TAMESIDE HEALTH AND WELLBEING BOARD

21 September 2017

Commenced: 10.00 am **Terminated: 12.00 pm**

PRESENT: Councillor Kieran Quinn (Chair) – Executive Leader, Tameside MBC
Councillor Gerald P Cooney – Executive Member (Healthy and Working)
Dr Alan Dow – Chair, Clinical Commissioning Group
Superintendent Neil Evans _ Greater Manchester Police
Ben Gilchrist – Action Together
Dr Christina Greenhough – Clinical Vice Chair & Lead for Mental Health, CCG
Councillor Allison Gwynne, Executive Member (Clean and Green)
Angela Hardman – Director of Population Health
Dean Howard – Divisional Commander, Greater Manchester Police
Karen James – Chief Executive, Tameside and Glossop Integrated Care Foundation Trust
Phil Nelson – Borough Commander, GM Fire and Rescue Service
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer for Tameside and Glossop CC
Tony Powell – Deputy Chief Executive, New Charter
Paul Starling – Borough Commander, GM Fire and Rescue Service
Councillor Brenda Warrington – Tameside MBC
Liz Windsor-Welsh – Action Together

IN ATTENDANCE: Kathy Roe – Director of Finance
Debbie Watson – Interim Assistant Director of Population Health
Paul Pallister – Assistant Chief Operating Officer and Company Secretary, CCG
Anna Moloney – Consultant in Public Health
Gideon Smith – Consultant in Public Health Medicine

APOLOGIES: David Niven – Independent Chair, Tameside Safeguarding Children's Board
Julie Price – Department of Work and Pensions
Andrew Searle – Independent Chair, Tameside Adult Safeguarding Partnership Board
David Swift – Lay Member for Governance, CCG
Mark Tweedie – Chief Executive, Active Tameside

12. DECLARATIONS OF INTEREST

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

13. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 29 June 2017 were approved as a correct record.

14. INTERMEDIATE CARE IN TAMESIDE AND GLOSSOP

Consideration was given to a report of the Deputy Director of Commissioning describing a vision for Intermediate Care in Tameside and Glossop for support to be delivered at home wherever possible. The model should include an element of bed-based care, have clear links with the Integrated Neighbourhoods (including the Extensivists), a robust model for hospital discharge

planning and be able to offer a response to urgent care requests. The outcomes expected for a model of Intermediate Care were highlighted as follows:

- Maximising independence;
- Preventing unnecessary hospital admissions;
- Preventing unnecessary admissions to long term residential care;
- Following hospital admissions, optimising discharges to usual place of residence.

It was explained that the 'Home First' model, detailed in the report, ensured that people were supported through the most appropriate pathway with care provided in the home always being the preferred option. However, it was recognised that not all individuals' intermediate care needs could be managed safely in their own home. In some cases there was a need for a community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home without going into hospital. Tameside and Glossop Integrated Care Foundation Trust had identified four core interfaces where services were provided to patients making up the Intermediate Care Model:

- Integrated Neighbourhood Services;
- Intermediate / Specialist Community Bed Based Services;
- Community Bed Setting; and
- Acute Hospital Setting.

Particular reference was made to the options for delivery of bed based intermediate care and the identification of three options for the delivery of a flexible community bed base as follows:

- Option 1 – Maintain the current status;
- Option 2 – Use of available 96 bed facility and co-location of all intermediate and community beds as 'flexible bed base' model (Stamford Unit, Darnton House);
- Option 3 – Stimulation of the market to develop a single / multi-location base.

It was noted that Option 2 was the preferred option from the assessment carried out by the Single Commission and the Integrated Care Foundation Trust and the reasons were highlighted in detail in the report. Alongside the ongoing development and delivery of the Integrated Neighbourhoods and intermediate tier services and the implementation of the Home First model Option 2 proposed that the community beds should be located in single location in order to utilise the resource flexibly to meet the needs of people in Tameside and Glossop. Offering services from a single site provided the opportunity for a more holistic, flexible and skilled workforce. Staffing resources would be focused on one site so able to work across and with a wide range of conditions, providing resilience and responsiveness.

If the preferred option was implemented with intermediate care provided in one central location in the Stamford Unit, the Integrated Neighbourhood and specialist services would provide Glossop with a community based offer of care in addition to the service provided by the Stamford Unit.

In conclusion, it was reported that the consultation process had commenced on 23 August 2017 and would run for 12 weeks until 15 November 2017.

AGREED
That the decision of the Single Commissioning Board, at its meeting on 22 August 2017, to approve a model for Intermediate Care in Tameside and Glossop outlined in the attached report and agreement to consult on three options with option 2 as the preferred option for the Single Commission and the Integrated Care Foundation Trust, be noted.

15. 2017/18 FINANCIAL MONITORING REPORT AT 31 JULY 2017

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 Director of Finance stated that the Clinical Commissioning Group was reporting that all financial control totals would be met. However, there was significant risk attached to the Quality, Innovation, Productivity and Prevention programme which was forecast £5.6m shortfall to plan. Overall the value of planned savings had reduced the majority of which related to continuing health care and elective services. Under the terms of the Integrated Commissioning Fund financial framework, a non-recurrent contribution of c£5m could be accessed from Tameside Council reserves towards the finance position of the Clinical Commissioning Group in 2017/18. This would need to be repaid within a 4 year period.

Children's Services remained a high risk area. The majority of the projected additional net expenditure related to placements within the independent sector provision of £5m. It was currently estimated that on average there would be an additional 68 children in need of external placement provision above the number of placements estimated when the 2017/18 budget was approved by the Council in February 2017. In addition, the average cost of some external placements had increased since the budget was approved and this equated to a projected increase of £0.6m in the current financial year.

The Integrated Care Foundation Trust was still working to a deficit of £24.5m for 2017/18. This had yet to be greed by NHS Improvement and efficiencies of £10.4m were required in order to meet this control total. The Trust had agreed with NHS Improvement, due to the volatility of risk, that a detailed forecast would be presented at Month 6 and the Trust was developing an action plan to mitigate risk of delivery. However, this was affecting the Trust's eligibility to access the targeted element of Sustainability and Transformation funding as providers must have accepted an agreed control total.

The Health and Wellbeing Board expressed its discontent at this positon and the Trust not being able to access Sustainability and Transformation funding which was now affecting transformation plans. It was agreed that a letter be sent to Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership in these terms.

RESOLVED

(i) That the 2017/18 consolidated financial positon of the economy at 31 July 2017 and the projected outturn position at 31 March 2018 be noted.

(ii) That the significant level of savings required during 2017/18 to achieve 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.

(iv) That a letter be sent to Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership, expressing the Board's concerns regarding the Trust not being able to access the targeted element of Sustainability and Transformation funding which was now affecting transformation plans.

16. 2017/19 BETTER CARE FUND PLAN

The Director of Finance made reference to the Better Care Fund where the total spend had been in line with budgets and reported to NHS England via the Health and Wellbeing Board. The monitoring statement was appended to the report.

RESOLVED

That the 2017/19 Better Care Fund Plan submission be approved.

17. CARE TOGETHER UPDATE

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) and Programme Director, Tameside and Glossop Care Together, providing the Health and Wellbeing Board with an update on progress on the implementation since the last presentation. This included developments with the Greater Manchester Health and Social Care Partnership and the Programme Management Office.

In particular, reference was made to the Single Commissioning Function and it was explained that at its meeting on 27 July 2017, the Tameside and Glossop Clinical Commissioning Group's Governing Body considered a report proposing revisions to its governance. The main driver for the review was the recognition that the governance arrangements for the Single Commission were maturing and there was a need to ensure duplication was minimised. The Governing Body was of the opinion that the recommendations strengthened the clinical leadership within the Strategic Commission and Clinical Commissioning Group, reducing some capacity back into the system through a reduction in the frequency of some meetings, and represented good value for the public purse. The new Governance Structure was attached to the update report at Appendix A and the new Clinical Leadership Structure at Appendix B.

RESOLVED

(i) That the updates outlined in the report be noted.

(ii) That the proposed changes within the Clinical Commissioning Group governance and clinical leadership structures be noted.

(iii) That a further update report be received at the next meeting.

18. INFLUENZA UPDATE AND SYSTEM RESPONSE

Consideration was given to a report of the Director of Population Health explaining that national guidance for the seasonal flu campaign 2017/18 had been issued. The success of the seasonal flu programme was dependent on the collaboration of many stakeholders across the Greater Manchester and local health and social care system. The role of targeted communications was pivotal to the success of the flu campaign. The Tameside and Glossop Clinical Commissioning Group performance for the 2016/17 seasonal flu performance was summarised. The main conclusions from the annual seasonal flu debrief were highlighted with the ambition of increasing flu vaccination uptake during the 2017/18 programme.

Members of the Health and Wellbeing Board discussed performance improvement. An annual flu debrief occurred at the conclusion of the season when Public Health England performance reports were released to localities. The essence of action for all stakeholders involved was effective continuous communication to promote awareness of the vaccination among at risk groups, their carers and frontline health and social care staff. Primary care colleagues had received information on performance at a practice, neighbourhood and locality level. A key strategy was to reduce the variation seen among practices and promote continuous improvement in stakeholder forums. The national change to include children in reception class within the schools programme had been welcomed and it was anticipated this would significantly improve uptake in 4 to 5 year olds.

RESOLVED

That the local performance for the 2016/17 seasonal flu programme, arrangements for the 2017/18 flu immunisation programme and the relationship between programme success and winder preparedness planning be noted.

19. TAMESIDE HEALTH AND EMPLOYMENT

Consideration was given to a report of the Head of Employment and Skills advising that Devolution had presented Greater Manchester with the opportunity and ability to deliver improved health

outcomes by supporting people to contribute and connect to growth. The report provided the Health and Wellbeing Board with an update following last year's report outlining the major employment initiatives in Tameside and the current success, progress and opportunities to integrate with health services. He briefly outlined activity that had taken place to improve service delivery and outcomes for health and employment:

In addition, the Work, Health and Disability Green Paper released in early 2017 had provided impetus for new approaches in relation to Jobcentre Plus and work was continuing to improve a partnership approach to develop a response including effective management and processing of benefit claims to provide the best possible wrap-around support for an individual.

In terms of next steps, the delivery of the key activity summarised below and detailed in the implementation plan was highlighted:

- Managing the delivery of the Tameside Health and Employment Implementation Plan through the Strategy Group including the review of contracts and developing an integrated approach with Health Integrated Neighbourhood Teams and Self-Care model.
- Preparing for the delivery of the Working Well Early Help programme with GPs in the Hyde Neighbourhood for implementation in November 2018.
- Implementing the External Local Signposting Organisation referral route for the Working Well Work and Health Programme with GPs in the Hyde Neighbourhood for implementation in February 2018.
- Implementing the Working Well Work and Health Programme from February 2018.

The Chair welcomed Mat Ainsworth, Assistant Director of the Greater Manchester Combined Authority, who gave an accompanying presentation on the development of an integrated work and health system for Greater Manchester and an update on the Greater Manchester Working Well programme. He outlined the complex barrier to work which needed to be addressed and individually tailored packages of support were available for each person taking part in the scheme to ensure these were tackled at the right time, in the right order by the right people. Talking therapies had been commissioned to support those with a mental health barrier to work and the early signs were positive.

RESOLVED

(i) That the employment initiatives taking place in Greater Manchester and Tameside recognising the work that had taken place to date to integrate work, skills and health services be noted.

(ii) That the development and delivery of the Health and Employment Implementation Plan and pilots, programmes and approaches detailed in the report to deliver work, skills and health integration in Tameside developed alongside Greater Manchester models be supported.

20. MENTAL HEALTH AND WELLBEING

Consideration was given to a report of the Director of Population Health / Head of Mental Health and Learning Disabilities, Tameside and Glossop CCG / Consultant in Public Health Medicine, providing the Health and Wellbeing Board with an update on mental health commissioning highlighting the key strategic national and regional drivers and how this has impacted on local mental health service delivery. The report covered the following areas:

- Adult mental health;
- Children and young people transformation;
- Public Mental Health.

It was explained that metal illness was the largest single cause of disability and represented 23% of the national disease burden in the UK. It was the leading cause of sickness absence in the UK,

accounting for 70 million sick days in 2013. However, there was a very significant overall treatment gap in mental health care in England, with about 75% of people with mental illness receiving no treatment at all. There was an unacceptably large premature mortality gap as people with mental illness died on average 15-20 years earlier than those without, often from avoidable causes.

Reference was made to data contained in the report giving a brief indication of need and outcomes associated with mental health in Tameside. Attendances at A&E and admissions for mental health conditions were higher locally compared to the North West and England averages. The data also demonstrated that inequality existed between people with mental ill health and the general population. If people with mental ill health experienced the same mortality rates as the general population, there would be zero excess deaths.

There was a greater need for mental health support in Tameside as described by the lower levels of self-reported wellbeing and high hospital admissions and attendances. There was also great inequality experienced by people with mental health. In addition, suicide rates, particularly amongst men, had been rising in recent years but were comparable to those seen over a longer period of time.

In terms of local spend on mental health, latest information showed that NHS Tameside and Glossop forecast a spend of £37.8m on mental health during 2017/18 and Tameside MBC to spend just under £4.5m.

The overarching Greater Manchester ambition for Mental Health was described within the Greater Manchester Health and Wellbeing Strategy and the governance framework for development and implementation of Greater Manchester Health Strategies was set out in Appendix 4 to the report. Further extracts from the strategy such as the plan on a page, financial impacts of proposed interventions, and economic impact of mental ill health was contained in Appendices 1, 2 and 3 to the report.

In relation to the local approach to mental health, the Tameside and Glossop Locality Plan set out the ambition for transforming local services and recognised that poor mental health and wellbeing had a significant impact on individuals, families and communities and that low mental wellbeing was associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions. The Single Commissioning Board and the Local Executive Group had agreed the Integrated Commissioning to Improvement Mental Health Outcomes Proposal ensuring that all additional investment was aligned to support transformation and meet the Five Year Forward View targets.

RESOLVED
That the strategic drivers for mental health service development and the progress that had been made locally in prevention and early intervention, treatment and recovery delivery models be noted.

21. TAMESIDE STATE OF THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR RESEARCH 2017

The Deputy Chief Executive, Action Together, presented a report on the main findings of research aimed at improving the understanding of the social and economic impact of the voluntary, community and social enterprise sector in Tameside. The research had been commissioned by Action Together as part of 10GM (joint venture by the Greater Manchester Voluntary Sector Infrastructure Organisations) and undertaken by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The key objective of the research was to provide a comprehensive overview of the sector in Tameside at the start of 2017.

In summary, the following was highlighted:

- There were an estimated 1,167 organisations working in the voluntary, community and social enterprise sector in Tameside;
- 68% were micro organisations with an annual income of under £10,000;
- £115m was the total value of the overall contribution of both volunteers and employees to Tameside;
- Total income in 2014/15 of the sector was estimated to be £52m, an increase of 1% compared to 2013/14;
- 81% of organisations had at least one source of non-public sector funds, bringing significant added value;
- 45% of organisation now had less than three months running costs in reserves;
- 34,000 volunteers (including committee/board members) giving 83,400 hours each week, valued at £75.5m per year;
- 2,000 total employees in the sector (1,300 full time equivalent paid staff) whose contribution was valued at £39.9m per year;
- 91% had some direct dealings with other voluntary, community and social enterprise organisations, 74% with Tameside Council and 57% with private businesses;
- 1.5m interventions were made with beneficiaries in the past year.

The Health and Wellbeing Board welcomed the report and acknowledged the contribution of many employees and volunteers from across the voluntary, community and social enterprise sector who took the time to participate in the focus groups and survey. The research provided a comprehensive overview of the sector in Tameside for partners to draw upon and further strengthen and support the considerable contribution of the sector.

RESOLVED

(i) That the research findings be noted.

(ii) That these materials be shared with other leaders and professionals to raise awareness about the voluntary, community and social enterprise sector.

(iii) That sustained and co-ordinated leadership be provided to ensure continued support for, and partnership with, Tameside's voluntary, community and social enterprise sector.

(iv) That this evidence of Tameside's active and vibrant communities and strong base for community action be recognised and celebrated.

(v) That consideration be given on investment, both short and long term, in the voluntary, community and social enterprise sector's sustainability given the significant and increasing number of groups and organisations using their reserves.

22. COMPACT: RELATIONSHIP WITH PEOPLE, COMMUNITIES AND THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE SECTOR

Consideration was given to a joint report of the Director of Population Health and the Chief Executive Officer of Tameside Action Together introducing new work about to commence to establish a new and progressive way of working between statutory organisations and the voluntary, community, faith and social enterprise sector. This was key to the success of ambitions for both health and social care reform and wider public sector reform.

It was important to note that a number of the transformation programmes associated with Care Together relied heavily on the voluntary, community, faith and social enterprise sector. As such their success would be enabled by a consistent set of principles, values and ultimately actions that traversed the approach taken by all agencies in Tameside and Glossop underpinned by an expectation of partnership and collaboration.

Achieving this new relationship would require clear leadership, governance and accountability and it was proposed that a cross sectoral leadership group be established, jointly chaired by a representative from the voluntary, community, faith and enterprise sector and a representative from the statutory sector.

In terms of next steps, the following key actions and milestones would ensure this work progressed and achieved its stated aims:

- Establish the leadership group and agree terms of reference, scope and activity milestones;
- Facilitate engagement from across public agencies and the voluntary, community, faith and social enterprise sector (Tameside and Glossop) to establish the shared ambitions and agree principles;
- Agree work streams and begin work in practice to address priority area;
- Leadership group to meet bi-monthly to review progress, identify and resolve system blockers;
- Report back progress to identified governance forums including the Health and Wellbeing Board.

RESOLVED

(i) That the content of the report be noted.

(ii) That the ambitions of the work / approach detailed in the report be endorsed.

(iii) That agreement be given for the relevant senior personnel from statutory organisations to participate in the development of agreed principles detailing commitments.

(iv) Commitment from senior personnel across key agencies to join the Leadership Group to ensure progress was made and system blockers identified and resolved.

23. GREATER MANCHESTER CANCER PLAN – STOCKTAKE FOR TAMESIDE AND GLOSSOP

Consideration was given to a report of the Director of Population Health advising that the Tameside and Glossop Cancer Board, led by Tameside and Glossop Integrated Care Foundation Trust with membership from the Single Commission, had developed a comprehensive implementation plan.

A detailed working action plan had been developed by the project manager to support the work of the local working group and progress was report to the Tameside and Glossop Cancer Board.

An update on the current local position and next steps required to deliver the contributions required in the locality specific plan were detailed in Appendix 1 and Appendix 2 to the report.

RESOLVED

(i) That the progress to date with the local implementation of the Greater Manchester Cancer Plan be noted.

(ii) That the local action summaries outlined in Appendix 1 and Appendix 2 to the report be endorsed.

(iii) That further progress reports be received.

24. GREATER MANCHESTER TOBACCO STRATEGY

The Interim Assistant Director of Population Health presented a report explaining that the development of the Strategy, a copy of which was appended to the report, had been led by the Population Health Transformation team of the Greater Manchester Health and Social Care Partnership on behalf of the Greater Manchester Cancer Board which followed on from the work undertaken with the Greater Manchester Tobacco Control Leaders' Network led by Steven Pleasant.

The Strategy had been informed by the best international as well as local evidence and had been subject to an extensive consultation and engagement period. It set out Greater Manchester's ambition to reduce smoking in the population by one third by 2021. This would result in

115,000fewer smokers supporting a tobacco free generation and ultimately helping to make smoking history.

The new tobacco control programme supported the aims of the wider Population Health Plan and the Greater Manchester Cancer Plan, as well as contributing to the far wider public service reform agendas. A transformative programme of work delivered in collaboration across the system would include a range of innovative and evidence based interventions.

To turn the Strategy into action, a delivery plan for the potential initiatives outlined in the Strategy would be developed in sufficient detail to enable a stakeholder supported and implementable programme of work. A transformation funding proposal would also be developed including full cost benefit analysis and matched / alternative funding proposals.

RESOLVED
That the Tobacco Greater Manchester Strategy be endorsed.

25. 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.

26. URGENT ITEMS

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

27. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board would take place on Thursday 25 January 2018 commencing at 10.00 am. It was also noted that a Health and Wellbeing Board Development Session had been arranged for Thursday 16 November 2017.

CHAIR