

TAMESIDE HEALTH AND WELLBEING BOARD

12 November 2015

Commenced: 10.00 am

Terminated: 11.50 am

PRESENT: Alan Dow (Deputy Chair – in the Chair) – Clinical Commissioning Group
Councillor Brenda Warrington – Tameside MBC
Steve Allinson – Clinical Commissioning Group
Jane Ankrett – Stockport NHS Foundation Trust
Stephanie Butterworth – Tameside MBC
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
David Niven – Tameside Safeguarding Children Board
Steven Pleasant – Tameside MBC
Tony Powell – New Charter Housing Trust
Dominic Tumelty – Tameside MBC

IN ATTENDANCE: Sandra Stewart – Tameside MBC
Jessica Williams – Programme Director for Integration
Debbie Watson – Tameside MBC
Ben Jay – Tameside MBC

APOLOGIES: Councillor Kieran Quinn – Tameside MBC
Councillor Allison Gwynne – Tameside MBC
Councillor Lynn Travis – Tameside MBC
Christina Greenhalgh – Clinical Commissioning Group
Andy Searle – Tameside Safeguarding Adults Board

24. DECLARATIONS OF INTEREST

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

25. MINUTES OF PREVIOUS MEETING

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

26. CARE TOGETHER PROGRAMME: UPDATE

Consideration was given to a report of the first report of the Independent Chair and Programme Director summarising progress and key milestones for the Tameside and Glossop Care Together Programme. As the programme moved into a different phase, the structure of the programme had been realigned to ensure appropriate engagement in the detailed design work as well as delivery. The new structure identified the three main working parties focusing on Single Commissioning, the Model of Care and the plans to deliver an Integrated Care Organisation Foundation Trust. The architecture to support these groups was currently being determined and would be reported at the next meeting of the Board. A governance structure, risk log and an interim budget had been developed to enable the work to be progressed at scale and pace. A high level plan to demonstrate the milestones for the Programme was being finalised and would also be reported to the next Board meeting.

An important initial step in the development of an integrated care organisation was the 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. The governance arrangements for this transaction focused on a fortnightly Project Board and a number of work streams had been established to manage the detail and be accountable for progress.

RESOLVED

That the content of the update report be noted.

27. TAMESIDE AND GLOSSOP LOCALITY PLAN

Consideration was given to a report of the Chief Executive, Tameside MBC, and the Chief Operating Officer, Clinical Commissioning Group, explaining that in 2015/16 Greater Manchester Devolution was submitting a five year comprehensive Strategic Sustainability Plan for health and social care in partnership with NHS England and other national partners. Each of the GM areas had been asked to submit a Locality Plan to provide a “bottom up” approach to the development of the GM Plan. The GM Strategic Sustainability Plan would be based on the following objectives to:

- Improve health and wellbeing of all residents of Greater Manchester, with a focus on prevention and public health, and providing care closer to home;
- Make fast progress on addressing health inequalities;
- Promote integration of health and social care as a key component of public sector reform;
- Contribute to growth, in particular through supporting employment and early years services;
- Build partnerships between health, social care, universities, science and knowledge sectors for the benefit of the population.

As such, the Tameside and Glossop Locality Plan addressed how these objectives would be met locally and how health and care services would be reorganised to contribute more effectively towards better prosperity, health and wellbeing.

Tameside and Glossop had a significant financial challenge as evidenced by the estimated £69m gap in funding across the health and social care economy by 2020. Continuing with the current system was not an option and the proposals for a single health and care provider had been analysed and subjected to external financial scrutiny and once fully implemented, would reduce expenditure by £28m. Additionally, other key plans described within the Locality Plan showed how by leading together and pooling resources, financial sustainability could be reached within five years.

A clear vision and strong partnership in conjunction with the opportunities provided within the Greater Manchester Devolution, provided the platform to drive forward shared objectives. Working with local people across the statutory, private, voluntary, and community sectors would enable ambitions to be achieved.

RESOLVED

That the content of the report be noted and the Tameside and Glossop Locality Plan be endorsed.

28. WORKING WELL UPDATE

Consideration was given to a report of the Assistant Executive Director (Development, Growth and Investment) advising on progress with the current Working Well pilot and Phase 1 of the expansion from the existing 5,000 cohort to 15,000 across Greater Manchester. The report also set out the opportunities in the expanded Working Well Programme scheduled to go live in February 2016.

It was explained that the current Working Well pilot started in March 2014 to support the Employment Support Allowance Work Related Activity Group claimants who had spent two years unsuccessfully on the Work Programme into sustained employment. The scheme had been built around a key worker model giving providers the freedom to innovate and design services in the most effective and efficient way possible. Demonstrating that this model worked was a key priority for GM as it had a direct impact on future decisions around commissioning the Work Programme or its successor. Integrating Working Well with health services had been challenging although many successes had been achieved to date. The Working Well expansion provided a significant opportunity to develop integration at a faster pace on a larger scale.

So far, in Tameside, Working Well had been implemented successfully and was being managed by a local partnership Steering Group whose role was to understand, progress and problem solve any blockages or barriers to the programme. The Steering Group was continuing to explore opportunities to specifically integrate Working Well into health services and the key activities supporting this twin approach were highlighted.

The successes for the programme were detailed in the report together a number of cases studies. It also set out information about employment barriers clients faced when entering into the programme and it was noted that bereavement continued to be above the GM average.

Reference was made to the expansion of Working Well Phase 1 which represented an important change in the welfare to work system in GM and increased and widening of cohorts and enhanced integration should be viewed as key successes. The further expansion would enable providers to become more operationally involved in holistically tackling work, skills and health by providing a referral route and increasing opportunities for co-case management.

The Health and Wellbeing Board considered the opportunities of the expanded programme and how these could be realised through an updated Tameside Working Well Integration Plan which was being continually being developed by the Tameside Working Well Steering with local agencies and providers. Engagement and integration between work, skills and health was progressing and would be strengthened further by the expansion of Working Well.

RESOLVED

- (i) That the progress of Working Well be noted.**
- (ii) That the opportunities for the expansion of Working Well in 2016 including the development of a health referral route be supported.**

29. ADVISORY COMMITTEE ON RESOURCE ALLOCATION CONSULTATION 2016/17 ON PUBLIC HEALTH GRANT

Consideration was given to a report of the Executive Member (Health and Neighbourhoods) and the Director of Public Health explaining the Advisory Committee on Resource Allocation public health grant proposed target allocation formula for 2016/17 and how it had been developed and the implications for Tameside.

The Advisory Committee on Resources Allocation (ACRA) developed a formal for public health grants for the first time in 2012 which was used to set target allocations for 2013/14 and 2014/15 for public health grants to Local Authorities.

Between 8 October 2015 and 6 November 2015 the Department of Health was consulting, on behalf of ACRA, on interim recommendations for a number of changes to the target formula for the public health grant for 2016/17 onwards. The key steps in setting the Public Health allocations were:

- Setting the preferred relative distribution of resources;
- Setting the total resources available;

- Deciding how quickly to move organisations from their baseline position towards the level of resources implied by the preferred distribution.

A copy of the consultation response from Tameside Council was appended to the report.

Board Members referred to the existing public health grant formula and the proposed changes to the formula and their impact on Tameside MBC target allocation was summarised. The overall impact on Tameside of the proposed target allocation formula for 2016/17 was highlighted which represented a 0.1% reduction of relative share. The 1% decrease in the Tameside MBC allocated share would decrease from 0.25% to 0.24% which in financial terms was equivalent to a reduction of £340,000 in grant allocation for Tameside.

RESOLVED

- (i) That the funding formula consultation for 2016/17, proposed changes and implications for Tameside be noted.**
- (ii) That the consultation response be endorsed.**
- (iii) That a further update following the autumn statement be submitted to the January 2016 meeting of the Health and Wellbeing Board.**

30. 0-5 TRANSITION OF HEALTH CHILD PROGRAMME: UPDATE

Consideration was given to a report of the Executive Member (Children and Families) and the Director of Public Health updating the Board on the transfer of commissioning responsibilities for 0-5 public health services from National Health Service (England) to the Council and the transformation undertaken by the provider of Health Visiting and Family Nurse Partnership services.

Particular reference was made to health visitor performance, health visitor workforce, finance and the challenges ahead.

RESOLVED

That the key issues and update on the transfer of commissioning responsibilities for 0-5 public health services from the NHSE to Tameside MBC be noted.

31. CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES – TRANSFORMATION PLAN

Consideration was given to a report of the Commissioning Business Manager for Children, Young People and Families, Clinical Commissioning Group, and the Children and Young Peoples Emotional Wellbeing and Mental Health Plan for 2015-2012. This had been produced by the Children and Young Peoples Emotional Wellbeing and CAMHS Transformation Programme Board, led by the Clinical Commissioning Group.

RESOLVED

- (i) That the Plan be accepted.**
- (ii) That the progression of the priorities and deliverables under the Plan be supported.**
- (iii) That the Board receive further updates on progress.**

32. TAMESIDE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

The Chair welcomed David Niven, Independent Chair, who presented the Tameside Safeguarding Children Board Annual Report 2014/15, providing an overview of the Board's safeguarding activity against its 2014/15 priorities. It identified particular vulnerable groups and outlined emerging themes and details of the Board's strategic priorities for 2015/16.

RESOLVED

That the Tameside Safeguarding Children Board Annual Report 2014/15 be received.

33. HEALTHWATCH TAMESIDE ANNUAL REPORT 2014/15

The Chief Executive, Healthwatch Tameside, was pleased to present the Healthwatch Tameside Annual Report 2014-15. It highlighted the statutory functions, activities during the year and outcomes that have been achieved. In particular, the Board noted:

- Healthwatch Tameside engaged with significant numbers of local citizens, including people from seldom heard communities.
- Tameside Hospital welcomed and acted on a set of Enter and View visits undertaken by Healthwatch Tameside.
- Healthwatch Tameside has established a large online following as well as providing face to face contact in a number of community settings.
- Healthwatch Tameside took on the NHS complaints advocacy function this year with no additional funding. They have seen a 55% increase in active cases during the year (due to being more accessible to the local population).
- Healthwatch Tameside played a significant role in ensuring that local residents responded to the Healthier Together consultation. Our Borough had the highest number of responses for any area where the future role of the local hospital was not being consulted on.
- The report included three examples of 'impact stories' where Healthwatch has made a difference to local people or services.
- Future Healthwatch priorities including helping the local population to engage with Care Together and the GM Devolution agenda.

RESOLVED

That the content of the report be noted.

34. HEALTH WATCH TAMESIDE ANNUAL INTELLIGENCE REPORT 2014/15

Consideration was given to a report of the Chief Executive, Healthwatch Tameside providing a summary of the aggregated data from 770 patient stories and survey responses received by Healthwatch Tameside during 2014. The purpose of this is to enable themes and patterns to be identified that were not always immediately obvious when reading a single story in isolation. The report pulled together data from:

- Patient opinion;
- Healthwatch surveys;
- Patient stories we have been told but asked not to share on an individual basis;
- Informal comments collected by the Healthwatch Champions;
- Themes from NHS complaints where help had been provided for people to use the formal complaints system.

RESOLVED

- (i) That the report be recognised as part of the evidence base for the Joint Strategic Needs Assessment with a new version being sent to the Board annually;**
- (ii) That the three main themes emerging from patients' comments especially where it may provide useful context and insight for future planning and commissioning decisions be noted and shared:**
 - **Appointments (GP and hospital);**
 - **Communication (explanations, information, listening, advice and correspondence);**
 - **Staff.**

- (iii) That Healthwatch Tameside's intervention to work with commissioners and providers to identify and implement improvements in patient experience when the more detailed output from the follow-up data collection exercise around appointments, communication and staff is complete be supported.

35. PUBLIC HEALTH OUTCOMES FRAMEWORK SCORECARD

Consideration was given to a report of the Executive Member (Health and Neighbourhoods) / Director of Public Health providing an update regarding the current position of the Tameside Public Health Outcome Framework indicators and the comments against each indicator advising Members of the Health and Wellbeing Board of emerging issues or concerns within indicator movements.

RESOLVED

That the contents of the report be noted.

36. URGENT ITEMS

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

37. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 21 January 2016 commencing at 10.00 am.

CHAIR