TAMESIDE HEALTH AND WELLBEING BOARD

19 January 2017

Commenced: 10.00 am **Terminated: 12.10 pm**

PRESENT: Councillor Brenda Warrington (in the Chair) – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Councillor Gerald P Cooney – Tameside MBC
Graham Curtis – Clinical Commissioning Group
Christina Greenhough – Clinical Commissioning Group
Stephanie Butterworth – Tameside MBC
Angela Hardman – Tameside MBC
Karen James – Tameside Hospital NHS Foundation Trust
Steven Pleasant – Tameside MBC
Clare Watson – Clinical Commissioning Group
Andrew Searle – Independent Chair – Tameside Adult Safeguarding Board

IN ATTENDANCE: Dominic Tumelty – Tameside MBC
Catherine Moseley – Tameside MBC
Alan Ford – Clinical Commissioning Group

APOLOGIES: Councillor Kieran Quinn – Tameside MBC
Alan Dow – Chair Clinical Commissioning Group
Tony Powell – New Charter Group
Paul Starling – GM Fire and Rescue Service

77. DECLARATIONS OF INTEREST

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

78. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 10 November 2016 were approved as a correct record.

79. MILITARY VETERANS

The Chair welcomed Dr Robin Jackson who briefed the Health and Wellbeing Board on the role of the NHS Armed Forces Network (North West) and the report by the Forces in Mind Trust and its implications for the Board's Joint Strategic Needs Assessment.

Dr Jackson reported that there were possibly 560,000 veterans in the North West of which two thirds would be aged 65 or over and half would be aged over 75. An average GP practice would have 384 veterans as patients. It was notoriously difficult to collect data in respect of military veterans, veteran status was not routinely recorded, veterans were often dispersed and sometimes they could be reluctant to identify themselves as military veterans.

Dr Jackson asked that the Board agree that any commissioning and delivery of services should consider and take into account the following principles in order to improve the assessment of the mental and related health needs of veterans and their family members and ensure better wellbeing outcomes:

(i) Targeted and Intelligent use of data and information – veterans and their family members need to be routinely identified and included in health and social care data collection as part of a targeted and intelligent approach to assessment of their mental and related health needs.
(ii) Appropriate and sensitive evidence based services – responding to the needs of veterans and their family members required services that were sensitive to their identify and culture and provided evidence based interventions as part of an appropriate pathway.
(iii) Involvement and participation of veterans and family members – assessing and responding to the mental and related health needs of veterans and their family members should be done with their active involvement and participation.

The three building blocks were interdependent and proposed as key mechanisms for creating a sustainable and lasting framework for action that would improve the assessment of the mental and related health needs of veterans and their family members and inform the commissioning and delivery of services to meet those needs.

The Director of Public Health advised that contact had been made with the Ministry of Defence regarding the issues being faced by military veterans and data in respect of military veterans was also contained in the Joint Strategic Needs Assessment. There was now an opportunity to undertake further work to enhance and improve this information and consider how the needs of military veterans could be reflected in future commissioning of services. Reference was made to the clinical system used in General Practice supporting a range of patient details, READ codes, and it was important for continued healthcare and monitoring that veterans informed practices of their military status.

RESOLVED
(i) That Dr Robin Jackson be thanked for his attendance and presentation.
(ii) That the Director of Public Health / Director of Commissioning jointly undertake an exercise to ascertain the needs of military veterans, identify any gaps and consider how their needs could be reflected in future commissioning of services.

80. GM AGEING HUB: INTRODUCTIONS AND ENGAGEMENT

The Chair welcomed Paul McGarry, Strategic Lead for the Greater Manchester Ageing Hub and Age Friendly Manchester, and his colleague Gareth Williams.

Mr McGarry explained that it was estimated that in the UK by the early 2030s, half of the UK adult population would be over 50 and by 2037 the over 80s group would have expanded to six million. At a GM level, by 2036, 14% of the total population would be 75 and over, an increase of 75% from 2011. An increase in older people living alone and at risk of social isolation and loneliness was forecast with related impacts on physical and mental health and wellbeing.

The Greater Manchester Ageing Hub had been created so that Greater Manchester partners could co-ordinate a strategic response to the opportunities and challenges of an ageing population. The vision was for older residents in Greater Manchester to be able to contribute to and benefit from sustained prosperity and enjoy a good quality of life, achieved through the delivery of the following strategic priorities:

- GM would become the first age friendly city region in the UK;
- GM would be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues; and
- GM would increase economic participation amongst the over 50s.

As ageing was such a far reaching agenda, in order to effectively manage the work programme and areas which would sit within the Hub's remit, activity would be aligned under core Hub activities or within one of six thematic blocks highlighted in the presentation.

GM was in a unique position, with a wealth of experience and expertise across a wide range of leading academic, policy and practitioners, and the GM Ageing Hub would provide a co-ordinating point to work collaboratively to design and develop thinking, new ideas and interventions, developing economic opportunities and enabling people to longer, happier and healthy lives.

In terms of governance, a GM Ageing Hub Steering Group had been established reporting to the Greater Manchester Combined Authority.

Members of the Board discussed the challenges to be faced as the population aged and that it was also increasingly important to recognise and address the many opportunities. Many networks for older people, in a variety of forms and with varying purposes, already existed and it was essential that relationships continued with these networks, celebrating what they do and had done and encouraging them to support future local priorities.

RESOLVED

(i) That Paul McGarry and Gareth Williams be thanked for their attendance and the content of their presentation be noted.

(ii) That the Health and Wellbeing Board continued to engage with the GM Ageing Hub to ensure alignment of local priorities.

81. OFSTED INSPECTION OF SERVICES FOR CHILDREN IN NEED OF HELP AND PROTECTION, CHILDREN LOOKED AFTER AND CARE LEAVERS

Consideration was given to a report of the Executive Leader / Executive Member (Children and Families) / Chief Executive / Executive Director (People), which updated the Health and Wellbeing Board on the recent Ofsted inspection of services for children in need of help and protection; children looked after; and care leavers. Ofsted had also undertaken a review of the Tameside Safeguarding Children Board.

The Health and Wellbeing Board was provided with a summary of the Ofsted activity, Ofsted's judgements and findings about Tameside and the future work Ofsted would undertake as a result of Tameside's Children's Services being judged as inadequate.

The report also set out an approach to a Tameside Children's Services Improvement Programme including the establishment of a Tameside Children's Services Improvement Board.

Detailed consideration was given to the response to the findings and the approach to be taken to ensure service improvement. Particular reference was made to the action plan and performance and improvement framework being put in place together with the approach to overseeing the development and implementation plan.

RESOLVED

That the contents of the report be noted and the following recommendations agreed by the Council's Executive Cabinet:

(i) The establishment of a Tameside Children's Services Improvement Board with an independent chairs on the basis of the terms of reference laid out in Appendix 1 be approved;

(ii) That the development of the Tameside Children's Services Improvement Plan and Business Plan together with an Investment Plan based on the outline explained in the report be approved.

82. SEND REFORM UPDATE

Consideration was given to a report of the Commissioning Business Manager for Children, Young People and Families and the Head of Access and Inclusion, providing an update on the implementation of the Special Education Needs and Disability (SEND) reforms enshrined in Part 3

of the Children and Families Act 2014 in identifying and meeting the needs of Children and Young People with SEND in the local area. The report asked members of the Board to consider their roles in contributing to Tameside's responsibility to these young people and how they could contribute to addressing the gap analysis. This area of work would be inspected by Ofsted and the Care Quality Commission at some point and would include the Local Authority, Clinical Commissioning Group and Public Health.

The local area had completed a comprehensive self-evaluation which clearly documented strengths and areas for improvement which had led to an area wide action plan in addition to individual organisation plans.

Members of the Board welcomed the report and commended the work already undertaken. There were still challenges ahead to ensure that the reforms were fully embedded across all services to meet the needs of children and young people with SEND. However, the evidence to date would stand the area in good stead with the forthcoming Ofsted and the Care Quality Commission SEND Local Area Inspections.

RESOLVED
That the content of the report be noted and the relevant steps to be taken to progress arrangements to further the implementation of the SEND reforms as follows:

(i) Ensuring the co-production, development and delivery of a shared vision and strategy across the local area for young people with SEND.
(ii) Ensuring families, children and young people with SEND were at the centre of the development of the strategy and services.
(iii) Support the creation of a governance framework for the SEND agenda, ensuring executive oversight and reflected on performance report implications.
(iv) Ensure the establishment of a clear line of sight and accountability to the Health and Wellbeing Board.
(v) Ensure the development of a performance matrix for SEND that included prevalence and outcome information.

83. CARE TOGETHER ECONOMY FINANCIAL MONITORING STATEMENT

The Assistant Executive Director (Finance), presented a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the revenue financial positon of the economy. It provided a 2016/17 financial year update on the month 8 financial position at 30 November 2016 and the projected outturn at 31 March 2017. There needed to be careful management of the pressures faced by the each of the Tameside and Glossop Care Together constituent organisations.

The overall financial position of the Care Together economy had improved month on month reducing the projected year end deficit to £5.9m. Work continued to deliver improvement on the CCG QIPP position of the recovery plan and there had been an improvement to the CCGs projected year-end financial positon but it was important to note that the majority of this improvement was a result of non-recurrent means.

Overall, the Tameside MBC year end forecast position had deteriorated since period 7 predominantly due to expenditure to address the outcomes of the recent Ofsted Inspection of children's social care services. The Tameside and Glossop Integrated Care NHS Foundation Trust was currently forecast to achieve the planned £17.3m deficit.

Reference was also made to the 2016/17 Better Care Fund allocation sum of £15.323m. All spend was being monitored through the Integrated Care Fund and details of how the allocation was being spent was included in the quarter 2 monitoring statement.

RESOLVED

(i) That the 2016/17 financial year update on the month 8 financial positon at 30 November 2016 and the projected outturn at 31 March 2017 be noted.

(ii) That the significant level of savings required during the period 2016/17 to 2020/21 to deliver a balanced recurrent economy budget be acknowledged.

(iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.

(iv) That the 2016/17 quarter 2 Better Care Fund monitoring statement be noted.

84. CARE TOGETHER PROGRAMME UPDATE

Consideration was given to a report of the Programme Director, Tameside and Glossop Care Together, providing an update on the progress and developments within the Care Together Programme since the last presentation in November 2016 covering the following areas:

- Greater Manchester Health and Social Care Partnership;
- Operational Progress;
- Organisational updates; and
- Recommendations.

RESOLVED
That the content of the update report be noted.

85. UPDATE ON HEALTHY NEIGHBOURHOOD PROGRAMME

The Chief Executive, Tameside and Glossop Integrated Care Foundation Trust gave a presentation providing Board members with an update on the development of the Healthy Neighbourhood Model and implementation in Tameside and Glossop.

Five Integrated Neighbourhoods would provide health and care services for their populations, including GP services, community health services, district nursing, social care services and voluntary sector services, through multi-disciplinary teams. Recruitment was underway for key transformational roles within neighbourhoods that supported delivery of exciting new ways of providing services within the community.

Supporting the five Integrated Neighbourhoods, the intermediate tier would provide short term specialist services to patients either following or to avoid emergency acute admission for patients including the Integrated Urgent Care team, Re-ablement, community bed base, IV Therapy services, long term conditions Extensivist Care, End of Life teams, mental health and pharmacy services. The Extensivist Care Service was part of the neighbourhood core offer and would be a targeted wrap-around tailored service to provide care for a risk stratified cohort of patients to reduce unnecessary crisis admissions and hospital attendances. Recruitment to the Extensivist roles had now been completed.

Embedded within the five Integrated Neighbourhoods, a system wide self-care programme would deliver non-medical care and support for their populations to improve people's knowledge, skills and confidence to manage their own health and well-being more effectively.

The Chair commented that the content of the presentation and update demonstrated that the new model was progressing and the willingness of the Neighbourhood Leads working differently to achieve objectives and move the programme forward was highlighted.

RESOLVED
That the update on the healthy neighbourhood programme be noted.

86. PRIMARY CARE UPDATE

Consideration was given to a report of the Director of Commissioning briefing the Health and Wellbeing Board on the priorities and scope for primary care over the next two to five years based on national and regional documents as follows:

- The Five Year Forward View;
- The General Practice Forward View;
- New Care Models: The multispecialty community provider emerging care model and contract framework;
- NHS Operational Planning and Contracting Guidance 2017-19;
- Greater Manchester Primary Care Strategy (Delivering Integrated Care Across Greater Manchester: The Primary Care Contribution. Our Primary Care Strategy 2016-2021.

Tameside and Glossop had 41 practices working across 5 neighbourhoods. All 3 of the current nationally recognised GP contracts were in place within the economy: general medical services, personal medical services and alternative provider medical services.

In terms of local implementation, although the neighbourhood model of peer support had been in place for a number of years more recently this had developed and expanded to promote new ways of working across and by, neighbourhoods. The ambition of this was to improve efficiency and achieve the care delivered by population based models approach and further alignment of commissioning staff to neighbourhoods had strengthened the support offer and work programme with practices. The review of risk stratification patients, as outlined in the description of the extensivist model was being implemented locally through this extended support and it was anticipated that this would become embedded in practice culture. The national direction of new models of care described through national strategy, although in its infancy in Tameside and Glossop, was moving forward and would further develop over the coming years.

Neighbourhoods were designing models of care for their population based on local need, fostering relationships between providers to deliver the best outcomes. These Integrated Neighbourhoods had been formed across all neighbourhoods bringing together providers to work in collaboration. Different models of working and widening the range of professionals within the primary care workforce was a key strand throughout all national documentation and this was being taken forward locally. New models of care and the direction of the GP Forward View and GM Strategy had been fully reflected in the documentation for the Alternative Provider Medical Services re-procurement. Although a new contract model was not yet available, the context in which the contracts were being re-procured and the future vision for these practices had been outlined and would form part of the assessment of bids.

The Primary Care Quality Scheme refresh required for 2017/18 must reflect the current landscape both financial and policy. This redesign must therefore address the direction for primary care outlined through the documentation to support the formation of new models of care and deliver people empowered care and place based, population based models. This redesign would address the 'must do's' and mandates from the planning guidance outlined in the report as well as ensuring Tameside and Glossop fulfilled its commitment to the delivery of the GM standards. The drive to improve use of technology and change the way people accessed services would also be reflected, ensuring people powered change could be achieved. This refresh was underway and would go through a period of patient and practice consultation.

In conclusion, it was reported that the CCG Commissioning Business Managers and Neighbourhood Clinical Leads continued to support the further development and implementation of the Integrated Neighbourhood model with a number of activities and projects across the borough detailed in **Appendix 2** to the report.

RESOLVED

(i) That the scale of the ambition for Primary Care nationally be noted.

(ii) That the delivery of this ambition through local implementation, development of neighbourhoods and progression of new models of working and through the refresh of the Primary Care Quality Scheme be supported.

(iii) That the competing priorities on scarce financial resource and the CCG investment already in place as part of the Primary Care Quality Scheme, noting the refresh of this aligned to national policy and GM standards and the investment in respect of neighbourhoods through the Transitional Fund be acknowledged.

87. ACTIVE TAMESIDE

The Chair welcomed Mark Tweedie, Chief Executive, Active Tameside, who gave a presentation to accompany his report updating Board members on the development of Active Tameside facilities, programmes and strategic vision and, in particular, the Live Active Programme. The presentation sought to identify opportunities to deliver on the ambitions of the Locality Plan and Commissioning Strategy by reducing levels of inactivity in Tameside.

The Active Tameside Live Active service had achieved exceptional success over a relatively short period, evidenced by the performance metrics detailed in the report. The service was working to accommodate a wide range of long term conditions within the same pathway, whilst offering a diverse exercise therapy offer and exit routes into long term activity. Chronic obstructive pulmonary disease, falls, mental health, musculoskeletal conditions and stroke were some of the main conditions that incurred significant and escalating costs to the NHS through hospital and NHS service visits. It was well evidenced that by offering a specific physical therapy intervention, patient outcomes were not only improved but could produce significant demand and therefore cost reductions to the health and social care system.

Members of the Board commented favourably on the presentation and the potential that high quality leisure facilities could play in encouraging and sustaining the take-up of physical activity to address inactivity and empower more people and communities to take charge of their own health. Members of the Board were keen to receive a breakdown on the uptake of activities and a cost benefit analysis at a future meeting.

It was proposed that the Board recommend to Council, the appointment of Mark Tweedie, Chief Executive, Active Tameside, as a member of the Health and Wellbeing Board and welcomed his contribution towards increasing physical activity which cut across all life course priorities in the Health and Wellbeing Strategy.

RESOLVED

(i) That the content of the report and accompanying presentation be noted.

(ii) That the Board recommends to Council the appointment of Mark Tweedie, Chief Executive, Active Tameside, as a member of the Health and Wellbeing Board.

(iii) That a further report providing a breakdown on the update of activities and a cost benefit analysis would be presented to a future Health and Wellbeing Board.

88. HEALTH AND WELLBEING BOARD PRIORITIES 2017/18 AND FORWARD PLAN 2016/17

Consideration was given to report of the Director of Public Health outlining the wider determinant priority focus areas for collective action for 2017/18 relating to the following:

- Health and Housing;
- Strengthening Communities;
- Health and Work;
- Mental Health and Wellbeing.

It was proposed that a plan of action working across the system be developed and a lead officer identified to take forward the work in each priority focus area.

The forward plan 2016/17 designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects identified as priorities by the Board were also detailed.

RESOLVED

(i) That the wider determinant priority focus areas for collective action for 2017/18 be agreed and lead officers identified to take forward the work in each area.

(ii) That the content of the forward plan 2016/17 be noted.

89. URGENT ITEMS

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

90. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 9 March 2017 commencing at 10.00 am.

CHAIR