

TAMESIDE HEALTH AND WELLBEING BOARD

18 June 2015

Commenced: 10.00 am

Terminated: 11:15 am

PRESENT: Councillor Kieran Quinn (Chair) – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Brenda Warrington – Tameside MBC
Steve Allinson – Clinical Commissioning Group
Jane Ankrett – Stockport 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
Richard Spearing – Pennine Care Foundation Trust
Dominic Tumelty – Tameside MBC

IN ATTENDANCE: Sandra Stewart – Tameside MBC
Ben Jay – Tameside MBC
Robin Monk – Tameside MBC
Debbie Watson – Tameside MBC
Alan Ford – Clinical Commissioning Group
Chris Leese – Clinical Commissioning Group
Stewart Tod – Tameside MBC

APOLOGIES: Councillor Lynn Travis – Tameside MBC
Stephanie Butterworth – Tameside MBC
Alan Dow – Clinical Commissioning Group
David Niven – Tameside Safeguarding Children's Board
Andy Searle – Tameside Safeguarding Adults Board

1. DECLARATIONS OF INTEREST

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

2. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 1 April 2015 were approved as a correct record.

3. MINUTES OF THE GM HEALTH AND WELLBEING INTERIM BOARD

The minutes of the GM Health and Wellbeing Interim Board held on 22 May 2015 were noted.

4. GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION LOCALITY PLAN

The Board gave consideration to a report which provided an update on Devolution Manchester and addressed what was being asked of Tameside, the challenges over the next six months and how

the Health and Wellbeing Board and other organisations could contribute and the benefits from the Devolution Agreement.

Devolution would bring in a wide range of powers on health and social care with the goal to improve health and wellbeing. Four work streams had been agreed at Greater Manchester level which included:

- Strategic Plan;
- Leadership, Governance and Accountability;
- Devolving Responsibilities and Resource; and
- Early Implementation Priorities.

The Strategic Plan would be built from the 10 Locality Place Based Plans which incorporated those objectives along with GM level activities. The framework for the development plans had been received. The scope of the local plan was a place-based ambition and the framework included Strategic Direction; Locality Transformation Proposals; and Financial Plan and Enablers. The timelines for the development of the Locality Plan were outlined in the report with the first draft of the GM Strategic Plan to be handed to the Treasury by the end of August 2015.

RESOLVED

That the content of the presentation be noted.

5. CARE TOGETHER PROGRAMME: INTEGRATION UPDATE

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) and the Programme Director (Care Together Programme) providing an overview of developments and future changes to the Care Together Programme since the last meeting. The programme was moving from transition to implementation on a number of aspects.

Efforts were focusing on the launch of the Governance Framework and meeting structure that would support the operational delivery of the Care Together Programme. Robust governance was essential and building on the existing platform would be the appointment of an Independent Chair of a Programme Board together with a full time Director for Implementation. This would ensure the economy was progressing at a pace and that the programme's strategic direction complemented and underpinned the wider strategic changes taking place across the Greater Manchester conurbation. Details of the revised governance framework would be the subject of a separate report to the Board.

The new model of care was detailed, based on the engagement and involvement of professionals and patient representatives brought together as part of the Care Design Group and building on the concept of the economy developing a new health and wellbeing offer to citizens based on the assets of the whole community.

In terms of operational progress, as of 1 April 2015 the commissioners had formally entered into a 'pooled budget' arrangement which had commenced with the Better Care Fund monies and Tameside MBC was acting as the host organisation for this arrangement. The second Commissioning for Outcomes workshop had taken place in May building on the previous event and explored actions, behaviours and approaches to outcome based commissioning.

The nine outline business cases had now completed their design phase and were currently being assessed by the Transformation and Finance Directorates together with colleagues from the Council.

During June, the final details of the operational delivery plan would be completed to form the basis of the next report to the Health and Wellbeing Board in October.

RESOLVED

- (i) That the proposed changes to the governance arrangements of the Care Together Programme be noted.**
- (ii) That the appointment of an Independent Chair and full time Programme Director for implementation be noted.**
- (iii) That the Board receive a further update at its meeting in October including attendance of the Independent Chair and new Programme Director.**

6. HEALTH AND WELLBEING STRATEGY BUSINESS PLAN 2015/16 – UPDATE ON TURNING THE CURVE EVENT

The Director of Public Health reminded the Board that at its last meeting it had agreed an approach to update the Joint Health and Wellbeing Strategy with a complementary action plan focusing on a smaller number of actions that would have the biggest impact on sustained health outcomes whilst reducing the inequalities that persisted in the community, namely, reducing and controlling high blood pressure; tackling tobacco and increasing physical activity.

She outlined the aims of the 'Turning the Curve' events and the very positive tobacco and hypertension events had recently taken place.

In relation to e-cigarettes, it was commented that while there was a lack of reliable research into their safety, there was evidence of take-up by people who were not currently smokers and the danger that their use normalised smoking particularly amongst young people. Consideration would be given to further publicity on prohibiting the use of e-cigarettes in partner organisations.

RESOLVED

That the content of the presentation be noted.

7. CHILDREN AND YOUNG PEOPLE EMOTIONAL WELLBEING AND MENTAL HEALTH PROGRAMME BOARD

Alan Ford, Commissioning Business Manager, NHS Tameside and Glossop CCG, presented a report informing and updating the Board on the remit and work of the Children and Young Peoples Emotional Wellbeing and Mental Health Programme Board national pilot.

He explained that delivering better coordinated care and support centred around the child or young person was difficult and there were barriers at national and local level. The complex fragmented nature of current child and adolescent mental health services (CAMHS) commissioning arrangements, and lack of coordination between agencies gave potential for children and young people to fall through the net, which had been highlighted in several recent national reports and serious case reviews.

As a result the Government established the Children and Young People's Mental Health and Wellbeing Taskforce in September 2014. Under the remit of the Taskforce the Department of Health and NHS England invited proposals from CCGs to become national pilot sites in leading the changes required and accelerate co-commissioning arrangements for CAMHS. Tameside and Glossop CCG with its partners was selected in November 2014 as 1 of the 8 national pilots sites tasked with considering what changes and improvements were needed in the current system and identify innovative and effective solutions for achieving progress; feeding into the work of the Taskforce.

The Children and Young People Emotional Wellbeing and Mental Health Programme Board was formed in February 2015 with a new approach that would review and strengthen referral pathways to make them more effective. It would deliver and clear offer through partnership service delivery requiring the development of pathways across an array of services including school support

services, health, social care and the third sector. The Programme Board's Terms of Reference was appended to the report.

Progress to date was outlined and it was the Programme Board's intention that core CAMHS specialist service would deliver Tier 3 treatment. Agreed partnership approaches would focus on early intervention at Tier 1 and 2. Front line staff would be equipped to be able to identify and respond to mental health issues within an agreed framework for intervention providing clear pathways and access supported by consultation, advice and guidance model.

RESOLVED

- (i) That the work and remit of the Children and Young People Emotional Wellbeing and Mental Health Programme Board be supported.**
- (ii) That update reports be submitted to future meetings of the Board.**

8. TAMESIDE AND GLOSSOP CLINICAL COMMISSIONING GROUP: CO-COMMISSIONING STRATEGY

Consideration was given to a report of the Director of Transformation explaining that Tameside and Glossop Clinical Commissioning Group had been given approval on 1 April 2015 to move forward with Level 2 Joint Commissioning of Primary Care. The CCG was now jointly responsible for commissioning of core General Practice services across Tameside and Glossop and a structure had been put in place to support the delivery of this as required as part of the approval process.

A Joint Committee representing the CCG and NHS England was meeting monthly to discuss relevant commissioning and contracting issues and Tameside MBC Public Health was also in attendance. The Terms of Reference, appended to the report, had been agreed and signed off nationally ensuring Conflict Of Interest was managed appropriately. A Memorandum of Understanding had also been signed between the CCG and NHS England. To support this work and the growing Primary Care Development agenda, the CCG had appointed a Head Of Primary Care Development, Practice Liaison Post and Primary Care Quality Manager.

Future discussion may take place this year to move to Level 3 at some point in the future (delegated commissioning of Primary Care General Practice from NHS England to the CCG). However, more work to understand the implications would need to take place to ascertain how this would impact on capacity and resources.

RESOLVED

That the content of the report be noted and the Board receives regular updates as work progressed.

9. TAMESIDE AND GLOSSOP CLINICAL COMMISSIONING GROUP: OPERATIONAL PLAN 2015/16

Consideration was given to a report of the Chief Operating Officer, which explained that each year CCGs were required to complete an Operational Plan setting out the work programme for the coming year to enable CCGs to meet their statutory duties and make progress towards their strategic aims.

NHS Tameside and Glossop CCG had submitted a refresh of the second year of the 2014/16 plan building the foundations for progressing the Five Year Forward View and describing programmes and detail of work that had been achieved since the last submission and designed to provide a platform for a new and improved model of care for the people of Tameside and Glossop.

RESOLVED

That the NHS Tameside and Glossop CCG Operational Plan 2015/16 be noted.

10. HEALTHWATCH REPORT: ENTER AND VIEW

Ben Gilchrist, Healthwatch Tameside, presented a report which explained that the purpose of the Enter and View visits was to help Healthwatch form a view about how the improvement plans at Tameside Hospital had affected patients' experiences of their care. The visits had been undertaken with the full support and co-operation of Tameside Hospital and other partners by trained Healthwatch staff and volunteers during the period of a week in December 2014. Standard questions and observations were used by all staff and volunteers and the records of these were analysed and interpreted by staff.

The report incorporated the output from 96 interviews with patients and / or their families as well as observations made in seven wards / areas in the hospital. These Enter and View visits were designed to answer a few key questions which were outlined. The report's executive summary provided an overview in terms of each of these questions. In summary, Healthwatch Tameside:

- Recognised that improvements had been made in several areas where historically Tameside LINK had expressed concerns. These areas were based on concerns raised by the local population in 2010.
- Felt that further improvements could be made to build on the progress that had been made over the past two years.
- Recognised the hard work of front line care staff. They also noted that many patients said that nursing staff looked very busy.
- Welcomed the openness, transparency and willingness to be challenged which had resulted from changes in the hospital's leadership.
- Made seven recommendations and received positive responses to these from both the hospital and the CCG.
- Noted that future changes to health and care services will require the hospital to consider its position within the evolving services and for partners to work together.

The report had been shared with NHS England, the Care Quality Commission and Monitor who have all given positive feedback about its content.

RESOLVED

That the contents of the report be noted and thanks extended to Healthwatch Tameside volunteers and staff for their work on behalf of the local population.

11. JOINT STRATEGIC NEEDS ASSESSMENT – SIGN OFF

Consideration was given to a report of the Executive Member (Health and Neighbourhoods) and Director of Public Health containing a summary of the Joint Strategic Needs Assessment (JSNA) process. The full JSNA document, a comprehensive description of the current health and wellbeing of the population of Tameside and recommendations for actions that would lead to improvements, had been circulated to the Board separately prior to the meeting.

RESOLVED

That the approval be given to Joint Strategic Needs Assessment being signed off and released into the public domain.

12. HEALTH AND WELLBEING BOARD FORWARD PLAN 2015/16

Consideration was given to an outline forward plan covering key issues associated with the Board's duties and terms of reference.

RESOLVED

That the Forward Plan be approved.

13. TAMESIDE HEALTH AND WELLBEING BOARD SUMMER DEVELOPMENT SESSION – 29 JULY 2015

Details and objectives of the Board's first development session arranged for 29 July 2015 commencing at 11.00 am at Dukinfield Town Hall were provided.

14. URGENT ITEMS

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

CHAIR