

- The learning from the appreciative enquiries was used to underpin a Participatory Budget (PB) process delivered in December 2015. PB is a further AB method that engages community members directly in deciding how to spend part of a public budget. The funding was provided in the main by the Office of the Police and Crime Commissioner (OPCC), matched by the Valuing our Communities programme, as well as some funding from New Charter Housing. Local community groups could apply for up to £500 for local initiatives based on themes that would support stronger and more resilient communities. Members of the public were encouraged to attend a voting event where they were able to ask questions of the groups and then voted for who should be funded. Funding was allocated in rank order of number of votes and 89 groups across Tameside received funding.

Specification For The Provision Of An Asset Based Community Development (ABCD) Programme (May 2015)

4.2 Public Health, TMBC have written a specification for the provision of an ABCD programme. The aim was to contract with a Provider to develop and operate a flexible, innovative ABCD Programme that was focused on increasing community resilience and supporting the communities of Tameside in using their own assets to tackle the issues that affect their lives. This was intricately linked to the work on developing a Wellness Service. However due to national and sudden decision to make in year savings in the Public health Grant the tender was withdrawn. Public Health is currently awaiting its allocation for 2016/17.

Developing the Wider Public Health Workforce (December 2015)

4.3 A local event took place facilitated by Public Health England that looked at the development of the wider public health workforce focussing on asset based approaches. Attendees came from the range of organisations represented by the Health and Wellbeing Board and the agenda covered an introduction to asset based approaches and ABCD. The aim was to further embed these approaches within organisational teams and in workforce development across the public and voluntary sector.

Vanguard: Health as a Social Movement (December 2015)

4.4 Social movements are a type of group action. They are large, sometimes informal, groupings of individuals or organizations which focus on specific political or social issues. In other words, they carry out, resist, or undo a social change. A submission for an expression of interest (EOI) for health as a social movement was made on behalf of Stockport (as the Vanguard site), Oldham Council and Tameside; and the EOI was successful in December 2015. Before this announcement NESTA offered funding to develop the idea and so both elements are being joined up in one project. The NESTA funding will be available beyond 2015/16, however the NHSE monies must be spent within this financial year.

Locality based Asset Based Approach Training

4.5 The Greater Manchester (GM) Devolution Programme, Public Health England, GM Public Health Network, Primary Care Transformation Programme, and the Innovation Unit have been working together to embed an asset based approach to primary care across GM. Staff training will be offered to a mix of professional groups and levels of responsibilities e.g. GPs, nurses, receptionists, pharmacists, dentists, opticians, health trainers, care assistants, social workers, etc.

4.6 Tameside and Glossop have been selected as one of five pilot sites across GM for this training. The aim is to equip primary care teams with the skills, techniques and tools to embed asset based approaches across Greater Manchester. The workshops, which will take place over two half days, will strengthen the skills of primary care teams across Greater Manchester to empower them to place ‘assets’ at the heart of every conversation.

4.7 There are a number of asset based approaches to primary care such as: ‘Asset-based conversations between professionals and patients’ e.g. care planning, coaching and shared decision making and ‘Connecting individuals to community assets’ e.g. peer support and social prescribing.

Greater Manchester Voluntary Sector Reference Group

4.8 CVAT have been involved a GM voluntary sector reference group which has agreed to prioritise leadership of this work. In summary there has been real commitment from the VCSE partners to support 'citizen-led social movements' that focus on a strategy to 'eradicate inequality in Greater Manchester by 2030'. They want to lead the delivery of the New Society vision and ensure that we can scale up what the VCSE sector and people do in particular through social action, active citizenship and creating solutions together. This would be about:

- Leading delivery of New Society;
- Identifying existing effective action;
- Spreading good local action;
- VCSE-led intelligent commissioning and resourcing;
- Drawing in academic and intellectual partners e.g. Professor Marmot.

5. STRENTHENING ASSET BASED APPROACHES IN TAMESIDE

5.1 Successful implementation of an asset based approach involves:

- Organisational change.
- A vision, a permeating culture which values community assets, and coordination and building of mutual understanding at all levels of the system (including strategic, commissioning and ground level).
- Strong committed new models of leadership in organisations to achieve cultural change - to drive and respond to the fundamental changes in power sharing and the renewed focus on flexible, client-centred frontline relationships.
- Staff of public services being valued as an asset and enabled through their training, development and day-to-day working to work in an asset based way.
- People working for outside agencies should act as facilitators not drivers and should not try to second-guess what the assets could be; the focus should be on releasing capacity within the community.
- Adaptable working structures.
- Flexibility and creativity.
- Time and a long term approach.

6. SCOPE FOR AN ASSET BASED APPROACH STRATEGIC PLAN

6.1 The following is a content outline for a strategic economy plan for developing asset based approaches:

(a) Definition:
- Evidence base - Jane South PHE report.

(b) The Communities We Work With:
- Development of a JSAA;
- Community profiles.

(c) Key themes for system change:
- Tameside Locality Plan;
- Devo Manc : Vanguard : Health as a social movement;
- Opportunities and Barriers to system change: shifting power and co-production; to scale; risk mitigation e.g. third sector development.

(d) Commissioning for community centered approaches and social inclusion:
- Joint Commissioning Unit and ICO outcome frameworks;
- Inclusion of community centred approaches including AB in strategies and relevant organisational policies.

(e) Workforce Development:
- Wider Public Health Workforce;
- Local Community Care Teams (LCCTs);
- Primary care localities;

- Public Services Reform (PSR) and Neighbourhood Hubs.

(f) Governance

(g) Finance:
- Current and future funding sources;
- Return on investment commentary;
- Clarify expectation of £10m savings.

(h) Set out the direction of travel - short, medium, long term impact.

6.2 We need to use the family of community centred approaches to consider our options and understand our aims in this work. In co-designing services we strengthen communities. We also need to build the volunteer and public health workforce to act as agents of change. The bedrock of community action will be through grant availability, organisational support and commissioning volunteer led activities.

7. RECOMMENDATION

7.1 The Healthy Lives Workstream is asked to:

- consider and comment on the headline themes identified
- to comment on the scope for development of an asset based plan for the economy.

Tameside Valuing Our Communities Programme: Draft Evaluation Framework (developed by MMU (2015))

Outcomes	Indicators
1. Individuals' health and well-being is strengthened e.g. through self- esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources	1 Local social networks 2 Local communication networks including use of social media 3 Physical health of local people 4 Sense of wellbeing of local people 5 Sense of purposefulness of local people relating to employment, volunteering, apprenticeships
2. Community networks, relationships and friendships that can provide caring, mutual help and empowerment are strengthened	1 Local social networks 2 Local communication networks including use of social media 6 Individual residents sense of connection with their community 7 Residents pride in their community 8 Engagement in activities and/or networks of vulnerable or isolated members of the community 9 Community events include all age groups and include the food/music/traditions of many different groups 10 Information about events is available in various languages of the community

3. Community and voluntary organisations are flourishing and work well together	5 Sense of purposefulness of local people relating to employment, volunteering, apprenticeships 8 Engagement in activities and/or networks of vulnerable or isolated members of the community 11 Training and/or development activities to support local residents to participate in community initiatives 12 Range of opportunities to get involved 13 Volunteering levels 14 Range of local community groups 15 Diversity of people involved in community organisations, activities or events 16 Networks between groups 17 Collaborative projects and event
4. Communities are actively participating in and have greater control over resources in their community	18 Residents have power and authority to be involved at the same level as organisational decision makers in programme design, implementation and evaluation in local agencies and organisations 19 Residents have power and authority to be involved at least at the same level as other decision makers in decision making about resources for the community 20 Diverse range of groups within the community has access to influence use of community resources 21 Community events include all age groups and include the food/music/traditions of many different groups
5. Organisations working in communities actively embed asset based approaches in all aspects of their work	18 Residents have power and authority to be involved at the same level as organisational decision makers in programme design, implementation and evaluation in local agencies and organisations 20 Diverse range of groups within the community has access to influence use of community resources 22 Partnership delivery of services, bringing together local expertise 23 Organisations engage in strategic forums, consultations and collaborative impact measurement 24 Training and/or development activities to support local organisations to work collaboratively with communities 25 Organisations have plans in place to ensure continued support for and the sustainability of asset based approaches