

## **TAMESIDE HEALTH AND WELLBEING BOARD**

**29 June 2017**

**Commenced: 10.00 am**

**Terminated: 12.00 pm**

**PRESENT:** Councillor Brenda Warrington (in the Chair) – Executive Member (Adult Social Care & Wellbeing)  
Councillor Peter Robinson – Executive Member (Children and Families)  
Stephanie Butterworth – Director of Children's and Adults  
Angela Hardman – Director of Population Health  
Claire Ousey – Pennine Care NHS Foundation Trust  
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer for Tameside and Glossop CC  
Christina Greenhough – Clinical Vice Chair & Lead for Mental Health, CCG  
Dean Howard, Divisional Commander, Greater Manchester Police  
Paul Starling – Borough Commander, GM Fire and Rescue Service  
Mark Tweedie – Chief Executive, Tameside Sports Trust  
Clare Watson – Director of Commissioning  
Giles Wilmore – Tameside Hospital NHS Foundation Trust

**IN ATTENDANCE:** Kathy Roe – Director of Finance  
Debbie Watson – Interim Assistant Director of Population Health  
Jessica Williams – Programme Director (Care Together)  
Jacqui Dorman – Public Health Intelligence Manager  
Gideon Smith – Consultant in Public Health Medicine

**APOLOGIES:** Councillor K Quinn, Executive Leader, Tameside MBC  
Alan Dow – Chair, Tameside and Glossop CCG  
David Niven – Independent Chair, Tameside Safeguarding Children's Board  
Tony Powell – Deputy Chief Executive, New Charter  
Councillor Gerald P Cooney – Executive Member (Healthy and Working)  
Julie Price – Department of Work and Pensions  
Liz Windsor-Welsh – Action Together

### **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 9 March 2017 were approved as a correct record.

### **3. CARE TOGETHER 2016/17 CONSOLIDATED FINANCIAL MONITORING STATEMENT**

The Director of Finance, Single Commission, presented a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the consolidated financial position of the economy for 2016/17. A summary of the Tameside and Glossop Integrated Care NHS Foundation Trust was also included within the report to ensure Members had an awareness of the overall financial position of the whole Care Together economy.

The report also provided details of the savings realised in 2016/17 together with the significant level of savings required in 2017/18 to ensure control totals were delivered and financial sustainability was achieved on a recurrent basis thereafter. It was acknowledged that the delivery

of additional savings beyond 2017/18 would also be required, the details of which would be reported to future meetings.

It was noted that all three constituent organisations had met financial controls in 2016/17 and in summary:

- The Clinical Commissioning Group had delivered a 1% surplus. The movement detailed in the position summary was in line with latest guidance on treatment of national system risk reserve and was explained in more detail in the report.
- The net deficit at outturn relating to the three Council services included with the Integrated Care Foundation Trust would be financed from Council reserves. The significant deficit primarily arose within Children's Services and was due to exceptional additional demand during the year.
- The Integrated Care Foundation Trust had an authorised deficit of £17.3m for 2016/17. The actual normalised deficit was £13.3m so exceeding the target by almost £4m.

The Director of Finance emphasised that whilst the financial controls had been met across the economy, this had only been possible because of non-recurrent actions. On a recurrent basis there remained an underlying deficit across the economy which increased risk in future years.

In conclusion, the Director of Finance made reference to the Better Care Fund where the total spend had been in line with budgets and was reported to NHS England via the Health and Wellbeing Board and the monitoring statement was attached at Appendix A.

#### **RESOLVED**

- (i) **That the financial 2016/17 consolidated financial position of the economy be noted.**
- (ii) **That the significant level of savings delivered in 2016/17 and required during 2017/18, as detailed in section 4 of the report, to achieve confirmed control totals and the financial sustainability of the economy on a recurrent basis thereafter, be acknowledged.**
- (iii) **That the significant amount of financial risk associated with the achievement of financial control totals during this period be acknowledged.**
- (iv) **That the 2016/17 quarter 4 Better Care Fund monitoring statement be noted.**

#### **4. IMPLEMENTING CARE TOGETHER: KEY PROPOSED DELIVERABLES OVER NEXT 12-18 MONTHS**

Consideration was given to a report of the Programme Director (Care Together) providing the Board with an update on progress on the implementation of the Care Together Programme and included developments since the last presentation in March 2017.

It was explained that of the full £23.226m transformational funding award, £7.9m had been allocated within 2017/18. Transformational programmes were now being implemented at pace across the economy and expenditure profiles were being examined to understand the potential benefits in year. It was noted that the transformational funding award did not include any capital for IM&T and Estates. The Programme Management Office was continuing to liaise with the Greater Manchester Health and Social Care Partnership and NHS Improvement to understand the potential for funding bids.

Reference was made to operational progress and the implementation of a new senior management structure identifying the direction from operational commissioning to strategic, place based public sector commissioning and correlation with the life course, as outlined and approved in the Health and Wellbeing Board strategy. The next steps to achieve strategic commissioning included the alignment of clinical leadership to the life course, review of commissioning governance structures, identifying the process to develop a longer term outcomes based contract with the Integrated Care Foundation Trust and the development of high level milestones to ensure delivery of progress.

Updated and comprehensive governance structures would be presented at the next Health and Wellbeing Board following discussion and, where appropriate, decision by the statutory bodies.

Work continued to determine the full remit for the Integrated Care Foundation Trust and to align services accordingly. As well as the transformation and transaction of Integrated Neighbourhoods, discussions regarding mental health, how to optimise working with a variety of voluntary, community and faith sector groups and potentially, the alignment of primary care, were being discussed.

The Programme Director also provided an update on the recruitment process to move to a substantive Programme Management Office which had not happened as quickly as envisaged. In order to maintain focus and maintenance of the project management functions, a contract extension with Pricewaterhouse Coopers, who had created the Programme Management Office governance and assurance system, had been approved by the Single Commissioning Board in May 2017, in order to continue impetus and mitigate any risk of slippage in financial savings targets.

In addition, the Board received an accompanying presentation from the Programme Director (Care Together) and the Director of Strategy (Integrated Care Foundation Trust) outlining the high level deliverables of the programme within 2017/18 and into 2018/19 including the strategic and operation aspects and the approach and implementation plan for social prescribing across Tameside and Glossop.

#### **RESOLVED**

- (i) That the recent developments of the Care Together Programme, including the move from design to implementation phase of the programme, be noted.**
- (ii) That the high level deliverables of the programme within 2017/18 and into 2018/19, including the strategic and operational aspects, be noted.**
- (iii) That the approach and implementation plan for social prescribing across Tameside and Glossop be noted.**
- (iv) That a further update be submitted to a future meeting.**

#### **5. TRENDS IN LIFE EXPECTANCY AND MORTALITY RATES - UPDATE**

Consideration was given to a report and accompanying presentation of the Director of Population Health analysing the most recent mortality data, outlining changes in the calculation of Healthy Life Expectancy. At the Health and Wellbeing Board meeting in January 2017, members agreed that while the priorities of the Health and Wellbeing Strategy were upheld, that a refresh and alignment with the recently developed Locality Plan into a Population Health Implementation Plan for Tameside would be developed. The findings in the report aimed to inform the refresh.

Premature mortality and life expectancy were significant indicators of the health of the population and generally areas with higher life expectancy and lower rates of premature mortality contained populations that were both socially and economically advantaged. For Tameside and Glossop, residents here experienced some of the worst health and mortality outcomes in England and currently ranked 137 out of 150 local authorities for premature death.

Changes in the calculation of life expectancy meant that the current Tameside and Glossop Locality Plan ambition would need to be reviewed. Current projections of Healthy Life Expectancy based on the new method for calculation suggested that the Locality Plan ambition to reach North West average by 2020 would not be achieved, nor reaching the England average by 2025. These projections were based on mortality since 2009.

The key issues from the review were outlined as follows:

- New methodology for calculating Healthy Life Expectancy meant that the current Tameside and Glossop locality plan ambition would need to be revised.
- Recent mortality trends highlighted the importance of tackling premature mortality for cardiovascular disease, respiratory and liver disease.
- The Tameside and Glossop RightCare Programme highlighted the importance of tackling cardiovascular disease and respiratory conditions.
- Current Tameside Health and Wellbeing Board 'Turning the Curve' priorities on smoking, physical activity and blood pressure would impact on cardiovascular and respiratory disease.
- The updated Tameside Alcohol Strategy would contribute to reducing alcohol harm, cardiovascular and liver disease.

The challenges for improving life expectancy were highlighted and discussed as follows:

- Reducing deaths in people aged 15 years to 64 years; this would mean a reduction in male deaths of at least 51 each year and 21 less deaths for females.
- Targeting females in particular around lifestyle issues.
- Finding the missing thousands from the disease register. People with a condition would then get the appropriate care and interventions that would help them live longer and manage their condition better.
- Using risk stratification data to ensure that people in the risk groups 20% to 69% had access to the relevant services and interventions that would allow them to improve their outcomes.
- A focus on the wider determinants of health, housing, strengthening communities, health and work, mental health and wellbeing.

Care Together continued to be the key vehicle for realisation of the Locality Plan ambition to increase healthy life expectancy at pace. Reference was made to the local challenges and responses for improving life expectancy highlighted in the review were summarised in the report.

## **RESOLVED**

- (i) **That the content of the report be noted.**
- (ii) **That the recommendations for future action be agreed.**
- (iii) **That a refresh of the Locality Plan to ensure a local Population Health Implementation Plan be endorsed and presented to a future meeting of the Health and Wellbeing Board.**

## **6. GREATER MANCHESTER POPULATION HEALTH PLAN – STOCKTAKE FOR TAMESIDE**

Consideration was given to a report of the Executive Member (Healthy and Working) and the Director of Population Health providing the Board with a local stocktake against the 20 strategic objectives in the Greater Manchester Population Plan outlining local initiatives to deliver on the ambitions in the plan together with local challenges. The report also gave an update on the review of the current public health system across Greater Manchester.

The Greater Manchester Population Health Plan was intended to enable residents to 'start well, live well and age well' and the lead happier and healthier lives. It covered the most crucial area for health and social care reform and put strong focus on prevention and how better health and wellbeing helped with work prospects and economy. The Plan would complement the individual work in the ten localities in the city region and highlighted where issues could be tackled more effectively by working together from a Greater Manchester stance. A Tameside stocktake against the 20 priorities list in the Greater Manchester Population Health Plan, together with challenges, was attached at Appendix 1 to the report.

A review of the current public health system had been underway since November 2016 with the aim of developing a set of propositions for creating a unified population health system for Greater Manchester. Directors of Public Health, local authority Chief Executives, Treasurers, Commissioners and other key stakeholders across the system had been actively involved in this process. The Greater Manchester Health and Social Care Partnership had used the findings from the review and the understanding of local system changes to inform the development of the proposals towards a unified health system for Greater Manchester. The summary findings from the review and outline proposals were attached at Appendix 2 to the report.

In terms of the implications for Tameside, population health place based leadership in Tameside and Glossop would be about ensuring the development of a culture of 'population health is everyone's business'. This would create opportunities for Health and Wellbeing Board members to champion and influence the health and wellbeing of their populations.

The population health transformation work would be integrated into the wider governance arrangements overseeing the delivery of the Locality Plan under Taking Charge Together. The overall stewardship of local population health would continue to sit with the Tameside Health and Wellbeing Board, and the Director of Population Health, in their statutory role, would continue to have overall accountability for public health leadership. This would ensure that the overarching principles of subsidiarity was applied and continued to enable and support local decision making on priority setting and public sector reform.

In conclusion, it was noted that the proposals had recently gone through Greater Manchester's internal governance with the intention of aligning the commissioning proposals with the outcomes of the current commissioning review taking place across Greater Manchester. A detailed delivery and transition plan would be developed, alongside an engagement and communications plan to support the transition. The Greater Manchester Health and Social Care Partnership would work with colleagues across the system and from the various sectors to co-design the approach to delivery.

#### **RESOLVED**

- (i) That the attached stocktake against the strategic objectives in the Greater Manchester Population Plan be noted.**
- (ii) That the update on the review of the current public health system across Greater Manchester be noted.**
- (iii) That actions needed to implement the Greater Manchester Population Health Plan be included in the refresh of the Locality / Population Implementation Plan to be presented at a future meeting of the Health and Wellbeing Board.**

## **7. SYSTEMS OUTCOME FRAMEWORK**

Consideration was given to a report of the Director of Public Health and accompanying presentation detailing a System Outcomes Framework concentrating on high level outcomes to be achieved across the whole system. The main objective was to increase healthy life expectancy and reducing inequalities in the local population. Rather than focusing on progress targets, the Tameside and Glossop Systems Outcomes Framework would set the context for the whole system concentrating on high level outcomes covering the full spectrum from housing to health. It would be the principle / umbrella intelligence tool and would be used in the wider context along with other national and local intelligence to build a picture of health and wellbeing outcomes across Tameside and Glossop and would:

- Provide a consistent approach for both commissioning and service provision;
- Support the refocusing of resources to achieve the ambition for the local population and support new and innovative ways of working
- Ensure accountability across the system;
- Provide guidance and direction; and

- Pull together relevant information from a range of sources.

The Board discussed the proposed framework outlined in the report including three system outcomes and seven system themes and provided their initial thoughts on the framework. The indicators included were being developed and partners were asked to provide their comments to assist in refining the framework to ensure the system had the best outcome descriptors to drive transformation for population health improvement.

## **RESOLVED**

- (i) **That the Systems Outcomes Framework be adopted as the principle intelligence tool for measuring economy progress towards improving healthy life expectancy.**
- (ii) **That partners provide any further comments to assist in refining the framework with a definitive version being presented to a future meeting of the Health and Wellbeing Board.**

## **8. STRATEGIC APPROACH TO SUBSTANCE MISUSE**

Consideration was given to a report of the Director of Public Health proposing a reporting relationship to the Health and Wellbeing Board for the Tameside Strategic Alcohol and Drugs Group and adoption of a new Tameside Alcohol Strategy – ‘Rethinking Drinking’.

To provide local system leadership and enable a collaborative approach to meeting the challenges of substance misuse, members of the Tameside Strategic Alcohol and Drugs Group had worked together for the past year. It was initially thought that the Group would best report to the Healthy Lives Model of Care work stream of Care Together, but with the move to an implementation phase for the Integrated Care Foundation Trust it was proposed that its system wide strategic remit was most appropriately located with the Health and Wellbeing Board. The draft Terms of Reference were attached to the report at Appendix 1.

The Tameside Strategic Alcohol and Drugs Group had drafted and consulted on a new strategy document: ‘Rethinking Drinking’ – A Strategy for Tameside attached to the report at Appendix 4. The Strategy emphasised that the level of alcohol related harm in Tameside was significant and considerably worse than the national average, that this harm was felt across all areas of the public sector and impacted on all sections of society. The Strategy outlined the local impact, how the Strategic Alcohol and Drugs Group would work to reduce alcohol related harm in Tameside and key focuses and priorities.

In addition, the Strategic Drugs and Alcohol Group prepared an annual Action Plan to guide its work to reduce the local impact of substance misuse. The Action Plan for 2016/17 had a strong emphasis on service transformation to reflect the establishment of a new service provider. The Action Plan for 2017/18, attached to the report at Appendix 3, was developed through a stakeholder workshop held in November 2016 and reflected four strategic priorities.

In conclusion, it was explained that at its meeting in May 2017 the Tameside and Glossop Single Commissioning Board adopted a recommendation to transfer the contract for the local Drug and Alcohol Recovery Service from Lifeline to CGL (Change, Grow, Live) from 1 June 2017. This was prompted by a request from Lifeline and CGL based on an agreement that had been reached between them following changes in the circumstances of Lifeline. In view of concerns raised by members of the Single Commissioning Board, the comments of the Section 151 Officer, the short notice of the change, the limited knowledge of the new provider and the absence of a tender process, an enhanced financial and performance monitoring framework was requested to support assurance and consideration of whether a re-tender was necessary.

In order to be assured of the capability and competence of CGL as an organisation and their ability to achieve and deliver the contractual obligations, a full organisational questionnaire was submitted by CGL, identical to the document provided by tendering organisations during the original service

tender in 2015. CGL passed all sections of the document including element on organisational information, financial details, insurance, equal opportunities, health and safety, clinical safety and governance, business contingency and safeguarding. The terms of the novated contract were the same as that agreed with Lifeline in 2015, and would run until July 2025.

**RESOLVED**

- (i) **That the Terms of Reference for the Tameside Strategic Alcohol and Drugs Group be adopted.**
- (ii) **That the 'Rethinking Drinking' – Tameside Alcohol Strategy be adopted.**
- (iii) **That the Tameside Strategic Alcohol and Drugs Group Action Plan 2017/18 be noted.**
- (iv) **That the contract novation for the substance misuse service from Lifeline to CGL (Change, Grow, Live) be noted.**

**9. HEALTH AND WELLBEING BOARD FORWARD PLAN 2017/18**

Consideration was given to report of the Director of Public Health, Business Intelligence and Performance outlining the forward plan 2017/18 designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects identified as priorities.

**RESOLVED**

**That the content of the forward plan 2017/18 be noted.**

**10. URGENT ITEMS**

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

**11. DATE OF NEXT MEETING**

To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 21 September 2017 commencing at 10.00 am.

**CHAIR**