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Tameside Metropolitan Borough

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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 8 March 2018
Time: 10.00 am
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No

GENERAL BUSINESS

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

To receive any declarations of interest from Members of the Health and Wellbeing Board.

3. MINUTES 1 - 8

To receive the Minutes of the meeting of the Health and Wellbeing Board held on 25 January 2018.

ITEMS FOR DISCUSSION / DECISION

4. TAMESIDE AND GLOSSOP CARE TOGETHER ECONOMY 2017/18 - CONSOLIDATED FINANCIAL MONITORING STATEMENT 9 - 22

To consider the attached report of the Director of Finance.

5. CARE TOGETHER UPDATE 23 - 30

To consider the attached report of the Interim Director of Commissioning and Programme Director (Care Together).

6. INTEGRATED NEIGHBOURHOOD MODEL FOR CHILDREN AND FAMILIES 31 - 36

To consider the attached report of the Interim Director of Children's Services.

7. PHARMACY NEEDS ASSESSMENT 37 - 158

To consider the attached report of the Director of Population Health.

8. SYSTEM WIDE SELF-CARE PROGRAMME UPDATE - STRENGTHENING COMMUNITIES 159 - 166

To consider the attached report of the Head of Strategy Development, Tameside and Glossop Integrated Care Foundation Trust.

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

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9. PHYSICAL ACTIVITY STRATEGY

a) INCREASING PHYSICAL ACTIVITY IN TAMESIDE 167 - 176

To consider the attached report of the Interim Assistant Director of Population Health and the Chief Executive of Active Tameside.

b) TOUR OF TAMESIDE 177 - 180

To consider the attached report of the Interim Director of Population Health and Graham Jackson, Race Director, Sports Tours International.

10. DEVELOPMENT OF NEW RELATIONSHIP BETWEEN THE VOLUNTARY, COMMUNITY AND FAITH SECTOR 181 - 186

To consider the attached report of the Executive Member (Healthy and Working) / Chief Executive, Action Together / Director of Population Health.

11. URGENT ITEMS

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Linda Walker, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

TAMESIDE HEALTH AND WELLBEING BOARD

25 January 2018

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

PRESENT:
Dr Alan Dow (Chair) – Chair, Clinical Commissioning Group
Councillor Brenda Warrington – Executive Member (Adult Social Care & Wellbeing)
Councillor Gerald P Cooney – Executive Member (Healthy and Working)
Councillor Allison Gwynne, Executive Member (Clean and Green)
Louise Atkinson – Greater Manchester Fire and Rescue Service
Andrew Searle – Independent Chair, Tameside Adult Safeguarding Partnership Board
David Swift – Lay Member for Governance, CCG
Mark Tweedie – Chief Executive, Active Tameside
Liz Windsor-Welsh – Action Together
Superintendent Neil Evans - Greater Manchester Police
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer for Tameside and Glossop CC
Angela Hardman – Director of Population Health, Tameside MBC
Stephanie Butterworth – Director (Adults), Tameside MBC

IN ATTENDANCE:
Debbie Watson – Interim Assistant Director of Population Health
Jessica Williams – Interim Director of Commissioning
Stephen Wilde – Financial Business Partner
Katherine Quinn – Quality Assurance Officer

APOLOGIES:
Dr Christina Greenhough – Clinical Vice Chair & Lead for Mental Health, CCG
Sian Schofield – Pennine Care FT
Karen James – Chief Executive, Tameside and Glossop ICFT
Tony Powell – Deputy Chief Executive, New Charter
David Niven – Independent Chair, Tameside Safeguarding Children's Board
Julie Price – Department of Work and Pensions

28. CHAIR'S OPENING REMARKS

It was with great sadness that the stand in Chair announced the recent, sudden death of the Executive Leader of the Council, Councillor Kieran Quinn who had been the Chair of the Tameside Health and Wellbeing Board in his capacity as Executive leader of the Council. Those in attendance joined the Chair in a few moments silence to pay their respects and remember Councillor Quinn.

29. DECLARATIONS OF INTEREST

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

30. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 21 September 2017 were approved as a correct record.

31. TAMESIDE AND GLOSSOP PROPOSAL FOR EFFECTIVE URGENT CARE

Consideration was given to a report of the Interim Director of Commissioning and accompanying presentation explaining that the proposal for effective urgent care was considered at the Single Commissioning Board on 31 October 2017 and approval was given for formal consultation. She provided an update on the consultation that started on 1 November 2017 continuing to 6 January 2018 and meetings scheduled with interested parties.

The proposed integrated urgent care service would ensure people were seen by the right professional in the right place to meet their needs. It built on the trusted relationship with GPs making practices the key point for access for advice and treatment. Through the practice, Out of Hours service or NHS 111, people would be able to book appointments seven days a week in the most appropriate Primary Care service.

Walk-in access would be maintained but the proposal moved the Walk-in service at Aston Primary Care Centre to the hospital to create an Urgent Treatment Centre that was co-located with A&E and ale to provide Primary Care services and access to diagnostics.

There were two options for the delivery of the integrated urgent care service. Both created an Urgent Treatment Centre based at the hospital site open 12 hours a day, seven days a week from 9.00 am to 9.00 pm. This would offer bookable, same day / urgent and routine general practice appointments and walk in access for urgent care. The options varied in the number of Neighbourhood Care hubs where bookable appointments could be made and when those hubs would be open.

It was reported that as of Tuesday 9 January 2018, 284 surveys had been submitted. 89% indicated they were registered with a GP in Tameside and Glossop. Respondents included people with caring responsibilities and people whose day to day activities were limited because of a health problem or disability.

The majority of respondents who had stated a preference preferred Option 2, as 63% stated Option 2 and 37% Option 1. Of those who chose Option 2, 27% mentioned a positive impact on local services in their response, 27% mentioned an increase in choice of service or location in their response and 18% thought Option 2 might have a positive impact on the availability of appointments.

Of those who chose Option 1, 3% believed that it had better weekend availability and 8% thought Option 1 might have a positive impact on the availability of appointments.

The survey would continue to be analysed and used to inform the final proposal that would be presented for decision to the Strategic Commissioning Board and Primary Care Committee in March 2018.

RESOLVED
That the process of engagement and consultation being followed to develop the integrated urgent care service be noted.

32. TAMESIDE AND GLOSSOP CARE TOGETHER ECONOMY 2017/18 FINANCIAL MONITORING REPORT / BETTER CARE FUND MONITORING REPORT

Consideration was given to a jointly prepared report of the Tameside and Glossop Care Together constituent organisations providing a 2017/18 financial year update on the month 7 financial positon at 31 October 2017 and the projected outturn at 31 March 2018.

Details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop Integrated Care NHS Foundation Trust were

highlighted. Members of the Board were asked to note that there were a number of risks that needed to be managed within the economy during the current financial year, the key risks being:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care related expenditure of £4.4m.
- Children's Services within the Council was managing unprecedented levels of service demand which was currently projected to result in additional expenditure of £7.2m when compared to the available budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £24.5m for 2017/18, however, efficiencies of £10.4m were required in 2017/18 in order to meet this sum.

In terms of the 2017/18 efficiency plan, the economy had an efficiency sum of £35.1m to deliver in 2017/18, of which £24.7m was a requirement of the Strategic Commissioner. Supporting analysis of the delivery against this requirement for the whole economy was outlined in Appendix A to the report. There was a forecast £4.1m under achievement of this efficiency sum by the end of the financial year, £3.5m of which related to the Strategic Commissioner. It was, therefore, essential that additional proposals were considered and implemented urgently to address this gap and on a recurrent basis thereafter.

The Strategic Commission's risk share arrangements in place for 2017/18 were also outlined in the report.

Health and Wellbeing Board members were reminded that the Better Care Fund was introduced during 2015/16 and had continued in the current financial year and Appendix B of the report provided supporting details of the 2017/18 quarter three Better Care Fund monitoring statement recently submitted to NHS England.

RESOLVED

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

(ii) That the significant level of savings required during 2017/18 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 2017/18 Better Care Fund Monitoring report for the period ending 31 December 2017 be noted.

33. CARE TOGETHER UPDATE

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) providing the Health and Wellbeing Board with progress on the implementation of the Care Together Programme and including developments since the last presentation in September 2017.

As reported at the last meeting, the governance processes implemented in the Programme Management Office had been commended by Greater Manchester Health and Social Care Partnership. The Clinical Commissioning Group Internal Audit function had also been commissioned to audit the effectiveness of systems and processes in place for Care Together governance and significant assurance was expected to be received in the next few weeks.

The third Board to Board to Board meeting involving the three key partners in Care Together took place on 12 December 2017 and reflected on the previous year, defined the benefits for a future care system and confirmed key milestones for 2018.

In terms of operational progress, revised governance arrangements for the Strategic Commission had been approved by Tameside Council and by the Clinical Commissioning Group Governing Body and the structure was attached to the report at Appendix B.

Consultation regarding Intermediate Care in Tameside and Glossop concluded at the end of November. This consultation had generated significant interest and responses and a report including a recommendation would be presented to the Strategic Commissioning Board on 30 January 2018.

As the Board had heard previously, consultation on urgent care was currently underway and due to conclude on 26 January 2018.

Work continued to determine the full remit for the Integrated Care Foundation Trust and to align services accordingly. Key in the development of the Integrated Care Foundation Trust was the continued transformation of Adult Social Care.

RESOLVED
That the update report be noted.

34. PUBLIC HEALTH ANNUAL REPORT

The Director of Population Health presented her annual report 2017 and accompanying animation focusing on the subject of air pollution generated by road traffic and the impact air quality had on health.

The main objective of the report was to highlight this issue which had until relatively recently been largely under reported. It sought to educate on the causes and risks of 21st century air pollution, how to protect against exposure to it and reduce pollution within communities.

There was already work taking place co-ordinated via the Greater Manchester Air Quality Action Plan and the report detailed what could be done locally in Tameside to complement this. It highlighted activities and interventions and calls to action from an individual perspective to that of business and communities acknowledging that the resultant health gain would be strengthened by acting together. The recommendations in the report were designed to be simple, manageable and realistic for residents and organisations to respond to locally.

The Board discussed engagement with residents, communities, businesses and the public sector who all had a role to play.

RESOLVED
That the content of the Public Health Annual Report 2017 be noted.

35. TAMESIDE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Consideration was given to the annual report of the Tameside Safeguarding Children Board providing an overview of the partnership's safeguarding activity against its 2016/17 priorities. It identified particular areas of vulnerability or weakness and provided details of the strategic priorities and actions for 2017/18.

It was explained that it had been a particularly full and challenging year both locally and nationally and the Tameside Safeguarding Children Board had worked had to fulfil its responsibilities in the face of many different events and circumstances in Tameside. Following the Ofsted Inspection in September 2017, the Board had continued to deliver the work that was already in place and implemented a number of changes in response to recommendations that were made through a comprehensive improvement plan. The Board's aims were varied but improving the voice of young

people, listening more to those represented and finding better, more modern ways of communicating with the people of Tameside were high on the priority list.

In conclusion, it was noted that the future organisation and structure of Local Safeguarding Boards was being examined and legislation was changing. The coming year looked to have many challenges and the Board would participate, with all partners, in continuing to make the children of Tameside safer.

RESOLVED
That the annual report 2016/17 of the Tameside Safeguarding Children Board be received.

36. TAMESIDE ADULT SAFEGUARDING PARTNERSHIP ANNUAL REPORT

The Independent Chair of the Tameside Adult Safeguarding Partnership Board presented the Annual Report 2017/17 setting out the activity and strategic work plan of the Safeguarding Board in Tameside and its partner organisations and agencies.

During 2016/17, the Tameside Adult Safeguarding Partnership Board had responded to 957 safeguarding concerns, an additional 79 concerns compared to 2015/16 and further detail on safeguarding activity was provided to give a flavour and nature and how much work was ongoing within adult safeguarding.

There were changes locally where health and social care were becoming more and more integrated and the close working relationship between not only them but also the Police was mirrored within adult safeguarding. It was important to understand the priorities of all partner organisations regionally as well as nationally and where responsibility sits and which body had governance on cross over topics such as domestic abuse, modern day slavery, sexual exploitation and self-neglect – four areas linked to safeguarding as a result of the Care Act.

In conclusion the Independent Chair outlined the Tameside Adult Safeguarding Partnership Board's priorities for 2017/18 as follows:

- Develop a protocol with the Health and Wellbeing Board, Tameside Safeguarding Children Board and the Tameside Adult Safeguarding Partnership Board to ensure aligned priorities and provide a joint strategy.
- Directory of services to be available to staff and the community to aid the Tameside Adult Safeguarding Partnership Board Prevention Strategy.
- Work to engage the community in the safeguarding agenda and empower individuals to take action.
- Raise awareness of Domestic Abuse of older people and where to get help.
- Raise awareness of financial abuse, safeguarding information, forms to prevent and support people at risk.
- Consider options to share learning regarding organisational abuse and neglect and acts of omission to ensure a proportionate and consistent response to Adult Safeguarding and reduce the number of Section 42 enquiries.

RESOLVED
That the annual report 2016/17 of the Tameside Adult Safeguarding Partnership Board be received.

37. UPDATE ON THE TRANSFER OF ADULT SOCIAL CARE FROM TAMESIDE MBC TO TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) providing a progress update to the Board on the transactional process of transferring Adult Social

Care services and some single commissioning functions from Tameside MBC into the Tameside and Glossop Integrated Care NHS Foundation Trust.

It was explained that the first round of the legal due diligence was procured by the Integrated Care Foundation Trust on behalf of the locality partners and the final report was received in July 2017. This work confirmed that there were no legal barriers to the transfer of Adult Social Care services and their associated operational commissioning elements as contained within the Strategic Commissioning Function. However, it had been identified that the proposed transfer of Tameside and Glossop Clinical Commissioning Group specific operational commissioning activities had a number of associated legal complexities. It had therefore been decided to delay this work and to concentrate efforts to deliver the successful transfer of Adult Social Care services.

A significant amount of work had been undertaken on reviewing potential risks and identifying benefits to support the production of an Outline Business Case. This had resulted in the timescales slipping for the transfer. There was further work in progress to update the programme plan with a greater appreciation of the detailed content needed to complete the Outline Business Case.

An evidence-based cost avoidance exercise was completed by the Social Care Institute of Excellence in August 2017 which review and examined four key areas and their financial impact on the wider health and social care economy.

A significant proportion of the work undertaken within the economy had focused on reviewing the proposed Adult Social Care transaction to ensure there was a shared understanding amongst partners on the operational detail of each of the services. To facilitate this, two workshops had been held for Directors and senior officers on 15 September and 9 October 2017. The service managers undertook a review which helped to deepen the understanding of Integration Care Foundation Trust colleagues regarding some of the current challenges faced by the individual elements of the Integrated Urgent Care Team function and how these were being addressed by the system. Furthermore, the Integrated Care Foundation Trust and Adult Social Services held a half-day session for managers to learn about each other's respective services.

The outputs form the workshops and from the Social Care Institute for Excellence review were being incorporated into the Outline Business Case and further work was required to finalise the full range of benefits to be realised. There was also the requirement to agree the Risk Share Agreement between the Integrated Care Foundation Trust and Tameside MBC, including addressing the funding gap that currently existed, before all parties could approve the Outline Business Case for submission to NHS Improvement.

RESOLVED
That the content of the progress update be noted.

38. DEVELOPING AGE FRIENDLY COMMUNITIES

The Director for Adult Social Care presented a report which explained that population projections showed that in 2024 more than 1 in 4 people would be over 60. The report provided the background to the concept of age friendly cities as advocated by the World Health Organisation and the interconnection with the strategic objectives of the Greater Manchester Ageing Hub. It described the intention to co-ordinate local work promoting age friendly communities across Tameside.

A reporting relationship to the Health and Wellbeing Board was described and proposed a work outline for a new Tameside Age Friendly Steering Group to drive the changes needed so more people would benefit and enjoy a good later life. It would seek to:

- Serve as a champion for the community by developing a vision, gathering momentum and encouraging action.
- Develop a co-ordinated approach across the Health and Wellbeing Partnership, businesses, service providers and community organisations to make age friendly communities – this would be firmly rooted in collaboration with older people.
- Oversee and promote the implementation of an action plan that related to the Greater Manchester Ageing Strategy priorities.

The Steering Group would be led by the Director for Adult Social Care as the life course lead for Ageing Well. The membership was currently being determined but an early scoping meeting envisaged broad representation from the Health and Wellbeing Board partnership. An inaugural meeting would be held on 25 January 2018.

RESOLVED

(i) That the requirement for a borough Age Friendly Strategy and how this work connected with the priorities of the Greater Manchester Ageing Hub and the Greater Manchester Age Friendly Strategy be noted.

(ii) That the reporting relationship to the Health and Wellbeing Board through a new Tameside Age Friendly Steering Group that would drive the changes needed so older people would benefit and enjoy a good life be recognised.

(iii) That a further report on progress would be presented to the Health and Wellbeing Board in June 2018.

39. HEALTH AND WELLBEING BOARD FORWARD PLAN 2017/18

Consideration was given to report of the Director of Population Health 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.

40. URGENT ITEMS

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

41. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board would take place on Thursday 8 March 2018 commencing at 10.00 am.

CHAIR

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Councillor Brenda Warrington – Executive Leader Councillor Gerald P Cooney – Executive Member (Healthy & Working) Kathy Roe – Director Of Finance – Tameside & Glossop CCG & Tameside MBC
Subject:	**TAMESIDE & GLOSSOP CARE TOGETHER ECONOMY – 2017/18 CONSOLIDATED FINANCIAL MONITORING STATEMENT AT 31 DECEMBER 2017 AND PROJECTED OUTTURN TO 31 MARCH 2018**
Report Summary:	This is a jointly prepared report of the Tameside & Glossop Care Together constituent organisations on the consolidated financial position of the Economy. The report provides a 2017/2018 financial year update on the month 9 financial position (at 31 December 2017) and the projected outturn (at 31 March 2018). A summary of the Tameside and Glossop Integrated Care NHS Foundation Trust financial position is also included within the report. This is to ensure members have an awareness of the overall financial position of the whole Care Together economy and to highlight the increased risk of achieving financial sustainability in the short term whilst also acknowledging the value required to bridge the financial gap next year and through to 2020/21.
Recommendations:	Health and Wellbeing Board Members are recommended : 1. To note the 2017/2018 consolidated financial position of the economy at 31 December 2017 and the projected outturn position at 31 March 2018 **(Appendix A)** 2. To acknowledge the significant level of savings required during 2017/2018 to achieve confirmed control totals and the financial sustainability of the economy on a recurrent basis thereafter. 3. To acknowledge the significant amount of financial risk associated with the achievement of financial control totals during this period.
Links to Community Strategy:	The Sustainable Community Strategy and Local Area Agreement are key documents outlining the aims of the Council and its partners to improve the borough of Tameside (agreed in consultation with local residents). Within health the CCG's Commissioning Strategy and Primary Care Strategy are similarly aligned to these principles and objectives.

Policy Implications:	The Care Together resource allocations detailed within this report supports the strategic plan to integrate health and social care services across the Tameside and Glossop economy.
Financial Implications: **(Authorised by the Section 151 Officer))**	This report provides the consolidated financial position statement of the 2017/18 Care Together Economy for the period ending 31 December 2017 (Month 9 – 2017/18) together with a projection to 31 March 2018 for each of the three partner organisations **(Appendix A)** The report explains that there is a clear urgency to implement associated strategies to ensure the projected funding gap is addressed and closed on a recurrent basis across the whole economy. A risk share arrangement is in place between the Council and CCG relating to the residual balance of net expenditure compared to the budget allocation at 31 March 2018, the details of which are provided within the report. It should be noted that the Integrated Commissioning Fund for the partner Commissioner organisations are bound by the terms within the Section 75 agreement and associated Financial Framework agreement which has been duly approved by both the Council and CCG.
Legal Implications: **(Authorised by the Borough Solicitor)**	There is a need to deliver a balanced budget. Consequently, there are significant changes required to achieve this and reduce the current levels of spend which previously have been bailed out. This requires new models of working and relentless focus on budgets without compromising patient care and safety. Many of the new models are intended to achieve this rather than simply look to cut out waste.
Access to Information :	Any background papers relating to this report can be inspected by contacting : Stephen Wilde, Finance Business Partner, Tameside Metropolitan Borough Council Telephone:0161 342 3726 e-mail: stephen.wilde@tameside.gov.uk Tracey Simpson, Deputy Chief Finance Officer, Tameside and Glossop Clinical Commissioning Group Telephone:0161 304 5626 e-mail: tracey.simpson@nhs.net David Warhurst, Associate Director Of Finance, Tameside Hospital NHS Foundation Trust Telephone:0161 922 4624 e-mail: David.Warhurst@tgh.nhs.uk

1. INTRODUCTION

1.1 This report aims to provide an update on the financial position of the care together economy as at month 9 in 2017/18 (to 31 December 2017) and to highlight the increased risk of not achieving financial sustainability. Supporting details are provided in **Appendix A**.

1.2 The report includes the details of the Integrated Commissioning Fund (ICF) and the progress made in closing the financial gap for the 2017/18 financial year. The total ICF is £486m in value, however it should be noted that this value is subject to change throughout the year as new Inter Authority Transfers (IATs) are actioned and allocations are amended.

1.3 It should be noted that the report includes details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This is to ensure members have an awareness of the projected total financial challenge which the Tameside and Glossop Care Together economy is required to address during 2017/18.

1.4 Please note that any reference throughout this report to the Tameside and Glossop economy refers to the three partner organisations within the Care Together programme, namely:

- Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT);
- NHS Tameside and Glossop CCG (CCG);
- Tameside Metropolitan Borough Council (TMBC).

2 FINANCIAL SUMMARY

2.1 **Table 1** provides details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). Supporting details of the forecast outturn variances are explained in sections 2 and 3 of **Appendix A**. Members should note that there are a number of risks that have to be managed within the economy during the current financial year, the key one's being:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care related expenditure of £4.3m.

- Children's Services within the Council is managing unprecedented levels of service demand which is currently projected to result in additional expenditure of £7.8m when compared to the available budget.

- The Integrated Care Foundation Trust is working to a planned deficit of £24.5m for 2017/18. However it should be noted that efficiencies of £10.4m are required in 2017/18 in order to meet this sum.

2.2 **Table 2** provides details of the Strategic Commission risk share arrangements in place for 2017/18. Under this arrangement the Council has agreed to resource up to £5 m in each of the next two financial years (2017/18 and 2018/19) in support of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) programme savings target which is conditional upon the CCG agreeing to a reciprocal arrangement in 2019/20 and 2020/21. Any variation from budget is shared in the ratio 80:20 for CCG:Council. A cap is placed on the shared financial exposure for each organisation (after the use of £5m) in 2017/18 which is a maximum £0.5 m contribution from the CCG towards the Council year end position and a maximum of £2.0 m contribution from the Council towards the CCG year end position. The CCG year end position is adjusted prior to this contribution for costs relating to the residents of Glossop (13% of the total CCG variance) as the Council has no legal powers to contribute to such expenditure.

Table 1 – Summary of the Tameside and Glossop Care Together Economy – 2017/18

Organisation	YTD Position			Forecast Position			Forecast Position	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Strategic Commission	366,874	372,416	-5,543	486,112	497,330	-11,218	-11,336	118
ICFT	-17,125	-17,864	-739	-24,349	-24,349	0	0	0
Total	**349,749**	**354,552**	**-6,282**	**461,763**	**472,981**	**-11,218**	**-11,336**	**118**

Table 2 – Risk Share

Risk Share (£000's)	11,218
TMBC Non Rec Contribution	3,798
CCG	500
TMBC	6,920

There are a number of additional risks which each partner organisation is also managing during the current financial year, the details of which are provided within **Appendix A.**

2.3 A summary of the financial position of the ICF, broken down by directorate is provided.

Table 3 – 2017/18 ICF Financial Position

£000's	YTD Position			Forecast Position			Forecast Position	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	152,001	153,835	-1,834	204,653	206,642	-1,990	-1,601	-389
Mental Health	22,130	22,684	-554	29,502	30,200	-697	-966	269
Primary Care	62,606	61,144	1,463	83,342	82,154	1,188	1,103	86
Continuing Care	10,206	13,140	-2,934	13,625	17,880	-4,256	-4,386	131
Community	20,770	20,770	-0	27,473	27,581	-108	-108	-
Other	23,840	19,966	3,875	26,236	20,373	5,862	5,958	-96
QIPP	-	-	-	-	3,798	-3,798	-4,111	313
CCG Running Costs	4,133	4,125	8	5,197	5,197	0	-	0
Adult Social Care	33,108	32,961	147	44,185	43,989	196	196	-
Children's services	24,517	30,367	-5,850	35,192	42,992	-7,800	-7,605	-195
Public Health	13,562	13,424	138	16,708	16,524	184	184	-
Integrated Commissioning Fund	**366,874**	**372,416**	**-5,543**	**486,112**	**497,330**	**-11,218**	**-11,336**	**118**
CCG Expenditure	295,687	295,664	22	390,027	393,825	-3,798	-4,111	313
TMBC Expenditure	71,187	76,752	-5,565	96,085	103,505	-7,420	-7,225	-195
Integrated Commissioning Fund	**366,874**	**372,416**	**-5,543**	**486,112**	**497,330**	**-11,218**	**-11,336**	**118**
A: Section 75 Services	203,799	205,256	-1,457	265,437	269,185	-3,748	-4,061	313
B: Aligned Services	137,939	142,693	-4,753	187,365	195,119	-7,754	-7,501	-253
C: In Collaboration Services	25,136	24,467	668	33,310	33,026	284	226	58
Integrated Commissioning Fund	**366,874**	**372,416**	**-5,543**	**486,112**	**497,330**	**-11,218**	**-11,336**	**118**

2.4 **Acute** - Against a full year budget of £204.7m there is forecast deficit of £2.0m. The acute position has deteriorated by £0.4m since month 8, driven by high cost out of area patients and critical care at Stockport. The acute cost centre is by far the largest within the CCG and includes the majority of the contract with the ICFT, spend with other NHS provider trusts, spend with the independent sector and ambulances. While the ICFT contract is our largest contract, it is paid on block therefore there is zero variance included in the commissioner position. The biggest areas of variance are:

- Associate provider contracts, in particular the Manchester FT contract (over by £1.9m) where amputations, emergency admissions and A&E are all creating a pressure.
- Independent Sector (over by £0.85m), where activity has grown in real terms, particularly for diagnostic procedures where the independent sector are able to offer treatment with a shorter wait and at lower cost than the ICFT.
- Non Contracted Activity (over by £0.33m), a large part of this is a single high cost patient invoiced in December.

2.5 **Mental Health** - Against Core budgets there is a forecast £0.7m overspend. This is driven by an increase in high cost individualised commissioning placements, offset by slippage on implementation of new services and a reduced number of patients on step down units at Pennine Care. Since M8 the mental health position has improved by £0.27m due to slippage on implementation of business cases required to meet the five year forward view. The CCG are on track to meet the Mental Health Investment Standard (MHIS) in 2017/18. A report is currently being prepared for submission to the Strategic Commissioning Board looking at achievement of MHIS in future years and how this links to the five year forward view for mental health.

2.6 **Primary Care** – Currently forecast at £1.19m underspent, with a £0.09m improvement over the prior month. Primary Care IT and slippage of CIS spend into 2018/19 are significant contributors to the underspend. Prescribing shows a nil variance in ledger, but this is largely due of the way QIPP is reported. Against a QIPP target of £2.52m there is an expected underlying QIPP achievement of approximately £2.2m. However due to national price concessions in relation to the pricing of generic drugs only £1.12m will be realised in 2017/18.

2.7 **Continuing Care** – Growth in individualised packages of care remains the CCGs biggest financial risk. Total overspend at M9 is £6.23m analysed as:

- £4.26m Continuing Care;
- £1.37m Mental Health;
- £0.61m Neuro Rehabilitation.

The growth in this area has been well documented in previous reports and a recovery plan is in place. An update was presented to Finance and QIPP group on 17 January 2018 which included strategies to reduce the growth. Broadcare, which is a new IT system to improve monitoring of activity was introduced in December 2017

2.8 **Community** - The majority of spend within this directorate is within the block contract for the ICFT. The variance relates to VAT on the wheelchairs contract and there is ongoing dialogue with the Inland Revenue about a reclaim of this tax.

2.9 **Other** – This directorate includes Better Care Fund (BCF), estates, transformation funding and reserves. BCF and transformation funding are both on track to spend in line with plan. There is some risk around estates as accurate schedules from Propco are awaited. The underspend within the directorate relates to reserves where budget is in place to offset the overspend reported elsewhere and to ensure the CCG meets financial control totals. It should be noted that there is still a negative reserve to clear over and above the outstanding QIPP in order to meet these targets at year end.

2.10 **QIPP** – Against an annual savings target of £23.9m, £14.0m of the required savings have been banked in the first 9 months of the year. In addition to this there are further savings of £6.1m which are expected to be delivered. In order to meet financial control totals a further £3.8m of QIPP savings (plus clear the negative reserve) are required. More work required to turn amber/red schemes green and to bring new schemes forward in order to close this residual gap. An Internal Audit report provides a 'high assurance' rating of the CCGs QIPP monitoring processes

2.11 **CCG Running Costs** – These are on schedule to remain within running cost allocation and deliver £1.14m QIPP savings. On a year to date basis, £0.97m of savings have already been banked.

2.12 **Adult Social Care –** Savings of £0.03m have been identified within one of the Learning Disability Supported Accommodation contracts. This has been achieved through collaborative working with the provider concerned to adopt new operating models around sleep ins. The full year effect of £0.09m will be realised in 2018/19.

Increase of £0.08m in Fairer Charging income received for community based services, this is income based on the individual client financial assessments of approximately 1000 clients (this number varies slightly throughout the year).

Employee related spend is forecast to be £0.4m less than budget. The number of assessed hours required for the Council provided Learning Disabilities Homemaker Service are less than budgeted due to services being delivered by the independent sector.

Increased numbers of Nursing bed placements (201 at April 2017 to 222 at the end of November) has resulted in forecast spend being £0.68m in excess of budget (the average net cost of a nursing placement excluding Funded Nursing Care (FNC) is £0.03m per year). The additional placements have contributed to reductions in Delayed Transfers of Care (DTOC) numbers since April 2017. The current daily average DTOC is 12 compared to 30+ in April 2017. The age of admission is also reducing which is leading to an increase in length of stay (average age of admission last year was 82 compared to 80 currently) which could have a future financial impact.

Nursing bed capacity in Care Homes is currently stretched with vacancy levels of approximately 5% (28 beds) across the borough.

2.13 **Children's Services** – Pressure of £7.8m due to increased investment required in children's placements and social workers as a result of the increased demand being experienced in this area and in line with OFSTED recommendations.

The number of Looked After Children has increased from 519 at April 2017 to 584 in November 2017. Forecast expenditure on employee related costs forecast to be £1.04m in excess of budget. The service continues to recruit Social Workers to support the additional caseload demands since the 2017/18 budget was approved. The ongoing strategy is to transition agency employees onto permanent contracts within the service as this is a lower cost alternative and also improves the quality and stability of service delivery.

Alongside the recruitment of agency Social Workers, there is also additional estimated expenditure to the approved budget on a number of additional senior positions as the Council and its partners take action to make the required improvements to the service, including the appointment of a new Director and Assistant Director of Children's Services.

The number of Looked After Children has increased from 519 at April 2017 to 584 in November 2017. The current budget allocation will finance approximately 450 placements,

assuming average weekly unit costs for placements. This unprecedented level of demand has led to a forecast position of £6.78m in excess of the available budget in 2017/18.

3. 2017/18 EFFICIENCY PLAN

3.1 The economy has an efficiency sum of £ 35.1m to deliver in 2017/18, of which £ 24.7m is a requirement of the Strategic Commissioner.

3.2 **Appendix A** provides supporting analysis of the delivery against this requirement for the whole economy. It is worth noting that there is a forecast £ 4.1m under achievement of this efficiency sum by the end of the financial year, £ 3.6m of which relates to the Strategic Commissioner.

3.2 It is therefore essential that additional proposals are considered and implemented urgently to address this gap and on a recurrent basis thereafter.

4. RECOMMENDATIONS

4.1 As stated on the front of the report.

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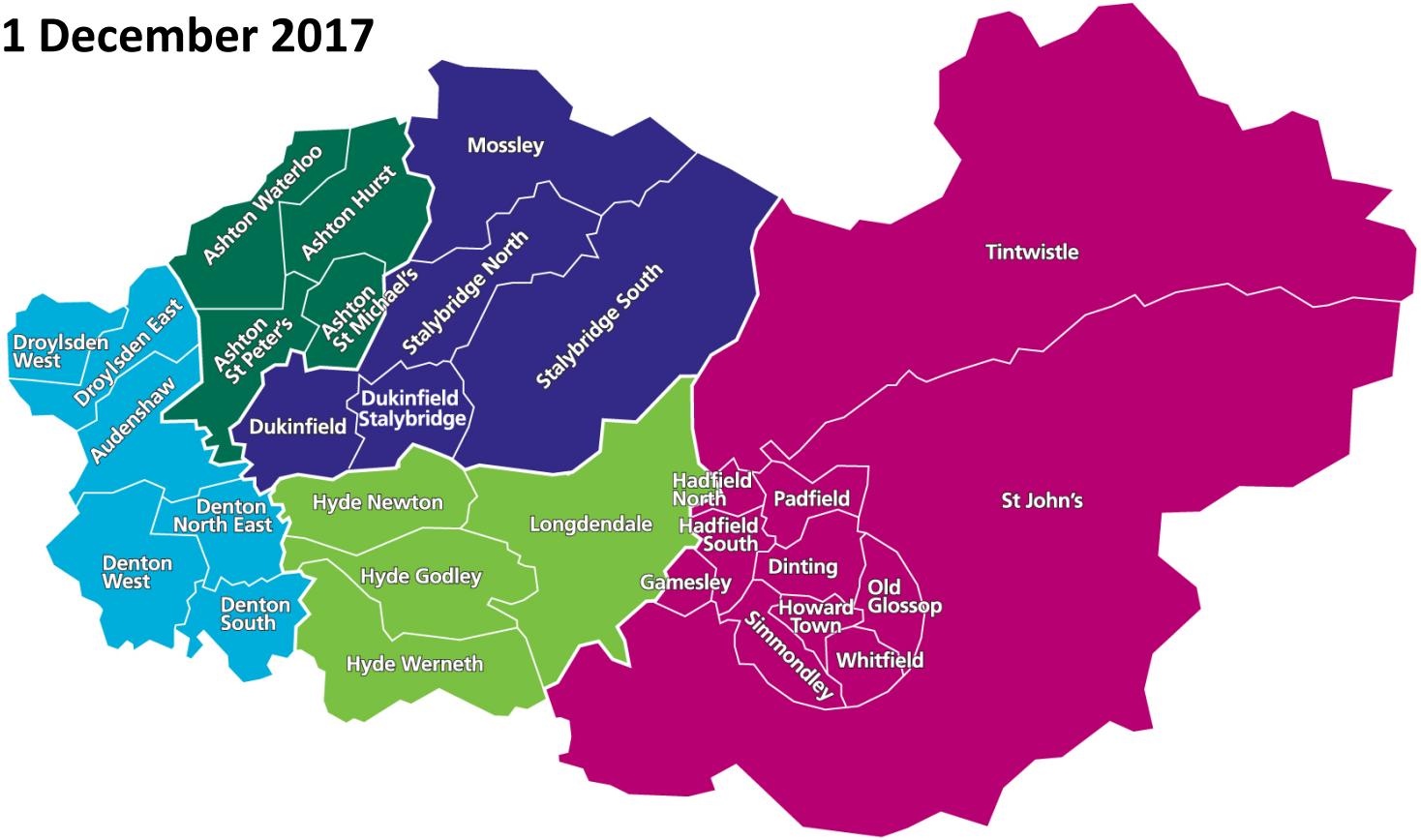
TAMESIDE AND GLOSSOP
Caretogether

Tameside and Glossop Integrated Financial Position

financial monitoring statements

Period Ending 31 December 2017
Month 9



Kathy Roe
Claire Yarwood

NHS Tameside and Glossop Clinical Commissioning Group
Tameside Metropolitan Borough
NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Integrated Care Together Economy Financial Position

In 2017/18 the Care Together economy still has a £11,218k financial gap

How do we close this gap?

Organisation	YTD Position			Forecast Position			Forecast Position	
	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Strategic Commission	366,874	372,416	-5,543	486,112	497,330	-11,218	-11,336	118
ICFT	-18,885	-19,372	-487	-23,730	-23,730	0	0	0
Total	**347,989**	**353,044**	**-6,030**	**462,382**	**473,600**	**-11,218**	**-11,336**	**118**

- The strategic commissioner is forecasting a financial deficit of £11,218k, mostly driven by Individualised Commissioning and Children's Social Care. We continue to report that we will meet financial control totals, however there are risks associated with this.
- The ICFT are working to a planned deficit of £23,730k for 2017/18 (an improvement of £776k since last month). Trust efficiencies of £10,397k are required in order to meet this control total.
- The Integrated Commissioning Fund will receive extra non-recurrent contributions as appropriate during 2017-18 to ensure a balanced position is maintained.
- The economy has received £23,900k of transformation funding this year which has already resulted in clear demonstrable savings, however some of this impact has been offset by emerging pressures.
- While the financial gap is a large figure, it is important to appreciate this within the context of the total budget:

Economy Wide Highlights

- £4,256k projected overspend on continuing care driven by an increasing number of patients accessing service - plus further individualised commissioning pressures on mental health (£1,367k) and neuro rehab(£609k)
- £7,800k projected overspend on Children's Services predominantly driven by out of area placements
- £3,798k projected shortfall on QIPP
- £1,990k projected overspend on acute, driven by increased activity (mainly emergency admissions) at providers other than the ICFT
- Risk Attached to delivery of Trust Efficiency Plan (TEP)
- Medical agency spend creating particular pressures

Tameside Integrated Care Foundation Trust Financial Position

High level financial overview

	Month 9			Year to Date			Fo
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£000	£000	£000	£000	£000	£000	£000
Normalised Surplus/(Deficit)	(1,760)	(1,508)	252	(18,885)	(19,372)	(487)	(23,730)
Capital Expenditure	741	183	(558)	2,383	1,591	(792)	4,798
Cash and Equivalents	1,190	2,250	1,060				
Trust Efficiency Savings	897	814	(83)	6,642	6,845	203	10,397
Use of Resources Metric	3	3	0	3	3	0	3

YTD Net position is £19.4m deficit, c. £0.5m over the proposed deficit.

Internal management forecast at Month 9 is c£23.7m deficit

Trust Efficiency Programme is c. £0.2m ahead of the year to date (YTD) target

Cash is £1.1m above the planned balance

Key risks and highlights

Key Risks – I&E

- **Control Total -** The Trust has agreed with NHSI that it will deliver it's planned deficit. As the Trust did not sign up to the NHSI control total, there will be no access to STF or capital monies for A&E Streaming and from the Digital fund.
- **Medical Staffing -** The level of medical agency expenditure is providing a financial pressure for the Trust
- **Unfunded Beds -** The Trust has a number of escalated beds that are unfunded.
- **Activity levels -** Income on smaller clinical contracts is falling, but no corresponding reduction in costs.
- **TEP -** Failure to deliver the Trusts efficiency target.
- **Expenditure on A&E and General Medicine** is significantly over budget reflecting pressure in non-elective activity.

Overall Risk Rating - Medium

Pressure/High Risk Improvement/Low risk

Key Risks – Balance Sheet/Other

- **Loans -** At the end of 2016/17, the Trust had loan liability of £54.8m. It is anticipated that this will increase to £78.1m in 2017/18. The Trust will be required to repay part of this liability in 2018 and a further loan may be required to service this repayment.
- **Cash -** The December month end cash balance was £1.1m above the expected the £1.2m plan. This was mainly due to receipt of PFI £ 0.85m and Winter Tranche monies of £0.3m
- **Winter Tranche 1 & 2** – The forecast assumes the receipt of Tranche 1 monies of £618k which will reduce the Trusts Planned deficit to £23.7m. The Tranche 2 monies of £725k will be used to support winter schemes and will be expended during Quarter 4
- **Agency Cap -** The NHSI requirement is for the Trust to reduce medical agency expenditure by £1.2m. Currently the Trust is forecasting to achieve the Agency cap by c. £0.6m.

Tameside and Glossop Strategic Commissioner Financial Position

- Forecast overspend of £11,218k is driven by significant pressures in children's services and individualised commissioning.
- The position has improved by £118k since M8:
  - driven by the realisation of further QIPP savings and slippage on implementation of mental health investments.
  - offset by further pressures in children's social care and non contracted acute care.
- Both organisations are currently reporting that statutory duties and financial control totals will be met, but some risk associated with this. The CCG has a negative reserve which will need to be cleared over and above QIPP in order to meet the control total.
- Further work required to close the financial gap. Risk share in place between the Council and CCG to mitigate risk at year end.

Risk Share:

The forecast overspend will be managed in line with the agreed risk share arrangements across the strategic commissioner:

Risk Share (£000's)	11,218
TMBC Non Rec Contribution	3,798
CCG	500
TMBC	6,920

- Non Rec contributions into the fund which are repayable over a 4 year period
- 80:20 risk share arrangement as per contributions to ICF
- £500k upper threshold on CCG contribution to TMBC & £2m cap on TMBC contribution to CCG

	YTD Position			Forecast Position			Forecast Position	
£000's	Budget	Actual	Variance	Budget	Forecast	Variance	Previous Month	Movement in Month
Acute	152,001	153,835	- 1,834	204,653	206,642	- 1,990	- 1,601	- 389
Mental Health	22,130	22,684	- 554	29,502	30,200	- 697	- 966	269
Primary Care	62,606	61,144	1,463	83,342	82,154	1,188	1,103	86
Continuing Care	10,206	13,140	- 2,934	13,625	17,880	- 4,256	- 4,386	131
Community	20,770	20,770	- 0	27,473	27,581	- 108	- 108	-
Other	23,840	19,966	3,875	26,236	20,373	5,862	5,958	- 96
QIPP	-	-	-	-	3,798	- 3,798	- 4,111	313
CCG Running Costs	4,133	4,125	8	5,197	5,197	0	-	0
Adult Social Care	33,108	32,961	147	44,185	43,989	196	196	-
Children's services	24,517	30,367	- 5,850	35,192	42,992	- 7,800	- 7,605	- 195
Public Health	13,562	13,424	138	16,708	16,524	184	184	-
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**
CCG Expenditure	295,687	295,664	22	390,027	393,825	- 3,798	- 4,111	313
TMBC Expenditure	71,187	76,752	- 5,565	96,085	103,505	- 7,420	- 7,225	- 195
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**
A: Section 75 Services	203,799	205,256	- 1,457	265,437	269,185	- 3,748	- 4,061	313
B: Aligned Services	137,939	142,693	- 4,753	187,365	195,119	- 7,754	- 7,501	- 253
C: In Collaboration Services	25,136	24,467	668	33,310	33,026	284	226	58
Integrated Commissioning Fund	**366,874**	**372,416**	**- 5,543**	**486,112**	**497,330**	**- 11,218**	**- 11,336**	**118**

Integrated Commissioning Fund Risks

Continuing Care — R

- Growth in individualised packages of care remains the CCGs biggest financial risk. Total overspend at M9 is £6,232k, broken down:
  - £4,256k Continuing Care
  - £1,367k Mental Health
  - £ 609k Neuro Rehab
- The growth in this area has been well documented in previous reports and a recovery plan is in place. An update will be presented to Finance and QIPP group on 17/01/18
- Broadcare, a new IT system to improve monitoring of activity was introduced in December 2017

Children's Services — R

- Pressure of £7,800k due to increased investment required in children's placements and social workers as a result of the increased demand being experienced in this area and in line with OFSTED recommendations.
- The number of Looked After Children has increased from 519 at April 2017 to 584 in November 2017.
- The current budget allocation will finance approximately 450 placements

QIPP — A

- Against an annual savings target of £23,900k, £14,000k of the required savings have been banked in the first 9 months of the year. In addition to this there are further savings of £6,102k which we are certain of achieving.
- There remains £3,798 of QIPP savings still to find in 2017/18
- Internal Audit report provides a 'high assurance' rating of the CCGs QIPP monitoring processes

Acute services — A

- Increased demand for emergency services reflecting winter pressures and budget pressures emerging from Specialist Commissioning devolved services has placed pressure on budgets
- Biggest contributors to the overall pressure of £1,990k are:
  - Manchester FT Contract
  - Independent Sector Contracts
  - Non Contracted Activity

Mental Health: — A

- Heightened levels of out of area placements at premium prices due to shortage of MH beds locally are a significant driver of overspend
- Cost pressures to deliver requirement of Five Year Forward View present a significant medium term risk to financial position of Strategic Commissioner (though slippage in implementation of schemes in 17/18 has improved the in year position slightly).
- Sustainability of local MH providers and potential requirement of additional commissioner contributions is also a risk.

Adult Social Care — A

- While an in year underspend of £196k is currently being forecast, there is significant medium term risk in this area as a result of:
  - increased demand for social care services to support improvement in DTOCs and as a result of demographic growth
  - financial pressure from living wage legislation and care home market

Financial Gap and Efficiency Position

- In order to deliver financial control totals, an economy wide savings target of £35,070k was set for 2017/18. This is made of £10,397k Trust Efficiency Plan (TEP) savings at the ICFT and £24,673k across the strategic commissioner (made up of £23,900k CCG QIPP and £773k of planned council savings).
- The table below details progress against this target. In total savings of £30,953k are expected, leaving a shortfall of £4,116k against plan. This represents an deterioration of £116k since M8. On a YTD basis the economy as a whole is £860k behind plan, which is driven by the CCG.
- The ICFT still have £2,022k savings to deliver in final 3 months of the year. Deep dives are underway to confirm delivery of outstanding schemes.
- For the commissioner, we are below target on demand management because we are not seeing the anticipated activity reductions at associate providers. Also on prescribing, because of external pressures which are being placed upon CCG's. Non recurrent savings from budget management have gone some way to bridging this gap. While the Council shows savings of £773k are on track, this does not include the pressures associated with children's social care.

Key Headlines:

- £21,424k of actual savings delivered in first 9 months of year.
- This represents an under-achievement against plan of £1,445k.
- Final projected economy savings are £4,116k lower than target.
- This represents a £116k deterioration against the position reported at M8.
- More work is required to bring forward new schemes addressing the short fall.
- £19,846k (64%) of expected savings are due to be delivered on a recurrent basis.

£000's	YTD Position			Annual	Risk Rated Forecast Position				Expected	Variance
	Target	Delivered	Variance	Target	Posted	Low	Medium	High	Savings	
ICFT	**6,642**	**6,845**	**202**	**10,397**	**8,375**	**1,422**	**70**	**1,054**	**9,866**	**- 530**
Technical Target	932	1,512	580	1,243	1,584	93	-	-	1,677	434
Divisional Target - Corporate	728	1,167	439	1,020	1,342	-	4	37	1,345	325
Pharmacy	234	390	157	392	448	145	-	25	593	201
Divisional Target - Surgery	474	487	13	640	679	-	5	-	684	45
Transformation Schemes	400	306	- 94	1,000	453	547	-	288	1,000	-
Workforce Efficiency	91	100	9	121	100	20	-	-	120	- 1
Estates	234	457	223	557	505	20	13	-	538	- 19
Paperlite	94	2	- 92	125	8	8	-	47	16	- 109
Divisional Target - Medicine	597	491	- 106	803	617	69	-	50	685	- 118
Medical Staffing	446	287	- 159	716	444	71	-	182	515	- 201
Nursing	726	495	- 231	975	515	204	-	-	720	- 255
Demand Management	1,209	881	- 328	1,732	1,231	123	48	337	1,402	- 330
Procurement	479	270	- 210	1,073	448	122	-	87	571	- 503
Strategic Commissioner	**16,227**	**14,580**	**- 1,647**	**24,673**	**14,580**	**6,209**	**298**	**624**	**21,087**	**- 3,586**
Technical Target	1,635	3,322	1,687	1,875	3,322	3,844	-	-	7,165	5,290
Primary Care	1,675	2,279	604	1,748	2,279	-	-	-	2,279	532
Single Commissioning	828	967	140	1,137	967	193	-	-	1,160	23
Neighbourhoods	781	781	-	781	781	-	-	-	781	-
Acute Services - Elective	586	586	-	1,116	586	-	-	-	586	- 530
Other	724	724	-	1,324	724	-	-	-	724	- 600
Effective Use of Resources	1,125	566	- 559	1,500	566	249	-	-	815	- 685
Mental Health	294	296	2	994	296	-	-	-	296	- 698
GP Prescribing	1,761	699	- 1,062	2,516	699	207	212	624	1,118	- 1,399
Back Office Functions	393	359	- 34	2,024	359	202	-	-	562	- 1,463
Demand Management	5,845	3,419	- 2,425	8,885	3,419	1,409	-	-	4,828	- 4,057
Adult Social Care	252	252	-	336	252	15	69	-	336	-
Public Health	328	328	-	437	328	91	18	-	437	-
Total Economy Position	**22,869**	**21,424**	**- 1,445**	**35,070**	**22,954**	**7,631**	**368**	**1,677**	**30,953**	**- 4,116**

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Councillor Brenda Warrington, Executive Leader Jessica Williams, Interim Director of Commissioning and Programme Director, Tameside and Glossop Care Together
Subject:	**INTEGRATION REPORT – UPDATE**
Report Summary:	This report provides Tameside Health and Wellbeing Board with progress on the implementation of the Care Together Programme and includes developments since the last presentation in January 2018.
Recommendations:	The Health and Wellbeing Board is asked: 1. To note the updates as outlined within this report. 2. To receive a further update at the next meeting.
Links to Health and Wellbeing Strategy:	Integration has been identified as one of the six principles agreed locally to achieve the priorities identified in the Health and Wellbeing Board Strategy
Policy Implications:	One of the main functions of the Health and Wellbeing Board is to promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.
Financial Implications: **(Authorised by the Section 151 Officer)**	The financial position of the Tameside and Glossop health and social care economy is reported monthly to the Strategic Commissioning Board. It is acknowledged there is a clear urgency to implement associated strategies to ensure the economy funding gap is addressed and closed on a recurrent basis. It is also important to note that the locality funding gap is subject to ongoing revision, the details of which will be reported to future Health and Wellbeing Board meetings as appropriate. The approved Greater Manchester Health and Social Care Partnership funding of £23.2 million referred to within section 1 of the report is monitored and expended in accordance with the investment agreement. Recurrent cashable efficiency savings subsequently realised across the economy as a result of this investment will contribute towards the reduction of the estimated locality funding gap.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is important to recognise that the Integration agenda, under the auspices of the 'Care Together' banner, is a set of projects delivered within each organisation's governance model and delivered jointly under the Single Commissioning Board together with the Integrated Care Foundation Trust. However, the programme itself requires clear lines of accountability and decision making due to the joint financial and clinical implications of the proposals. It is important as well as effective decision making processes that there are the means and resources to deliver the necessary work. This is to provide confidence and oversight of delivery. We need to ensure any recommendations of the Care Together

	Programme Board are considered / approved by the constituent bodies to ensure that the necessary transparent governance is in place.
Risk Management :	The Care Together Programme has an agreed governance structure with a shared approach to risk, supported through a Programme Management Office
Access to Information :	The background papers relating to this report can be inspected by contacting Jessica Williams, Programme Director, Tameside and Glossop Care Together  Telephone: 0161 304 5389  e-mail: jessicawilliams1@nhs.net

1. INTRODUCTION

1.1 This report provides Tameside Health and Wellbeing Board with an outline of the developments within the Care Together Programme since the last presentation in January 2018.

1.2 The report covers:

- Care Together Programme Assurance;
- Care Together Structure and Objectives 2018/19;
- Care Together Funding – detailed information;
- Greater Manchester Health and Social Care Partnership Reporting.

2. CARE TOGETHER PROGRAMME ASSURANCE

2.1 The Care Together Programme Management Office tracks health and social care transformational schemes. These currently fit into three groups:

- **GM Transformation schemes (GM TF):** £23.2m to be invested over 2016/17 – 2019/20 with a target £17.2m recurrent benefit agreed in the Cost Benefit Analysis (CBA).
- **Transformational QIPP:** those QIPP targets where a change in ways of working is required that needs project planning and support.
- **Adult Social Care transformation schemes:** Additional Adult Social Care funding has been received via Better Care Fund to be invested over 2017/18 – 2019/20

2.2 Transformation schemes are monitored through regular meetings with the Programme Management Office and formally approved by the Gateway process. The Gateway process ensures that senior managers from cross the economy can review and approve a schemes' progress against plan.

2.3 Greater confidence has been gained in many of the schemes although there remain some areas of concern:

- Eight schemes are behind schedule in terms of benefit realisation and are currently being examined to ensure that they progress or, if applicable, get closed down.
- Additional schemes are being considered as compensation for any under performing
- Greater vision required on how the separate schemes tie together.
- Changes in National Prescribing during 2017/18 has caused a £1.5million drop in expected savings.

2.4 All of these issues are being progressed and in addition, existing schemes are being examined to identify further efficiencies. It must be noted that even if the Greater Manchester Transformation Funded schemes are completely successful there will still be a significant economy wide health deficit.

2.5 The £23m funded by Greater Manchester Health and Social Care Partnership was on the basis of releasing recurrent annual savings of £17m by 2020/21. Currently, it is estimated that £16m worth of benefit has been identified. An updated formula for calculating the return on investment is currently being discussed and once authorised, will be used within the evaluation process to ensure a consistent understanding of how successful the schemes are.

2.6 It must be noted that the £17m return on investment target was also based on the assumption that capital spend would be made available to the estates and IM&T schemes. This has still not occurred despite continual submissions and the impact of this is still being assessed.

2.7 The Programme Management Office is currently working with teams across Tameside and Glossop to identify resource requirements for GM Transformation Funded schemes continuing

into 2018/19. Once identified, this will be approved through the Strategic Commissioning Board.

2.8 Additional Programme Management Office duties include:

- Ensuring consistency of understanding of finances and risk and reporting thereof to the Greater Manchester Health and Social Care Partnership;
- Providing more detailed assistance and input to specific schemes and initiatives;
- Analysing options to reduce the current economy wide finance gap by 2020/21;
- Identifying new schemes that will benefit patients and/or reduce the anticipated 2020/21 finance deficit;
- Leading on the evaluation process across the partnership for Greater Manchester Transformation Funded schemes;
- Assisting with the Adult and Social Care Transaction.

2.9 On 4 January 2018, the Care Together programme was peer reviewed by the Greater Manchester Health and Social Care Partnership. Received feedback was very positive.

3. CARE TOGETHER STRUCTURE AND OBJECTIVES FOR 2018/19

3.1 The Merseyside Internal Audit Agency review of the Care Together Programme Governance structure has been largely positive. Some issues have been highlighted around the communications between the Care Together Programme Board and partner organisations senior boards and this is currently being addressed.

3.2 The Care Together Programme Board in January approved the latest version of the Care Together Principles and also the objectives for delivery in the 2018/2019. These are included in **Appendix A** and **Appendix B** respectively.

4. GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP REPORTING

Highlight reporting

4.1 The January monthly highlight report submitted to Greater Manchester Health and Social Care Partnership is attached as **Appendix C**. The programme continues to make progress, however, the main risks highlighted are:

- The lack of expected capital funding being made available to support Estates and IM&T schemes will impact on our ability to transform services;
- There is an ongoing concern over Information Governance and the potential General Data Protection Regulations.

Risk Register

4.2 The high scoring risks have been identified above.

4.3 New procedures have been put in place to ensure that the Risk Registers are regularly reviewed by senior members across the Care Together programme before being approved for use at Boards and in reports to Greater Manchester Health and Social Care Partnership.

5. RECOMMENDATIONS

5.1 As set out on the front of the report.

APPENDIX A

CARE TOGETHER PRINCIPLES

1. We agree that an integrated system of health and social care is the best way to ensure optimum health and care outcomes for our population whilst ensuring collective financial sustainability.

2. We will, at all times, consider and promote ways of working that release the most benefit to the population we serve rather than protect the interest of any one organisation.

3. We will work together to identify opportunities to integrate further services and develop collaborative arrangements with other providers and commissioners to benefit the people of Tameside and Glossop.

4. We are committed to prevention, of early intervention, and of people being treated within the most appropriate setting (ideally their homes or in the community where it is clinically appropriate to do so). We remain committed to the direction of the Contingency Planning Team's final report of 28 July 2015 and we will work collaboratively to achieve these aims.

5. We agree that the Integrated Care Foundation Trust continues to represent the best legal delivery vehicle for the integrated care system subject to an amended Foundation Trust licence and constitution to enable a new legal entity of an Integrated Care Foundation Trust. Such an organisation will be appropriately representative of all stakeholders including primary care and the voluntary sector, which will be reflected in its constitution.

6. We will uphold a robust governance structure that ensures representation, involvement, and transparency between all parties involved in the provision of effective and efficient health and social care services. This will include representation from other local councils, NHS Organisations, regulators, voluntary, charities, and faith providers. This governance will be focussed on the Care Together Programme Board with consistent outward reporting and liaison to all other relevant boards to ensure inclusion.

7. We acknowledge that integrating health and social care will not resolve the significant budget challenges facing us all but it goes someway to reducing these. We are committed to continuing to work closely together to address the Locality deficit as far as possible and we will involve other stakeholders in this.

8. We agree that the economy budget deficit is our joint responsibility regardless of where the deficit may lie. Our priority is that we work collaboratively to reduce the total health and social care deficit rather than focus on the financial position of any one of our organisations.

9. We agree that the Tameside and Glossop updated Locality Plan, as approved by the Tameside Health and Wellbeing Board in October 2015 and by Derbyshire County Council Health and Wellbeing Board in April 2016, outlines how we will work together to drive up the health and social care outcomes and eliminate health inequalities for our population. We agree the successful delivery of a new integrated health and social care model is a key component of this plan.

10. We agree that strong and effective Integrated Neighbourhoods, encompassing the wider public sector, are central to delivery and achievement of improved Healthy Life Expectancy. We will work as an economy to support the emerging, innovative model of care to deliver improved quality of Tameside and Glossop Provision.

11. We agree to support the Programme Management Office to manage the implementation of the new Model of Care and will resource this as appropriate.

APPENDIX B

Delivery Objectives 2018/19

Care Together Work Programmes 2018/19	Start Date	Completion Date	Organisational Responsibility
Strategic Development			
Scope of ambition/scale for Integrated Neighbourhoods agreed	In progress	1.4.18	Collective
Future commissioning intentions for Intermediate and Urgent Care clarified post public consultation	In progress	1.4.18	Strategic Commission
Population health plan agreed focussed on early intervention • Corresponding implementation plan • Clarity of metrics to measure success	In progress	Q1 Q2 Q2	Strategic Commission
Identified mechanism to further integrate and develop Mental Health services within neighbourhoods	Q1	Q4	Collective
Health & Wellbeing Board approved engagement strategy focussed on co-production and co-design with the Voluntary Community and Faith Sector	In progress	1.4.18	Strategic Commission
New model and investment plan developed to tackle homelessness	Q1	Q1	Strategic Commission
Ageing Well Plan (including End of Life) developed and approved	In progress	Q1	Strategic Commission
Agreed strategic direction for General Practice and clarity of approach for incentivising change	Q1	Q4	Strategic Commission
Clarity on future Care Together journey (e.g.; ACO, mental health)	Q3	Q4	Collective
Evaluate Living Wage Foundation as an economy leading to accreditation	Q1	Q3	Collective
Transformation			
Further development of 5 Integrated Neighbourhoods	In progress	On-going	ICFT
Locality wide Data Sharing Agreement in place	Q1	Q1	Collective / GM HSCP
Asset Based approaches rolled out at pace across the economy using learning from Nesta 100 day challenge • Learning from cohorts and scaling up across populations and new disease pathways • Rolling out principles of 100 day challenge methodology	In progress	Q3	ICFT
Service transformation of specific pathways; • CHD • Diabetes • COPD	In progress	On-going	ICFT

Roll out of IM&T Delivery Plan	Subject to capital funding	On-going	Collective / GM HSCP
Roll out of GM Work and Health Programme	Q1	Q4	Strategic Commission
Roll out of workforce plan	In progress	On-going	ICFT
Social care transformation including 1st phase of support at home model implemented	Q1	Q2	Strategic Commission
Clarity on model and implementation of Integrated Children's services	In progress	Q4	Strategic Commission
Development of high quality Integrated Neighbourhood hubs • Co-location • Identification of optimum service provision • Delivery of fit for purpose hubs	In progress Q1 Subject to capital	On-going	Collective
Roll out of digital health model to support people living at home	In progress	Q3	ICFT
Delivery of an Urgent Treatment Centre co-located at Accident & Emergency	Q2	Q3	ICFT
New residential and nursing contract in place with improved quality and market able to flex to appropriate demand	In progress	Q3	Strategic Commission
Roll out of Strategic Estates plan	In progress	On-going	Collective
Assurance of progress			
Agreed, collective financial plan & benefits realisation for 2018/19	In progress	1.4.18	Collective
Evidence of shifting demand and activity from acute to community	In progress	On-going	ICFT
Continual improvements in key health and social care outcomes	In progress	On-going	ICFT
PMO widely acknowledged as adding value and delivering progress	In progress	Q2	Collective
Recognition of improving Children's Services	In progress	On-going	Strategic Commission
All of current inadequate care homes rated at least "requires improvement"	In progress	Q3	Strategic Commission
Economy wide Performance/Assurance process in place	In progress	Q2	Collective
Adult Social Care transaction complete	In progress	Q4	Collective
Evaluation underway focussed on lived experience of our transformation programme	Q1	On-going	Collective

APPENDIX C

January Greater Manchester Report

Tameside and Glossop Care Together : SRO – Stephen Pleasant and Karen James Programme Director - Jessica Williams

High level description of the programme and the key projects within it.

Whole Locality focus on improving healthy life expectancy and a determination to reduce inequalities. By creating a single approach to health and social care, deliver significant improvements in population outcomes, patient experience, key performance targets and professional/financial sustainability.

- Strategic Commissioning Function; single strategy, budget, management team and decision making process. Aim to drive improvements to health and social care outcomes through developing a whole place based approach to public sector reform
- Integrated Care Organisation; building on FT license to create a lead integrator of local services including acute, community, social care and aligned mental health, primary care and the voluntary sector

Progress summary (this month) *(high level and by exception)*

- Following public consultation, Strategic Commissioning Board decision on preferred approach to Intermediate Care
- Concluded Urgent Care public consultation and analysis underway
- LCO GM peer review held with positive feedback received
- Board to Board to Board meeting confirmed updated principles of working in partnership and high level objectives for 2018
- Review of NHSE Capped Expenditure Process to identify additional potential saving schemes
- Further development of Adult Social Care Transaction business case
- Increased Derbyshire role within Care Together

Outlook summary (next month)

- Collective financial plan & benefits realisation agreed for 2018/19
- Population health priorities agreed and implementation plans developed
- Agreed new non medical model for Children's Integrated services focussed on Early Need
- Analysis of the NESTA 100 day challenge and identified next steps
- Process agreed on how T&G will develop a new model for mental health "Living Well" hubs based on the Lambeth model
- Restructure of Strategic Commissioning function commenced to align around the life course
- T&G transformation evaluation programme agreed

Any parts of the programme off track, why. Is resolution at programme or TPB level?

Lack of Information Governance/Data Sharing protocols now preventing improved multi-disciplinary working. Less than anticipated IM&T capital funding has resulted in significant re-planning of IM&T strategy and potential for benefit realisation. Continued challenges in recruiting additional staff for the integrated neighbourhoods has caused some slippage in releasing benefits. Whilst T&G aims to resolve these issues as far as possible at programme level, GM HSCP support may well be required.

Any changes to programme and rationale *(confirm approved within programme governance)*

Not applicable this month

Key challenges / issues for resolution (identify if locality or TPB)

- As above, concerns over information governance/data sharing and lack of sufficient capital to support our Estates and IM&T ambitions are our key issues.
- Significant financial challenge for 2018/19 with the potential to cause tension between Care Together partners.

Achievements to highlight / good practice to share (identify if locality or GM (relevant theme/programme)

- T&G NESTA 100 day challenge initial results are positive e.g. in Denton – the diabetic prevention programme had a 49% reduction in retested patients being diagnosed as pre-diabetic.

Development funding proposal submitted Y **Transformation Fund proposal submitted** Y **TF Investment Agreement in place** Y

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Cllr Jim Fitzpatrick, Executive Member (Children and Families) James Thomas, Interim Director of Children's Services
Subject:	**SUCCESSFUL FAMILIES IN TAMESIDE - DELIVERING EARLY HELP THROUGH INTEGRATED NEIGHBOURHOOD WORKING FOR CHILDREN AND FAMILIES**
Report Summary:	This reports sets out proposals for steps to improve how we support vulnerable families in Tameside earlier, and how we propose to engage with a wide range of core partners to develop and deliver these proposals for our families.
Recommendations:	The Health and Wellbeing Board are asked: • To note the contents of the report and proposed timeline for the development of the model. • Discuss and comment on the proposals outlined in section 3.
Links to Health and Wellbeing Strategy:	The report links most closely to the Starting and Developing Well in the Health and Wellbeing Strategy
Policy Implications:	One of the principal statutory duties of the Health and Wellbeing Board is to promote greater integration and partnership, including joint commissioning and integrated provision
Financial Implications: **(Authorised by the Borough Treasurer)**	The Council has committed significant levels of additional investment to meet and address the unprecedented levels of demand faced within Children's Social Care, from levels of referrals to the numbers of children coming into care. A recurrent sum of £6 million was included within the 2017/18 revenue budget. In addition a non recurrent sum of £32 million has also been committed to 2020/21. Section 4.1 of the report explains there is also an opportunity to bid for additional Troubled Families investment. It is therefore clear that prioritisation of investment within early help strategies to support vulnerable families within the borough will assist the reduction of demand on services through effective earlier intervention. This will also contribute towards the delivery of a sustainable budget over the medium term and on an ongoing basis thereafter.
Legal Implications: **(Authorised by the Borough Solicitor)**	There is a statutory duty on Tameside and its agency partners to reduce the number of children in care. It is important that we understand why we exceed statistical neighbours and put in steps to reduce the numbers of children coming into care by early intervention. This will also ensure that the Council reduces its demand and assists

in delivering a balanced budget.

Risk Management : There are no risks arising from this report.

Access to Information : The background papers relating to this report can be inspected by contacting James Thomas, Interim Director of Children's Services, by:

 Telephone: 0161 342 3354

 e-mail: james.thomas@tameside.gov.uk

1.0 INTRODUCTION

1.1 This discussion paper sets out proposals for steps to improve how we support vulnerable families in Tameside, and for how we propose to engage with a wide range of core partners to develop and deliver these proposals for our families.

1.2 There has been extensive engagement with a range of partners to inform the recent refresh of the Early Help Strategy.

1.3 There is a strong and shared appetite across the partnership to work more closely and more effectively, but this can be hampered by a lack of shared understanding of what we mean by Early Help informed by a shared outcomes framework.

1.4 There has been frustration that previous plans for integrated neighbourhood working were paused due to the difficulties faced by Tameside's Children's Services. Currently Children's Social Care over-intervenes in family lives in the borough – in Tameside about 20% more families than in statistical neighbours receive Social Work assessments, become subject to Protection Plans or come into care.

1.5 There are existing models of neighbourhood working across services in the borough that provide helpful precedents to build upon. It would therefore be possible to introduce new and shared ways of working that do not require restructures or reorganisations.

1.6 Recent service mapping and needs assessment have confirmed the need to maximise the capacity to support vulnerable families in the borough, both through better use of existing resources and through increasing resources where that is possible.

1.7 The local governance arrangements for Early Help in the borough are unclear and need to be strengthened.

2.0 CONTEXT

2.1 Some of the key foundations of a renewed approach to the delivery of Early Help have been put in place:

- Joint Strategic Need Assessment – completed last year by Public Health and provides a useful mapping of need and services, leading to high level recommendations.
- Early Help Strategy – developed on the back of wide consultation and signed off in November 2017 by the Improvement Board.
- Early Help Implementation Plan and Early Help Strategy Sub-Group – this is almost finalised and ready for circulation and action. The Implementation Plan will drive our priorities, overseen by the strong partnership and engagement with the Early Help Strategy Sub-Group.
- Integrated Working and the Common Assessment Framework (CAF) – whilst there appears to have been a uncertain history for the use of the CAF and Lead Professional roles in the borough, there is a clear strategic expectation upon partners and an improving picture supported by the roles of CAF Advisors

3.0 PROPOSAL FOR FOUR INTEGRATED NEIGHBOURHOODS

3.1 The core objectives of an Integrated Neighbourhood model are to build more effective partnership working at the local level and thereby to deliver effective help to families at the point they need it.

3.2 There are many successful examples of such an approach both regionally and nationally that we can learn from, although what each has in common is their effective response to local context and local needs, so we need to build a Tameside model that works for us.

3.3 There is a need to be clear about three tiers of need and of service in conceptualising a joined up system, although this does over simplify some of the complexities of need and service which straddle those tiers:

Universal Services working with all our children and families

3.4 These are the core services which engage with every family and are sufficient to meet most families' needs. These are the services which see our children day in and day out and are best placed to pick up at the earliest point increased vulnerability and need. We should be building our approach around them, starting with:

- Midwifery, Health Visitors and School Nurses;
- GPs and primary care teams;
- Cultural Services – Libraries and Leisure;
- Children's Centres, Nurseries and Childminders;
- Primary Schools;
- Secondary Schools;
- Colleges.

Targeted Early Help Services working with vulnerable families

3.5 These are more specialised services which either address particular needs or are able to work effectively with families who have complex or multiple needs. There are many such services in Tameside provided by statutory and voluntary sector, but their inputs are not always well co-ordinated. We need to agree on who we define as core partners in this group, but a starting point would be to include:

- Tameside Families Together;
- Inspire;
- Action Together;
- Homestart;
- Family Nurse Partnership;
- Healthy Young Minds;
- Off the Record/ 42nd Street/ Anthony Seddon Fund;
- Youth Engagement Panel/Youth Offending Team;
- Integrated Team for Children with Disabilities – ISCAN;
- Common Assessment Framework Advisors;
- Integrated Neighbourhood Services (INS);
- Education Welfare Officer (EWO);
- Behaviour, Learning and Inclusive Support Service (BLIS).

Social Care or Specialist Services working with risk and high need

3.6 Children's Social Care holds the lead responsibility for working with children at risk of harm and Children In Need, whilst other specialist services offer high level interventions for needs including disabilities and physical or mental illness.

Integrated Neighbourhood Model

3.7 The opportunity that an Integrated Neighbourhood model then provides is to find ways of working that join up all three tiers of service in a way that:

- Supports and enables strong relationships between professionals.
- Makes possible new joined up systems that consider children's needs at earlier stages and improve the co-ordination of responses.
- Encourage partners to move away from thinking about thresholds and eligibility for a service, to a shared approach and a shared question of "who is best placed to help this family?".

- Prioritises relationship based work with families, supporting those with existing positive relationships to continue to meet need – for example with Social Work advice on issues of risk, or Healthy Young Minds advice on issues of emotional well-being.

3.8 We are proposing four neighbourhoods for a number of reasons – although there will be a need to test this through a mapping exercise with all key partners:

- There are four defined neighbourhoods for the integrated adults social care and health model of service.
- Children's Centres operate from four key hubs; Tameside Families Together has four patch based teams; Safeguarding Teams work in four patch based teams; the Police will be working to four neighbourhoods.
- For the scale of population and geography in Tameside, and learning from elsewhere, four would be an expected scale of neighbourhood that is manageable across the partnership.

3.9 The key new ways of working within each neighbourhood would include:

- Joint workforce development – providing the underpinning foundations of effective partnership working, both by bringing partners together to foster good working relationships and by introducing a shared framework of how we work with families to either a Restorative Practice or a Signs of Safety model.
- Team Around Approach – finding the effective way of building a multi-agency Team Around our core universal services for Early Years, Primary and Secondary Schools and Colleges – characterised by Early Help and Specialist/Social Care services going to the universal provider systematically to consider children causing concern at an earlier stage.
- Joint Allocation Approach – finding the effective Tameside model of multi-agency consideration of families with significant additional needs which then agrees the most appropriate response and which partner will take the lead. We are about to pilot this approach within the Hub for referrals where an Early Help response is appropriate, whilst the Youth Engagement Panel is another existing example of such an approach based at the YOT.

3.10 There will be some areas of need which are less frequent, and some services which cannot stretch effectively over four different neighbourhoods. And as we work to develop a full MASH (Multi-Agency Safeguarding Hub) for Tameside and seek to increase the pace of improvement of our Social Work Duty Team, we envisage that these services will also remain centralised covering the whole borough. Therefore there are a set of issues we need to work through on the interface between neighbourhood and borough wide services.

4.0 CAPACITY & RESOURCES

4.1 Whilst the overall context remains one in which resources are reducing, there is an opportunity in the medium term to seek additional funding from the next round of Troubled Families investment. There is a need to develop a business case for consideration to identify three priority investments across the Strategic Commission:

- Capacity – family support - families with children aged 0 to 11;
- Capacity – family support – families with children and young people aged 11 to 16;
- Capacity – to develop and enable Integrated Neighbourhood Model.

5.0 PROPOSED TIMELINE AND YOUR OPPORTUNITY TO ENGAGE

5.1 Phase One – Agreeing the Outline Model – Feb/March/April

Circulation of Proposal Paper to all partners	Comments back to James Thomas and Debbie Watson	Circulation by 2 March 2018 Comments back by 31 March 2018
Presentation at cycle of key partner groups and boards	Collation of feedback from discussions	Various dates
Mapping Exercise	Testing with key partners the 4 neighbourhoods proposition	By 31 March 2018
Workshop Session – all partners	Collation of feedback	TBC – either side of Easter
Finalised Model	Paper produced and circulated	27 April 2018

5.2 Phase Two – Agreeing the Detailed Model – May/June/July

Circulation of Proposal Paper to all partners	Comments back to James Thomas and Debbie Watson	Circulation by 11 May 2018
Presentation at cycle of key partner groups and boards	Collation of feedback	Various dates
Workshop Session – all partners	Collation of feedback	TBC – likely June
Finalised Model	Paper produced and circulated	13 July 2018

5.3 Phase Three – Go Live! Neighbourhood Working Commences – September 2019.

5.4 Phase Four & Beyond – Review and Refinement – First Review - Jan 2019.

6.0 RECOMMENDATIONS

6.1 As set out on the front of the report.

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Director of Population Health Jacqui Dorman, Public Health Intelligence Manager
Subject:	**PHARMACY NEEDS ASSESSMENT- SIGN OFF**
Report Summary:	This report contains a copy of the 2018/21 Pharmacy Needs Assessment Executive summary. The full Pharmacy Needs Assessment is available separately.
Recommendations:	The Health and Wellbeing Board is asked to sign off the report so that it can be released in the public domain by the deadline date of 1 April 2018.
Links to Health and Wellbeing Strategy:	The Pharmacy Needs Assessment is key to supporting the decision making process for new pharmacy applications in Tameside, however this Pharmacy Needs Assessment also reflects upon the wider public health potential of pharmacy across Tameside.
Policy Implications:	From the 1 April 2013 every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment.
Financial Implications: **(Authorised by the Borough Treasurer)**	There are no direct financial implications arising from the report.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Health and Social Act (2012) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013; states that there is a requirement for all Health and Wellbeing Board's working through Local Authorities and Clinical Commissioning Group's to produce a Pharmacy Needs Assessment every 3 years. Members of the Health and Wellbeing Board need to ensure they have read and fully understood the implications of the Pharmacy Needs Assessment before they agree to it being publicised. The conclusions and recommendations are set out on page 83 to 85.
Risk Management :	The Health and Wellbeing Board need to ensure the delivery of the Pharmacy Needs Assessment, which is robust enough to inform local commissioning plans. The Board must be able to demonstrate need within Tameside to enable NHS England to make decisions about pharmacy applications and services delivered through pharmacies across Tameside. Without a robust Pharmacy Needs Assessment applicants who want to open a new pharmacy may appeal decisions made by NHS England on the grounds that the Pharmacy Needs Assessment was not delivered or robust enough to identify need in Tameside.

Access to Information :

All papers relating to this report can be obtained by contacting: Jacqui Dorman, Public Health Intelligence Manager, by:

 Telephone: 07813871010

 e-mail: Jacqui.dorman@tameside.gov.uk

1. EXECUTIVE SUMMARY

1.1 The conclusion of this Pharmacy Needs Assessment is that the population of Tameside has sufficient service provision (including pharmacy contractors) to meet their essential pharmaceutical needs. This is clearly demonstrated by the following points:

- The higher number of pharmacies per 100,000 population (24) compared with the England average (22).
- Since 2011 the number of community pharmacies has increased considerably across Tameside and Glossop from 47 to 60 (53 in Tameside, 7 in Glossop).
- This figure includes 5 distance selling or internet pharmacies who do not exclusively serve the Tameside population as they are a service with a national footprint.
- This is still an increase of 8 face to face pharmacies across Tameside since the 2011 Pharmacy Needs Assessment. There have been no increases in pharmacy provision since the last Pharmacy Needs Assessment in 2016.
- Public consultation results indicates high levels of satisfaction with current pharmacy services in Tameside.
- There is good access to a range of pharmacies with almost all the population (90%) able to access pharmacies within one mile of their home.
- There is good location of pharmacies in relation to GP Practices across all four Tameside neighbourhoods.
- Choice of pharmacy is good for the majority of local residents as most people tend to prefer to use a familiar or 'usual' pharmacy that they tend to stay with for a relatively long period of time and this is to be encouraged as it promotes continuity of care.
- Analysis of opening hours and trading days shows there is adequate provision for out of hour's services across Tameside and Glossop.
- The maps and data contained in this document clearly show that services meet identified health and care needs in Tameside.

1.2 The potential future role of pharmacy to help meet the demands of a changing Tameside have been highlighted and future population changes and building developments that may alter population densities have been anticipated. Any future development of housing and industry that may have further impact will be re-assessed at the point that it becomes relevant and a supplementary statement will be issued if it affects the findings of this Pharmacy Needs Assessment.

1.3 Review of the current policy drivers raised some interesting strategic issues about the potential future contribution of pharmacy to the broader health challenges facing Tameside. Whilst not strictly a core part of the Pharmacy Needs Assessment they have been included for further consideration by local partners.

1.4 A consultation on this Pharmacy Needs Assessment was undertaken for 60 days between the 3 November 2017 and 5 January 2018, in line with the statutory requirements. Analysis and any feedback has been incorporated into this document where possible, with the full consultation responses being included in the appendices.

2. CONCLUSIONS

2.1 This Pharmacy Needs Assessment builds on and supersedes the 2015/18 Pharmacy Needs Assessment, and read alongside the Joint Strategic Needs Assessment and other needs assessments, gives a more complete picture of health and wellbeing need and assets across Tameside.

2.2 The impact of the further growth of pharmacy should be further considered across all relevant strategic drivers, in particular the potential negative impact of over provision and competition and government funding reductions.

2.3 The position of pharmacy in providing Wellness and health improvement services should continue to be considered, both in relation to specific models such as the Healthy Living Pharmacy, and, with respect to further building of social capital.

2.4 The extent and type of pharmacy facilities currently available from individual premises (size and number of consultation rooms etc.) and the services being delivered in each location should be mapped to provide the benchmark and foundation for any further local developments.

2.5 As people are not fully aware of the services available to them through pharmacies, a public promotion of pharmacies should be designed and rolled out. Pharmacy First initiatives can provide the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments and is a cost-effective way to manage patients presenting with minor ailments and medication issues. A mapping exercise should be considered to ascertain the range of services that community pharmacies currently offer outside those that are currently commissioned by the Clinical Commissioning Group and Tameside MBC.

2.6 Pharmacies are eager to extend their role in prevention and early intervention and are well placed to support 'Care Closer to Home'. Given the increasing levels of people managing long term conditions, the footprint of pharmacies within and across local communities in Tameside plays an important role in terms of social capital and supporting the Care Together agenda and therefore needs to be explored in more depth.

2.7 To support the decision making process of the NHS local area team who make the final decisions around pharmacy applications in Tameside; it is recommended that a pharmacy consultation group meet when relevant to discuss and report on incoming pharmacy applications to ensure responses have taken into consideration the 2015/18 Pharmacy Needs Assessment findings. This group should be made up of key members of the Pharmacy Needs Assessment Steering Group.

3. RECOMMENDATIONS

3.1 As detailed on the front of the report.

2018 - 2021

Tameside Health and Wellbeing Board

Tameside Pharmaceutical Needs Assessment

Tameside Metropolitan Borough

Table of Content

Abbreviations

CARA	Community Assessment and Rapid Action
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CSP	Commissioning Strategic Plan
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractors
DDA	Disability Discrimination Act
GTD	Go to Doc
HWB	Health and Well Being Board
JSNA	Joint Strategic Needs Assessment
LIPS	Language and Interpretation Service
LPC	Local Pharmaceutical Committee
LPS	Local pharmaceutical services
LTC	Long-Term Conditions
MoM	Map of Medicine
MUR	Medicine Use Review
NHS	National Health Service
NMP	Non-Medical Prescriber
OOA	Out of Area
OOH	Out of Hours
PCC	Primary Care Centre
PCT	Primary Care Trust
PEC	Professional Executive Committee
PNA	Pharmaceutical Needs Assessment
PPI	Patient and Public Involvement
SHA	Strategic Health Authority
TMBC	Tameside Metropolitan Borough Council

Acknowledgements

This PNA was produced by Jacqui Dorman (Public Health Intelligence), Policy, Performance and Communications team, TMBC and was supported throughout by the Pharmacy Needs Assessment steering group. (Please see appendix 1 for membership)

Preface

This Pharmaceutical Needs Assessment (PNA) is an important strategic document produced on behalf of the Tameside Health and Wellbeing Board. It reviews the current provision of pharmaceutical services across the Borough, examines whether the pattern of services provided meets the identified health needs of local communities and assesses if there are any gaps or any over provision in both place and type of services available.

The PNA is an important reference for the NHS England Local Area Team to use in their determination of applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (http://www.legislation.gov.uk/uksi/2013/349/introduction/made).

Each new pharmacy places a new and very significant cost to the NHS and more pharmacies does not necessarily mean a better service for local people as the resource to fund new pharmacies would need to be diverted from other health services, plus, there are further risks in creating over-provision and unhealthy competition.

This PNA builds on, and supersedes the robust and well-regarded previous PNA for Tameside and Glossop produced in 2015 that at the time concluded:

There is adequate access to pharmaceutical services and choice of pharmacy within the area and in the immediate bordering areas for essential and advanced services

- There is also a good range of locally commissioned enhanced services

It also identified some gaps in provision for pharmacy-based enhanced services:

- Pharmacies are eager to extend their role in prevention given the increasing levels of people managing long term conditions. The footprint of pharmacies within and across local communities in Tameside also plays an important role in terms of social capital and therefore needs to be explored in more depth

The range of NHS services provided is crucially affected by the will and ability of commissioning bodies to commission them. Existing pharmacies are willing and able to provide any local service that is commissioned from them. To maximise value for public money, any service to meet a local need will be offered to existing community pharmacy contractors in the first instance

The 2015 assessment recognised the rapidly developing potential for pharmacy to have a much greater role in health improvement and prevention, the management of long-term conditions, and the reduction of health inequalities but it warned there needs to be a very

Careful balance performed between understanding need and suggesting un-evidenced further pharmacy developments.

Since then the importance of this issue has grown even further as across the country pharmacies have become much more involved in wider public health programmes, sometimes directly commissioned and sometimes developing their own role. This PNA does not constitute a commissioning intention for these wider services but it does provide the context against which decisions about commissioning further services should be considered.

Following the wide range of structural and governance changes over the last few years the responsibility for producing the Pharmacy Needs Assessment lies with Tameside Health and Wellbeing Board, hence this Assessment only examines need in Tameside. However need in Glossop has been reviewed in some detail due to the unique relationship Glossop has with Tameside via Tameside & Glossop CCG and the emergence of the Single Commissioning Board for Health and Social Care. Analysis has also been undertaken for the Boroughs, which border Tameside relating only to any cross border issues that may affect residents across Tameside in relation to access to health and pharmacy services.

Tameside Council and Tameside & Glossop CCG are developing a new approach to commissioning its wider health and social care services and during the process of producing this PNA changes are occurring to the way Tameside deliver health and social care services to its population and in particular the way we can encourage our population to take better care of themselves through social prescribing and social capital interventions. Pharmacy services are a vital part of this provision within most communities as they are often people's first point of contact and, for some, their only contact with a healthcare professional. They are also valuable community assets in themselves because they can often be the only healthcare facility located directly within an area.

Taking all of this into account, this document looks at pharmaceutical need and provision from a number of different perspectives including spatial (how far from a pharmacy do people live or work), opening hours access, what services are provided in pharmacy etc. It also starts to think about pharmacy from an infrastructure point of view by understanding their potential contribution to social capital and social prescribing in communities.

Executive Summary

The conclusion of this Pharmacy Needs Assessment is that the population of Tameside has sufficient service provision (including pharmacy contractors) to meet their essential pharmaceutical needs. This is clearly demonstrated by the following points:

- The higher number of pharmacies per 100,000 population (24) compared with the England average (22)
- Since 2011 the number of community pharmacies has increased considerably across Tameside and Glossop from 47 to 60 (53 in Tameside, 7 in Glossop)
- This figure includes 5 distance selling or internet pharmacies who do not exclusively serve the Tameside population as they are a service with a national footprint
- This is still an increase of 8 face to face pharmacies across Tameside since the 2011 PNA. There have been no increases in pharmacy provision since the last PNA in 2016.
- Public consultation results indicates high levels of satisfaction with current pharmacy services in Tameside
- There is good access to a range of pharmacies with almost all the population (90%) able to access pharmacies within one mile of their home
- There is good location of pharmacies in relation to GP Practices across all four Tameside neighbourhoods
- Choice of pharmacy is good for the majority of local residents as most people tend to prefer to use a familiar or ‘usual’ pharmacy that they tend to stay with for a relatively long period of time and this is to be encouraged as it promotes continuity of care.”
- Analysis of opening hours and trading days shows there is adequate provision for out of hour’s services across Tameside and Glossop.
- The maps and data contained in this document clearly show that services meet identified health and care needs in Tameside.

The potential future role of pharmacy to help meet the demands of a changing Tameside have been highlighted and future population changes and building developments that may alter population densities have been anticipated. Any future development of housing and industry that may have further impact will be re-assessed at the point that it becomes relevant and a supplementary statement will be issued if it affects the findings of this PNA.

Review of the current policy drivers raised some interesting strategic issues about the potential future contribution of pharmacy to the broader health challenges facing Tameside. Whilst not strictly a core part of the PNA they have been included for further consideration by local partners.

A consultation on this PNA was undertaken for 60 days between the 3rd November 2017 and the 5th January 2018, in line with the statutory requirements. Analysis and any feedback has been incorporated into this document where possible, with the full consultation responses being included in the appendices.

Introduction and Background

This Tameside pharmaceutical needs assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing and appliance contractors and (where relevant) doctors' services and will identify if, and where, there are gaps in provision.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, now require each health and wellbeing board (HWB) to:

- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are significant and
- Publish its first PNA no later than 1 April 2015 and then publish subsequent PNAs every 3 years. (2018/21)

Before a registered pharmacy can dispense prescriptions issued under the National Health Service, it must be included in the pharmaceutical list relating to a Health and Wellbeing Board Area, maintained by NHS England (administered by the local team). The process for dealing with applications is set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which can be found in the Market Entry section, and application forms are available from NHS England

Pharmacists play a key role in providing quality healthcare. They're experts in medicines, and use their clinical expertise, together with their practical knowledge, to advise on common problems, such as coughs, colds, aches and pains, as well as healthy eating and stopping smoking. Community pharmacists are the health professionals most accessible to the public. In addition to ensuring an accurate supply of appropriate products, their professional activities also cover counselling of patients at the time of dispensing of prescription and non-prescription drugs, drug information to health professionals, patients and the general public, and participation in health-promotion programmes.

The main purpose of the PNA is to enable effective commissioning of community pharmacy services. A person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet pharmaceutical needs as set out in the relevant Pharmaceutical Needs Assessments.

The guidance on PNAs makes clear that it needs to include not only essential services, which all pharmacies provide. The PNA should also take account of other services which might be commissioned by local authorities and CCGs.

Now that national attention is turning to the increased role of pharmacy in promoting health through the Pharmacy Call to Action (http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/) it is important for the Council to fully understand their pharmacy services, what they are and what they aren't capable of delivering and to optimise the role that community pharmacy can play in delivering wider public health services.

The main services reviewed in this PNA:

Essential services: In order to assess the adequacy of provision, all providers of essential services have been mapped. Essential services are those which every community pharmacy providing NHS pharmaceutical services must provide as set out in their terms of service, this includes the dispensing of medicines but also elements of health promotion and self-care.

The requirements also include ensuring fair access to services to those with physical disability or sensory disability. The complete list of essential service requirements is set out in the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013; parts 4-6 (http://www.legislation.gov.uk/uksi/2013/349/part/4/made).

Advanced Services: These are services community pharmacy contractors and dispensing appliance contractors can provide subject to specific accreditation for example Medicines Use Reviews (MURs) and the New Medicines Service (NMS) which may only be undertaken by community pharmacists, plus, Appliance Use Reviews (AURs) and the Stoma Appliance Customisation (SAC) which may be undertaken by dispensing appliance contractors.

Other Enhanced/Locally Commissioned Services: current provision Enhanced Services are commissioned directly by NHS England and the Council and the CCG commission other locally determined services. These are usually commissioned outside the general contracting process and may apply to some or all the pharmacies in the area.

This assessment has also considered services provided or secured by the Health and Wellbeing Board, NHS England, CCG and local NHS Trusts which could in theory be provided by pharmaceutical services contractors even if they are not currently provided in this way.

Improvements, better access and gaps in provision: The PNA must also identify services that are not currently being provided but which in the future may be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing developments, service redesign or re-provision. The rapid

development of new or altered lifestyle habits such as the rise of nicotine vaporisers is also an example of emerging considerations to be taken into account.

It is important to recognise that even if well evidenced and clearly presented NHS England does not have to meet the needs identified by the Health and Wellbeing Board.

Local Policy Drivers

Health and Wellbeing Board and Strategy

Since April 2013 the Tameside Health and Wellbeing Board has been a statutory partnership board of Tameside Council, acting as a forum where commissioners across the NHS, public health and social care, elected members, voluntary and community representatives of Healthwatch agree how to work together to achieve better health and wellbeing for local people.

The Health and Wellbeing Board is the principal statutory partnership through which this strategy will be managed and to which partners will be called to account for delivery. The first Joint Health and Wellbeing Strategy for Tameside, produced by the Health and Wellbeing Board sets out the overarching plan through which the public, private, community and voluntary sectors, as well as residents themselves, will work together to improve the health and wellbeing for and with local people.

The strategy sets the framework for the commissioning of health, social care and wellbeing services in the Borough. It does not replace existing commissioning plans, but comes at a time when both the Council and the NHS Clinical Commissioning Group are developing significant new plans for the medium term, and will ensure that these are aligned to the needs based priorities set out in this strategy.

The Health and Wellbeing Board will also use its powers and duties to promote joint commissioning and the integration of health, adult and children's social care, and wellbeing services to maximize the benefits for residents. It will therefore be a key driver towards meeting the overarching health outcome for both the CCG and the Council, of improving local life expectancy and reducing the health inequalities gap.

The strategy identifies 6 priority issues that the Health and Wellbeing Board has committed to work together on, to make our shared vision a reality. The strategy is not about tackling everything at once, but about setting priorities for joint action and making a real impact on people's lives, particularly in relation to reducing health inequalities. Although not all of the health and wellbeing challenges facing the Borough have been identified as specific priorities, the strategy aims to improve outcomes for all residents.

Our strategy adopts a life course approach detailed in the Marmot Review, “Fair Society, Healthy Lives, a Strategic Review of Health Inequalities in England”. [1]

- Improve the health and wellbeing of local residents throughout life
- Give targeted support to those with poor health to enable their health to improve faster
- Focus on prevention and early intervention
- Develop cost effective solutions and innovative services, through improved
- efficiency
- Emphasise local action and responsibility for everyone
- Deliver more joined up services that meet local need
- Enable and ensure public involvement in improving health and wellbeing

Key elements in the pharmacy needs assessment

All PNAs are required to contain key elements:

- A statement on how the Health and Wellbeing Board has determined the localities in the area,
- Consideration of the different needs, communities and different localities in its area including the needs of those people in the area sharing key common characteristics,
- A report on the consultation undertaken on the PNA,
- Maps identifying the premises at which pharmaceutical services are provided, which are then maintained and updated in real time

PNAs are closely related to, informed by, and inform the wider joint strategic needs assessment (JSNA). This means that the JSNA should cross reference to the assessment of need for pharmaceutical services and can also include details of the various roles that community pharmacy providers can carry out. This PNA should therefore be considered closely alongside the most recent JSNA for Tameside.

Wider drivers and strategies taken into account:

This PNA could not be undertaken in isolation as there is large-scale change taking place across the health and social care economy in which pharmacies operate. The main current strategic drivers affecting local health and social care at primary and secondary service level have therefore also been considered alongside the specific drivers for community pharmacy provision.

[1] http://www.instituteofhealthequity.org/resources-reports

NHS England's Pharmacy Call to Action (http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/) was a consultation designed to gather views from pharmacy, patients and others with an interest in the sector on what community pharmacy services should look like in the future.

During the consultation period, PSNC, LPCs and pharmacies gathered views and responses outlining what community pharmacy have to offer. In total NHS England received more than 800 responses to the CTA, which it has confirmed is more than it received for the CTA for general practice.

At a local level many LPCs and Area Teams hosted meetings which pharmacy teams may have attended and which were designed to gather local views. In particular Area Teams held events designed to:

a) Work with local communities to develop strategies based on the emerging principles set out in the CTA, with close engagement with patients and the public and Health and Wellbeing Boards, to ensure that community pharmacy develops in ways that reflect their pharmaceutical needs and priorities and build on their insights;

b) Through pharmacy Local Professional Network (LPN) chairs, discuss with local community pharmacists and contractors, CCGs, CSUs, local authorities and other health and social care partners what changes NHS England needs to make to support these local needs and emerging strategies;

c) Ensure that all outcomes are linked appropriately to the five domains of the NHS Outcomes Framework and help reduce inequalities.

The Call to Action places community pharmacies as a key, frontline health service that can and does provide healthcare, advice/education and triage as an effective alternative to what the consultation suggested are the many over-subscribed primary care services in communities, particularly GP practices.

The geographical position of pharmacies within communities is particularly important as, contrary to most other health facilities; areas of deprivation in general are better served by pharmacies than communities in wealthier neighbourhoods. This fact may provide a vital opportunity in priority communities for targeting prevention initiative. In addition the pharmacies themselves may also be an essential community asset adding greatly to the social capital of an area as they sell a range of essential goods, provide a range of services such as vaccinations and testing/monitoring and provide a meeting point for local people in the way that other former community assets like launderettes and post offices did before they fell into decline.

Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Quality Payments Scheme

Achieving HLP level 1 (self-assessment) is now a Quality Payment criterion for the Quality Payments Scheme 2017/18. Further details on the Quality Payments Scheme can be found on the Quality Payments hub on the PSNC website. http://psnc.org.uk/services-commissioning/essential-services/quality-payments/

Healthy Living Pharmacies (HLP) are a concept born and supported by Public Health England. HLP is in essence a kite mark of quality. Each pharmacy has a HLP Leader and Champion and their learning is dissolved to the whole Community Pharmacy team. HLP is key in terms of enabling successful delivery of prevention messages. Going forward HLP will be core to the delivery of all services delivered within community pharmacy acting as a baseline in which services such as screening etc. can be bolted on. At the time the PNA was collated the Tameside and Glossop locality had approx. 57 HLP pharmacies. This number is anticipated to increase in 2017/18 as the criteria lies under the Quality Payment criteria in which pharmacies are due to complete late 2017.

The Greater Manchester Local Pharmaceutical Committee

Greater Manchester LPC is the statutory organisation representing community pharmacists in our area. It represents pharmacy members in discussions with the NHS, local authorities and partners to plan and agree local services. Their aim is to act in members' best interests and ensure local people reap the benefits community pharmacy can bring in improving health and wellbeing.

More information about Greater Manchester LPC can be found here:
http://psnc.org.uk/greater-manchester-lpc/localities/

Greater Manchester Health and Social Care Devolution: Taking Charge of Health & Social Care[2] on April 1 2016, Greater Manchester became the first city region in the country to take control of its combined health and social care budgets – a sum of more than £6 billion. It means that – for the first time – local leaders and NHS clinicians are working together to tailor budgets and priorities to improve the health and wellbeing of 2.8 million residents.

Greater Manchester Health and Social Care Partnership is the body made up of the NHS organisations and councils in the city region that is overseeing the work.

Governed by the Health and Social Care Partnership Board, which meets in public each month, the partnership comprises the local authority and NHS organisations in Greater Manchester, plus representatives from primary care, NHS England, the community, voluntary and social enterprise sector, HealthWatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

The Partnership is working in consultation with local people to tackle some of the inequalities and poor health outcomes that blight the region. For example, more than two thirds of early deaths in Greater Manchester are caused by things like smoking, alcohol dependency and poor diet, behaviours that could be changed. Nearly 25% of the population have a mental health or wellbeing issue that can affect everything from health to employment, parenting and housing. This has to change.

The outcomes the partnership aims to achieve are:

- More GM children will reach a good level of development cognitively, socially and emotionally.
- Fewer GM babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.
- More GM families will be economically active and family incomes will increase.
- Fewer will die early from cardio-vascular disease (CVD)
- Fewer people will die early from cancer
- Fewer people will die early from respiratory disease
- More people will be supported to stay well and live at home for as long as possible.

More detail of the plans can be found here: http://www.gmhsc.org.uk/who-we-are-and-what-we-do/

[2] http://www.gmhsc.org.uk/

Care Together (Integrated Care)

The **Health and Social Care Act** (2012)[3] set out an explicit focus on the importance of integrated care. Recent reforms to the health and care system have enabled local communities to increase focus on commissioning and ensure the kind of care and support that best meets their needs, with local practitioners in the driving seat.

NHS Tameside and Glossop Clinical Commissioning Group (T&G CCG), Tameside Metropolitan Borough Council (TMBC), and Tameside and Glossop Integrated Care NHS Foundation Trust (T&G ICFT) are working together to develop, introduce and operate an integrated system of health and social care in Tameside and Glossop.

The local programme being developed in Tameside is **Care Together**. This programme of change has the challenge of supporting local people with less money to spend and by local organisations across health and social care working better together to reduce demand on more intensive and expensive health and social care services; by implementing community based prevention and early intervention initiatives and promoting self-care and health proficiency.

There is a firm commitment to achieving a seamless health and social care service where organisational boundaries do not get in the way. This will be achieved by a range of methods such as joint funding, sharing resources and jointly building integrated services that are centred on the health and social needs of individuals and communities.

Care Together is the development of care that is closer to home and involves the development of local care teams, Care Together is very much about how the people of Tameside and Glossop, along with GPs, the local Council, care providers, hospital, community services and charities can work effectively together to deliver improved health and social care services and outcomes; placing the person at the centre of the care that is required.

The key to this approach is to prevent people becoming ill in the first place, we want the residents of Tameside and Glossop to remain well for as long as possible. Care together will work with residents, and communities to address the things that contribute to ill health; designing services, places and spaces, to support healthier choices and outcomes. This also means providing better information and support to people who have ongoing health and care

[3] http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

needs to live healthy and independent lives for as long as possible. Pharmacies across the borough are ideally situated to be an integral part of the ‘’Care Closer to Home’ agenda.

Scope

The Steering group for the Tameside Pharmacy Needs Assessment began the 2018/21 PNA by reviewing the 2015/18 document. Finding it still fit for purpose in its structure and key sections they proposed to build the 2018/21 PNA on the same template.

The Tameside “neighbourhood” approach aims to capture the benefits of a more focussed consideration on community needs and access to services. This approach will achieve budget reductions whilst maximising engagement with communities and partners to deliver those services that are most important to local residents. The approach/offer aims to support prosperity and reduce dependency on specialist and costly council and health services by promoting self-sufficiency. The structure proposed is designed to be future proofed. It can absorb other services over time to deliver further budget reductions and it can accommodate changes in service provision as demand and funding vary overtime.

Cross border issues have been included in the scope as pharmacies in Stockport, Oldham, Manchester and Derbyshire may well be the most local facilities for some residents living near the edges of Tameside, or indeed may be more convenient to where their GP is sited, on the route to or near their workplace/shopping route etc. Similarly these neighbouring areas may also have residents whose usual or preferred pharmacy is in Tameside.

This issue is particularly relevant to the Glossop area and specific close working with the production of the Derbyshire PNA is included in the scope.

To continue to be fit for purpose for the next three years this assessment has ensured that all relevant strategic drivers that influence need have been reviewed. In summary the PNA will:

- Enhance and contribute to the JSNA
- Inform the wider health and wellbeing plans of the HWB
- Reflect and inform neighbouring Boroughs JSNAs

Process followed for the 2018/21 PNA

The first step was to consider the 2015 PNA against the subsequent changes in Tameside demographically, structurally and from a policy perspective. This included a consideration of changing needs and provision in the last three years, and also, examined emerging structural and policy impact of the recent health and social care reforms and their influence on pharmacy provision.

Stakeholder engagement was undertaken to determine the key issues to consider and debate from the 1st draft of this PNA over a 60 day consultation period. The results of the consultation are included in this final draft.

To guide the process a steering group met every eight weeks to guide the assessment consisting of the main stakeholders. (Membership listed in Appendix 1).

A parallel process of public consultation through electronic and paper questionnaires was undertaken to capture the public's own views of access and experience of local pharmacies.

The Tameside Council Corporate Policy, Performance and Communications Team completed the public and stakeholder engagement and produced the PNA. (Further details of the process and consultations undertaken are outlined Appendix 2)

Context: The growing health challenge in Tameside

Life expectancy is improving in Tameside; however people in Tameside still have overall worse health and lower life expectancy than England. The top causes of this difference are deaths from heart disease, cancer and respiratory disease. Over the next decade it is predicted that life expectancy will continue to improve, although these gains will be overshadowed by the worrying parallel of increased prevalence of limiting long term illness brought on by the relatively high local levels of obesity, tobacco use and alcohol consumption.

There are also marked inequalities in health across Tameside with people living in poorer areas having lower life expectancy and even higher levels of limiting long-term conditions.

Life Expectancy

Improvements in life expectancy at birth, which had seen around a one year increase every five years for women and a one year increase every three and a half years for men, have slowed since 2010 to a one-year increase every 10 years for women and every six years for men.[4]

There are many potential explanations for this reduced level of improvement in this key indicator. However a key factor is the increasing role played by deaths at older ages. There has been a sudden and sustained increase in the number of people reaching 80 years plus. This is both as a result of improved survival to old age and a sustained level of births and greatly improved chances of surviving infancy and childhood.

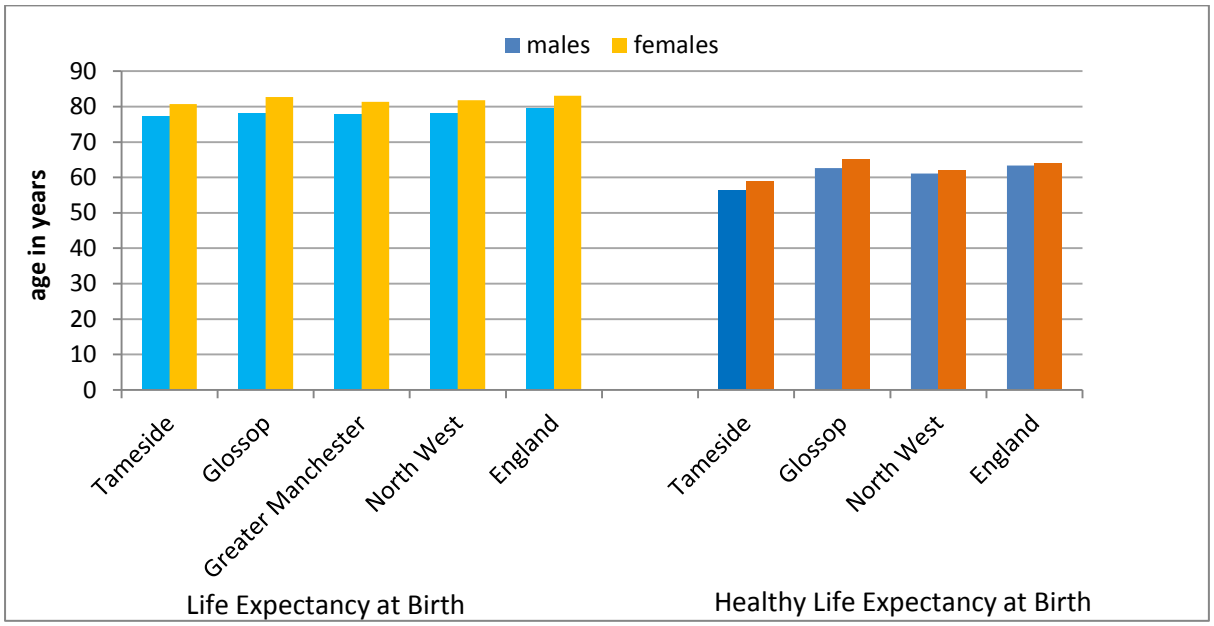
[4] http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing/marmot-indicators-briefing-2017-updated.pdf

This has placed substantial pressure on all forms of social protection such as health, social care and pensions.[5] At the same time there has been increased recognition of age related mental health conditions, in particular Dementia. Dementia is now the most common cause of death in women aged 80years and over and in men aged 85 years and older.

The implications for services of both a greater rate of dementia at death and a relatively rapid increase in the population at the most vulnerable ages is considerable and puts social protection activities under considerable strain.[6]
Within local authorities there are considerable variations in the inequality gradient in life expectancy between small areas based on deprivation, with healthy life expectancy following the same pattern.

Overall Life Expectancy in Tameside for both males and females is below the average for the North West and England as can be seen in chart 1.

Chart 1: Life Expectancy and Healthy Life Expectancy at Birth (2013-2015); 3 year rolling average



Source: PHE and ONS; please note Glossop life expectancies have been calculated locally

For the 2013-15 figures, Tameside MBC is ranked at 318 for male life expectancy, and 314 for female life expectancy, out of 324 Local Authorities. This means that life expectancy is considerably lower in Tameside than the England average.

[5] http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing/marmot-indicators-briefing-2017-updated.pdf
[6] Marmot review 2017

Healthy Life expectancy (HLE)

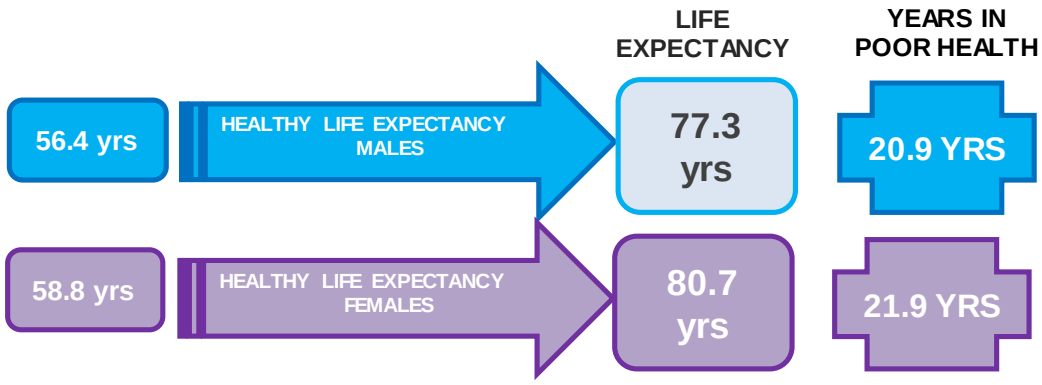
Health expectancies (HEs) divide predicted lifespan into time spent in given states of health thereby adding a quality of life dimension to estimates of LE. Healthy life expectancy (HLE), estimates lifetime spent in 'Very good' or 'Good' health based upon self-perceived general health and Disability-free life expectancy (DFLE), which estimates lifetime free from a limiting persistent illness or disability based upon a self-rated functional assessment of health.

HLEs are used as a high level outcome to contrast the health status of different populations at specific points in time and to monitor changes in population health over time, giving context to the impacts of policy changes and interventions at both national and local levels. HLEs have value across state, private and voluntary sectors, in the assessment of healthy aging, fitness for work, health improvement monitoring, and extensions to the state pension age, pension provision and health and social care need.

Healthy life expectancy in Tameside is currently 56.4 years for males and 58.8 years for females, which is significantly lower than the England average of 63.4 years for males and 64.1 years for females.

The impact of this rising life expectancy but decreasing age at which people begin to suffer illness or disability is quite stark as it results in a growing population of people who are living longer but becoming sicker younger. As this is the population age group that is also expanding rapidly in numbers it produces the combined impact of an increasing and unsustainable demand for more health and social care and support.

Chart 2: Life and Healthy Life Expectancy (2013/15)



Furthermore there are particular at-risk or vulnerable groups:

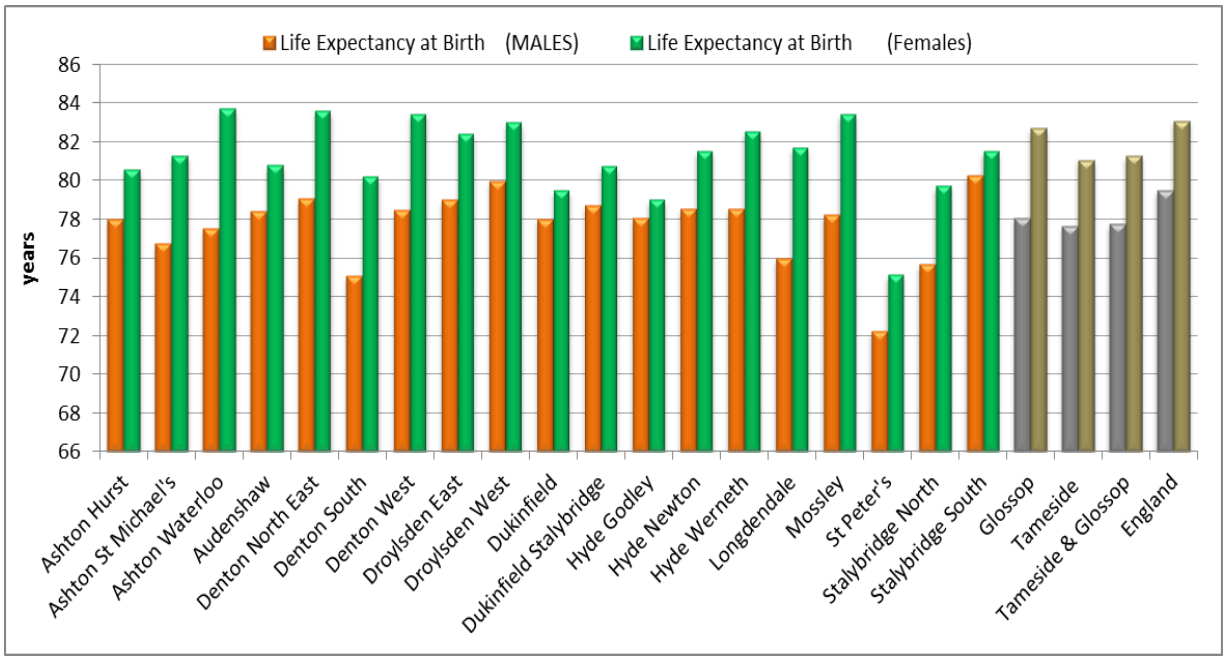
- People living in deprived areas
- People experiencing financial pressures and insecure employment

- Children and families living in poverty and poor housing
- Black and Minority Ethnic Groups
- Adults with poor educational attainment

Deprivation is a major factor influencing our population's health needs, health inequalities and life expectancy and there is a link between areas of higher deprivation and areas with low life expectancy levels. This link can be seen in Tameside Ashton St Peters and Hyde Godley, two of the most deprived wards and correspondingly they suffer some of the lowest life expectancy.

Across Tameside wards there is over a eight-year difference in male life expectancy from 72.2yrs. in Ashton St. Peter's to 80.3yrs in Stalybridge South, and, nearly 9yrs difference between in female life expectancy from 75.1yrs in Ashton St. Peters to 83.7yrs in Ashton Waterloo. The chart below illustrates these differences in life expectancy across Tameside wards.

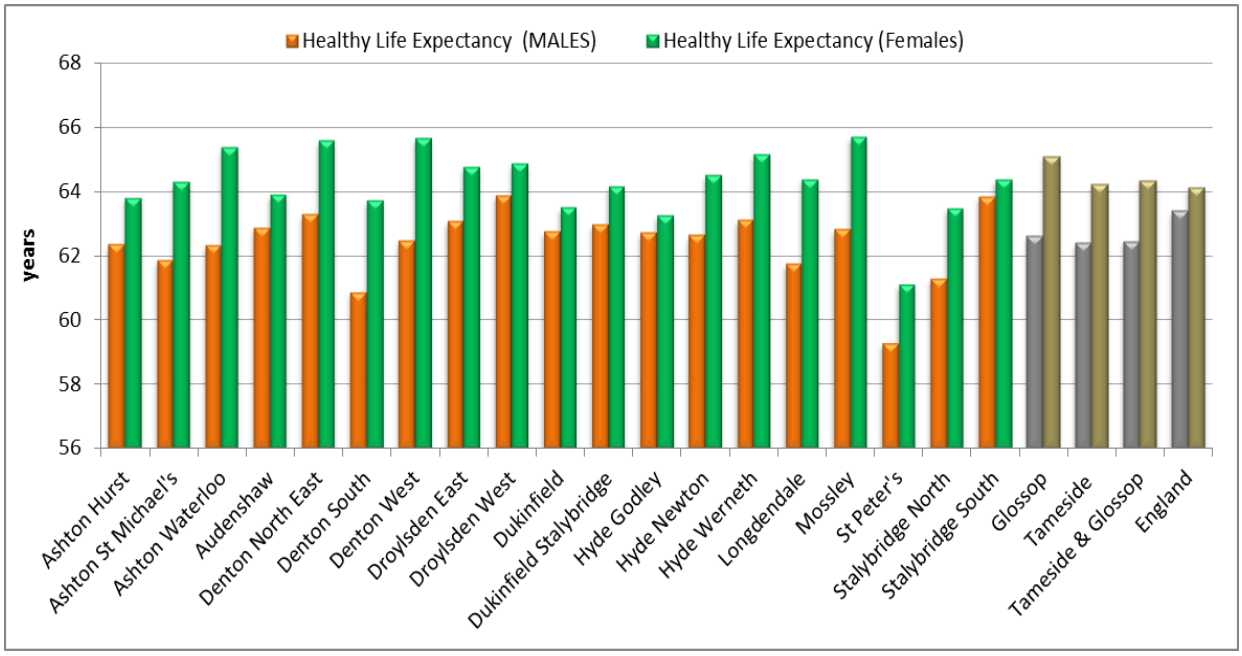
Chart 3: Life Expectancy at Birth (Tameside 2014/2016)



Source: Tameside MBC Public Health Intelligence 2017and PCMD

The gap in healthy life expectancy across wards is also stark. Where across the wards in Tameside there are considerable differences in healthy life expectancy. Ashton St Peters has the lowest male healthy life expectancy 59.3yrs compared to 63.9yrs in Droylsden West. For females again Ashton St. Peters has the lowest HLE, 61.1yrs compared to 65.7yrs in Mossley. This means that males and females in Ashton St. Peters will live nearly 5 years longer in poor health than the Tameside average.

Chart 4: Healthy Life Expectancy at Birth 2014/2016



Source: Tameside MBC Public Health Intelligence 2017and PCMD

The widening gap between life expectancy and healthy life expectancy raises much concern about the sustainability of current ways of providing health and social care. As the demand for resources to support poor health and long term conditions are rising steeply, it makes the development of prevention and early intervention strategies and a focus on self-care and social prescribing vitally important.

Tameside's changing population

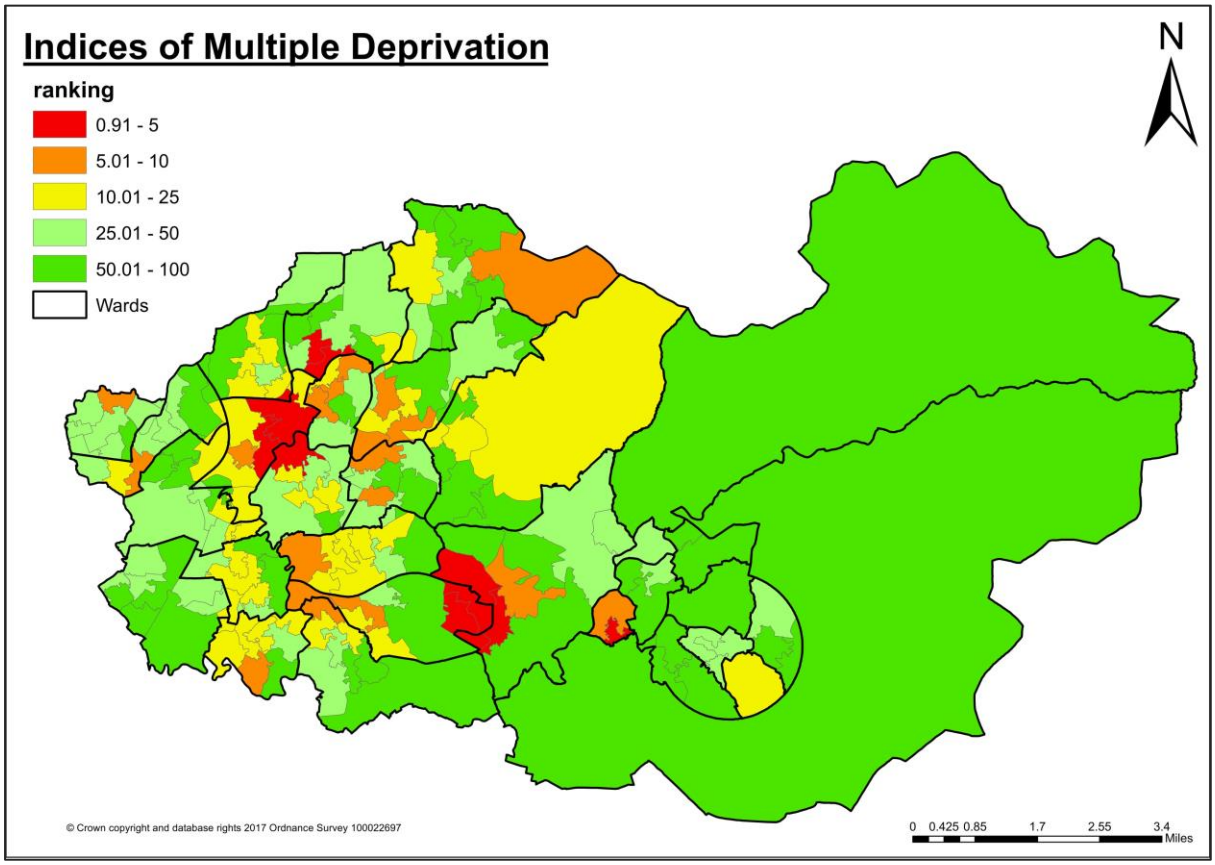
The 2016 population of Tameside was estimated to be 223,189 an increase of 2,592 people since the last PNA (2015/18). The mean age of the Tameside population as measured within this estimate is 40.5 years, which is approximate to the England average of 39 years However, population forecasts predict a 3.5% increase in the local population by 2027 which will mean that by this date there will be a substantially older population in Tameside with proportionally fewer children and young people.

Tameside is ethnically diverse with very established Indian, Pakistani and Bangladeshi communities, especially in Ashton and Hyde. The estimated proportion of people in Tameside from a British Minority Ethnic group (BME) is 10.5%.

There are currently 46,658 children aged 16 years and under, 38,951 people aged 65 years plus and 137,580 people of working age.

Deprivation

Map 1: Deprivation in Tameside and Glossop (IMD 2015)



Source: Policy, performance and communication team Tameside MBC 2017

The map above illustrates the LSOAs across Tameside and Glossop by deprivation quintile. The red areas are classed as the most deprived (decile 1)

Deprivation from income, housing, employment and health are key drivers in health and wellbeing outcomes. People born into and living in deprivation tend to have poorer health outcomes than people from more affluent areas. Tameside as a local authority is reality deprived and is placed as the 41st most deprived local authority out of 326 in the Index of Multiple Deprivation (IMD).

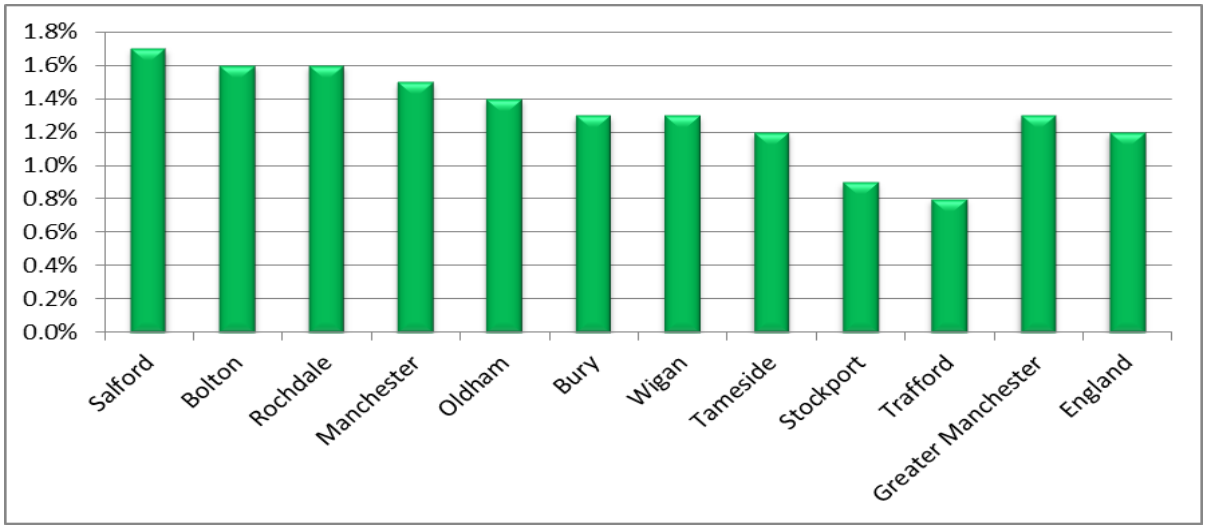
This growing health challenge also affects Tameside economically with 56.5% of the working age population of Tameside having a 'long term health problem or disability' being economically active compared to 53.2% in England.

Periods of economic downturn often result in a rise in health problems, especially for those affected by long-term unemployment. In many cases losing a job can lead to social isolation and mental health problems and this combined effect can impact on general health and well-being leading to pressure on health services.

Figures covering the period between April 2016 and March 2017 show that the employment rate in Tameside was 70.5%. This is below the Greater Manchester average (71.4%) and England average (74.4%).

As of April 2017, there were 1,660 residents in Tameside claiming Job Seekers Allowance (JSA). Numbers of people claiming JSA have fallen significantly over the last year due in part to the movement of people onto universal credits.

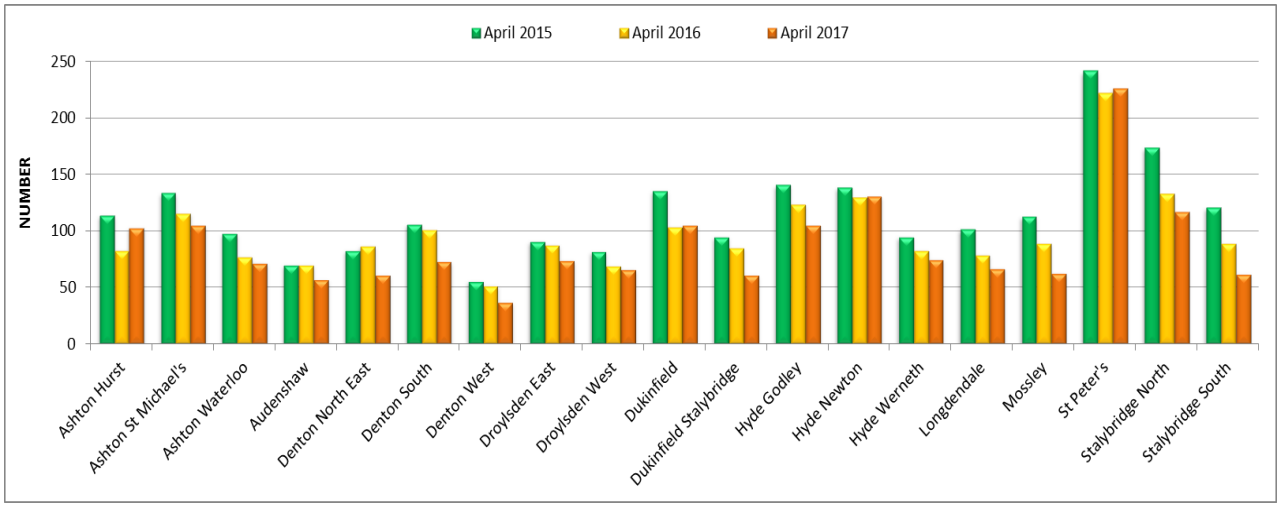
Chart 4: Job Seekers Allowance claimant rates in Greater Manchester districts: April 2017



Source: NOMIS, 2017

The chart below (chart 5) indicates the year-on-year changes in the number of JSA claimants in the different wards across Tameside from 2015 to 2017. It illustrates the wide variations is claimants, with the wards of Ashton St. Peters and Stalybridge North showing consistently high levels of job seekers claimants.

Chart 5: JSA Claimants May 2014: Numbers in Tameside Wards



Source: NOMIS, 2017

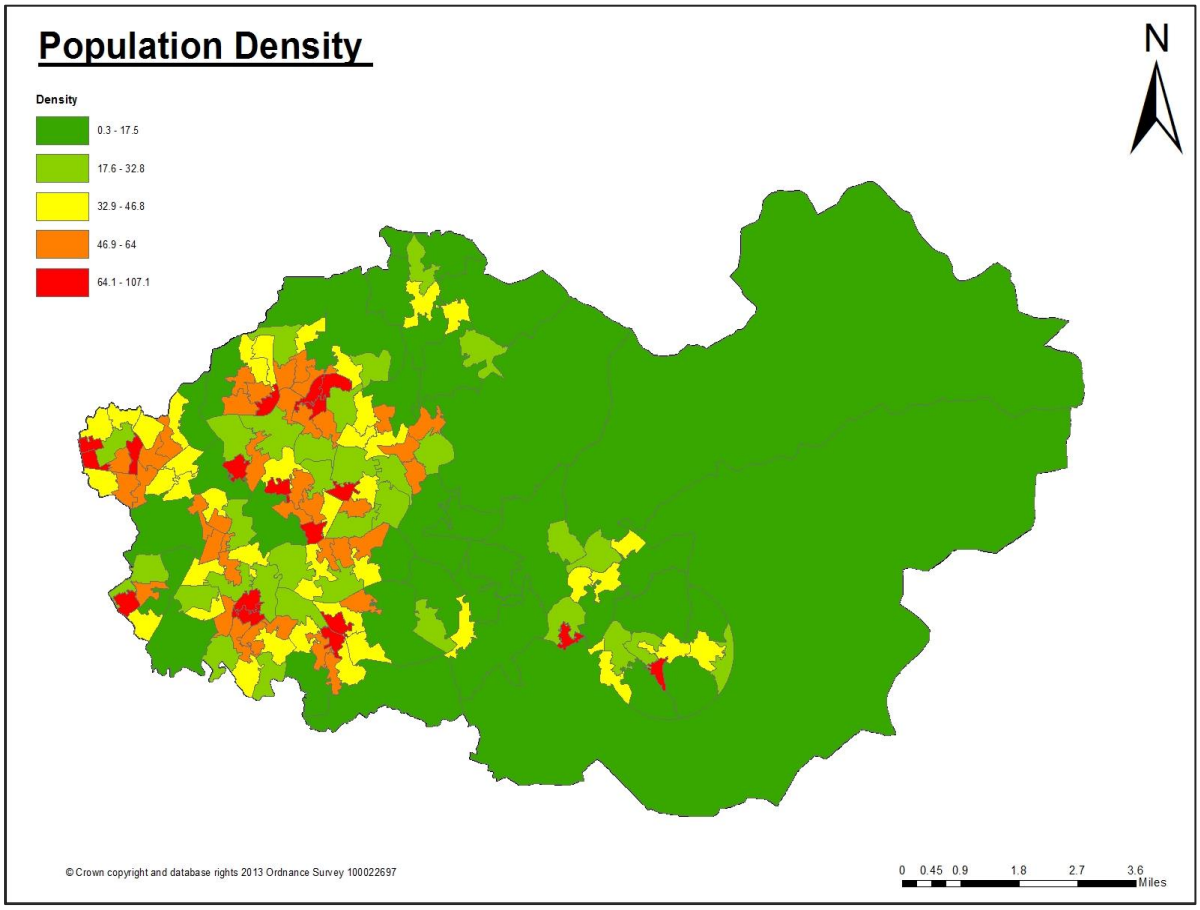
Other indicators of Tameside's economic health include:

- 18.6% of the population of Tameside are unpaid caring responsibilities
- Houses in Tameside are mostly owner occupied (63.8%) with a mortgage or loan (35.7%) or owning the property outright (28.1%).
- The percentage of pensioners aged 65 and above living alone in Tameside varies from 41.5% in St. Peter's ward to 27.6% in Stalybridge South ward.
- In Tameside, 29.6% of households have no car or van, slightly less than the Greater Manchester average of 30.6%.

Tameside has a residential population density overall of around 21 persons per hectare. The Borough covers 40 square miles centred on the River Tame but the living environment within that varies with a mix of urban and rural landscapes, the area includes historic market towns, a canal network and industrial heritage areas as well as modern fast transport links (rail, motorway and tram) links and is bordered by the boroughs of Stockport and Oldham to the south and north respectively, the city of Manchester to the west and the borough of High Peak in Derbyshire to the east.

Some parts to the East of the Borough are sparsely populated whilst areas of the main towns are highly populated (e.g. Ashton, Droylsden and Hyde).

Map 2: Tameside population density map



Source: ONS mid-year population estimates

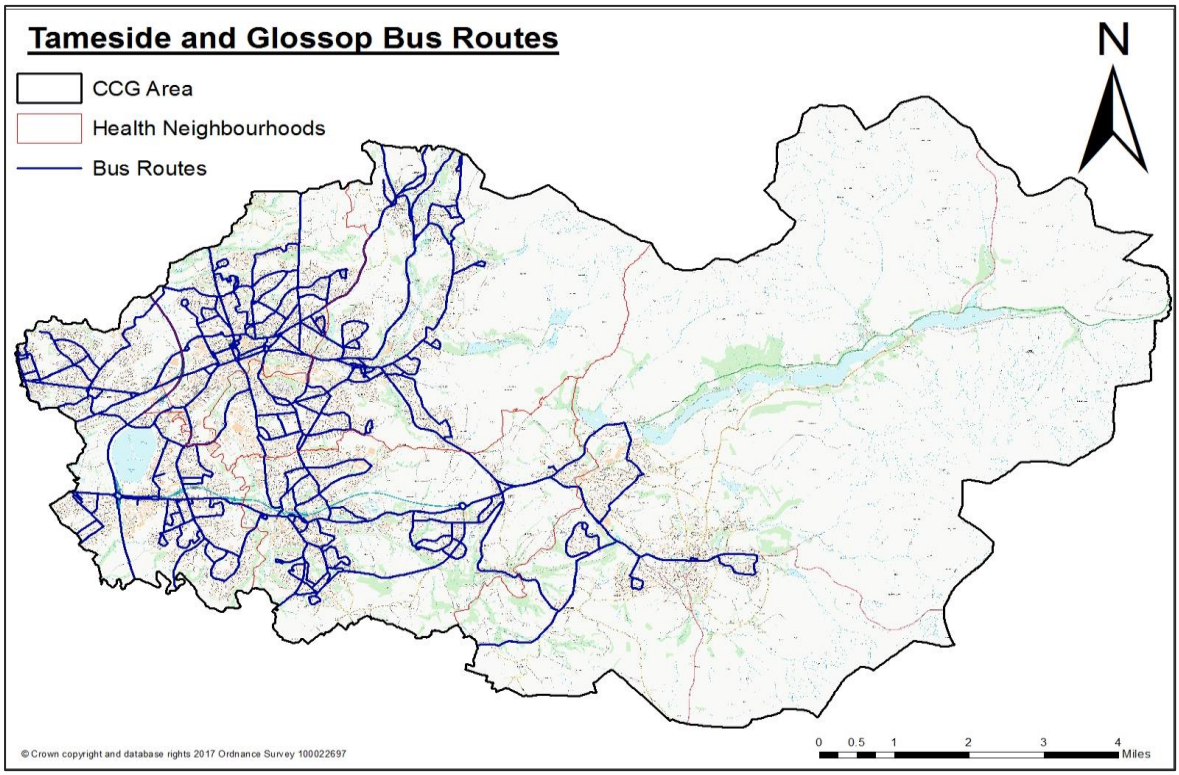
Tameside's local economy is inter-connected with that of the wider Greater Manchester Region. The workforce is well placed, particularly in the west of the borough, to benefit from this geographic concentration of economic activity and the newly improved transport links. 6.2% of all jobs in Greater Manchester are in Tameside and the Tameside share of Greater Manchester working age (16-64) population is 8.3%, which means that there is a net outflow of workers to other areas including to the regional centre, Manchester, itself. (Further details may be found in the Tameside Housing Strategy at http://www.tameside.gov.uk/housing/strategy.

It can be clearly seen from the next three maps that the populations in both rural and urban parts of the Borough are well served by public transport routes and on the whole Tameside is very accessible.

There is a good degree of mobility between the towns of Tameside and there are clear transport links between towns and specific areas outside of Tameside. For instance, Audenshaw, Droylsden and Denton strongly interact with Manchester; Mossley with Oldham; Hyde with Stockport and Longdendale with High Peak.

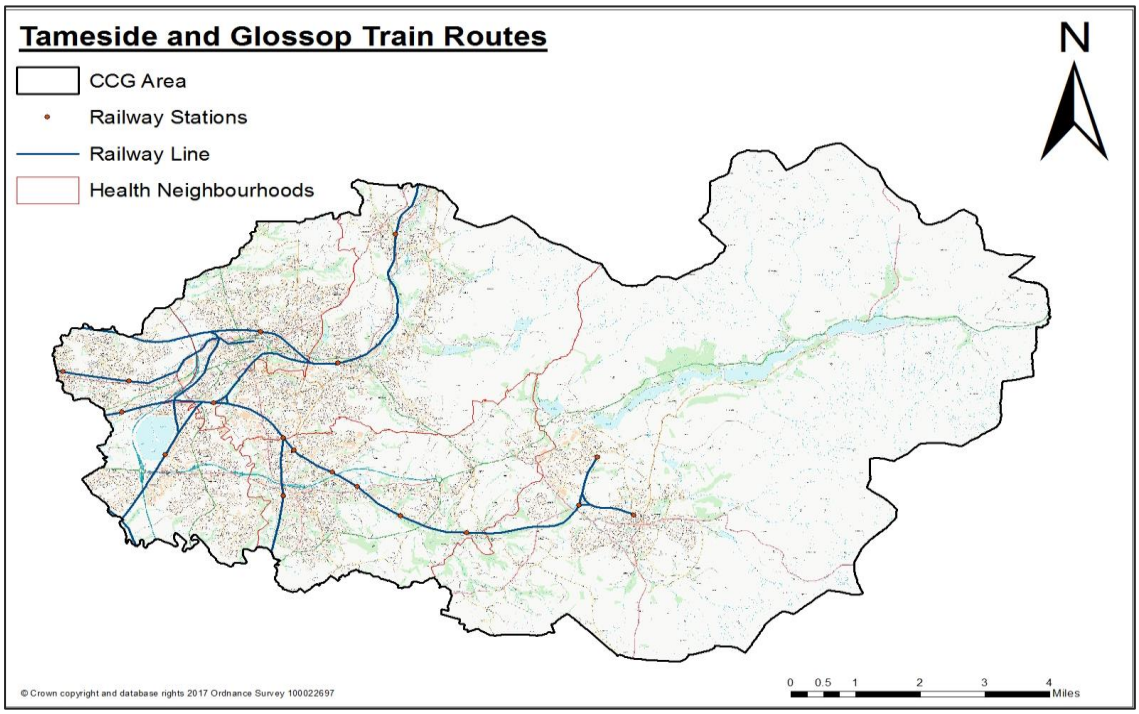
The completion of the Metrolink tram network line to Ashton during 2013 enabled further connections and access across parts of Tameside and increased public transport routes to the rest of Greater Manchester.

Map 2: Tameside Public Transport - Bus



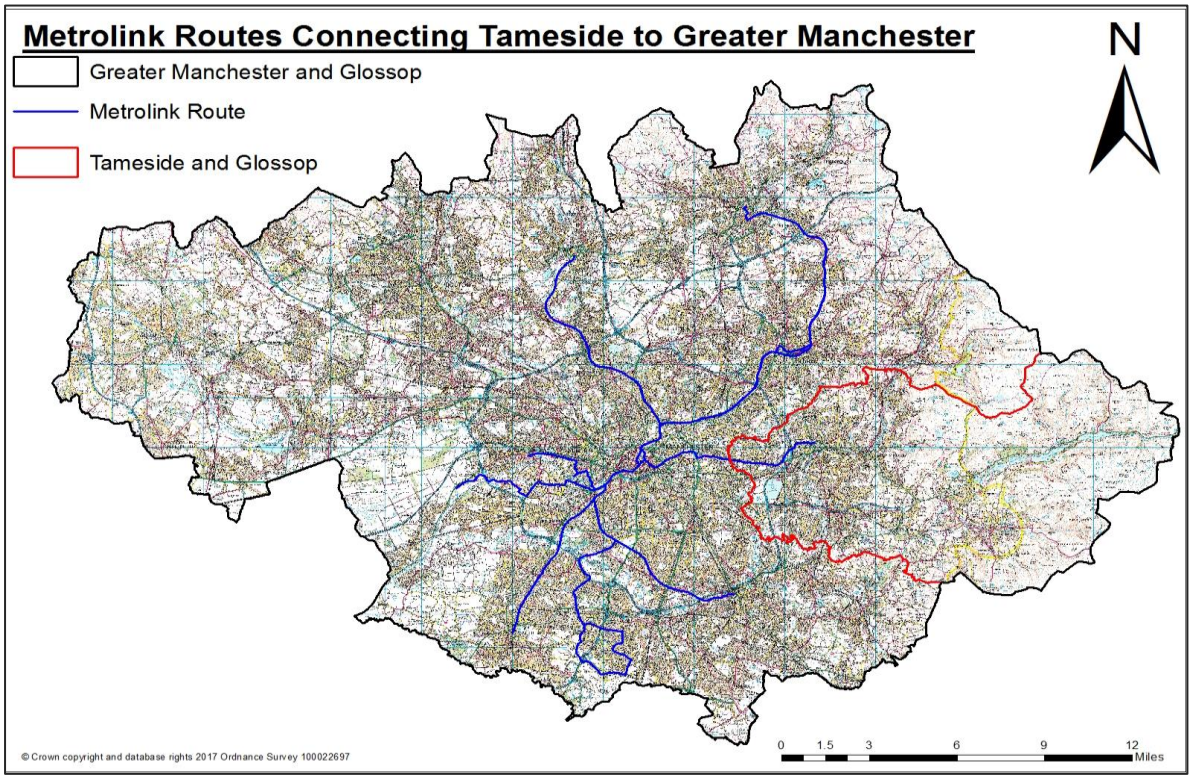
Source: GMPTE, 2017

Map 3: Tameside Public Transport – Rail



Source: GMPTE, 2017

Map 5: Tameside Public Transport – Metrolink routes connecting Tameside to the rest of Greater Manchester



Source: GMPTE, 2017

Further information on population demographics and health and wellbeing need across Tameside can be found within the Tameside JSNA available alongside the PNA on the Tameside JSNA website. (Life in Tameside & Glossop)

The Life in Tameside and Glossop website provides easy access to statistics and indicators at differing geographical levels across the borough. The statistics cover a number of themes including demographics, educational achievement, health, social care, employment and published reports. www.lifeintamesideandglossop.org

Infrastructure Developments

Vision Tameside

Tameside Metropolitan Borough Council is working in partnership with Tameside College on a strategy to bring greater economic prosperity and transform learning and skills in Tameside. The multi million pound 'Vision Tameside' plans to build three new Advanced Learning Centres, based in Ashton Town Centre and at the Beaufort Road site. These new Learning and Skills Centres will be built in three phases and will offer people in Tameside "state of the art" facilities that equip them for the challenges of a changing economy requiring a highly skilled workforce. These facilities will bring more students into the Ashton town centre footprint alongside the teaching and support staff that will work across the 2 sites. As part of phase 2 of the project there

will be a Joint Public Service Centre for Tameside Council and partners. Partners include Tameside & Glossop CCG staff and Job Centre Plus. This will inevitably increase the population of the town centre during the week. It is therefore crucial that over the development period of the town centre sites that consideration is taken into account on the impact the rise in population during the working day may have on health and pharmacy provision.

Strategic Planning

Greater Manchester Spatial Framework

The Greater Manchester Spatial Framework is a joint plan for Greater Manchester that will provide the land for jobs and new homes across the city region. A £300m Greater Manchester Housing Fund will help free up land, regenerate housing and build new homes. To date the fund has committed over £311m to build over 4,400 units at 23 sites across Greater Manchester. This will impact on population migration in and out of the Tameside borough over the next few years and needs to be considered in commissioning plans going forward.

Tameside Local Plan

Tameside is preparing a new Local Plan which will be the main land use planning document for the Borough. The Local Plan will replace the Councils currently adopted Unitary Development Plan, adopted in 2004 and will incorporate the strategic policies and allocations as they evolve in the draft Greater Manchester Spatial Framework (GMSF). The Greater Manchester Strategic Housing Market Assessment (SHMA) 2010 concluded that there was an overall housing requirement for Tameside of 13,579 additional dwellings between 2015 and 2035, an average of 679 dwellings per annum. In the draft GMSF this has been rounded to 13,600 and 680 respectively. Commissioning of health and pharmacy services in Tameside need to consider the impact of the increased population this will bring into Tameside.

Tameside Wellness Centre

Tameside Council is investing £20 million in the provision of high quality sports and leisure facilities across Tameside, creating a platform upon which to increase physical activity and develop a sustainable model for Active Tameside.

The Wellness Centre will be built in Denton, replacing the existing Active Denton leisure centre. The Wellness Centre will move away from the traditional model of simply providing leisure facilities. In addition to ensuring Tameside residents have access to sport and leisure facilities, the Tameside Wellness Centre will help and encourage residents to become more active and socially involved.

The impact the Wellness centre may have on the Denton Neighbourhood and pharmacy provision should be minimal, as most of the footfall of residents would be as visitors. However it is worth noting that if there are pharmacy facilities within the locality of the Wellness Centre, this could offer a convenient service for residents to deal with any minor injuries or illnesses while visiting the Wellness Centre and this as a facility would give users of the Wellness Centre a wide range of opportunities to improve their health.

Meeting Pharmacy Need and Priorities in Tameside

The main causes of morbidity and mortality in Tameside mirror those of England and the Greater Manchester Region. The most recent morbidity and mortality data shows that circulatory diseases (heart disease and stroke) and cancers remained the main causes of ill health and mortality. Respiratory Diseases and alcohol related conditions follow next.

Disease prevalence in Tameside is high, with many people living with more than one long term condition. Key long term conditions in Tameside include the following

Table 1: Registered Disease Prevalence 2015/16

Prevalence by Condition	Tameside & Glossop		England
	number	%	%
Hypertension	111,795	56.3	53.2
Coronary Heart Disease	7,943	4	3.2
Obesity	20,651	10.4	9.5
Diabetes	14,893	7.5	6.5
Cancer	4,766	2.4	2.4
Chronic Obstructive Pulmonary Disease	3,773	1.9	2.7
Asthma	13,304	6.7	5.9
Arthritis and joint problems	21,644	10.9	9.6
Long term mental health problems	12,311	6.2	5.2
Depression and anxiety	32,963	16.6	12.7

Source NHS Digital

Deaths in people under 75 years are considered mainly preventable and therefore premature. In Tameside and Glossop a higher percentage of women die prematurely as a result of cancer than men (43% compared to 36%), but cancer is still the main cause of premature death for men. However 28% of men die prematurely from circulatory disease compared to 22% of women. Additionally 10% of deaths in the under 75's are due to respiratory diseases.

Lifestyle factors especially smoking, harmful alcohol consumption, poor diet and lack of exercise contribute to these largely preventable diseases. They also contribute to other risk factors including diabetes, high blood pressure, obesity and high cholesterol which have a direct impact on heart disease and stroke, cancer and respiratory disease.

The Health and Wellbeing Board considers that the key to ensuring a more healthy population is significant investment and prioritisation in prevention services and flexible personalised services closer to home. The current drivers will inevitably mean a change in investment profiles and service redesign to ensure a preventative and early intervention approach to improving health increasing life expectancy and tackling health inequalities.

The 'BE WELL' services and the 'Care Together' social prescribing and self-care programmes make it clear that intervention and prevention is everyone's business and local programmes must:

- Facilitate access to universal services
- Build social capital within local communities
- Ensure people have greater choice and control over meeting their needs
- Integrate services to deliver holistic services and interventions
- focus on the health and care needs of the individual, rather than the organisation
- enable local people to take more responsibility for their own health and care

The potential contribution pharmacy services can make to the prevention and early intervention approach to meeting these needs includes three key strands:

1. **Delivering public health programmes** through the six health promotion campaigns carried out in community pharmacies annually for NHS England including action on pandemic and seasonal flu services and the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:
   - have diabetes
   - be at risk of coronary heart disease, especially those with high blood
   - pressure; or
   - who smoke; or
   - are overweight,

   Pharmacies may voluntarily assist with ad hoc campaigns when they are able to do so, on top of their six contractual ones.

2. **Providing support for long-term conditions and promotion of independent living**. Pharmacies play a key role in helping people to understand and manage their medicines

by providing advice and signposting to relevant services, through prescribing and referrals to health professionals, conducting medicines use reviews and providing enhanced services. If commissioned, pharmacies could deliver any of the following services to promote self-care and independent living:

- Anticoagulant Monitoring Service
- Care home service
- Disease specific medicines management service
- Emergency hormonal contraception services through patient group directions
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medication support following hospital discharge
- Medicines assessment and compliance support service
- Minor ailments service
- Needle and syringe exchange
- NHS Health Checks
- On demand availability of specialist drugs service
- Out of Hours service
- Patient group direction service (This would include supply of any prescription only medicines via PGD)
- Pharmacists prescribers (supplementary and independent)
- Prescriber support services
- Schools service
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration of medicines service
- Supplementary prescribing service
- Support for long term conditions and expert patient
- Therapeutic monitoring

3. **Contributing to social capital**. Particularly on housing estates the presence of a community pharmacy is one of the key businesses, which can make a difference between a viable shopping area, and one that fails commercially and thus helps community sustainability and builds local social capital. With an aging population this may become

increasingly more important as for many older people who live alone a visit to a pharmacy can provide a valued social interaction. Furthermore the investment pharmacies make into a community (for example through local facilities and providing employment) can be an important link into the rest of the health infrastructure, which is important in maintaining community resilience.

4. Contributing to Urgent and Intermediate Care Demand Reduction

Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. This can block GP out of hours (GPOOH) appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste. A small number of patients also attend A&E to obtain urgently needed medicines.[7]

There are 60 community pharmacies in Tameside & Glossop many of which are open for extended hours at evenings and weekends. Pharmacists can be consulted without an appointment about a range of minor conditions providing self-care advice and medicines and advising when symptoms may indicate something more serious and what action should be taken. NHS 111 and other health professionals should signpost to this advice.

Minor Ailment Services (MAS) (also known as Common Ailment services or Pharmacy First schemes) have been commissioned so that pharmacies can manage minor ailments with a range of NHS medicines. A Systematic Review of 26 schemes found low re-consultation rates and high symptom resolution rates. It was estimated that 3% of A&E consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacy at significantly reduced cost. The Urgent and Emergency Care Review recommends these services are commissioned to local need.

Dental pain is the second most common reason for calls to NHS 111, particularly at weekends. Early referral to community pharmacy to provide support for dental pain is critical. Analgesics available from community pharmacy can be effective if started early. NHS 111 pilots have been triaging dental pain and referring non-urgent cases to pharmacy for pain relief until dental treatment is available.

Following high levels of patient satisfaction with locally commissioned pharmacy flu vaccination services NHS England has introduced a new nationally commissioned, community pharmacy seasonal influenza vaccination advanced service to increase choice for ‘at risk’ patient groups who are over 18 years of age regarding where they receive their

[7] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf

flu vaccination. No appointment is needed and vaccinations can be offered and given when people collect their repeat prescriptions, ensuring people under the age of 65 years with an eligible long term condition receive their annual flu vaccination.

Pharmacists can support those with long term conditions to manage their condition effectively and stay well. NHS England commission Medicines Use Reviews (MURs), half of which must be targeted at patients on high risk medicines, those whose medicines have changed in hospital and patients with respiratory disease. 17% of all unplanned hospital admission in the over 65s are due to medication issues.[8]

A project supporting patients to manage their COPD showed increased medicines adherence, decreased use of NHS resources and improved quality of life for patients.[9] The Domiciliary MUR initiative aims to support housebound people to make better use of their medicines. From April 2012 to February 2013, over 230 domiciliary MURs were conducted, estimated to avoid over 130 emergency admissions, saving over £400,000, and costing £42,880.[10]

Refer to pharmacy schemes allow hospital pharmacists and pharmacy technicians to refer people directly to community pharmacists for support on leaving hospital through the New Medicine Service and Discharge Medication Usage Reviews. Isle of Wight- Reablement Service: Developed in partnership with the Local Authority and Social Services, supports people with poor physical and mental health to better manage their medicines by providing one-to-one support from the time they come into hospital to when they return home. The service has run for 3 years and already it has reduced readmissions, made hospital stays shorter, and released over £800,000 worth of health care resource for local patients.[11]

Greater details of health needs at the community level are provided later in this document in the sections on each of the four Neighbourhoods.

Overview of Pharmaceutical Service Provision in and around Tameside

The purpose of this section is to provide an overview of the current pharmaceutical provision in terms of geographical coverage and access, including relevant cross-border pharmacies, as of September 2017. Access and services will be described in more detail, relative to need, in the subsequent individual locality sections.

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[8] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf

[9] http://www.communitypharmacyfuture.org.uk/pages/copd_229724.cfm

[10] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf

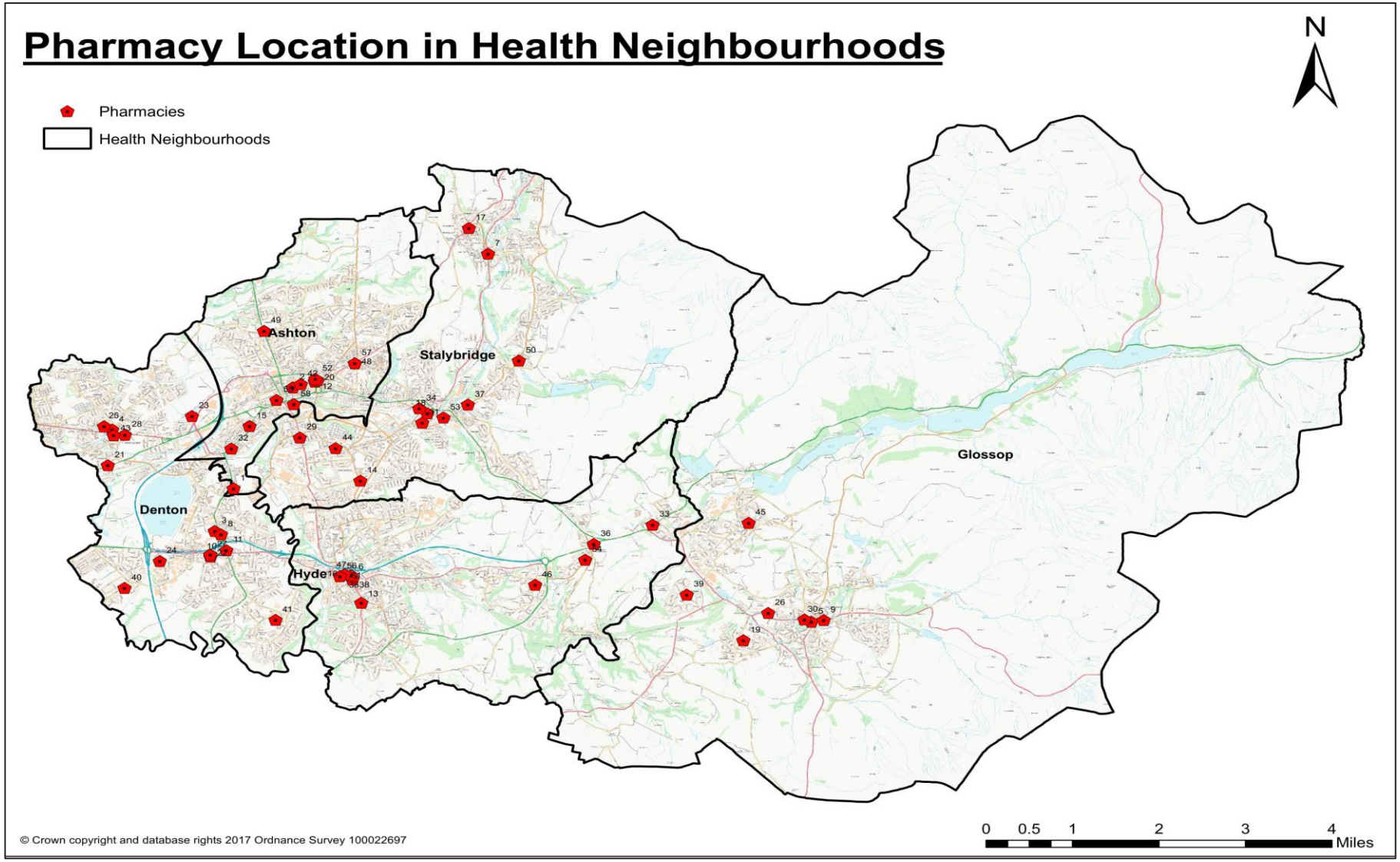
[11] http://www.iow.nhs.uk/default.aspx.locid-02gnew08v.Lang-EN.htm

Map 6 and 7 shows the locations of Tameside pharmacies, including Glossop pharmacies. Out of area pharmacies were chosen using a combination of proximity and ease of access for Tameside and Glossop residents and number of prescriptions collected by residents. Methodology for identifying most accessed out of area pharmacies can be provided on request but it echoed recent research by Durham University that mapped access to pharmacies nationally and found that 89.2% of the population can get to a pharmacy within one mile (1.6-kilometer radius) or the average person's walking time to a pharmacy, estimated at 20 minutes.

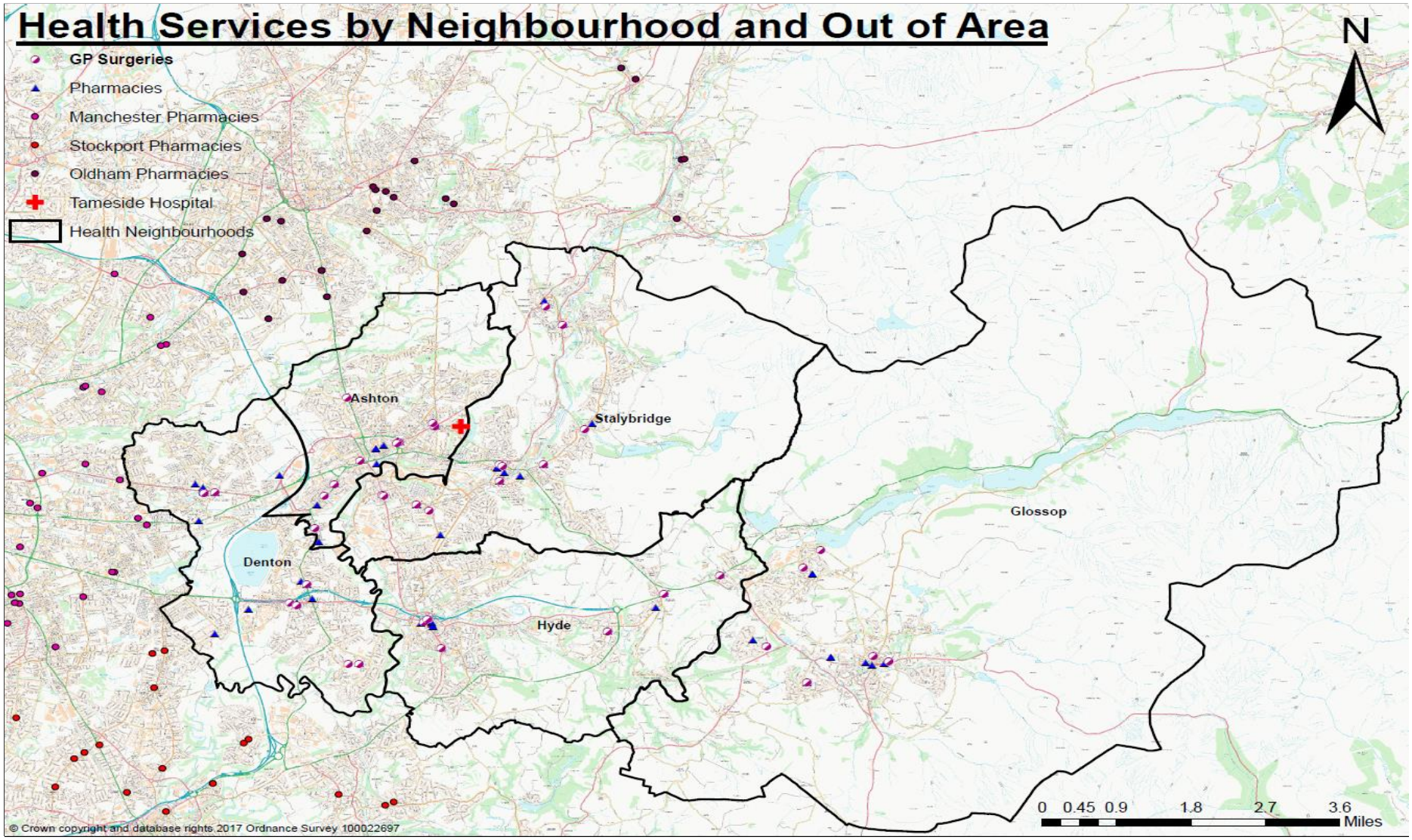
These researchers also found that unusually and in contrast to most health services access to pharmacies tends to be in less prosperous areas. When they took into account deprivation, they found 90.1% of people living in the least deprived areas had access to a pharmacy within 20 minutes compared with 99.8% of people who live in the most deprived areas.[12]

[12] Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England.BMJ Open 2014;4:e005764.doi:10.1136/bmjopen-2014-005764)[12].

Map 6: Locations of pharmacies in Tameside



Map 7: Out of area Pharmacies



As can be clearly seen in maps 6 and 7, previous maps of transport routes and the maps throughout this report; with regard to locations of pharmacies across Tameside and Glossop, there is both a good spatial correlation between GP surgeries and pharmacies and all populated parts of Tameside are in good local reach of their pharmacies by foot, public transport or by car. A list of pharmacies in Tameside and Glossop can be found in appendix two

There are some areas of the maps where this may not be immediately obvious and it is these areas that are studied in more depth in the subsequent neighbourhood sections.

Locally, the number of pharmacies has grown over the last decade, from 54 in 2011 within Tameside and Glossop to 60 in 2017. This includes 7 in Glossop itself. As of September 2017 there are now 53 pharmacies within the Tameside area (including five internet or distance selling pharmacies'), 2 Dispensing Appliance Contractors and there are 34 relevant out of area pharmacies.

This equates to 24 pharmacies per 100,000 population. If out of area pharmacies are included this equates to 40 per 100,000 population. This compares with the England average of 22 pharmacies per 100,000 population average and is similar to the North West average. [13]

An e-pharmacy/internet/distance selling pharmacy is a pharmacy that operates over the Internet and sends the orders to customers through the mail or via other forms of delivery.

Out of area, Internet and distance selling pharmacies now account for a small but growing percentage of the total volume of prescription items. However there is significant confusion in the public's mind between Internet pharmacy and the other developments within community pharmacies that are using new technologies to streamline the ordering and distribution of medicines for patients.

It is important to recognise this growth in distance selling pharmacy locally as part of the national trend but also acknowledge that their users are not specifically Tameside residents. Whilst there may be some local residents using these pharmacies for non-face-to-face delivery of medicines, equally they may use any of the other virtual pharmacies across the

[13] NHS Prescription Services of the NHS Business Services Authority

country and therefore these pharmacies can be largely discounted from the assessment of local need and provision.

The development and utilisation of internet pharmacy will continue to be monitored in Tameside to ensure provision does not conflict with local needs and aligns with national policy.

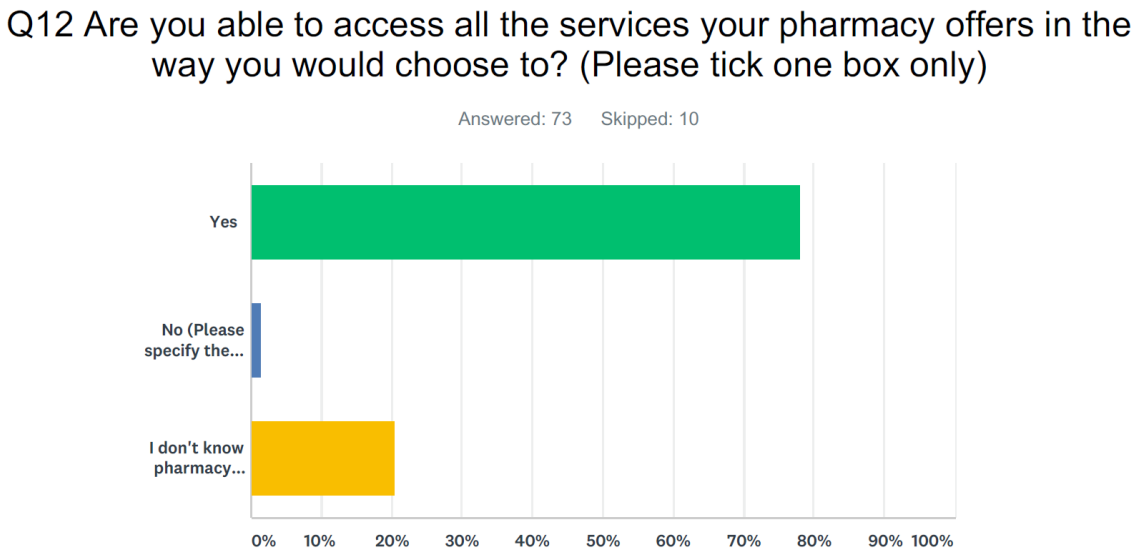
During September and October 2017 a public consultation exercise was undertaken in collaboration with Healthwatch, the GM Local Pharmacy Committee, Tameside CCG and pharmacies themselves. The full set of survey results are detailed in Appendix 3.

Views of residents on pharmacy provision (Choice and Access)

Among the key questions asked in the public consultation was 'how respondents prefer to access pharmacies' and 'how far they expect to travel' and 'what other location factors that are important to them'. What is clear from the results is that people prefer pharmacies to be near their home or GP surgeries (41%) Location near the workplace or in the town centre close to shops is also important to some people but for many more it is location in their own neighbourhood or close to their family doctors that matters most.

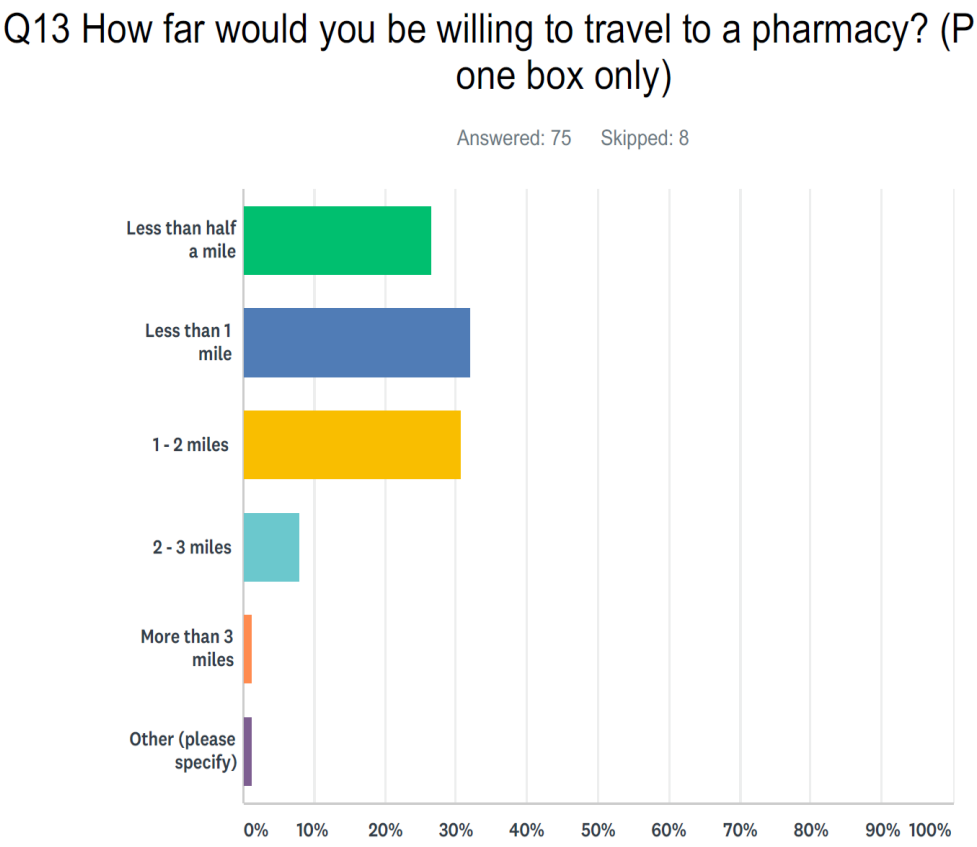
Most responded that they have a pharmacy that they usually use (82%) and this should be encouraged as this promotes continuity of care for patients. Most respondents also say that they are able to access all the services their pharmacy offers in the way they choose. (78%)

Chart 6: Responses to public consultation; access to services from pharmacies



Respondents were also asked how far they were willing to travel to access pharmacy services with most people (32%) preferring a pharmacy no more than a mile away but 27% preferring closer to home at less than a mile.

Chart 7: Responses to public consultation; distance willing to travel to a pharmacy



This is worth noting when planning future pharmacy services and where pharmacies need to be located. As results illustrate that most people prefer their pharmacies to be within their communities.

Map 4: Locations of GP Practices in Tameside (red crosses).

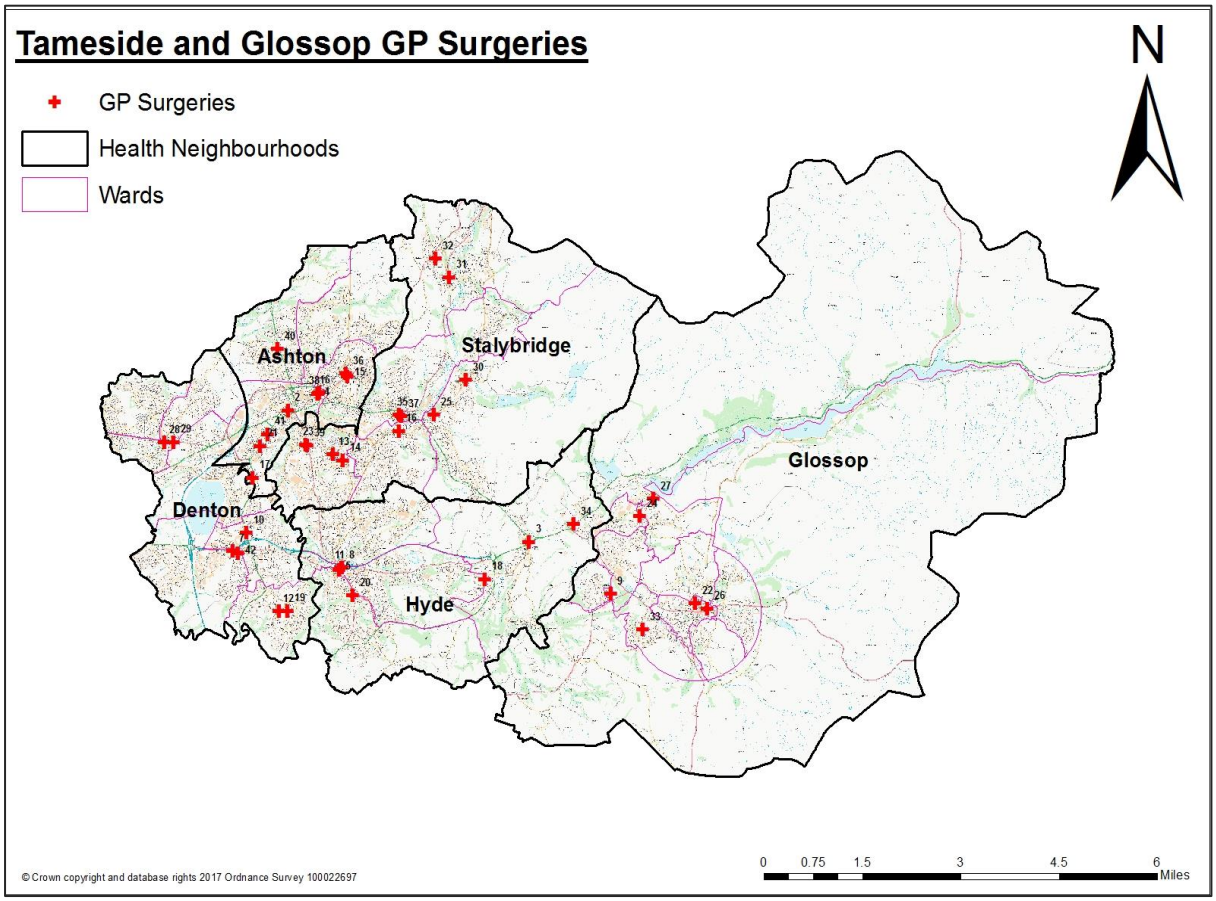


Table 1: Key table for Map - postcode locations of GP practices in Tameside

PRACTICE NAME	ADDRESS	POSTCODE	TEL NO.	Neighbourhood
ALBION MEDICAL PRACTICE	1 ALBION ST ASHTON –U-LYNE	OL6 6HF	0161 214 8710	Ashton
ASHTON GP SERVICE	193 OLD ST ASHTON –U-LYNE	OL6 7SR	0161 343 7050	Ashton
AWBURN HOUSE	MOTTRAM MOOR GLOSSOP	SK14 6LA	01457 763263	Glossop
BEDFORD HOUSE	GLEBE ST ASHTON –U-LYNE	OL6 6HD	0161 330 9880	Ashton
CHAPEL STREET MEDICAL P	CHAPEL ST ASHTON-U-LYNE	OL6 6EW	0161 339 9292	Ashton
MILLGATE HEALTH PATERNERSHIP	119 MANCHESTER RD DENTON	M34 3RA	0161 336 2114	Denton
CLARENDON MEDICAL P	CLARENDON ST HYDE	SK14 2AQ	0161 368 5224	Hyde
COTTAGE LANE SURGERY	COTTAGE LANE Glossop	SK13 6EQ	01457 861343	Stalybridge
DUKINFIELD MEDICAL CENTRE	20-22 CONCORD WAY DUKINFIELD	SK16 4DB	0161 343 6382	Stalybridge
	BRANCH SITE (The Hollies)83 BIRCH LANE DUKINFIELD	SK16 4AJ	0161 330 2039	Stalybridge
DENTON MEDICAL PRACTICE	100 ASHTON ROAD DENTON	M34 3JE	0161 320 8788	Denton
DONNEYBROOK MEDICAL CENTRE	CLARENDON ST Hyde	SK14 25AH	0161 368 3838	Hyde
SIMMONDLEY MEDICAL PRACTICE	15A PENNINE RD Glossop	SK13 6NN	1457862305	Glossop
DROYLSDEN MEDICAL PRACTICE	1-3 ALBION DRIVE Droylsden	M43 7NP	0161 342 7777	Denton
GORDON STREET MEDICAL PRACTICE	171 MOSSLEY RD ASHTON-U-LYNE	OL6 6PR	0161 330 5104	Stalybridge
GROSVENOR MEDICAL CENTRE	62 GROSVENOR ST STALYBRIDGE	SK15 1RZ	0161 303 4313	Stalybridge
GUIDE BRIDGE MEDICAL PRACTICE	GUIDE LANE AUDENSHAW	M34 5HY	0161 344 2609	Denton
HATTERSLEY GROUP PRACTICE	HATTERSLEY RD EAST HYDE	SK14 3EH	0161 368 4161	Hyde
HAUGHTON THORNLEY MEDICAL	THORNLEY ST HYDE	SK14 1JY	0161 367 7910	Hyde
HOWARD ST MEDICAL PRACTICE	HOWARD STREET GLOSSOP	SK13 7DE	01457 854321	Glossop
KING STREET MEDICAL CENTRE	KING STREET DUKINFIELD	SK16 4JZ	0161 330 1142	Stalybridge
LAMBGATES SURGERY	1-5 LAMBGATES HADFIELD Glossop	SK13 1AW	01457 869090	Glossop
LOCKSIDE MEDICAL PRACTICE	85 HUDDERSFIELD RD STALYBRIDGE	SK15 2PT	0161 303 7200	Stalybridge
MANOR HOUSE HADFIELD	82 BOSSCROFT HADFIELD Glossop	SK13 1DS	01457 860860	Glossop
MANOR HOUSE GLOSSOP	MANOR ST GLOSSOP	SK13 8PS	01457 860860	Glossop
MARKET STREET MEDICAL PRACTICE	76 MARKET STREET DROYLSDEN	M43 6DE	0161 371 6188	Denton
MEDLOCK VALE MEDICAL PRACTICE	58 ASHTON ROAD DROYLSDEN	M43 7BW	0161 370 1610	Denton
MILLBROOK MEDICAL PRATICE	HOLLYBANK OFF GROVE RD STALYBRIDGE	SK15 3BJ	0161 304 2470	Stalybridge
MOSSLEY MEDICAL PRACTICE	187 MANCHESTER RD MOSSLEY	OL5 9AB	01457 833315	Stalybridge
ST ANDREWS HSE	WATERLOO RD STALYBRIDGE	SK15 2AU	0161 338 3181	Stalybridge
STAMFORD HOUSE	2 PRINCESS ST ASHTON UNDER LYNE	OL6 9QH	0161 344 0803.	Ashton
STAVELEIGH MEDICAL CENTRE	KING STREET STALYBRIDGE	SK15 2AE	0161 304 8009	Stalybridge
TAME VALLEY MEDICAL CENTRE	GLEBE ST ASHTON-U-LYNE	OL6 6HD	0161 330 7747	Ashton
THE BROOKE SURGERY	20 MARKET STREET HYDE	SK14 1AT	0161 368 3312	Hyde
THE HIGHLANDS	156 STOCKPORT ROAD ASHTON UNDER LYNE	OL7 0NW	0161 330 2440	Ashton
THE PIKE MEDICAL PRACTICE	MARKET PLACE MOSSLEY	OL5 0HE	1457832561	Stalybridge
THE SMITHY SURGERY	4 MARKET STREET HOLLINGWORTH	SK14 8LN	1457767123	Hyde
TOWN HALL SURGERY	112 KING STREET DUKINFIELD	SK16 4LD	0161 330 2125	Stalybridge
TRAFALGAR SQUARE SURGERY	ASHTON PRIMARY CARE CENTRE	OL6 7SR	0161 342 7200	Ashton
WATERLOO MEDICAL PRACTICE	1 DUNKERLEY ST ASHTON UNDER LYNE	OL7 9EJ	0161 330 7087	Ashton
WEST END MEDICAL CENTRE	98/102 STOCKPORT ROAD ASHTON UNDER LYNE	OL7 0LH	0161 339 5488	Ashton
MILLGATE HEALTH (WINDMILL MEDICAL PRACTICE)	ANN STREET DENTON	M34 2AJ	0161 320 3131	

All Tameside community pharmacies are contracted to provide a “Standard” minimum of 40 hours of essential services per week. These are the ‘core’ hours but many pharmacies also provide more hours than this and many in Tameside operate over 50 hours per week. (Appendix 4)

In total there are 60 pharmacies serving Tameside and Glossop residents and patients, which include 13 pharmacies with a specific contract to provide a “100 hour service”, meaning contractually they must be open for a minimum of 100 hours per week. Therefore there is good access for Tameside residents to more community pharmacies and a greater proportion of the time per week they can be accessed (i.e. extended provision throughout the Borough as a whole of pharmacy in the evenings and at weekends).

This flexibility in provision is important because if it was to be considered that there is insufficient pharmacy service available to meet need within a community it may not necessarily follow that a new provider would be the solution but more hours of access. Particularly in an area with good geographical access to pharmacies, as in Tameside, it is more likely that extending provision from the current footprint would be more appropriate. If it is deemed that there is a lack of provision of pharmaceutical service in an area at a particular time, NHS England can request existing contractors to change their hours or open up and extend services.

The CCG also ensures that it works closely with its pharmacies to ensure that there is provision 365 days a year and throughout festive periods advertises which pharmacies remain open. However, it is the responsibility of NHS England’s GM area team to ensure adequate access to pharmaceutical services out of hours. They do this by contracting all pharmacy contractors, such as Medicx Pharmacy (located in Ashton Primary Care Centre) which is contracted to open 365 days per year, including Christmas Day as part of its contractual hours (not a separate arrangement). However the arrangement is not just with Medicx. In addition NHS England has a responsibility to negotiate additional hours over festive holiday. The CCG have in previous years commissioned further service provision to cover as appropriate, if required, and place adverts in local news as appropriate to inform residents of opening hours.

Levels of Service Provided

The 2015/18 PNA for Tameside found on the whole good provision across the range of essential, advanced and enhanced or locally commissioned services.

Tameside as an area, still has adequate provision of essential services across the increased number of pharmacies in and out of the area offering patients a great amount of choice (even

though the public consultation suggests that in fact most patients tend not to move from pharmacy to pharmacy but do stay faithful to a “usual” one).

The location and opening hours of pharmacies across Tameside is very good and most of the population can access a community pharmacy by public transport or walking within 1 mile or 20 minutes. It is recognised that many of these community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Table 2 summarises the service currently commissioned but it should be recognised that as highlighted in the earlier section of strategic drivers the rising demand for health and social care is demanding a new commissioning approach for prevention, early intervention and development of new types of wellbeing service. Pharmacy services are included in this new way of thinking and this PNA is being produced at the same time as the consultations on those new approaches are being held. Hence it is highly likely that the pattern of services locally commissioned will be changing in the immediate future both in terms of who commissions and what is commissioned from pharmacy.

All Tameside pharmacies have consultation rooms / areas that have been accredited in accordance with the Standard Pharmacy Contract as suitable for provision of Advanced Pharmacy Services and there is confidence in the existing local pharmacies abilities to be able to respond to new commissions.

The appetite for delivering prevention and screening services locally is high and many services are offered from pharmacies as part of their overall commercial offer rather than being specifically commissioned by the NHS (for example a range of screening, testing, monitoring, vaccination services and minor ailment treatment and advice.

Table 2: Levels of service provided : Tameside and Glossop locally-commissioned services

Minor Ailments Service	Service Specification
	Pharmacy Protocol
	Products and Prices Schedule
	How to input a consultation
EHC	Service Specification

	EHC client record form
	How to input consultation on neo360 EHC
	PGD EHC Levonorgestrel
Drug Misuse service	Service Information
Needle Exchange	Service Information
Alcohol	Service Information
MECC	Service Specification
	How to input consultation on neo360
Flu Service	Detailed under GM Services

Source GM LPC

The responsibility for commissioning some of the services are still in a state of transition or flux and is moving across parts of the health and social care system from one organisation's responsibility to another. In particular public health within Councils is actively reshaping the way a range of enhanced services are being commissioned. A Greater Manchester policy for 7-day prescribing has now also been developed and agreed. This policy should be used by GPs and pharmacists to help decide whether an individual may be appropriate or not for 7-day prescriptions. Policy for 7 day prescribing

At the time the PNA was collated the Tameside and Glossop locality had approx. 57 HLP pharmacies. This number is anticipated to increase in 2017/18 as the criteria lies under the Quality Payment criteria in which pharmacies are due to complete late 2017.The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- Premises that are fit for purpose; and
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Quality Payments Scheme

Achieving HLP level 1 (self-assessment) is now a Quality Payment criterion for the Quality Payments Scheme 2017/18. Further details on the Quality Payments Scheme can be found on the Quality Payments hub on the PSNC website.

As described above pharmacies themselves across Tameside have high aspirations around prevention and are already promoting their own health improvement potential, as there is a high degree of anticipation about future roles following the Call to Action.

Cross Border Relationships

Whilst Tameside has no input into the commissioning of pharmacy services by neighbouring areas, an overview of existing services "over the border" may inform future commissioning and development of services within Tameside.

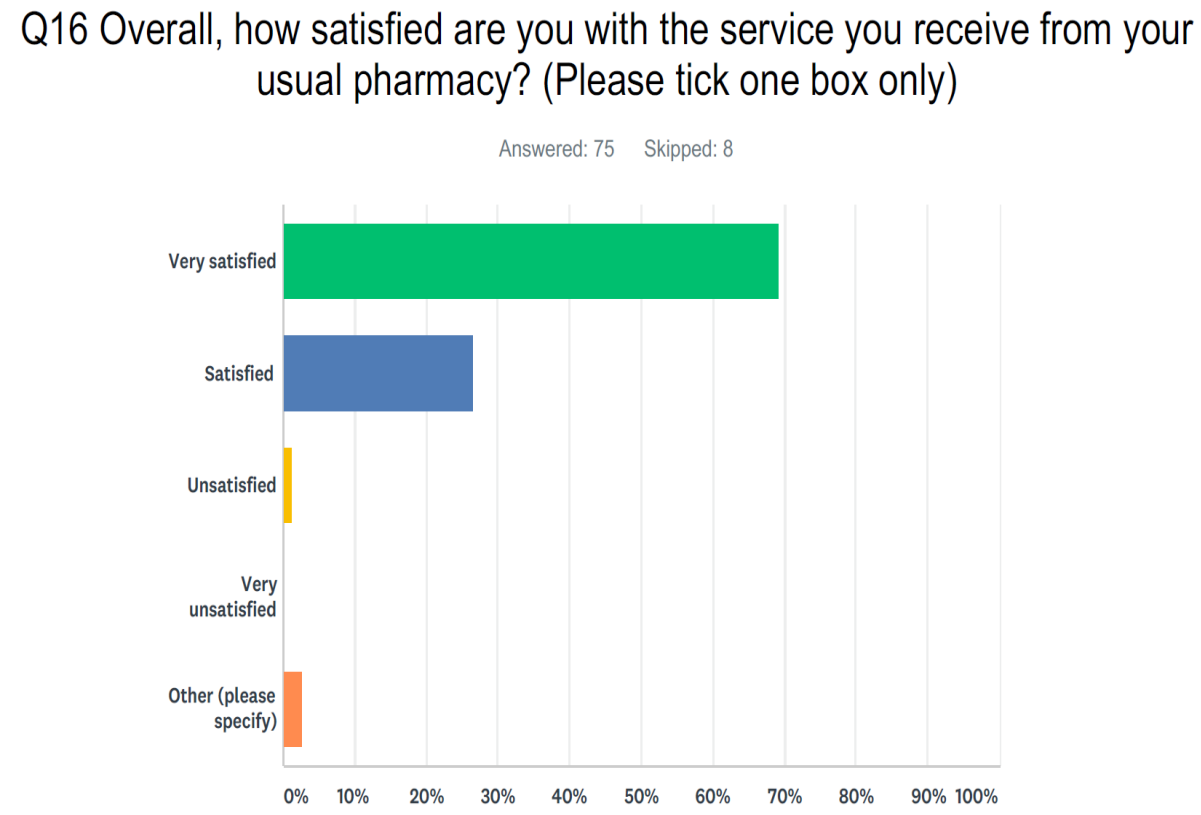
Stockport, Manchester and Oldham's Pharmacy Needs Assessment will follow a similar consultation period and release date in 2018. PNAs produced to date do not highlight any major cross boundary issues with Tameside. Their consultation periods ran largely alongside this PNA's 60 day consultation and all their findings have been taken into consideration in the final drafting if they have implications for Tameside.

To ensure any potential cross boundary issues are fully identified and addressed in Glossop the Tameside PNA Steering Group is represented in the Derbyshire PNA process and vice versa; which is assessing need and provision for that area. Glossop data and information is also represented in the neighbourhood sections of this Tameside PNA due to the close unique integrated working relationship Tameside & Glossop CCG have with Tameside council, the NHS Integrated Care Foundation Trust (ICFT) and the Care Together programme of work.

View of residents on pharmacy provision (Satisfaction with services)

The public consultation found that there is a high degree of satisfaction with current pharmacy services.

Chart 5: level of satisfaction with the service from your pharmacy



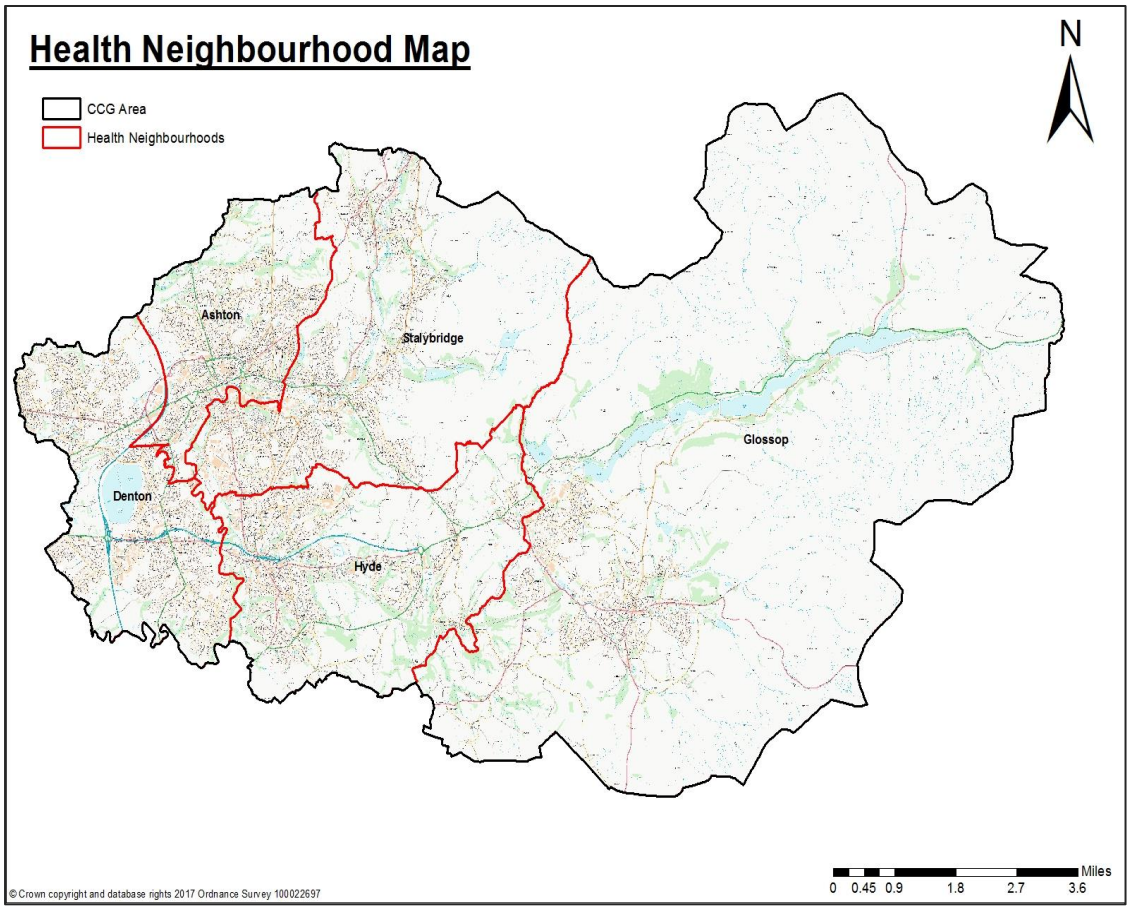
When consulted about delivery services provided by local pharmacies nearly half of respondents didn't know if their pharmacy had a delivery service, which would suggest that more needs to be done in general to help people understand the full range of services available and the optional ways of accessing these services. Alternatively it could also suggest that respondents to the survey have never needed to access a delivery service by their pharmacy.

Opening Times of Tameside Pharmacies

Pharmacies across Tameside and Glossop are open mainly 40 hours per week and match similar patterns to GP practice opening hours. For a list of opening hours of pharmacies across Tameside and Glossop, NHS Choices provide this at the following link http://www.nhs.uk/service-search/Pharmacy/LocationSearch/10

Health Need and Pharmacy Provision by Neighbourhood

Map 5: The Five Neighbourhoods



This section of the pharmacy needs assessment provides a greater level of detail on the four defined neighbourhoods within Tameside and includes a supplement section for Glossop due to the unique relationship Glossop residents and services have and align with the Tameside borough. The following neighbourhoods defined within this report will aim to describe health need and pharmaceutical service provision, as follows:

- Ashton Neighbourhood
- Denton Neighbourhood
- Stalybridge Neighbourhood
- Hyde Neighbourhood
- Glossop Neighbourhood

The neighbourhood sections include population demographic information, health need, vulnerable groups and pharmaceutical services information

HEALTH NEED & PHARMACY PROVISION BY NEIGHBOURHOODS

THE ASHTON NEIGHBOURHOOD

Map 6: Ashton Neighbourhood - : Wards within the Ashton locality (coloured green)

Ashton neighbourhood has a total population of **47,835**[14]. This constitutes nearly a quarter (**21%)** of the total Tameside population with slightly more males than females (**50.1% males** and **49.9% females)**. The ward of Ashton St. Peters makes up the largest population in this neighbourhood. Under 5s make up 2% of the population (n=3.576) and the over 65s make up 3% (n=7,007) of the total population.

There are a number of communities in Tameside where people live in more deprived circumstances when compared to the rest of Tameside and England. These areas cluster around the towns of Ashton, Hyde, Denton and Stalybridge however the 2 most deprived wards in Tameside, St. Peter's and Ashton St. Michaels are located in the Ashton Neighbourhood.

Census data shows that 80% of the Ashton neighbourhood's population is of 'White' ethnicity, compared to 91% average for the borough. The Ashton neighbourhood has a much higher than average proportion of 'Asian or Asian British' population than the Tameside average (16% vs. 6.2%), with slightly higher populations of 'Mixed', 'Black and 'Other' ethnic groups. Ashton St Peters in particular has a larger BME population than the Tameside average.

Taking into account the ethnic makeup of the area, some of the health issues of concern are:

[14] Mid-2015 Population Estimates for Census Area Statistics (CAS) Wards in Tameside & Glossop PCT by Single Year of Age and Sex; Office for National Statistics (ONS) - 2008

- Coronary Heart Disease (CHD) as it is a major cause of death in ethnic minorities particularly those of South Asian heritage. The Tameside electoral wards with the highest mortality from heart disease include Ashton's St. Peters.
- Cancer is the main cause of premature mortality
- Type II diabetes is an issue for the Ashton neighbourhood, with practices in St. Peters ward having the highest prevalence

Average life expectancy in the Ashton Neighbourhood is below the Tameside average for both males and females, with an average of **76.2 years** compared to the Tameside average of **77.3 years** for males and **80.1 years** for females compared to the Tameside average of **80.7 years**. Ashton St. Peter's ward has the lowest life expectancy in Tameside at 72.2 years for males and 75.1 years for females.

Census 2011 data shows that the Ashton neighbourhood has:-

- The percentage of owner occupied housing close to the Tameside Average of 63.8%. St. Peter's ward has the lowest % of owner occupied housing in Tameside at 36.7%.
- A percentage of households without central heating of 2.7%, which is approximate to the Tameside average. Ashton Hurst has the lowest percentage of households without central heating in Tameside at 1.7%.
- A proportion of those aged 65+ living alone that are close to the Tameside average of 35.5%. Ashton St. Peter's has the highest proportion of persons aged 65+ living alone at 41.5%.
- High proportions (36.8%) of residents in the Ashton neighbourhood do not have access to a car or van, compared to Tameside as a whole at 29.6%. St. Peter's ward has the highest proportion of residents without access to a car or van at 50.1%.
- The Claimant count is high in the Ashton neighbourhood, at 3.5% compared to the Tameside average of 2.9% combined with low income rates.

Source: Tameside Public Health Intelligence

Health Need in the Ashton Neighborhood

Mortality

When considering mortality rates for the main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio

Vascular Disease) for all ages and for premature mortality (under 75), the Ashton neighbourhood is worse compared to England, the Northwest and Tameside averages.

The Ashton Neighbourhood has particularly high premature mortality rates for cancer, CHD, CVD and COPD. The premature mortality rate for stroke in the neighbourhood is lower than the Tameside average and approximate to the North-West average.

Table 3: Premature Mortality

2014/16 Ashton Neighbourhood	Persons				Males		females	
	<75 Cancer deaths		<75 CVD		All Causes < 75 years			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Ashton Hurst	42	132.87	38	117.88	69	431.57	53	334.45
Ashton St Michael's	38	142.19	32	124.46	73	547.59	44	322.15
Ashton Waterloo	42	154.03	38	143.79	77	506.05	38	283.30
St Peter's	59	224.55	46	179.3	118	848.07	59	480.36

Source: PCMD

With regard to the prevalence of long term conditions and morbidity, the Ashton neighbourhood has higher levels of illness and disability than the Tameside average. The table below (table 4) illustrates the main causes of morbidity and illness in the Ashton neighbourhood. The table illustrates that risk factors to heart disease such as hypertension and diabetes are a particular issue across the Ashton Neighbourhood and in particular at practices in the St. Peters and St. Michaels wards.

Morbidity

The table below illustrates the key causes of morbidity for the Ashton Neighbourhood.

Table 4: Disease prevalence by Neighbourhood (2016/17) Ashton

Practice Name	Neighbourhood	AF		Hypertension		CHD		Heart Failure		Stroke		Asthma		COPD		Obesity	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
ALBION MEDICAL PRACTICE	Ashton	203	2.10	1,520	15.69	409	4.22	61	0.63	209	2.16	678	7.00	198	2.04	803	10.37
BEDFORD HOUSE MEDICAL CENTRE	Ashton	134	1.93	1,175	16.97	325	4.69	61	0.88	142	2.05	446	6.44	222	3.21	455	8.25
GORDON STREET MEDICAL CENTRE	Ashton	32	0.71	671	14.87	163	3.61	26	0.58	61	1.35	317	7.02	124	2.75	362	10.71
CHAPEL STREET MEDICAL CENTRE	Ashton	103	1.82	871	15.37	244	4.30	85	1.50	142	2.51	440	7.76	161	2.84	289	6.44
HT PRACTICE	Ashton	123	1.53	1,187	14.75	321	3.99	46	0.57	140	1.74	442	5.49	234	2.91	495	7.97
WEST END MEDICAL CENTRE	Ashton	72	1.56	693	15.01	211	4.57	49	1.06	74	1.60	263	5.70	146	3.16	260	7.00
TAME VALLEY MEDICAL CENTRE	Ashton	99	1.46	1,050	15.50	272	4.02	57	0.84	127	1.88	397	5.86	232	3.43	543	10.42
STAMFORD HOUSE	Ashton	41	0.92	551	12.31	143	3.19	21	0.47	67	1.50	271	6.05	137	3.06	186	5.58
WATERLOO MEDICAL CENTRE	Ashton	21	0.77	367	13.47	95	3.49	4	0.15	30	1.10	160	5.87	45	1.65	149	7.39
ASHTON GP SERVICE	Ashton	13	0.37	180	5.06	50	1.41	3	0.08	19	0.53	158	4.44	46	1.29	270	11.03

Practice Name	Neighbourhood	Smoking		Cancer		CKD		Diabetes		Dementia		Learning Disability		Depression		Rheumatoid Arthritis	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
ALBION MEDICAL PRACTICE	Ashton	1,708	21.2	234	2.42	193	2.49	668	8.52	105	1.08	36	0.24	944	12.19	60	0.75
BEDFORD HOUSE MEDICAL CENTRE	Ashton	1,438	25.0	160	2.31	191	3.46	483	8.63	89	1.29	40	0.28	731	13.25	44	0.78
GORDON STREET MEDICAL CENTRE	Ashton	803	22.5	87	1.93	75	2.22	363	10.53	23	0.51	22	0.35	463	13.70	14	0.40
CHAPEL STREET MEDICAL CENTRE	Ashton	983	21.1	171	3.02	179	3.99	335	7.35	45	0.79	36	0.69	1,193	26.57	30	0.65
HT PRACTICE	Ashton	1,420	21.9	157	1.95	108	1.74	576	9.14	58	0.72	34	0.58	361	5.82	58	0.91
WEST END MEDICAL CENTRE	Ashton	968	25.1	89	1.93	114	3.07	341	9.07	19	0.41	29	1.02	235	6.33	23	0.60
TAME VALLEY MEDICAL CENTRE	Ashton	1,271	23.2	158	2.33	229	4.40	474	8.93	38	0.56	69	0.53	709	13.61	36	0.67
STAMFORD HOUSE	Ashton	947	27.2	83	1.85	106	3.18	301	8.90	28	0.63	24	0.59	588	17.64	33	0.96
WATERLOO MEDICAL CENTRE	Ashton	456	21.6	42	1.54	25	1.24	145	7.10	17	0.62	11	0.53	167	8.28	23	1.11
ASHTON GP SERVICE	Ashton	717	28.0	8	0.22	27	1.10	137	5.52	18	0.51	13	0.24	217	8.86	7	0.28

Source: QOF-NHS Digital 2015/16

Risk factors

Obesity increases the risk of morbidity from diseases such as CVD, cancer and type 2 diabetes: which can lead to increased risk of premature mortality. We currently estimate that we have 60,000 obese and 95,500 overweight adults within Tameside. The anticipated rise in obesity and overweight for both adults and children is also expected to have a significant impact on life expectancy. Areas of high socio-economic deprivation are linked to high levels of obesity; therefore Ashton is expected to have a higher proportion of people who are obese.

With the exception of Ashton St. Michael's, wards in the Ashton Neighbourhood have a higher proportion of reception year children that are obese than both the Tameside and England Average. St. Peter's and Ashton Hurst have the second and third highest rates of obesity within reception year children out of all Tameside wards.

Ashton St. Michael's and Ashton Hurst have the first and second highest rates of obesity within year 6 children out of all Tameside wards. Ashton Waterloo and St. Peter's wards have a rate of obesity within year 6 children that is approximate to the Tameside average.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups within Ashton, it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst Routine and Manual families.

Harmful drinking patterns contribute to increasing levels of alcohol related ill health and pressure on health services through long-term conditions such as liver disease. In the short term alcohol contributes to accidents and violent crime. Harmful drinkers tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in the Ashton locality it is expected that there will be high levels of harmful drinking.

Hospital Admissions for acute alcohol intoxication are significantly higher in the Ashton Neighbourhood compared to other Tameside neighbourhoods and Tameside as a whole.

Future Health Needs

Prevalence projections for Tameside between 2017 and 2022[15] show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the next five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via THE Projecting Older People Population Information (POPPI). These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect a rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's aging population will bring an increase in long-term mental health problems, including dementia which will bring significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 in Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The North neighbourhood is likely to see a similar percentage change of population and may therefore need to consider the extra pressure on pharmaceutical services for the aging population.

There are major developments underway in Ashton Town Centre which sits in the Ashton neighbourhood, developments include Vison Tameside which will see a multi-service centre on Wellington Road, a new sixth form College opened in 2016 and the newly refurbished market will be complete alongside the multi-service centre in 2018. Estimates are that by the completion of the development up to 3,000 students and 300 staff will be brought regularly into the town centre. This will be partially be offset by the relocation of some council staff into other parts Tameside.

Access to Pharmacy – Ashton Neighbourhood

There are 16 pharmacies in the Ashton Neighbourhood and 1 pharmacy at the Tameside Foundation Integrated Care Trust (ICFT) with a further 4 pharmacies located in other parts of

[15] **Source:** APHO Prevalence models, 2008 and 2012; ONS, 2014

Tameside and out of area' pharmacies in Oldham that are also likely to be accessed by the residents living in the Ashton neighbourhood.

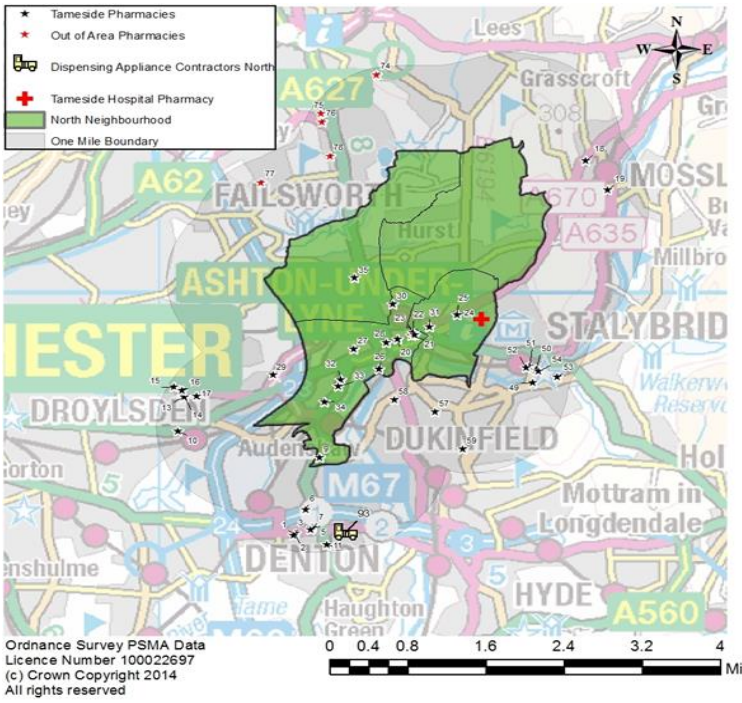
The pharmacies in the Ashton neighbourhood are available during core hours, out of hours and on weekends, are easy to access and provide services at convenient locations. They include four 100 hours pharmacies.

People living in areas of socio-economic deprivation (e.g. St Peter's and St Michaels) in the Ashton Neighbourhood have good access to public transport and also have pharmacies within walking distance.

Pharmacies in the Ashton Neighbourhood provide a range of enhanced and advanced services to support the health need of the local population.

The pharmacy provision for essential and advanced services in the Ashton neighbourhood is very good and meets the needs of the local population.

Map 7: Locations of pharmaceutical services serving the Ashton Neighbourhood



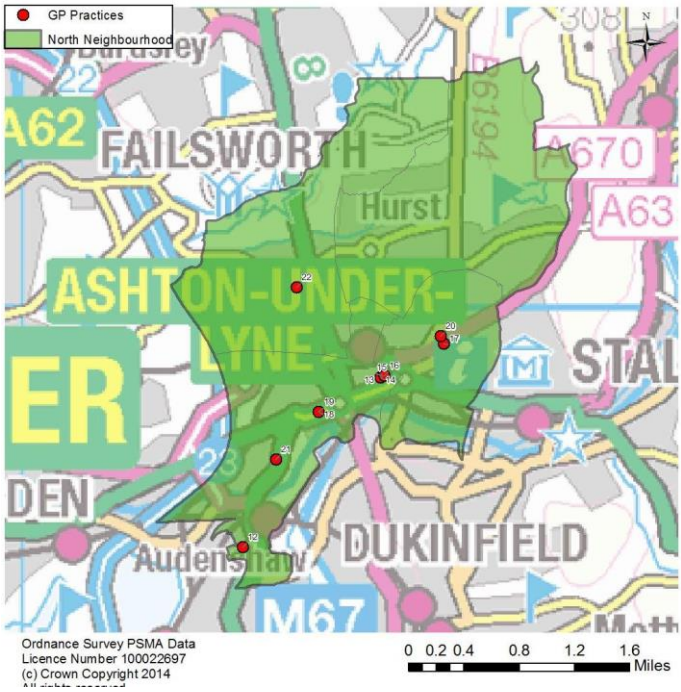
Source: Tameside MBC Public Health Intelligence

NB: For information on pharmacies in neighbouring localities, please see relevant neighbourhood section.

Map 7: Locations of pharmaceutical services serving the Ashton Neighbourhood clearly shows a concentration of pharmacies around the large town centre of Ashton with easy access from road, public transport and within walking distance of the majority of the neighbourhood. The North of the neighbourhood around Hurst has less concentration of pharmacies but access is still good to those in the neighbourhood, plus those in Stalybridge and Mossley, or those that are out of town in Oldham.

It is also important to consider the pharmacies location in relation to the 11 GP Practices in the Ashton neighbourhood (as respondents in the public consultation highlighted how important this is to them).

Map 8: Locations of GP practices in the Ashton Neighbourhood (red circles)

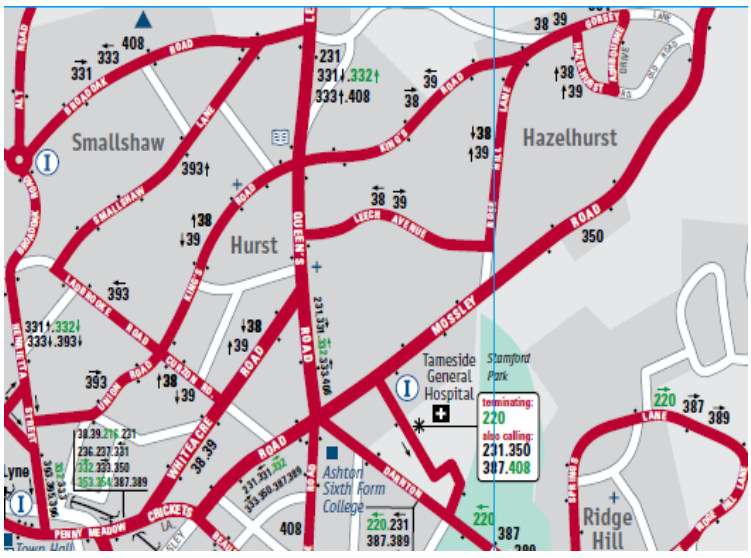


Access to both GP Practices and pharmacies in the north of the neighbourhood have been further cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Ashton St. Peter's: The whole of Ashton St. Peter's ward is classified as socio-economically deprived using the IMD2015. Census data also shows that approximately 50% of people do not own a car or van. No further analysis was undertaken of this area as 12 pharmacies are located across the ward; therefore most residents were considered able to access the pharmacies on foot and analysis of GMPTE public transport information reveals an extensive network accessible from all areas of the ward.

Ashton Hurst: There are no community pharmacies located within the Hurst Ward itself but Map 8shows that the area is served by a large number of bus routes into and away from the centre of Ashton.

Map 9: Public transport routes through the Hurst area of Ashton



Source: GMPTE, 2016

In summary: There is good provision through a range of Pharmacies in this neighbourhood providing essential services and a range of advanced and enhanced services and although some of the most deprived areas such as Hurst and St. Peter's may seem slightly geographically isolated they do have access to good pharmacy provision and are connected with good public transport.

Even in the town centre with the anticipated increase in students and teachers through the multi-service centre currently in construction and the new sixth form college now operating in the centre of Ashton, there is such a concentration of pharmacies within this part of the neighbourhood that even this level of increase will be well within their shared capacity.

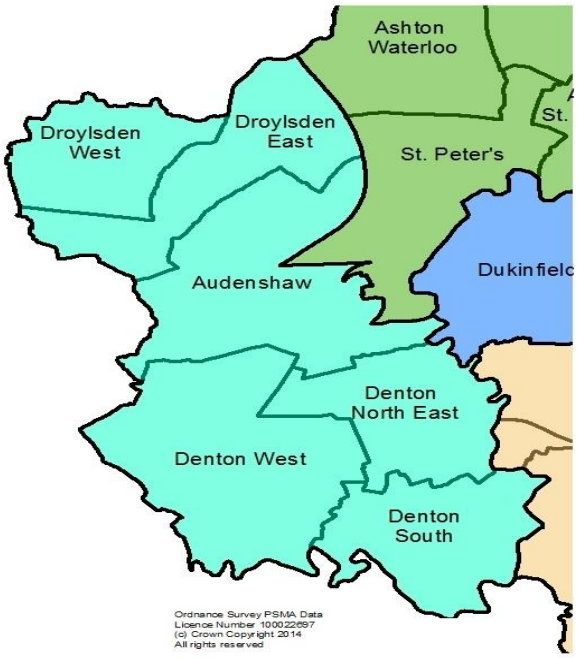
It is recognised that many of these community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

The pharmacy provision in the Ashton neighbourhood is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase staff levels and skill mix appropriate to the increased pressure.

THE DENTON NEIGHBOURHOOD

Map 10: Denton Neighbourhood - (turquoise)



The Denton Neighbourhood is situated in the west of the borough of Tameside on the border with the neighbouring areas of Stockport and Manchester and has a total population of 68,479. This constitutes 31.1% of the total Tameside population with slightly more females than males (48.4% male and 51.6% female). There is a roughly equal split of the population between each of the wards. There are slightly more males in the younger age groups and slightly more females in the older groups.

Denton South, Droylsden, Audenshaw and Denton wards are a mix of deprived and less deprived wards. But on the whole the Denton neighbourhood contains proportionately less of the population categorised within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2015, compared to the Tameside average. A higher proportion of the population of the Denton Neighbourhood live in quintiles 2 and 3 compared to the Tameside average.

At 94.9%, the Denton neighbourhood has a higher proportion of its population in the 'White' ethnic category than Tameside and a lower proportion of BME groups.

Average life expectancy (LE) in the Denton Neighbourhood is above the Tameside average for both males and females. Exceptions are males in Denton South, and females in Audenshaw and Denton South, where life expectancy is lower than the Tameside average.

Source: Tameside Public Health Intelligence

Health Need in the Denton Neighbourhood

Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio Vascular Disease) for all ages, the Denton Neighbourhood is worse for cancer and COPD compared to England, the Northwest and Tameside averages.

The Denton Neighbourhood also has higher rates for premature mortality (under 75s) for cancer and stroke compared to England, the Northwest and Tameside.

Table 5: Premature mortality in the Denton Neighbourhood

Denton Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Audenshaw	62	404.11	41	271.54	51	167.02	24	75.24
Denton North East	54	380.23	52	338.25	53	178.59	25	83.65
Denton South	81	553.72	64	383.74	48	151.38	43	142.46
Denton West	38	247.49	23	138.89	25	79.71	14	87.93
Droylsden East	42	283.34	28	195.30	30	103.5	18	62.41
Droylsden West	29	225.32	35	229.58	34	117.63	18	65.12

Source: PCMD

Morbidity

According to QOF disease registers, patients registered in West locality have a higher prevalence than both England and the Tameside average for:

- Atrial Fibrillation (1.9%)
- Cancer (2.5%)
- Depression (12.9%)
- Heart Failure (0.9%)
- Hypertension (15.9%)

The table below illustrates the key causes of morbidity for the Denton Neighbourhood.

Table 6: Disease prevalence by Neighbourhood (2016/17) Denton

Practice Name	Neighbourhood	AF		Hypertension		CHD		Heart Failure		Stroke		Asthma		COPD		Obesity	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
MEDLOCK VALE MEDICAL PRACTICE	Denton	174	2.14	1,376	16.92	338	4.16	119	1.46	191	2.35	555	6.82	241	2.96	627	9.38
WINDMILL MEDICAL PRACTICE	Denton	281	2.19	1,995	15.51	566	4.40	119	0.93	331	2.57	797	6.20	309	2.40	582	5.58
DENTON MEDICAL PRACTICE	Denton	206	2.82	1,470	20.14	347	4.75	86	1.18	165	2.26	546	7.48	229	3.14	930	15.90
CHURCHGATE SURGERY	Denton	183	2.21	1,354	16.38	349	4.22	79	0.96	191	2.31	579	7.01	289	3.50	614	9.24
MARKET STREET MEDICAL PRACTICE	Denton	106	1.78	1,151	19.28	230	3.85	43	0.72	101	1.69	268	4.49	208	3.48	458	9.47
DROYLSDEN MEDICAL PRACTICE	Denton	32	0.87	442	12.00	93	2.53	19	0.52	49	1.33	245	6.65	84	2.28	378	14.48
GUIDE BRIDGE MEDICAL PRACTICE	Denton	42	1.16	394	10.90	99	2.74	23	0.64	35	0.97	229	6.33	81	2.24	265	10.03

Practice Name	Neighbourhood	Smoking		Cancer		CKD		Diabetes		Dementia		Learning Disability		Depression		Rheumatoid Arthritis	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
MEDLOCK VALE MEDICAL PRACTICE	Denton	1,178	17.0	265	3.26	213	3.19	499	7.36	66	0.81	23	0.49	1,002	14.99	62	0.91
WINDMILL MEDICAL PRACTICE	Denton	2,099	19.4	393	3.06	413	3.96	655	6.20	76	0.59	31	0.61	1,590	15.24	84	0.78
DENTON MEDICAL PRACTICE	Denton	1,446	23.9	184	2.52	271	4.63	484	8.18	76	1.04	50	0.47	910	15.56	44	0.74
CHURCHGATE SURGERY	Denton	1,437	20.8	255	3.09	233	3.51	550	8.17	51	0.62	39	0.42	667	10.04	67	0.98
MARKET STREET MEDICAL PRACTICE	Denton	1,166	23.2	136	2.28	176	3.64	375	7.65	66	1.11	34	0.63	380	7.86	49	0.99
DROYLSDEN MEDICAL PRACTICE	Denton	717	26.4	77	2.09	42	1.61	146	5.54	20	0.54	9	0.14	341	13.07	18	0.67
GUIDE BRIDGE MEDICAL PRACTICE	Denton	616	22.4	41	1.13	57	2.16	155	5.80	17	0.47	5	0.23	355	13.44	4	0.15

Source: QOF-NHS Digital 2015/16

Risk factors

It is estimated that people living in the majority of wards in the Denton Neighbourhood are likely to choose unhealthy lifestyle behaviours. With the exception of Denton West and Denton East, residents in the Denton neighbourhood wards are more likely to be obese and to binge drink compared to the Tameside average. With the exception of Audenshaw and Denton West, all other wards are expected to have a lower proportion of the population consuming 5 or more portions of fruit and vegetables daily and have lower than average physical activity levels..

Although Hospital admissions for acute alcohol intoxication are lower in the Denton neighbourhood compared to Tameside, high Admissions for alcohol intoxication in Denton South highlight a need to target efforts to reduce binge drinking in areas of deprivation.

Future Health Need

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

As with the other three neighborhoods estimated numbers of people with depression and dementia in the over 65 population are expect to rise and the West neighbourhood is likely to see a similar percentage change of population and may therefore need to consider how this will be expressed in demand for GP and pharmacy services.

Denton South ward has the 5th highest rate of Job Seekers Allowance claimants at 3.6% of the working age population in 2014. The Denton South ward also has high rates of socio-economic deprivation and so is might be expected to be affected to a higher degree than the rest of Tameside and Glossop; again this may also bring increased demand for pharmacy services.

In relation to increased demand for pharmacy services in the West neighbourhood Pharmacy is a business that can easily increase staff levels and skill mix appropriate to the increased pressure and, this is an area where provision has increased as 3 more pharmacies have opened since the last PNA in 2011.

Access to Pharmacy – Denton Neighbourhood

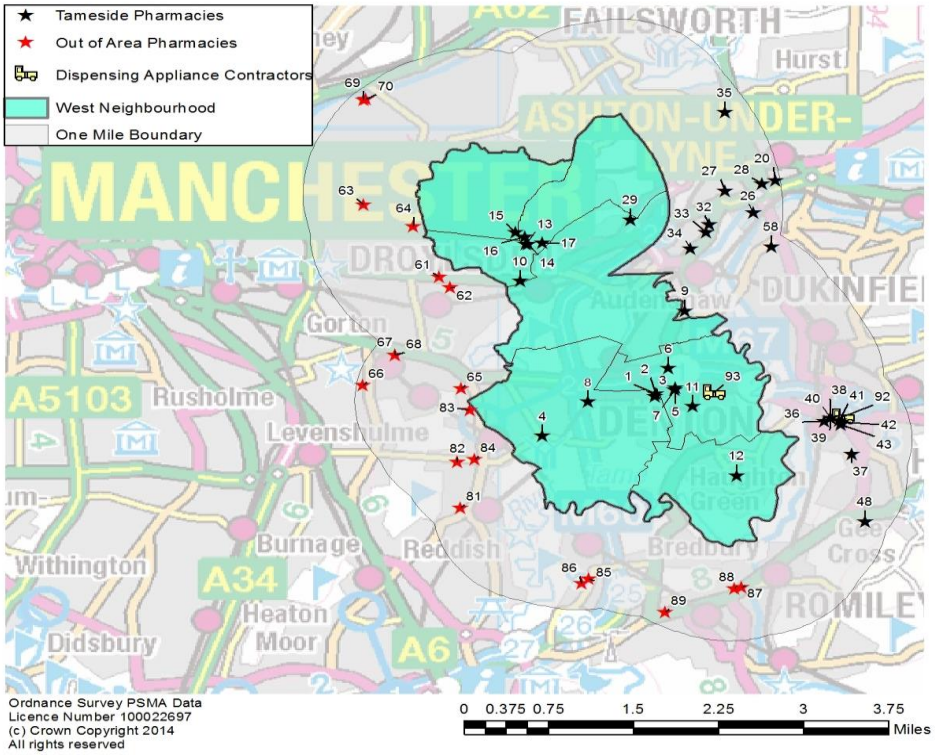
The Denton neighbourhood has seen a relatively large increase in pharmacies and now contains 17 pharmacies (from 14 in 2011) and 7 GP practices at which pharmaceutical services can be accessed. As Map 11 shows, there are also 19 pharmacies within

Manchester and Stockport local authorities that can be easily accessed by the Denton Neighbourhood residents and the neighbouring localities of Ashton and Hyde Neighbourhoods have a number of pharmacies and GPs that residents are able to access. One dispensing appliance contractor, which serves the whole of the Tameside and Glossop population, is also located within this neighbourhood.

It is recognised that many community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

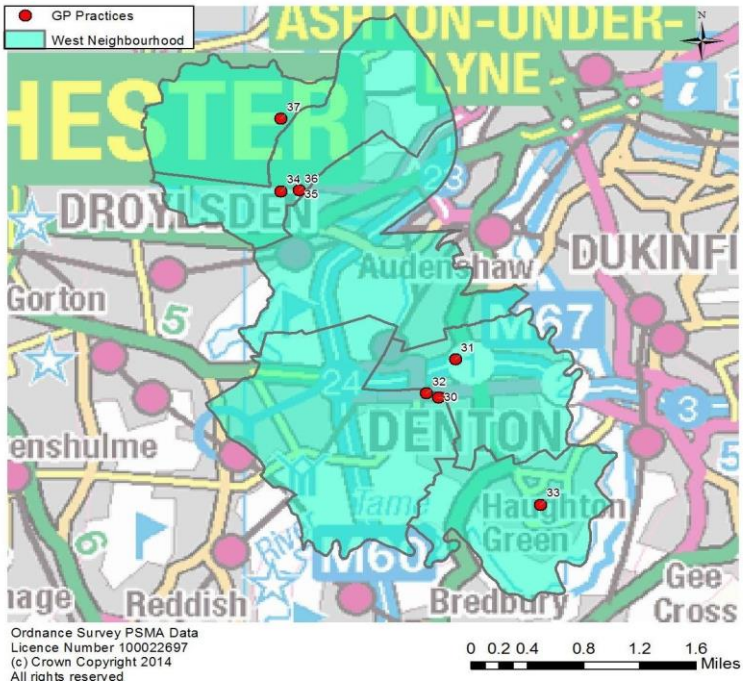
Map 11: Locations of pharmaceutical services in the Denton Neighbourhood



Source: Tameside MBC Public Health Intelligence

Considering pharmacy provision alongside access to GP services and in Denton Neighbourhood there are 7 GP Practices clustered in Droylsden and Denton with good correlation with the spread of pharmacies.

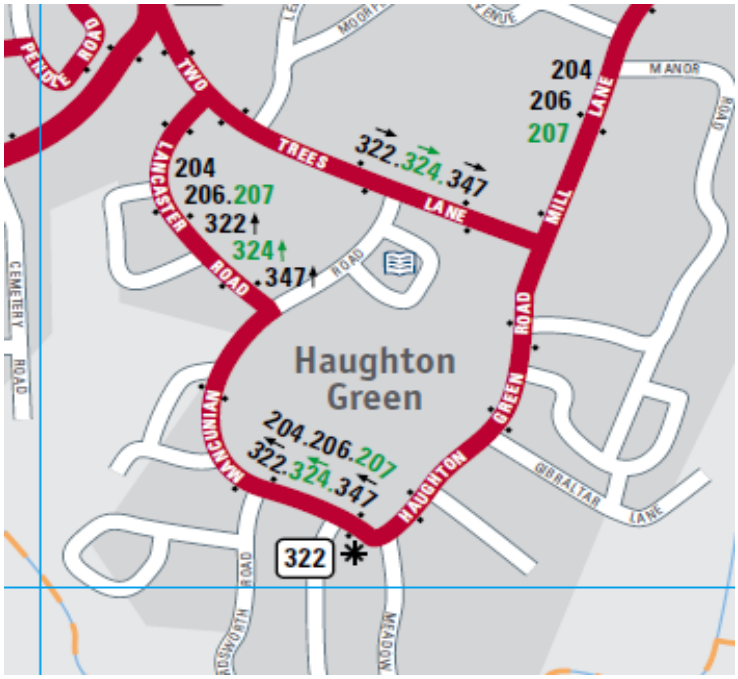
Map 12: Locations of GP practices in the Denton Neighbourhood (Red Circles)



Clearly this area of Tameside has on the whole got good access to pharmacies, including two 100 hours pharmacies. However, further analysis has been undertaken to identify if there are any areas where residents live who may have difficulty accessing pharmaceutical services. Only Haughton Green was identified as an area of potential concern using socio-economic deprivation at LSOA (Lower Super Output Area) level as a proxy to identify areas likely to have low levels of car ownership and high levels of health need and that may be geographically isolated from the town centre. This area was then cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Haughton Green in the 'Denton South' ward is classified as socio-economically deprived according to the IMD2015. There is also likely to be a high proportion of people who do not own a car or van in this ward and as the previous health need section showed, frequently have poor health outcomes. There is one pharmacy serving the immediate area of Haughton Green.

Map 13: Public transport routes through the Haughton Green area of Denton

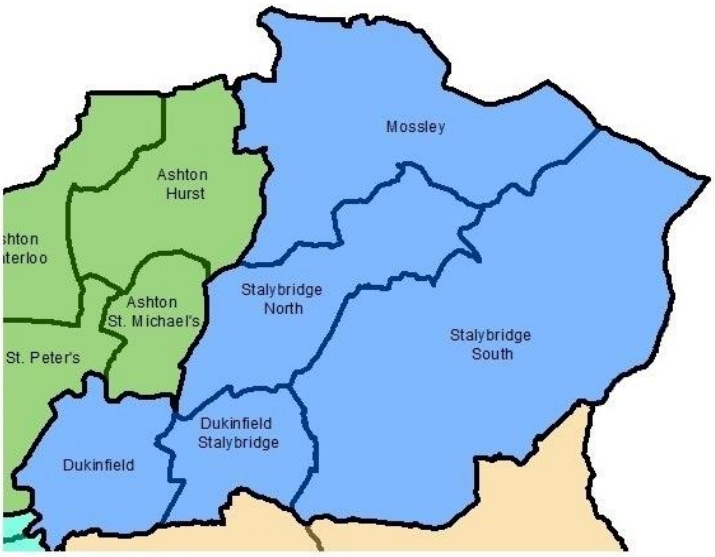


Source: GMPTE, 2017

In summary there has been an increase of pharmacies in the Denton neighbourhood and whilst demand may increase due to demographic change and deprivation having an impact, there is good provision and the existing providers should be able to easily respond and flexibly increase staff levels and skill mix appropriate to the increased pressure

THE STALYBRIDGE NEIGHBOURHOOD

Map 14: Stalybridge Neighbourhood - (coloured blue)



The Stalybridge neighbourhood has a total population of 58,416. This constitutes 26% of the total Tameside population with slightly more females than males (49% male and 51% female). There is a roughly equal split of the population between each of the wards. The highest proportion of the population is the 45-54 years age group, followed by the 35-44 and 25-34 age groups. There are slightly more males in the younger

age groups and slightly more females in the older groups.

Overall the neighbourhood is less deprived than the Tameside average, with less than a quarter of the local population living in the 20% most deprived areas in the country.

The Stalybridge Neighbourhood has a higher proportion of its population in the 'White' ethnic category than Tameside and a much lower proportion from BME groups.

Average life expectancy (LE) in the Stalybridge Neighbourhood is higher than the Tameside average in males, but the same as the Tameside average for females.

Stalybridge North and Dukinfield wards have a low % of owner occupied housing at 50-60%, Dukinfield Stalybridge and Mossley wards are slightly higher at 60-70%, whilst Stalybridge South is at 72%.

Stalybridge South has the lowest percentage of people aged 65+ living alone in Tameside at 27.6%. Dukinfield has the highest percentage of people aged 65+ living alone out of the Stalybridge Neighbourhood wards at 37.4%.

Health Need in Stalybridge Neighbourhood

Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio Vascular Disease) for all ages, the East Neighbourhood is worse compared to Tameside averages for CVD.

With respect to premature mortality The Stalybridge neighbourhood has favourable comparable premature (under 75) mortality for the main causes of death compared to Tameside averages. Mossley has the lowest under 75 year mortality rate in the Stalybridge neighbourhood, with Stalybridge North having the highest.

Table 7: Premature mortality rates

Stalybridge Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Dukinfield	69	478.83	65	454.21	50	176.67	35	126.56
Dukinfield Stalybridge	76	489.94	58	379.27	52	164.96	37	120.35
Mossley	23	156.65	21	169.19	12	48.5	15	52.16
Stalybridge North	90	580.34	55	353.53	44	142.81	33	108.83
Stalybridge South	55	404.35	30	214.27	37	137.73	19	65.86

Morbidity

Additionally, when considering morbidity Quality Outcomes Data (QOF) for the Stalybridge Neighbourhood, GP registers shows their patients have a higher than average prevalence (compared with England, and the rest of the North West) for:

- Asthma (6.7%)
- Cancer (2.3%)
- Depression (11.8%)
- Obesity (10.9%)

The data from this should be treated with an element of caution but it can be used as a proxy for disease. It represents the GP registered population, which does not include all Tameside residents and data for the Stalybridge neighbourhood is made up of patients registered with Stalybridge Neighbourhood GPs, all of whom may not be resident within that area. Additionally, QOF prevalence data does not reflect undiagnosed patients and may not show 100% recording. Please see table 8 for disease prevalence in the Stalybridge Neighbourhood.

Risk factors

Model-based estimates of lifestyle show that people living in the majority of wards in the East Neighbourhood area are more likely to binge drink and less likely to be obese than Tameside and England.

Two wards within the East Locality, Dukinfield and Stalybridge North, have an expected prevalence of 5 a day fruit and vegetable consumption that falls below that of Tameside and England as a whole

Obesity increases the risk of morbidity from diseases such as CVD, cancer and type 2 diabetes. This can lead to an increased risk of premature mortality. We currently estimate there are 60,000 obese and 95,500 overweight adults within Tameside as a whole. The anticipated rise in obesity and overweight for both adults and children is also expected to have a significant impact on life expectancy.

Table 8: Disease prevalence by Neighbourhood (Stalybridge) 2016/17

Practice Name	Neighbourhood	AF		Hypertension		CHD		Heart Failure		Stroke		Asthma		COPD		Obesity	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
LOCKSIDE MEDICAL CENTRE	Stalybridge	131	1.72	1,135	14.87	266	3.48	62	0.81	158	2.07	597	7.82	172	2.25	603	10.37
STAVELEIGH MEDICAL CENTRE	Stalybridge	149	2.22	1,161	17.29	289	4.30	56	0.83	147	2.19	431	6.42	182	2.71	745	13.62
KING STREET MEDICAL CENTRE	Stalybridge	45	1.23	455	12.43	147	4.02	16	0.44	50	1.37	184	5.03	87	2.38	119	4.13
ST.ANDREW'S HOUSE SURGERY	Stalybridge	144	2.64	869	15.94	245	4.49	48	0.88	145	2.66	338	6.20	174	3.19	480	10.83
TOWN HALL SURGERY	Stalybridge	50	1.57	523	16.40	124	3.89	11	0.34	48	1.51	174	5.46	74	2.32	287	11.09
GROSVENOR MEDICAL CENTRE	Stalybridge	113	1.91	1,031	17.42	265	4.48	48	0.81	122	2.06	440	7.43	190	3.21	780	16.18
MOSSLEY MEDICAL PRACTICE	Stalybridge	37	1.68	334	15.16	53	2.41	15	0.68	33	1.50	145	6.58	61	2.77	212	12.35
PIKE MEDICAL PRACTICE	Stalybridge	30	1.58	301	15.86	65	3.42	21	1.11	33	1.74	152	8.01	52	2.74	180	12.10
MILLBROOK MEDICAL PRACTICE	Stalybridge	32	1.05	341	11.19	47	1.54	10	0.33	26	0.85	222	7.28	52	1.71	161	7.33

Practice Name	Neighbourhood	Smoking		Cancer		CKD		Diabetes		Dementia		Learning Disability		Depression		Rheumatoid Arthritis	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
LOCKSIDE MEDICAL CENTRE	Stalybridge	1,127	18.5	183	2.40	172	2.96	407	6.89	57	0.75	38	0.48	611	10.51	40	0.67
STAVELEIGH MEDICAL CENTRE	Stalybridge	1,271	22.6	188	2.80	214	3.91	423	7.66	78	1.16	32	0.58	477	8.72	48	0.86
KING STREET MEDICAL CENTRE	Stalybridge	905	30.0	73	1.99	59	2.05	188	6.44	17	0.46	12	0.28	279	9.67	25	0.84
ST.ANDREW'S HOUSE SURGERY	Stalybridge	989	21.5	146	2.68	84	1.89	266	5.92	24	0.44	15	0.97	581	13.10	45	0.99
TOWN HALL SURGERY	Stalybridge	589	21.9	61	1.91	64	2.47	184	7.02	29	0.91	31	0.59	131	5.06	28	1.05
GROSVENOR MEDICAL CENTRE	Stalybridge	1,084	21.6	177	2.99	139	2.88	400	8.20	44	0.74	35	0.57	749	15.53	45	0.91
MOSSLEY MEDICAL PRACTICE	Stalybridge	373	20.8	57	2.59	37	2.16	111	6.35	7	0.32	13	0.40	307	17.89	16	0.91
PIKE MEDICAL PRACTICE	Stalybridge	286	18.3	41	2.16	38	2.55	116	7.66	14	0.74	10	0.37	168	11.29	6	0.39
MILLBROOK MEDICAL PRACTICE	Stalybridge	476	20.7	33	1.08	35	1.59	109	4.88	14	0.46	7	0.23	307	13.97	11	0.49

Source: QOF prevalence NHS Digital 2015/16

Childhood obesity measurement at reception age and in year 6, show that children in this neighbourhood currently have rates of obesity below the Tameside and England averages.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups especially within Stalybridge North and South wards, it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst R&M families.

Harmful drinking patterns contribute to increasing levels of alcohol related ill health and pressure on health services through long-term conditions such as liver disease. In the short term alcohol contributes to accidents and violent crime.

Harmful drinkers tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in areas of the Stalybridge North and South wards, it is expected that there will be high levels of harmful drinking.

The rates of hospital admissions for acute alcohol intoxication in the Stalybridge Neighbourhood are lower than the Tameside average, although not significantly so. The highest rate of hospital admissions for acute alcohol intoxication in this Neighbourhood is in Stalybridge North.

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for **just** these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2016 and 2022, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional

325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people.

It is expected that Tameside's aging population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 across Tameside there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44.

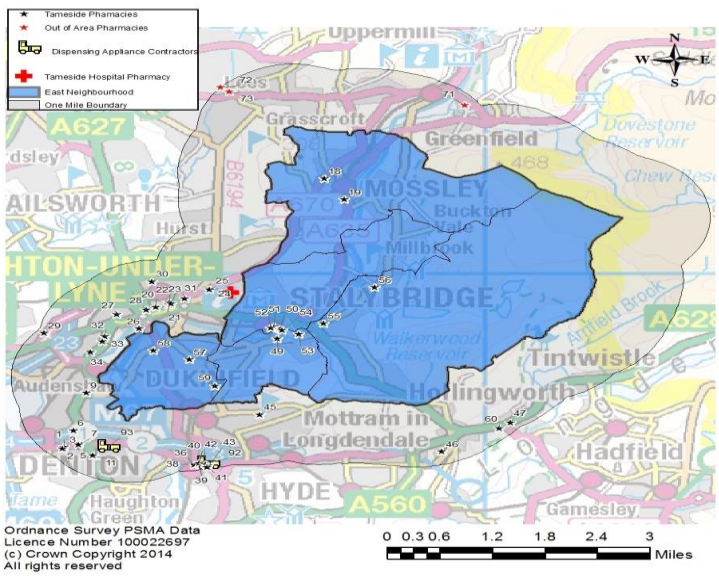
It is not currently anticipated that this will substantially alter the spatial distribution of population and households across the Stalybridge Neighbourhood.

The Stalybridge neighbourhood is likely to see a similar percentage change of population as the rest of Tameside but spread more or less evenly across the area and may therefore extra pressure on pharmaceutical services from an aging population should be felt across the range of providers rather than in any defined specific location.

Access to Pharmacy – Stalybridge Neighbourhood

There are 13 pharmacies in the Stalybridge neighbourhood, including two 100 hours pharmacies, and 3 out of area pharmacies that are likely to be accessed by residents of this locality. These out of area pharmacies are located in Oldham, and a range of other pharmacy options exist throughout the rest of Tameside.

Map 15: Pharmacies in the Stalybridge Neighbourhood



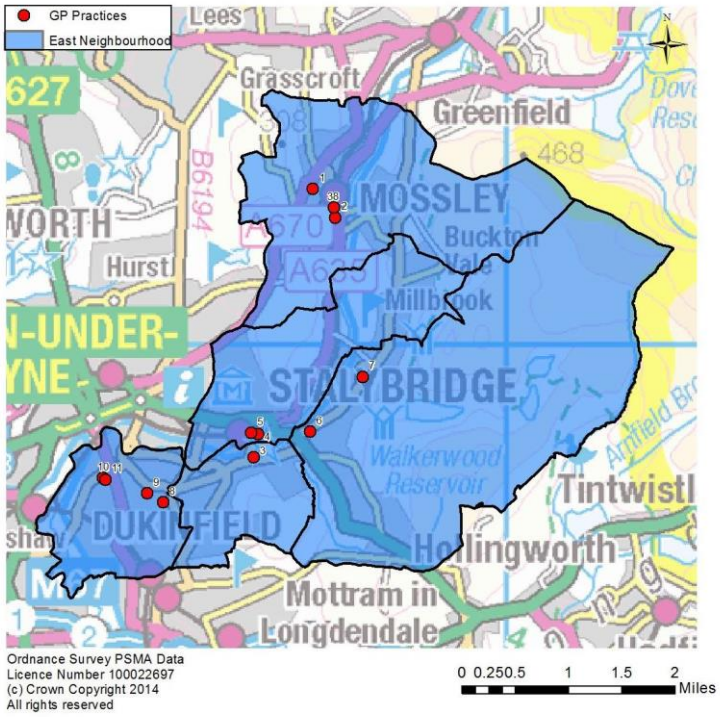
Map 15 clearly shows the location of the current pharmacies within the Stalybridge neighbourhood, with a concentration of 7 in Stalybridge close to the Town Centre and the major road and rail intersections/public transport hub. Dukinfield has 3 pharmacies, Mossley has 2 and there is a further pharmacy in

Stalybridge at Millbrook.

It is important to understand against this location map the population distribution within the Stalybridge neighbourhood and to take account of whether there is any proportion of the population living further than 1.6 kilometres from the pharmacies mapped. In doing so access to those pharmacies within the same walking distance but lying outside the Stalybridge neighbourhood boundaries have to also be taken into account

It is also important to consider pharmacy provision alongside access to GP services and in the Stalybridge Neighbourhood there are 11 GP Practices.

Map 16: GP Practices within the Stalybridge Neighborhood



The concentrations of the population within the Stalybridge Neighbourhood are largely in the urban or rural urban fringes and with very good access to the 13 pharmacies and 11 GP Practices in the area. Tameside & Glossop Integrated Care Foundation Trust (ICFT) to the west of the border is also available, Mossley residents are able to access 3 pharmacies within the Oldham boundary and within the 20 minute walk estimate, and, there are a further 34 pharmacies within the other Tameside neighbourhoods.

Spatially to the North East of the Neighbourhood there is an open area of this map where in fact there is very little population at all with this area being a combination of moorland, reservoirs and farms.

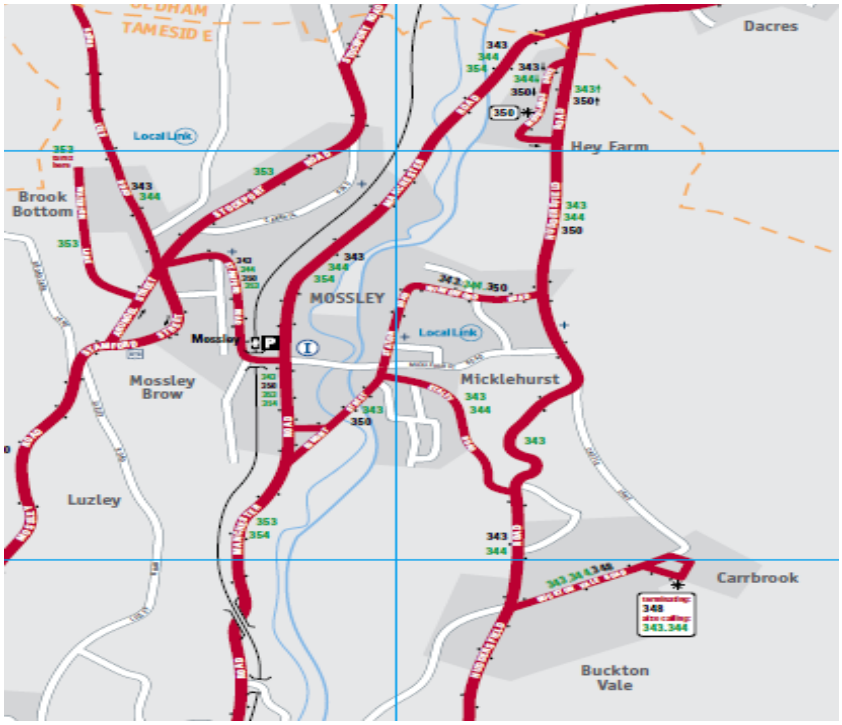
The areas of Micklehurst and Millbrook; Millbrook-Manor pharmacy on Huddersfield road is very close to the border; and may be identified as areas potentially more geographically isolated from the town centres. These areas have been cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Micklehurst is within the Mossley ward, and is classified as within the 20% most socio-economically deprived areas in the country according to the IMD2015. There is also likely to be a high proportion of people who do not own a car or van in this area. Micklehurst is also geographically isolated. Lloyds and 'Chadwick and Hadfield' pharmacies are located in Mossley, close to the Micklehurst area, and Pike and Mossley Medical Practices are also situated in the Mossley area and are accessible to Micklehurst residents. The map below (map 20) also illustrates there are a number of bus services linking Micklehurst to Mossley, Stalybridge, Ashton and Oldham where other services can be accessed.

It is also recognised that the majority of community pharmacies serving this area provide free prescription collection and delivery services to patients homes as an added value service to patients and that prescription delivery services are now included in the community pharmacy contractual framework for certain patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Map 17: Public transport routes through the Micklehurst and Mossley areas



Source: GMPTE 2014

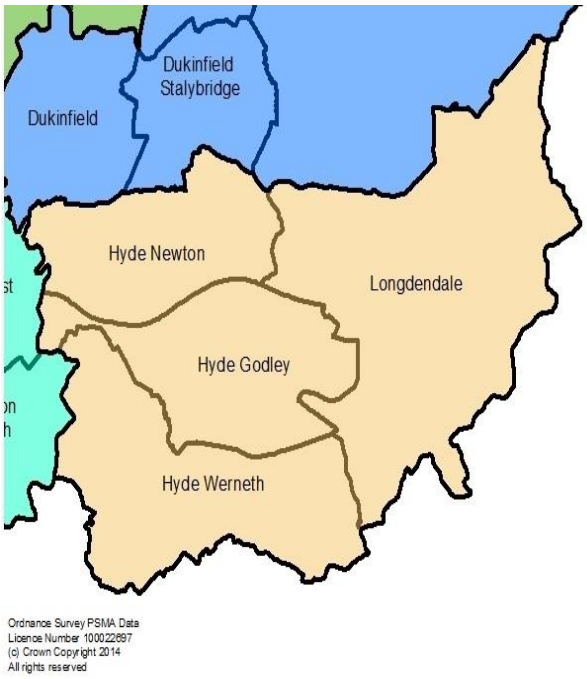
In summary there is good provision through a range of Pharmacies in this locality providing essential services and a range of advanced and enhanced services and although some of

the most deprived areas like Micklehurst may seem geographically isolated they do have access to good pharmacy provision and are connected with good public transport.

The pharmacy provision in the Stalybridge neighbourhood is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase staff levels and skill mix appropriate to the increased pressure.

THE HYDE NEIGHBOURHOOD

Map 18: Hyde Neighbourhood - Wards within the Hyde Neighbourhood (coloured pink)



The South Neighbourhood encompasses the wards of Hyde Newton, Hyde Godley, Hyde Werneth and Longdendale and is situated in the south of the borough of Tameside on the border with the neighbouring area of Stockport and has a total population of 46,838. This constitutes **21%** of the total Tameside population with slightly more females than males (**49% male** and **51% female)**. There is a roughly equal split of the population between each of the wards. The highest proportion of the population is within the 45-54 years age group, followed by the 35-44 and 25-34 groups. There are slightly more males in the younger age groups and slightly more females in the older groups.

This neighbourhood contains proportionately more population categorised as living within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2015, compared to the Tameside average. This equates to just less than half (42%) of the neighbourhood population living in the 20% most deprived areas in the country.

Local unemployment rates are higher than the Northwest and UK. And job Seekers Allowance claimants in Hyde Newton have the 2nd highest claimant rate and Hyde Godley the 3rd highest claimant rate in Tameside in 2016.

With respect to ethnicity census data shows that 90.1% of Hyde, Hollingworth and Longdendale locality's population is of 'White' ethnicity, compared to 90.9% average for Tameside.

The whole neighbourhood has a higher than average proportion of 'Asian or Asian British' population than the Tameside average (9% vs 8%), with smaller populations of 'Mixed', 'Black, or Black British', 'Chinese' and 'Other' ethnic groups than the Tameside average.

Hyde Werneth has by far the highest number of Bangladeshi residents of any ward in Tameside, accounting for 40% of the borough's total Bangladeshi population.

When considering lifestyle in the Bangladeshi community it is worth noting that there is a higher prevalence of smoking amongst men than the white population.

Coronary Heart Disease (CHD) is a major cause of death in ethnic minorities particularly those of South Asian descent and while cancer is decreasing in the general population, there has been a rise within the South Asian community. In addition type II diabetes is six times more common in South Asians.

Pakistani and Bangladeshi communities in Tameside have a young age profile and it is expected that the older population will increase significantly in the future, significantly impacting on this locality.

Average life expectancy (LE) in the Hyde Neighbourhood is below the Tameside average for both males and females, however, at ward level, only Hyde Godley has a lower life expectancy compared to the Tameside average for males and females.

Hyde Werneth ward has a high percentage of owner occupied housing with Hyde Godley, Hyde Newton and Longdendale having a significantly lower percentage of owner occupied housing.

Hyde Godley and Longdendale wards have the 3rd and 4th highest percentage of pensioners aged 65+ living alone in Tameside at 39.2% and 38.2% respectively.

Health Need in the Hyde Neighbourhood

Mortality

Average Life expectancy in the Hyde Neighbourhood is similar to the Tameside average for both males and females, with a locality average being **77.7 years** and **81.1 years** respectively.

The Hyde neighbourhood has higher all age mortality for CHD, CVD and Stroke compared to the Tameside average. Premature mortality within the Hyde neighbourhood is higher than the Tameside and Glossop average for CHD, CVD, COPD and Stroke.

Table 9: Premature mortality in the Hyde Neighbourhood (2014/16)

Hyde Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Hyde Godley	78	592.57	56	421.11	46	180.13	28	104.5
Hyde Newton	65	400.34	65	399.12	52	349.13	36	118.04
Hyde Werneth	60	434.22	31	212.40	41	145.4	24	83.41
Longdendale	80	587.83	45	303.11	49	172.62	34	120.97

Morbidity (see table 10)

QOF register data shows that the Hyde neighbourhood has a higher number on disease registers for the following

Asthma (6.9%)

Diabetes (8.6%)

Depression (10.7%)

Obesity (10.5%)

Smoking (21.9)

Risk factors

Modelled estimates show that people living in Hyde Newton and Hyde Godley areas are likely to exhibit unhealthy lifestyle behaviours. Residents in areas of Hyde Newton and Hyde Godley are likely to binge drink more, have greater levels of obesity and consume fewer fruit and vegetables than the Tameside average.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups especially within Hattersley (Hyde Godley and Longdendale wards), it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst R&M families.

Alcohol causes similar levels of concern for the neighbourhood as harmful drinkers also tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in areas of the Hyde Godley and Longdendale wards (Hattersley) and Hyde Newton ward, it is expected that there will be high levels of harmful drinking also.

Table 10: Disease prevalence by Neighbourhood (Hyde) 2016/17

Practice Name	Neighbourhood	AF		Hypertension		CHD		Heart Failure		Stroke		Asthma		COPD		Obesity	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
THE BROOKE SURGERY	Hyde	169	1.62	1,734	16.66	413	3.97	97	0.93	248	2.38	736	7.07	293	2.81	578	7.04
AWBURN HOUSE MEDICAL PRACTICE	Hyde	138	1.92	780	10.87	305	4.25	46	0.64	147	2.05	351	4.89	162	2.26	897	15.19
CLARENDON MEDICAL CENTRE	Hyde	169	2.13	1,208	15.26	321	4.05	98	1.24	162	2.05	615	7.77	305	3.85	652	10.43
HATTERSLEY GROUP PRACTICE	Hyde	78	1.41	895	16.18	244	4.41	41	0.74	141	2.55	466	8.42	200	3.61	386	9.37
HAUGHTON/THORNLEY MEDICAL CENTRES	Hyde	203	1.69	1,900	15.83	463	3.86	87	0.72	249	2.07	803	6.69	359	2.99	1,423	15.47
DONNEYBROOK MEDICAL CENTRE	Hyde	181	1.90	1,717	18.01	399	4.19	69	0.72	185	1.94	666	6.99	308	3.23	676	8.96
DAVAAR MEDICAL CENTRE	Hyde	184	1.73	1,941	18.21	422	3.96	70	0.66	218	2.05	704	6.60	286	2.68	757	9.28
THE SMITHY SURGERY	Hyde	81	1.85	638	14.59	175	4.00	66	1.51	102	2.33	291	6.65	96	2.20	304	8.68

Practice Name	Neighbourhood	Smoking		Cancer		CKD		Diabetes		Dementia		Learning Disability		Depression		Rheumatoid Arthritis	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
THE BROOKE SURGERY	Hyde	1,722	20.1	308	2.96	281	3.42	587	7.04	132	1.27	51	0.37	1,283	15.63	64	0.76
AWBURN HOUSE MEDICAL PRACTICE	Hyde	1,038	16.9	256	3.57	111	1.88	360	6.01	45	0.63	17	0.50	278	4.71	51	0.84
CLARENDON MEDICAL CENTRE	Hyde	1,564	24.1	161	2.03	148	2.37	524	8.26	92	1.16	28	0.42	682	10.91	52	0.81
HATTERSLEY GROUP PRACTICE	Hyde	1,389	32.2	104	1.88	115	2.79	343	8.19	45	0.81	23	0.57	444	10.78	40	0.94
HAUGHTON/THORNLEY MEDICAL CENTRES	Hyde	2,245	23.4	267	2.22	351	3.82	842	9.04	138	1.15	69	0.24	765	8.32	83	0.88
DONNEYBROOK MEDICAL CENTRE	Hyde	1,725	22.0	197	2.07	124	1.64	897	11.74	92	0.97	58	0.64	708	9.38	51	0.66
DAVAAR MEDICAL CENTRE	Hyde	1,836	21.6	297	2.79	314	3.85	665	8.04	146	1.37	62	0.33	859	10.53	51	0.61
THE SMITHY SURGERY	Hyde	557	15.3	132	3.02	136	3.88	218	6.14	23	0.53	23	0.54	536	15.30	26	0.72

Source: QOF 2016/17 (NHS Digital)

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

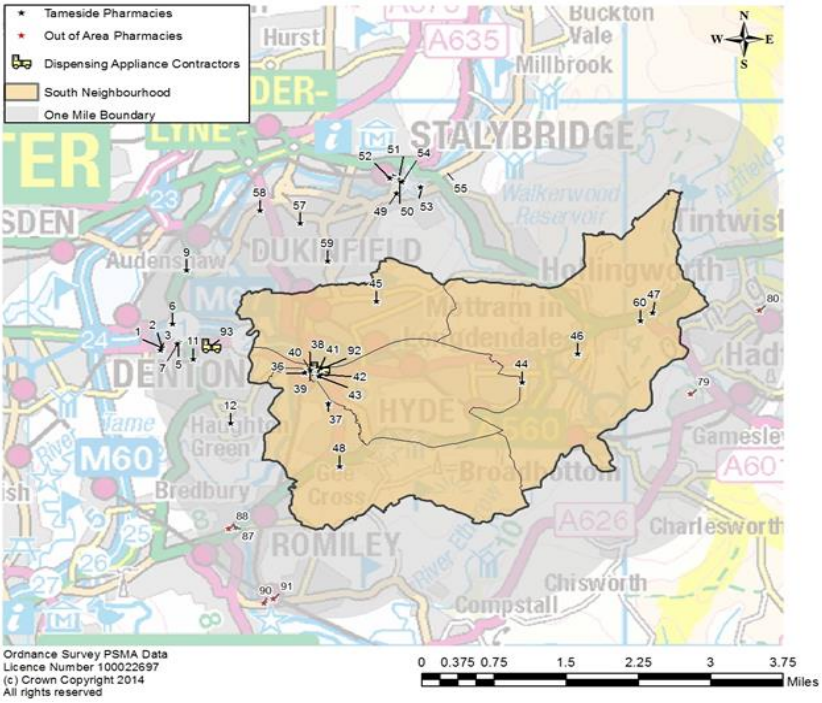
Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's aging population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The South neighbourhood is likely to see a similar percentage change of population and may therefore need to consider extra pressure on pharmaceutical services for the aging population.

The Hyde Neighbourhood contains 13 pharmacies including five 100 hours pharmacies, and 7 GP practices at which the population can access pharmaceutical services. (This is an increase of 3 more pharmacies than in 2011 in the neighbourhood). There is a particular concentration of pharmacies within the Hyde Town centre.

There are also 4 pharmacies within Stockport and 2 within high peak that can easily be accessed by Hyde Neighbourhood residents and the Denton and Ashton neighbourhoods also have a number of pharmacies and GPs that residents are able to access within the range and methods they have indicated they are comfortable with. A dispensing appliance contractor is also situated within this locality.

Map 19: Pharmacies in the Hyde Neighbourhood.



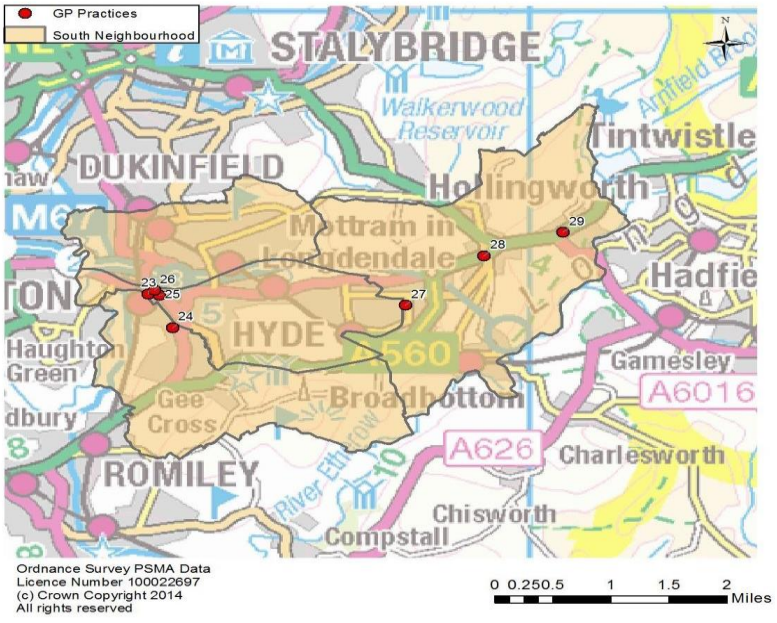
Source: NHS Tameside and Glossop Pubic Health Intelligence

NB: For information on GPs and pharmacies in neighbouring localities, please see relevant locality section.

There is a good spatial correlation between pharmacists and GP Practices across the Hyde neighbourhood.

Map 20: Locations of GP practices in the Hyde Neighbourhood (red circles)

Whilst the distribution of both pharmacies and GP Practices across the Hyde neighbourhood is good, further analysis has been undertaken to identify any areas where residents live who may have difficulty accessing pharmaceutical services.



The area of Hattersley was identified as an area geographically isolated from the town centre and with high health need with many residents living in socio-economically deprived circumstances. This area was then cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

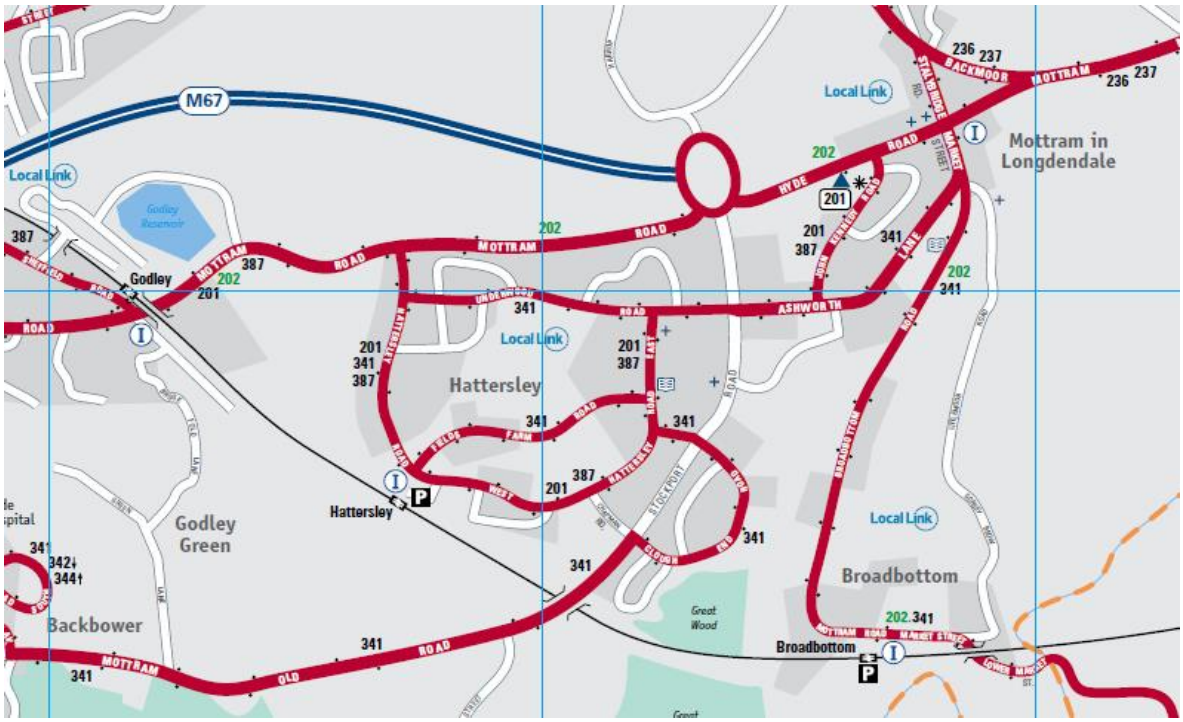
The Hattersley area is split across the wards of Hyde Godley and Longdendale. The relevant LSOAs are classified within the 5% most socio-economically deprived areas in the country according to the IMD2015. There is also likely to be a high proportion of people who do not own a car or van in this area, and a high level of health need.

The Local Boots pharmacy and Hattersley Group Practice are located close to the centre of Hattersley and are therefore accessible to residents. Map 21 also illustrates there are a number of bus services linking Hattersley to Mottram and also to Godley and on to Hyde, where connecting services link to the rest of Tameside, Stockport and Manchester. There is also a train station within Hattersley linking to Manchester.

It is also recognised that many of the community pharmacies serving this area provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Map 21: Public transport routes through the Hattersley Area



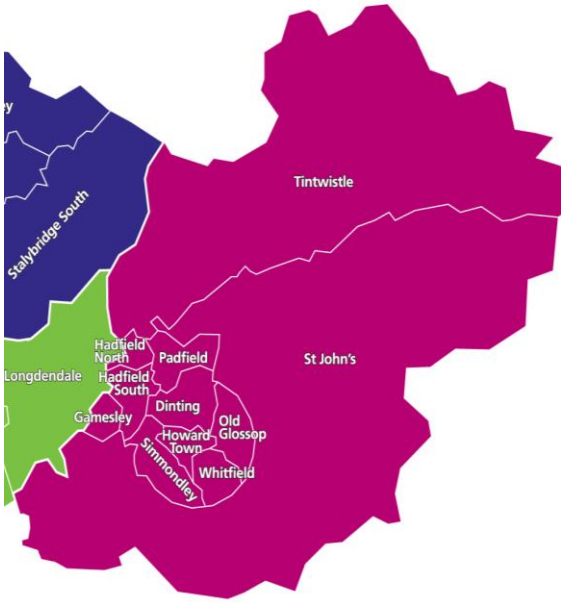
Source: GMPTE, 2017

In summary good access to pharmacy is evident across the Hyde neighbourhood, and there has been an increase in pharmacy provision in the Hyde over the last 5 years. Whilst official projections suggest an increase in households and a demographic shift towards an aging

population any increasing pressure this may bring on pharmacy services provided within the neighbourhood should be able to be responded to positively as pharmacy is a business which can easily flex to increase staff levels and skill mix appropriate to the increased pressure.

THE GLOSSOP NEIGHBOURHOOD

The Glossop neighbourhood consist of 11 wards and has an estimated total population of 33,177. This constitutes 13% of the total Tameside and Glossop population with slightly more females than males (49% male and 51% female). There is a roughly equal split of the population between the four wards of Hadfield South, Howard Town, Old Glossop and Simmondly, who share similar population densities of around 4,430. St John's has the smallest population. The highest proportion of the population is the 35-54 years age group (29%), followed by the 17-34 (20%) and 65+ age groups (18%). There are slightly more males in the younger age groups and more females in the older groups.



Overall the neighbourhood is less deprived than the Tameside average, with less than a fifth of the local population living in the 20% most deprived areas in the country.

The Glossop Neighbourhood has a higher proportion of its population in the 'White' ethnic category (97.5%) than Tameside and a much lower proportion from BME groups.

Local unemployment rates are lower than the Tameside, Northwest and UK averages. And a Job Seekers Allowance claimant is low compared to the rest of Tameside; Gamesley and Howard Town have the highest number of claimant counts.

Health Need in Glossop

Residents of Glossop have levels of poor health and limiting long term illness or disability that are lower compared to the Tameside average. Male mortality is higher than the Tameside average; however female mortality is considerably lower than the Tameside average. The prevalence rates of chronic illnesses are roughly in line with the Tameside average, apart from rates of diabetes which are lower than the Tameside average.

Mortality

Average Life expectancy in the Glossop Neighbourhood is generally higher than the Tameside average for both males and females, with a locality average being 78.2 years for males and 82.7 years for females. However the ward of Gamesley has the lowest life expectancy in Glossop for both males and females 73.3 yrs. and 77.8 yrs. respectively)

The Glossop neighbourhood has lower all age mortality for CHD, CVD and Stroke compared to the Tameside average. Premature mortality within the Glossop neighbourhood is also lower than the Tameside average for cancer, CVD, COPD and Stroke. However there are some exceptions, especially for the wards of Gamesley and Whitfield, where premature mortality from CVD and cancer are high compared to the rest of the Glossop neighbourhood.

Table 11: Premature mortality in the Glossop Neighbourhood (2014/16)

2014/16 Glossop Neighbourhood	Persons <75 Cancer deaths OBS	Persons <75 Cancer deaths DSR	Persons <75 CVD OBS	Persons <75 CVD DSR	Males All Causes < 75 years OBS	Males All Causes < 75 years DSR	females All Causes < 75 years OBS	females All Causes < 75 years DSR
Dinting	11	190.7	<5	54.33	12	355.75	8	247.29
Gamesley	14	254.42	7	139.55	16	732.37	18	576.91
Hadfield North	8	185.86	<5	79.3	20	979.23	7	273.38
Hadfield South	24	197.21	7	51.14	26	449.83	19	294.70
Howard Town	16	158.49	11	106.96	30	550.55	16	321.01
Old Glossop	13	97.91	11	81.47	22	337.94	12	166.84
Padfield	5	92.19	5	88.1	9	284.84	5	182.52
Simmondley	22	155.2	11	88.34	26	410.58	19	272.50
St John's	<5	71.76	<5	58.09	9	314.56	<5	142.22
Tintwistle	5	101.83	0	0	8	298.28	<5	167.75
Whitfield	13	244.72	8	135.18	26	642.76	10	333.45

Morbidity (see table 12)

QOF register data shows that the Glossop neighbourhood has a higher number on disease registers for the following

Diabetes (6.4%)

Depression (16.3%)

Hypertension (15.2%)

Obesity (10.3%)

Smoking (19.9%)

Table 12: Disease prevalence by Neighbourhood (Glossop) 2016/17

Practice Name	Neighbourhood	AF		Hypertension		CHD		Heart Failure		Stroke		Asthma		COPD		Obesity	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
GROUP PRACTICE CENTRE	Glossop	70	2.01	600	17.21	125	3.58	28	0.80	52	1.49	286	8.20	91	2.61	229	8.11
MANOR HOUSE SURGERY	Glossop	277	2.10	2,040	15.44	519	3.93	211	1.60	404	3.06	1,061	8.03	370	2.80	1,043	9.76
LAMBGATES HEALTH CENTRE	Glossop	116	1.77	1,001	15.25	246	3.75	86	1.31	144	2.19	537	8.18	213	3.24	809	15.60
COTTAGE LANE SURGERY	Glossop	23	1.08	321	15.07	97	4.55	7	0.33	43	2.02	186	8.73	104	4.88	148	9.18
SIMMONDLEY MEDICAL PRACTICE	Glossop	54	1.48	505	13.87	113	3.10	11	0.30	44	1.21	183	5.02	63	1.73	215	7.48
HADFIELD MEDICAL CENTRE	Glossop	66	2.10	469	14.90	129	4.10	41	1.30	90	2.86	248	7.88	84	2.67	291	11.58

Practice Name	Neighbourhood	Smoking		Cancer		CKD		Diabetes		Dementia		Learning Disability		Depression		Rheumatoid Arthritis	
		number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
GROUP PRACTICE CENTRE	Glossop	658	22.4	102	2.93	111	3.93	163	5.69	18	0.52	9	0.57	513	18.16	27	0.93
MANOR HOUSE SURGERY	Glossop	1,738	15.7	436	3.30	353	3.30	694	6.41	128	0.97	75	0.56	1,483	13.88	92	0.84
LAMBGATES HEALTH CENTRE	Glossop	994	18.4	201	3.06	150	2.89	323	6.14	62	0.94	37	0.47	727	14.02	41	0.77
COTTAGE LANE SURGERY	Glossop	580	34.1	51	2.39	50	3.10	104	6.31	33	1.55	10	0.33	373	23.12	11	0.66
SIMMONDLEY MEDICAL PRACTICE	Glossop	381	12.8	105	2.88	57	1.98	179	6.15	15	0.41	12	0.60	347	12.07	20	0.68
HADFIELD MEDICAL CENTRE	Glossop	423	16.2	100	3.18	60	2.39	157	6.15	46	1.46	19	0.49	391	15.55	20	0.77

Source: QOF 2016/17 (NHS Digital)

Risk Factors

Glossop is a fairly affluent area compared to other neighbourhoods across Tameside. However people in Glossop are still at risk of health conditions relating to life style. For residents of Glossop, alcohol consumption, food choice and physical inactivity are key issues that impact on health outcomes.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions apparent, especially in the more deprived wards of Glossop.

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2017 and 2022 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 8.5% for CHD, 8.3% for stroke, 9.3% for diabetes and 5.8% for hypertension. This equates to an extra 6,000 patients by 2020, for just these four conditions.

Estimated numbers of people with depression and dementia in the over 65 population are published via POPPI. These projections should be treated with caution as they are based on national prevalence rates, but suggest that, across the whole of Tameside between 2014 and 2020, we may expect rise of 18% in the number of over 65s with dementia equating to an additional 450 people, a rise in 9% of over 65s with depression equating to an additional 325 people and a 10% increase in over 65s with severe depression equating to an additional 100 people. It is expected that Tameside's aging population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

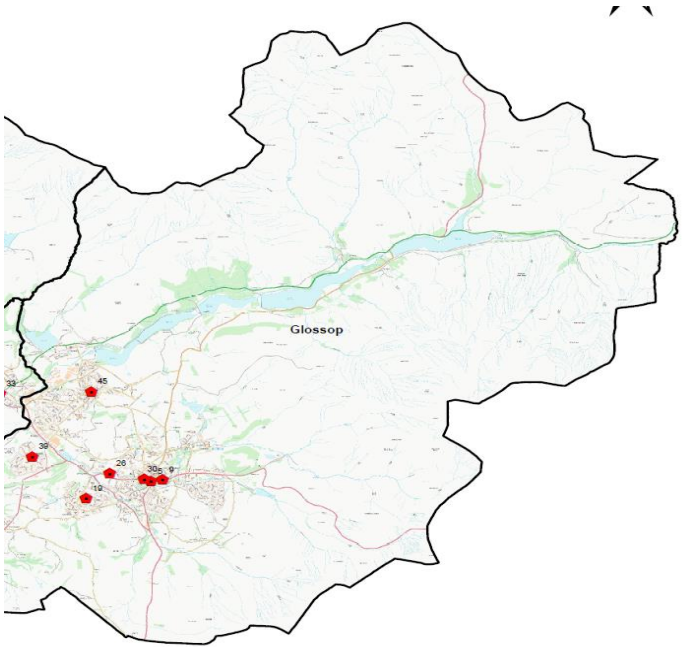
Population projections are not available at neighbourhood level, however, it is expected that, between 2017 and 2022 Tameside, there will be a 3.6% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increase of 3,000 males and 2,000 females aged 65+ and an expected reduction of 1,000 males and 1,000 females aged 15-44. The Glossop neighbourhood is likely to see a similar percentage change of population and may therefore need to consider extra pressure on pharmaceutical services for the aging population.

The Glossop Neighbourhood contains 7 pharmacies, and 6 GP practices of which the population can access pharmaceutical services. There is a particular concentration of pharmacies within the Glossop Town centre.

There are also 5 pharmacies within the Hyde neighbourhood and 2 within high peak that can easily be accessed by Glossop Neighbourhood residents. There is one healthy living pharmacy in Glossop

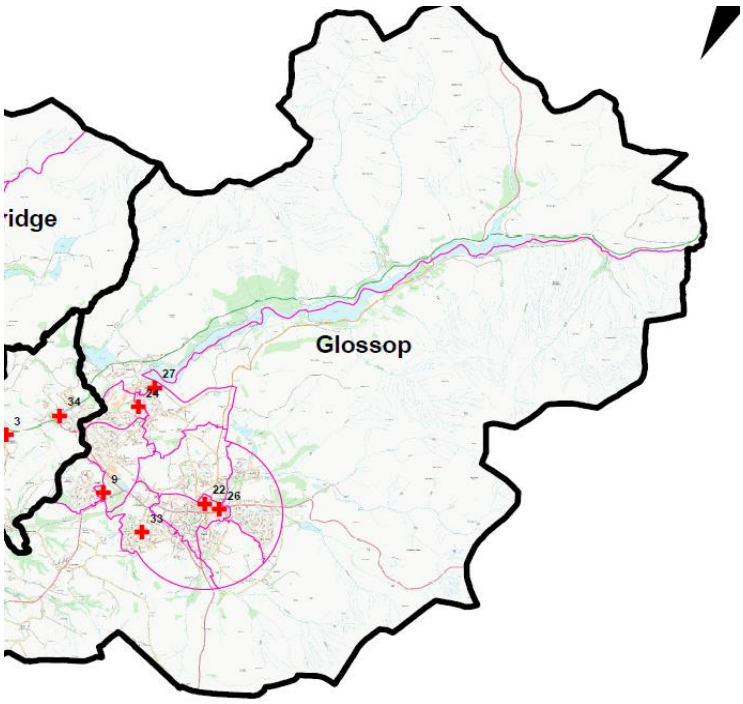
Pharmacies in the Glossop Neighbourhood

Map 25: Pharmacies in the Glossop Neighbourhood



There is adequate provision of pharmacies in the Glossop neighbourhood. However they do tend to be clustered around the more populated areas of Old Glossop, Simmondley, Gamesley and Padfield. There is no provision in the ward of St John. It is important to know that within the Glossop neighbourhood a high proportion of the population live around these areas and that the ward of St John is very sparely populated.

Map 26: Locations of GP practices in the Hyde Neighbourhood (red crosses)

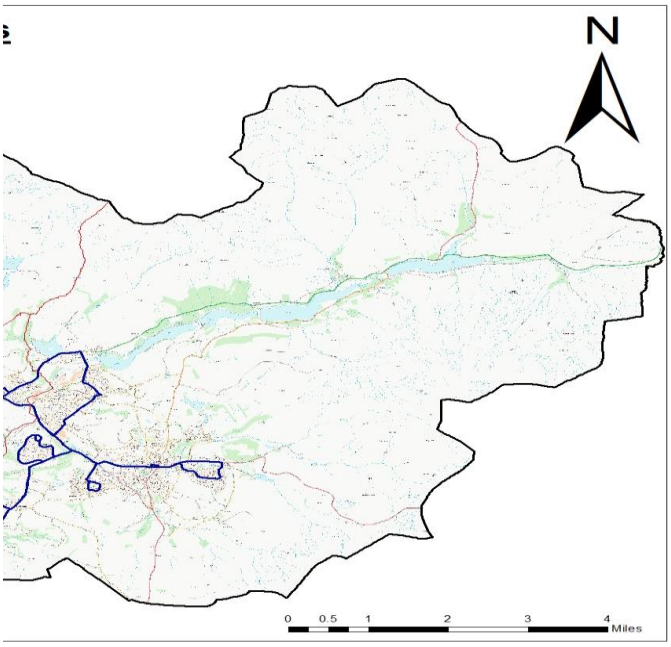


Whilst the distribution of both pharmacies and GP Practices across the Glossop neighbourhood is good, further analysis has been undertaken to identify any areas where residents live who may have difficulty accessing pharmaceutical services.

The area of St John was identified as an area geographically isolated from the town centre and with health needs relating to older people such as dementia and arthritis and with some residents living in socio-economically deprived circumstances. This area was then cross-checked with

public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Map 27: Bus routes across the Glossop neighbourhood



It should be noted that we were unable to get a detailed map of transport routes across Glossopdale. Bus services are provided via High Peak and Derbyshire transport.

It is also worth noting that the bus routes that do operate across Glossop do serve the more populated areas of the area and are convenient for the GP and pharmacy provision in these areas.

Source: Ordnance survey 2017

In summary good access to pharmacy is evident across the Glossop neighbourhood, and there has been an increase in pharmacy provision in the Glossop over the last 10 years. Whilst official projections suggest an increase in households and a demographic shift towards an aging population, Glossop health and pharmacy provision seems well prepared.

Public Consultation and Stakeholder Engagement

Two specific elements of public consultation and stakeholder engagement have been undertaken through the PNA process.

Firstly the public consultation was undertaken through a survey available electronically on a number of websites including the Councils 'Big Conversation' and Tameside Healthwatch. Paper copies of this were also made available through GP Practices and individual pharmacies.

This consultation was undertaken during the autumn of 2017 and 83 completed surveys were returned and analysed. A specific report on these findings is appended (Appendix 3).

The PNA is also required to incorporate a statutory 60-day formal consultation with a range of stakeholders. This was undertaken between November and January 2017/18 and further details of the process are outlined in Appendix 3.

This appendix will also include an account of any issues raised in the consultation phase and how responses have been incorporated into the revised document.

Wider Issues around Pharmacy Need for Tameside

This PNA has been undertaken at a time of great change for both the local population and all who provide services or support them. Responsibilities are shifting and the commissioning of pharmacy services, in particular those classed as advanced and enhanced services are in transition.

There is now an even greater necessity than before to ensure that effective methods of prevention and early intervention are making an impact at scale across the whole of the Tameside and Glossop population. As Care Together takes shape it is anticipated that there will be a number of changes to the services commissioned from pharmacy, and, pharmacy professionals themselves will be looking to extend their involvement.

Whist these locally commissioned services were not the central purpose of this PNA, (which in essence was to assess if there is sufficient pharmacy provision to meet need now and in the next three years), a number of issues emerged through analysis of the new policy drivers that need some further consideration by decision makers across the local health economy.

Over provision and competition:

Contrary to the focus of exploring if Tameside has any unmet pharmacy need the opposite problem is a bigger concern and that there may in fact be over-provision; parts of the Borough having simply too many to close together. This could have implications for service quality and the customer needs focus

This PNA did not set out to investigate this area and hence no specific tools were developed to investigate whether this is true. The core data used here would still be relevant but different lines of enquiry would need to be developed.

The future pharmacies role in Prevention and Self Care

How can the most be made of the local pharmacy footprint in priority neighbourhood locations?

With what is known from the evidence base about effective methods of engagement, methods of behaviour change, as well as the importance of building social capital.

Is the pharmacy health prevention and self-care role being considered thoroughly enough within current strategic discussions on care closer to home, integrated offers etc.?

‘Maybe/maybe not’; however there is change occurring in the system with the development of the ‘Self Care’ and Social Prescribing agenda and ‘Care Together’ evolving across Tameside and Glossop? This change will endeavour to ensure all perspective providers of care closer to home, including pharmacies are included in the process.

Local pharmacy aspiration:

The local pharmacies are keen to further develop services and have a track record of responding to local commissions. An accurate assessment of just how much of their capacity and facilities are being used at the moment is missing and it is suggested that a mapping exercise should be undertaken over the next 3 years to ensure pharmacies are being utilised to their potential.

Once this mapping is competed a better picture of how local need will match with both service requirement (i.e. what is being commissioned) but also pharmacy aspirations will be seen. However how pharmacies use their consulting rooms is a matter for each pharmacy to decide, as they are indeed independent contractors. Suffice this, community pharmacies are responsive organisations, willing and able to expand their capacity, if they have confidence in the long term stability of services commissioned from them, and their fair return justifies the investment.

This should also provide a valuable platform to a number of stakeholders for what should be the preferred approach for pharmacy developments in future across Tameside. There is a strongly expressed belief that the current provision is sufficient to meet need and that there is plenty of capacity for the existing providers to flex and respond flexibly to any future commissions and the Local Pharmaceutical committee strongly supports this statement. This may be the case but further detail on the facilities and capacity will need to be mapped to provide that assurance to commissioning organisation. The GM LPC is happy to work with the council and other stakeholders to meet the needs identified in this PNA.

Pharmacy Funding

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17.

This will take total funding to £2.687 billion for 2016/17. This is a reduction of 4% compared with 2015/16, but it will mean that contractors will see their funding for December 2016 to March 2017 fall by an average of 12% compared with November 2016 levels.

This will be followed by a reduction in 2017/18 to £2.592 billion for the financial year, which will see funding levels from April 2017 drop by around 7.5% compared with November 2016 levels.

These cuts will inevitably affect the viability of Community Pharmacies and this is something that going forward needs consideration. Community pharmacies going forward will be far more dependent upon service provision as opposed to dispensing, thus the development of services within community pharmacy will help to sustain the current level of provision across the locality.

Conclusions

The population of Tameside is changing rapidly:

- The resident population of Tameside is estimated to be 223,189 (2016 midyear estimate)) and 245,511 registered with a Tameside & Glossop pharmacy.
- Population forecasts predict a 3.5% increase in the local population by 2027.
- Tameside has an established Indian, Pakistani and Bangladeshi community, concentrated mainly in Ashton and Hyde.
- Overall, there is an 8 year difference between the wards with highest and lowest life expectancy in Tameside.
- Tameside at a population level is growing older but getting sicker younger

Health need in Tameside is also increasing:

- Cancer, circulatory disease and respiratory disease are the main causes of mortality in England, in the North West and in Tameside. Life expectancy and Healthy Life expectancy is significantly lower in Tameside than the national average.
- Smoking is a major contributory factor for the main causes of mortality in Tameside (i.e. Cancer, circulatory disease and respiratory disease).
- Obesity and physical inactivity has a significant impact on the life expectancy of the local population.
- Tameside has significantly higher levels of alcohol related harm than England and the North West.
- CHD, Stroke, Diabetes, COPD, Asthma contribute the main burden of Long Term Conditions (LTCs) in Tameside.
- With an aging population, there will be a significant increase in LTCs in the future.

- The measures of general population health in Tameside demonstrate lower levels of health and wellbeing than for England.

Health needs and pharmacy provision:

- Pharmacy provision in Tameside has increased significantly over the last 10 years.
- Access to pharmacies is good across all five neighbourhoods (including Glossop) both in location and hours of opening
- Location of pharmacies within areas of deprivation brings a good platform to build an assets based approach and utilise their social capital.
- Public consultation indicates high levels of satisfaction with current pharmacy services in Tameside
- The location of pharmacies in relation to GP Practices is good within all five neighbourhoods
- Analysis of opening hours and trading days shows there is adequate provision for out of hours services and across the year including the festive periods
- The commissioning of health and social care is in a period of change and the future role of pharmacies in prevention, early intervention and self-care plus support for long term conditions needs to be fully considered within future models

Neighbourhood provision

- In summary there is good provision through a range of Pharmacies in the Ashton neighbourhood providing essential services and a range of advanced and enhanced services and although some of the most deprived areas such as Hurst and St. Peter's may seem slightly geographically isolated they do have access to good pharmacy provision and are connected with good public transport.
- In summary there has been an increase of pharmacies in the Denton neighbourhood and whilst demand may increase due to demographic change and deprivation having an impact there is good provision and the existing providers should be able to easily respond and flexibly increase staff levels and skill mix appropriate to the increased pressure
- In summary there is good provision through a range of Pharmacies in the Stalybridge neighbourhood providing essential services and a range of advanced and enhanced services, and although some of the most deprived areas like Micklehurst may seem geographically isolated they do have access to good pharmacy provision and are connected with good public transport.
- In summary good access to pharmacy is evident across the Hyde neighbourhood, and there has been an increase in pharmacy provision in the Hyde since the PNA

2011. Whilst official projections suggest an increase in households and a demographic shift towards an aging population any increasing pressure this may bring on pharmacy services provided, the neighbourhood should be able to respond to this positively.

- In Summary there is good provision of pharmacies in the Glossop neighbourhood which should be responsive to any demographic change over the next few years. Although St John ward appears geographically isolated, much of the ward is unpopulated with the main population conurbations being to the south of the ward, where there is good provision and reasonable access to public transport.

Recommendations

This PNA builds on and supersedes the 2015/18 PNA, and read alongside the JSNA summary of health and wellbeing 2017/18 and other needs assessments, gives a more complete picture of health & wellbeing need and assets across Tameside.

The impact of the further growth of pharmacy should be further considered across all relevant strategic drivers, in particular the potential negative impact of over provision within certain geographic areas and competition and government funding reductions.

The position of pharmacy in providing Wellness and health improvement services should continue to be considered, both in relation to specific models such as the Healthy Living Pharmacy, and, with respect to further building of social capital.

The extent and type of pharmacy facilities currently available from individual premises (size and number of consultation rooms etc.) and the services being delivered in each location should be mapped to provide the benchmark and foundation for any further local developments.

As people are not fully aware of the services available to them through pharmacies, a public promotion of pharmacies should be designed and rolled out. Pharmacy First initiatives can provide the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments and is a cost-effective way to manage patients presenting with minor ailments and medication issues. A mapping exercise should be considered to ascertain the range of services that community pharmacies currently offer outside those that are currently commissioned by the CCG and TMBC.

Pharmacies are eager to extend their role in prevention and early intervention and are well placed to support ‘Care Closer to Home’. Given the increasing levels of people managing long term conditions, the footprint of pharmacies within and across local communities in

Tameside plays an important role in terms of social capital and supporting the Care Together agenda and therefore needs to be explored in more depth.

To support the decision making process of the NHS local area team who make the final decisions around pharmacy applications in Tameside; it is recommended that a pharmacy consultation group meet when relevant to discuss and report on incoming pharmacy applications to ensure responses have taken into consideration the 2018/21 PNA findings. This group should be made up of key members of the PNA steering group.

Appendix One - Steering Group Membership

Jacqui Dorman: Project manager and author (Policy, Performance & Communications), TMBC

Clare Liptrott: Medicines Management, Tameside and Glossop CCG **(Chair)**

Claire Dickens: GM LPC

Jody Stewart – Policy, Performance & Communications, TMBC

Adam Irvine: GM LPC

Gideon Smith: Consultant in Public Health Medicine, Public Health, TMBC

Judith Goodwin: GM LPC

Janna Rigby: Head of Primary Care, Tameside & Glossop CCG

Lindsay Crabtree: Project manager: GM Health & Social Care Partnership

Key Derbyshire Contact

Andrew Muirhead: Senior Public Health Manger, Derbyshire County Council

Appendix 2: List of pharmacies in Tameside & Glossop

Pharmacy Name	Location	Area	PNA Area	Postcode
Adams Pharmacy	169 Mossley Road	Ashton U Lyne	Tameside Pharmacy	OL6 6NE
Adams Pharmacy	Ground Floor, Stalybridge Resource Centre, 2 Waterloo Road	Stalybridge	Tameside Pharmacy	SK15 2AU
Asda Pharmacy	Cavendish Street	Ashton U Lyne	Tameside Pharmacy	OL6 7DP
Asda Pharmacy	Water Street	Hyde	Tameside Pharmacy	SK14 1BD
Ashton Pharmacy	22 Stockport Road		Tameside Pharmacy	OL7 0LB
Ashton Primary Care Centre Pharmacy	Ashton Primary Care Centre	193 Old Street	Tameside Pharmacy	OL6 7SR
Audenshaw Pharmacy	3 Chapel Street	Audenshaw	Tameside Pharmacy	M34 5DE
Boots the Chemist	15-17 Staveleigh Way	Ashton U Lyne	Tameside Pharmacy	OL6 7JL
Boots the Chemist	Crown Point North Retail Park, Ashton road	Denton	Tameside Pharmacy	M34 3LY
Boots the Chemist	33 Queens Walk	Droylsden	Tameside Pharmacy	M43 7AD
Boots the Chemist	1a Market Place	Hyde	Tameside Pharmacy	SK14 2LX
Chadwick & Hadfield Ltd	189 Manchester Road	Mossley	Tameside Pharmacy	OL5 9AB
Cohens Chemist	98-102 Ashton Road	Denton	Tameside Pharmacy	M34 3JE
Cohens Chemist	Ann Street HC, Ann St	Denton	Tameside Pharmacy	M34 2AJ
Droylsden Pharmacy	91 Market Street	Droylsden	Tameside Pharmacy	M43 6DD
E-Pharmacy	2 Chapel Street	Stalybridge	Tameside Pharmacy	SK15 2AW
Express Pharmacy	227 Portland Street North	Ashton U Lyne	Tameside Pharmacy	OL6 7EL

Greencross Pharmacy	14 Ashton Road	Denton	Tameside Pharmacy	M34 3EX
Group Pharmacy	Glebe Street	Ashton U Lyne	Tameside Pharmacy	OL6 6HD
Hyde Pharmacy	Thornley House Medical Centre , Thornley St	Hyde	Tameside Pharmacy	SK14 1JY
Ipharmacy Direct	2 Raynham Street	Ashton U Lyne	Tameside Pharmacy	OL6 9NU
Lad RJ Pharmacy	201 Birch Lane	Dukinfield	Tameside Pharmacy	SK16 5AT
Lloydspharmacy	5 Melbourne Street	Stalybridge	Tameside Pharmacy	SK15 2JE
Lloydspharmacy	12 Stamford Street	Mossley	Tameside Pharmacy	OL5 0HR
Lloydspharmacy	96 Stockport Road	Ashton U Lyne	Tameside Pharmacy	OL7 0LH
Lloydspharmacy	27 Market Street	Hyde	Tameside Pharmacy	SK14 2AD
Manor Pharmacy	294-296 Stockport Road	Hyde	Tameside Pharmacy	SK14 5RU
Manor Pharmacy	397 Huddersfield Road	Stalybridge	Tameside Pharmacy	SK15 3ET
Market Street Pharmacy	33-35 Market Street	Hyde	Tameside Pharmacy	SK14 2AD
Newton Pharmacy	132-138 Talbot Road	Hyde	Tameside Pharmacy	SK14 4HH
Cohens Chemist	2 Albion Street	Ashton U Lyne	Tameside Pharmacy	OL6 6HF
Penny Meadow Pharmacy	61 Penny Meadow	Ashton U Lyne	Tameside Pharmacy	OL6 6HE
Pharmaco Chemist	1 Manchester Road	Audenshaw	Tameside Pharmacy	M34 5PZ
Pharmacy First	Unit 5, Crown Point South Ind Park	King St	Tameside Pharmacy	M34 6PF
Rizwan Chemist	103-107 Manchester Road	Denton	Tameside Pharmacy	M34 2AF
Lloydspharmacy	Oldham St	Denton	Tameside Pharmacy	M34 3SJ
Lloydspharmacy	Lord Sheldon Way	Ashton U Lyne	Tameside Pharmacy	OL6 7UB
Tesco In-store Pharmacy	Manchester Road	Droylsden	Tameside Pharmacy	M43 6TQ
Tesco In-store Pharmacy	Trinity Street	Stalybridge	Tameside Pharmacy	SK15 2BJ
Tesco In-store Pharmacy	Ashworth Lane	Hattersley	Tameside Pharmacy	SK14 6NT

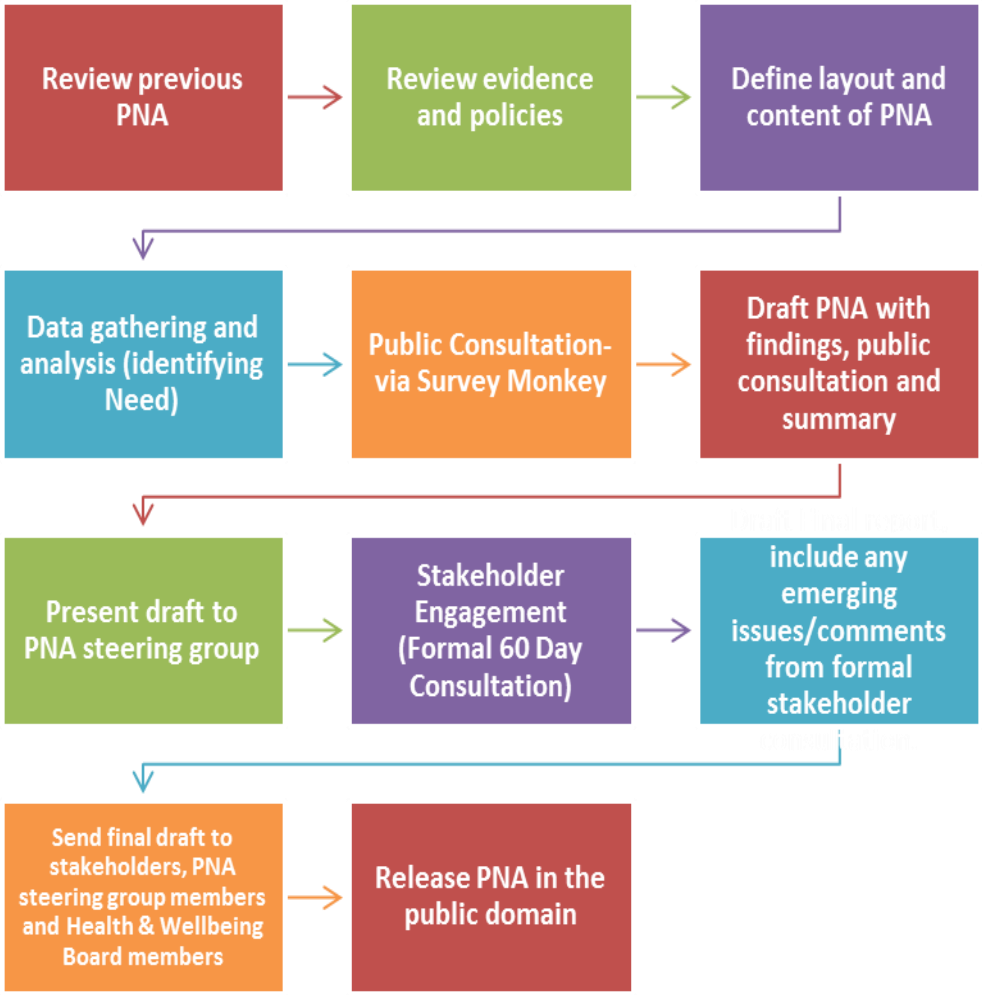
Wain SF & Sons Ltd	4 Tatton Road	Haughton Green	Tameside Pharmacy	M34 7PL
Well	23 Market Street	Hyde	Tameside Pharmacy	SK14 2AD
Well	1 The Square	Hyde	Tameside Pharmacy	SK14 2QR
Well	104-106 King Street	Dukinfield	Tameside Pharmacy	SK16 4JZ
Well	38-40a Market Street	Stalybridge	Tameside Pharmacy	SK15 2AJ
Well	The Highlands Surgery, 156 Stockport Road	Ashton-u-Lyne	Tameside Pharmacy	OL7 0NW
Well	56 Ashton Road	Droylsden	Tameside Pharmacy	M43 7BW
Well	62 Grosvenor Street	Stalybridge	Tameside Pharmacy	SK15 1RZ
Well	85 Huddersfield Road	Stalybridge	Tameside Pharmacy	SK15 2PT
Well	53a Manchester Road	Denton	Tameside Pharmacy	M34 2AF
Well	38 Market Street	Hollingworth	Tameside Pharmacy	SK14 8LN
Well	9-11 Mottram Moor	Mottram	Tameside Pharmacy	SK14 6LA
Windmill Pharmacy	709 Windmill Lane	Denton	Tameside Pharmacy	M34 2ET
Your Local Boots Pharmacy	72 Market Street	Droylsden	Tameside Pharmacy	M43 6DE
Your Local Boots Pharmacy	1-3 Bow Street	Ashton U Lyne	Tameside Pharmacy	OL6 6BU
Your Local Boots Pharmacy	348 Oldham Road	Ashton U Lyne	Tameside Pharmacy	OL7 9PS
Your Local Boots Pharmacy	Hattersley Health Centre	Hattersley Road East	Tameside Pharmacy	SK14 3EH
Your Local Boots Pharmacy	173 Mossley Road	Ashton U Lyne	Tameside Pharmacy	OL6 6NE
Your Local Boots Pharmacy	21 Clarendon Street	Hyde	Tameside Pharmacy	SK14 2EL
Your Local Boots Pharmacy	30 Concord Way	Dukinfield	Tameside Pharmacy	SK16 4DB
Boots the Chemist	19 High Street	Glossop	Glossop Pharmacy	SK13 8AL

	West			
Cohens Chemist	77 High Street East	Glossop	Glossop Pharmacy	SK13 8PN
Moorland Pharmacy	5 Pennine Road	Simmondley, Glossop	Glossop Pharmacy	SK13 6NN
Tesco In-Store Pharmacy	Wren Nest Road	High Street West, Glossop	Glossop Pharmacy	SK13 8HB
The Mews Pharmacy	10-14 Winster Mews	Gamesley, Glossop	Glossop Pharmacy	SK13 0LU
Well	Norfolk Street	Glossop	Glossop Pharmacy	SK13 8BS
Your Local Boots Pharmacy	116/118 Station Road	Hadfield, Glossop	Glossop Pharmacy	SK13 1AL
EXTENDED HOURS				
Ashton PPC Pharmacy - Ashton Under Lyne	Ashton-u-Lyne	Ashton-u-Lyne	Tameside Pharmacy	OL6 7SR
Asda Pharmacy - Hyde	Hyde	Hyde	Tameside Pharmacy	SK14 1BD
Adams Pharmacy - Ashton Under Lyne	Ashton-u-Lyne	Ashton-u-Lyne	Tameside Pharmacy	OL6 6NE
Asda Pharmacy - Ashton Under Lyne	Ashton-u-Lyne	Ashton-u-Lyne	Tameside Pharmacy	OL6 7PF
OUT OF AREA				
Peak Pharmacy	Openshaw		Out of Area Pharmacy	M11 1LE
Pharmaco Ltd	Openshaw		Out of Area Pharmacy	M11 4NE
Lloyds Pharmacy	Openshaw		Out of Area Pharmacy	M11 4PA
Cohens Chemist	Gorton		Out of Area Pharmacy	M18 7JH
Lloyds Pharmacy	Gorton		Out of Area Pharmacy	M18 7QT
Lloyds Pharmacy	Gorton		Out of Area Pharmacy	M18 8LD
Lloyds Pharmacy	Gorton		Out of Area Pharmacy	M18 8LD
Tesco Pharmacy	Newton Heath		Out of Area Pharmacy	M40 2JF
Well Pharmacy	Newton Heath		Out of Area Pharmacy	M40 2JN
Newchem Pharmacy	Oldham		Out of Area Pharmacy	OL3 7DB
Well Pharmacy	Oldham		Out of Area Pharmacy	OL4 3BP
Rowlands Pharmacy	Oldham		Out of Area Pharmacy	OL4 3BS

Well Pharmacy	Oldham		Out of Area Pharmacy	OL8 2BD
Chemist Corner Internet Pharmacy	Oldham		Out of Area Pharmacy	OL8 3ED
Ashton Road Pharmacy	Oldham		Out of Area Pharmacy	OL8 3HB
Well Pharmacy	Oldham		Out of Area Pharmacy	OL8 3HH
St Chads Pharmacy	Oldham		Out of Area Pharmacy	OL8 3HW
Lomas Chemists	Derbyshire		Out of Area Pharmacy	SK13 0LU
The Mews Pharmacy	Derbyshire		Out of Area Pharmacy	SK13 1AL
Your Local Boots Pharmacy	Stockport		Out of Area Pharmacy	SK5 6AZ
Well Pharmacy	Stockport		Out of Area Pharmacy	SK5 6ET
Well Pharmacy	Stockport		Out of Area Pharmacy	SK5 6NX
H M Odell Ltd	Stockport		Out of Area Pharmacy	SK5 6RN
Cohens Chemist	Stockport		Out of Area Pharmacy	SK5 8BS
Brinnington Pharmacy Ltd	Stockport		Out of Area Pharmacy	SK5 8LQ
Well Pharmacy	Stockport		Out of Area Pharmacy	SK6 1ND
Lloyds Pharmacy	Stockport		Out of Area Pharmacy	SK6 1RJ
Medichem Pharmacy	Stockport		Out of Area Pharmacy	SK6 2AN
Lloyds Pharmacy	Stockport		Out of Area Pharmacy	SK6 3AA
Well Pharmacy	Stockport		Out of Area Pharmacy	SK6 4BL
Lloyds Pharmacy	Stockport		Out of Area Pharmacy	SK6 4BL
SG & P Payne Ltd	Hyde		Dispensing Appliance Contractor	SK14 2HL
Moorland Surgical Supplies	Denton		Dispensing Appliance Contractor	M34 3DH

Appendix Three: Process of the PNA and Consultations

Consultation and stakeholder engagement is an integral part of this PNA and was considered throughout the process of putting the Assessment together.



As part of the legislation the draft PNA must be available for local health partners to comment on the contents of the needs assessment before it is finalised and published, and the consultation must run for at least 60 days.

The key purpose of this consultation is to encourage constructive feedback from a variety of stakeholders between 3rd November 2017 and 5th January 2018, and to ensure that a wide range of primary care health professionals provide opinions and views on what is contained in the PNA.

To facilitate this, the Draft PNA document was uploaded onto the Tameside Council website and other appropriate websites linked to the stakeholders on the steering group. This method of consultation aims to be more efficient and to save paper and limit the

environmental impact however paper copies were also made available, and will be sent to those organisations from which a formal response is required.

All feedback will be considered and the Health & Well-Being Board will decide in February 2018, which sections of the PNA need amending so that it will be ready for final publication from March 31st 2018.

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, the HWB must formally consult with at least the following about the contents of the assessment it is making:-

- Any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- Any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- Any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- Any NHS trust or NHS foundation trust in its area;
- Tameside Single Commissioning Board
- Any neighbouring HWB

The following are link to the above organisations

http://www.tameside.gov.uk/

http://www.tamesideandglossopccg.org/

http://www.healthwatchtameside.co.uk/

https://www.tamesidehospital.nhs.uk/

Appendix Four: Public Consultation Results

Pharmacy Needs Assessment Public Consultation Survey 2017

Questionnaire Results Summary

The survey took place for 6 weeks between September and October 2017

Key Findings: *Demographic Information*

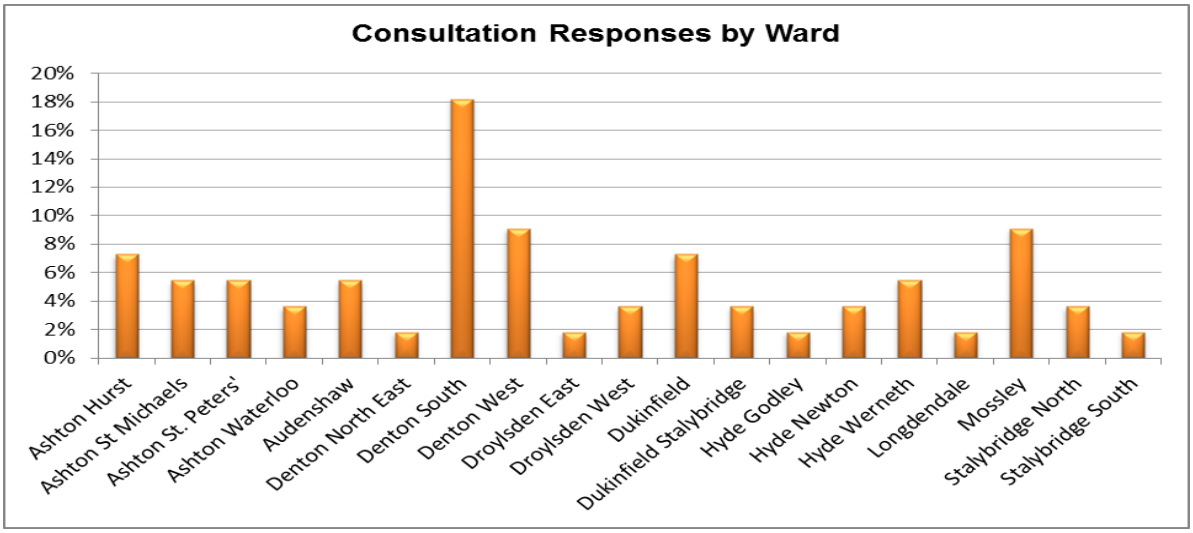
The total number of responses to the Pharmacy Needs Assessment consultation questionnaire was 83. This was made up of 83 online responses via Survey Monkey.

49% (n= 36) of responses were from females and 46% male (n=34); 92% (n=66) of the people who completed the questionnaires were from the White: English/Welsh/Scottish/N Irish backgrounds.

Although the largest proportion of responses were in the 65-74 years age group (38%, n=28) there was a fairly even spread in numbers by age group between the 45-74 years age group. There were very few responses from younger people (18-34 years).

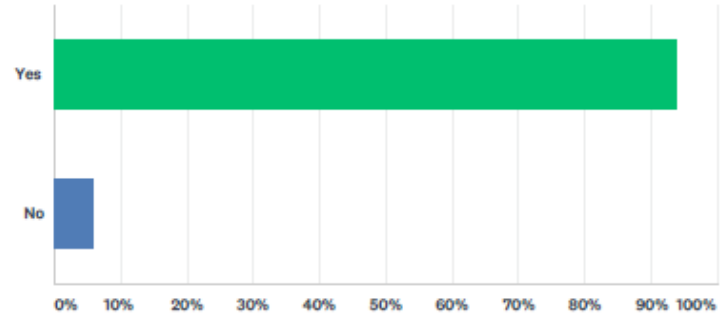
75% (n=55) of respondents said that they did not consider themselves to have a disability

Of the residents that took part in the public consultation, all wards were represented across Tameside with the highest proportion of respondents coming from Denton South.



Q1 Have you used a pharmacy in Tameside in the last 12 months? (Please tick one box only)

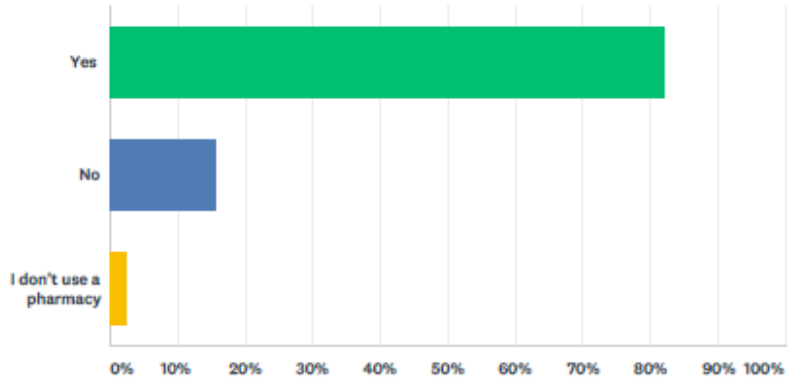
Answered: 83 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	93.98%	78
No	6.02%	5
TOTAL		83

Q2 Do you usually use the same pharmacy? (Please tick one box only)

Answered: 83 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	81.93%	68
No	15.66%	13
I don't use a pharmacy	2.41%	2
TOTAL		83

Q3 If yes, which one do you use the most? (Please write in the box below)

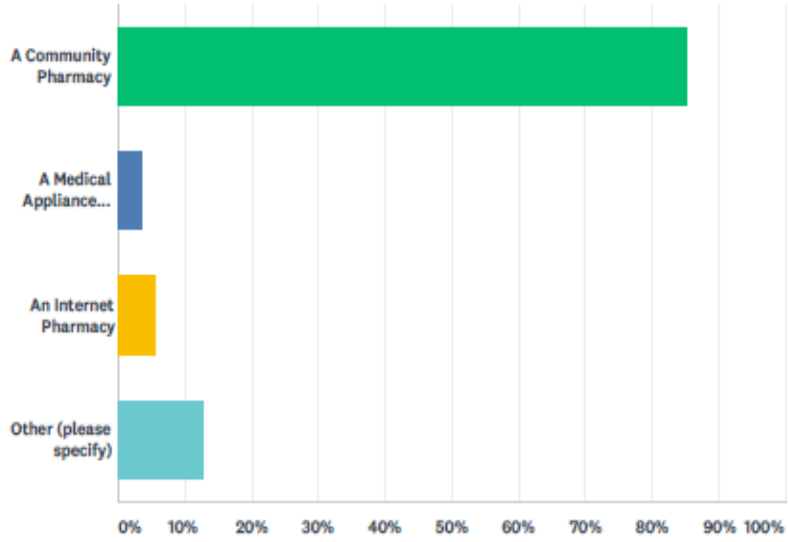
Answered: 76 Skipped: 7

#	RESPONSES	DATE
1	Manchester Road, Mossley	10/16/2017 2:44 PM
2	NA	10/3/2017 11:00 AM
3	Lloyds at Sainsburys	9/29/2017 12:34 PM
4	Boots, Ladysmith Centre, Ashton	9/28/2017 2:47 PM
5	Boots crown point north	9/21/2017 4:28 PM
6	Sainsbury's DENTON	9/21/2017 2:39 PM
7	well	9/20/2017 8:00 PM
8	Boots Ashton	9/20/2017 6:57 PM
9	Well chemist grosvenor sq stalybridge	9/19/2017 10:40 PM
10	Windmill	9/19/2017 4:54 PM
11	Guide Lane, Audenshaw	9/18/2017 11:52 PM
12	cohens millgate surgery	9/18/2017 7:27 PM
13	Aud enshaw pharmacy 3 chapel St audenshaw	9/18/2017 8:32 AM
14	Well Denton	9/18/2017 5:18 AM
15	Well, Denton	9/18/2017 5:13 AM
16	Windmill lane pharmacy, Denton	9/18/2017 2:41 AM
17	The one next door to Denton Medical Practice	9/18/2017 12:34 AM
18	Wain chemist tatton road haughton green	9/17/2017 7:53 PM
19	Ashton PCC Pharmacy	9/17/2017 1:31 PM
20	Boots, Mossley Road	9/17/2017 8:46 AM
21	Group Pharmacy	9/16/2017 8:59 PM
22	Ann street	9/16/2017 3:12 PM
23	Boots near Hattersley Health Centre	9/16/2017 1:43 PM
24	King street	9/16/2017 9:46 AM
25	Adams pharmacy, Mossley Rd Ashton	9/16/2017 9:43 AM
26	boots, market street	9/16/2017 9:14 AM
27	Waits chemist tatton road haughton green denton	9/16/2017 6:13 AM
28	Wains Pharmacy on Tatton Road, Haughton Green, Denton, Manchester	9/15/2017 8:13 PM
29	Boots. Crown Point	9/15/2017 8:02 PM
30	Well Pharmacy 53 Manchester Road Denton M34 2AF	9/15/2017 8:00 PM
31	Tatton rd haughton green	9/15/2017 7:59 PM
32	ANN STREET	9/15/2017 5:36 PM
33	Well Pharmacy, Manchester Road, Denton.	9/15/2017 5:34 PM
34	Wains	9/15/2017 4:34 PM

35	Haughton Green	9/15/2017 1:56 PM
36	Asda hyde	9/15/2017 1:25 PM
37	Wain's, Haughton Green	9/15/2017 1:12 PM
38	Haughton Green.	9/15/2017 1:10 PM
39	Wains	9/15/2017 1:09 PM
40	Wains on Tatton Road, Haughton Green	9/15/2017 1:04 PM
41	Wains Pharmacy on Tatton Road, Haughton Green, Denton, Manchester	9/15/2017 1:03 PM
42	Boots at the small Dukinfield precinct near the library	9/15/2017 11:38 AM
43	Boots, Concord Way	9/14/2017 11:41 PM
44	Asda	9/14/2017 11:16 PM
45	Asda	9/14/2017 11:15 PM
46	Boots Concord Way Dukinfield	9/14/2017 9:11 PM
47	Thornley street hyde	9/14/2017 8:27 PM
48	Chadwick & Hadfield, Mossley	9/14/2017 7:40 PM
49	Boots mossely road	9/14/2017 7:12 PM
50	Boots Market Street Droylsden	9/14/2017 4:30 PM
51	Cannon Street,Town Square,Oldham	9/14/2017 4:03 PM
52	Mottram	9/14/2017 3:44 PM
53	Lloyds at Sainsburys	9/14/2017 3:40 PM
54	tesco stalybridge	9/14/2017 3:10 PM
55	Tescos Droylsden	9/14/2017 2:56 PM
56	At the Highlands Group Practice Pottinger St Ashton U Lyne	9/14/2017 2:53 PM
57	Lads birch lane dukinfield	9/14/2017 2:33 PM
58	Chadwick & Hadfield, Mossley	9/14/2017 1:55 PM
59	Odell Ltd. 601 Gorton Road, Reddish, Stockport	9/14/2017 1:53 PM
60	Cohen's the pharmacy near penny meadow	9/14/2017 12:37 PM
61	Cohen's the pharmacy near penny meadow	9/14/2017 12:32 PM
62	Sainsbury Ashton-under-Lyne	9/14/2017 12:01 PM
63	Boots, Clarendon	9/14/2017 11:52 AM
64	Tesco Stalybridge	9/14/2017 11:29 AM
65	Chadwick and Hadfield Mossley	9/14/2017 11:26 AM
66	Tesco Droylsden	9/14/2017 11:22 AM
67	Well pharmacy	9/14/2017 11:12 AM
68	Well Pharmacy 38-40 Market Street Stalybridge.	9/14/2017 11:11 AM
69	Asda Hyde	9/14/2017 11:04 AM
70	Tesco's Stalybridge	9/14/2017 11:04 AM
71	Cohens Chemist	9/14/2017 10:57 AM
72	Boots market street Droylsden	9/14/2017 10:42 AM
73	Adams	9/14/2017 10:40 AM
74	lloyds. stockport road. A-U-L lancs.	9/14/2017 10:37 AM
75	Ashton PCC Pharmacy	9/14/2017 10:30 AM
76	Adams Stalybridge	9/14/2017 10:26 AM

Q4 Do you use any of the following? (Please tick all that apply)

Answered: 54 Skipped: 29

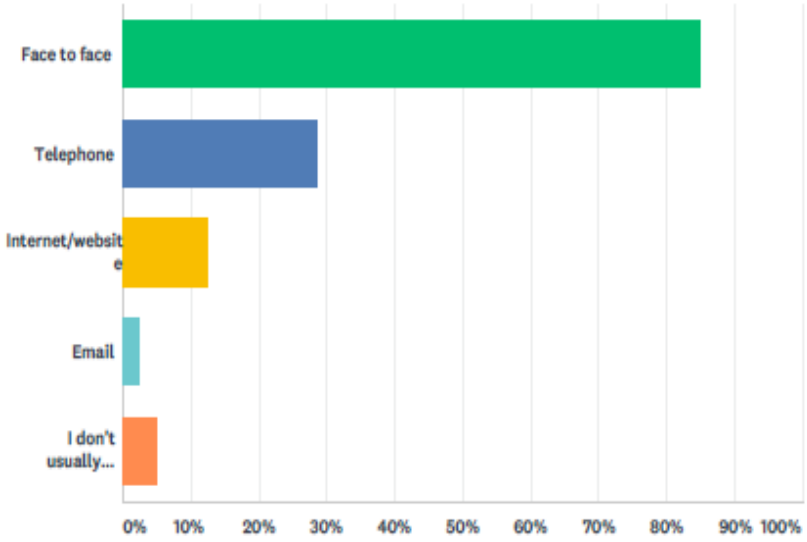


ANSWER CHOICES	RESPONSES	
A Community Pharmacy	85.19%	46
A Medical Appliance Supplier e.g. oxygen supply	3.70%	2
An Internet Pharmacy	5.56%	3
Other (please specify)	12.96%	7
Total Respondents: 54		

#	OTHER (PLEASE SPECIFY)	DATE
1	None	10/3/2017 11:01 AM
2	No	9/14/2017 7:41 PM
3	Not sure what a community pharmacy is	9/14/2017 7:08 PM
4	Personal service	9/14/2017 4:05 PM
5	Lloyds at Sainsburys supermarket	9/14/2017 3:41 PM
6	General pharmacy	9/14/2017 11:54 AM
7	tesco	9/14/2017 11:06 AM

Q5 What methods do you use to communicate with your usual pharmacy? (Please tick all that apply)

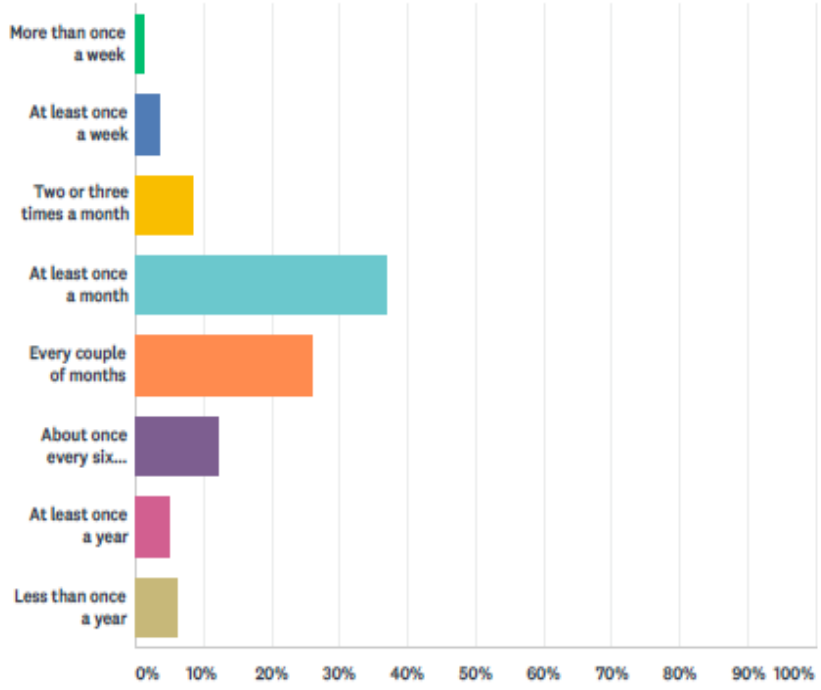
Answered: 80 Skipped: 3



ANSWER CHOICES	RESPONSES	
Face to face	85.00%	68
Telephone	28.75%	23
Internet/website	12.50%	10
Email	2.50%	2
I don't usually communicate with my pharmacy	5.00%	4
Total Respondents: 80		

Q6 How often would you say you used a pharmacy for health purposes? (Please tick one box only)

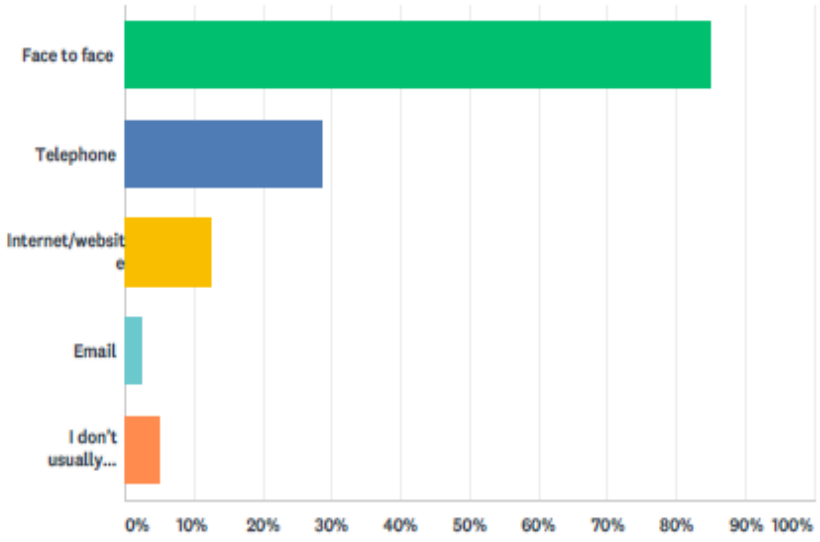
Answered: 81 Skipped: 2



ANSWER CHOICES	RESPONSES	
More than once a week	1.23%	1
At least once a week	3.70%	3
Two or three times a month	8.64%	7
At least once a month	37.04%	30
Every couple of months	25.93%	21
About once every six months	12.35%	10
At least once a year	4.94%	4
Less than once a year	6.17%	5
TOTAL		81

Q5 What methods do you use to communicate with your usual pharmacy? (Please tick all that apply)

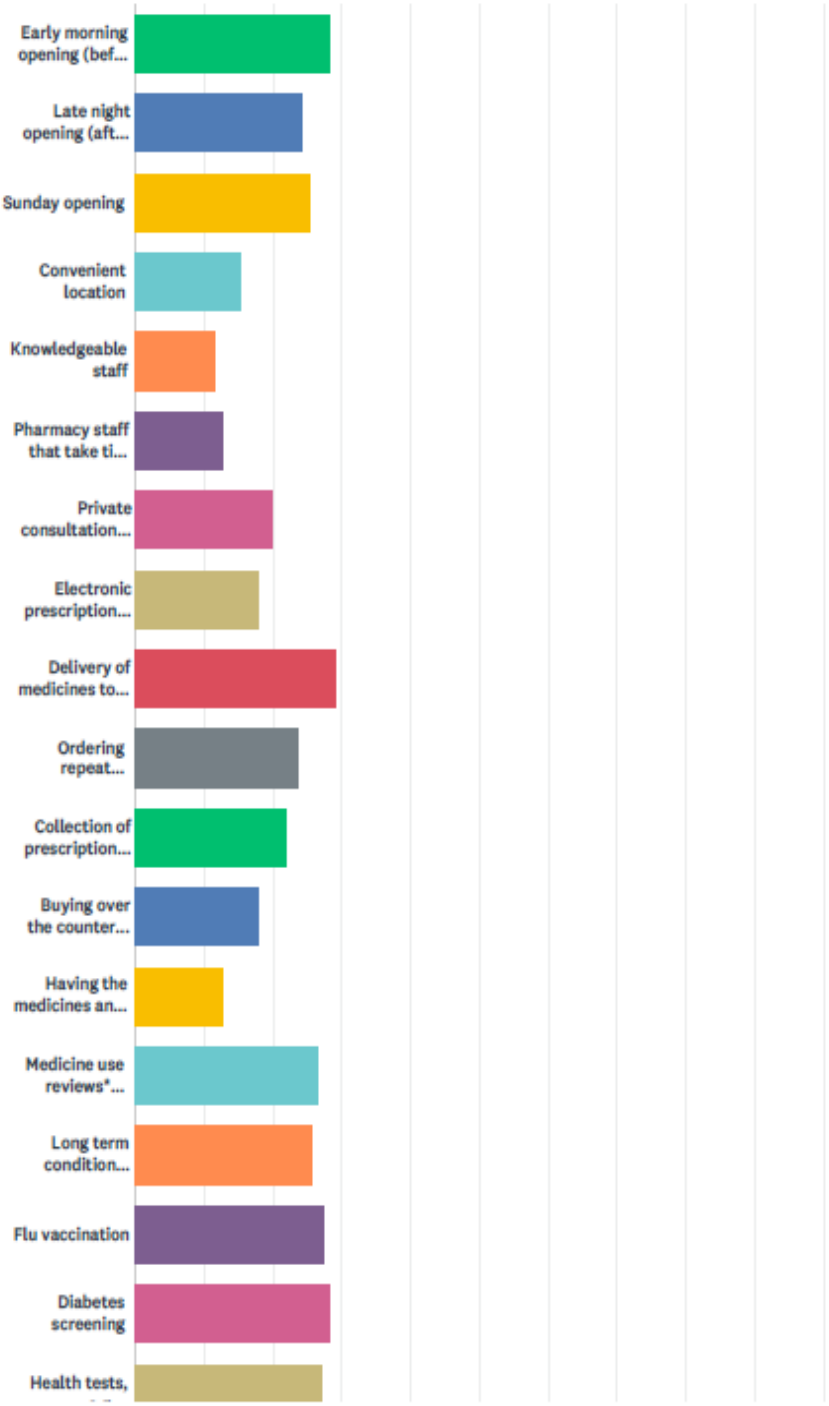
Answered: 80 Skipped: 3

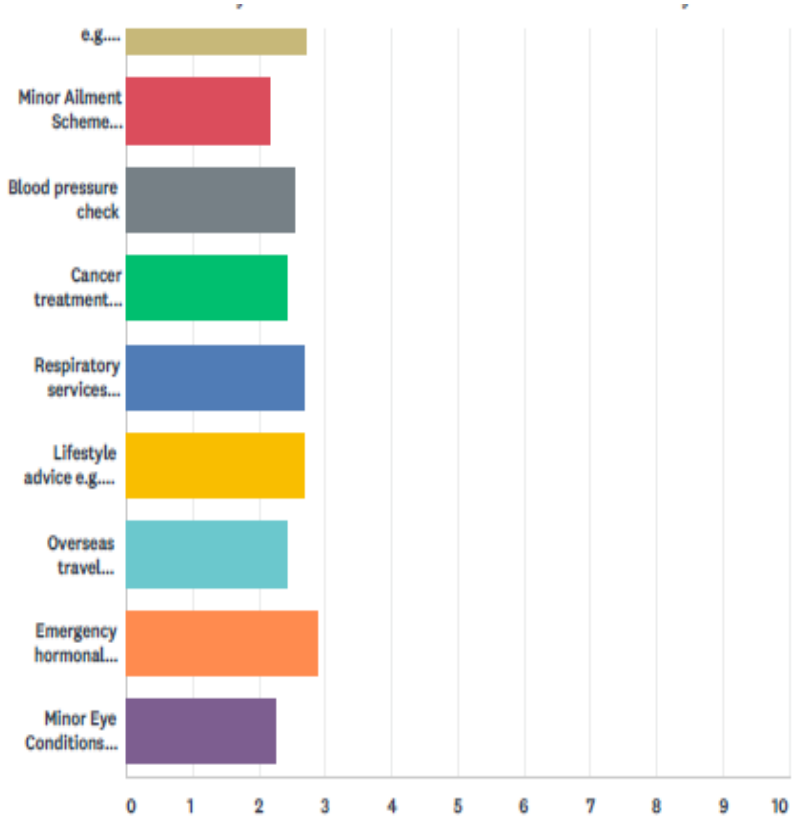


ANSWER CHOICES	RESPONSES	
Face to face	85.00%	68
Telephone	28.75%	23
Internet/website	12.50%	10
Email	2.50%	2
I don't usually communicate with my pharmacy	5.00%	4
Total Respondents: 80		

Q7 Please tell us how important the following community pharmacy features and services are to you: (Please tick one box per feature/service)

Answered: 77 Skipped: 6



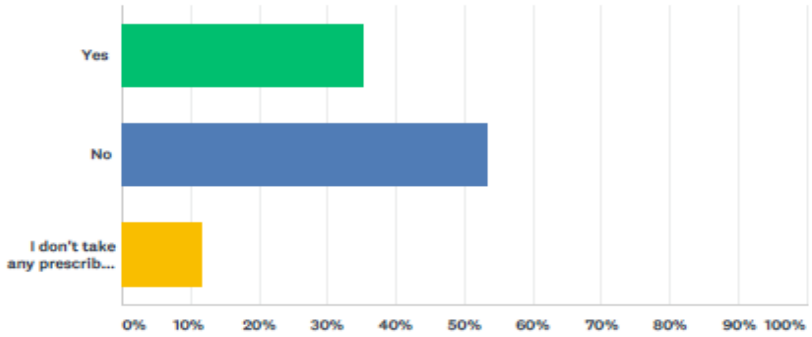


	VERY IMPORTANT	IMPORTANT	NEUTRAL	LOW IMPORTANCE	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE
Early morning opening (before 9am)	24.68% 19	15.58% 12	29.87% 23	11.69% 9	18.18% 14	77	2.83
Late night opening (after 7pm)	27.63% 21	28.95% 22	25.00% 19	7.89% 6	10.53% 8	76	2.45
Sunday opening	24.68% 19	27.27% 21	29.87% 23	5.19% 4	12.99% 10	77	2.55
Convenient location	59.21% 45	34.21% 26	2.63% 2	0.00% 0	3.95% 3	76	1.55
Knowledgeable staff	83.12% 64	16.88% 13	0.00% 0	0.00% 0	0.00% 0	77	1.17
Pharmacy staff that take time to listen to my needs	75.32% 58	22.08% 17	2.60% 2	0.00% 0	0.00% 0	77	1.27
Private consultation area	34.21% 26	39.47% 30	19.74% 15	5.26% 4	1.32% 1	76	2.00
Electronic prescription service	46.75% 36	32.47% 25	18.18% 14	0.00% 0	2.60% 2	77	1.79
Delivery of medicines to my home	16.88% 13	15.58% 12	41.56% 32	10.39% 8	15.58% 12	77	2.92
Ordering repeat prescriptions on my behalf	32.89% 25	17.11% 13	38.16% 29	1.32% 1	10.53% 8	76	2.39
Collection of prescription from my surgery	41.56% 32	18.18% 14	27.27% 21	2.60% 2	10.39% 8	77	2.22
Buying over the counter medicines	46.05% 35	35.53% 27	11.84% 9	5.26% 4	1.32% 1	76	1.80

Having the medicines and products in store when I need them	74.03% 57	22.08% 17	3.90% 3	0.00% 0	0.00% 0	77	1.30
Medicine use reviews* (sometimes called medicines checkup / MOT)	15.58% 12	31.17% 24	35.06% 27	6.49% 5	11.69% 9	77	2.68
Long term condition advice	20.78% 16	33.77% 26	24.68% 19	9.09% 7	11.69% 9	77	2.57
Flu vaccination	20.78% 16	25.97% 20	28.57% 22	7.79% 6	16.88% 13	77	2.74
Diabetes screening	15.58% 12	27.27% 21	32.47% 25	6.49% 5	18.18% 14	77	2.84
Health tests, e.g. cholesterol, blood pressure etc	15.79% 12	35.53% 27	26.32% 20	6.58% 5	15.79% 12	76	2.71
Minor Ailment Scheme (treatment of common conditions under the NHS without seeing a GP)	32.89% 25	32.89% 25	23.68% 18	3.95% 3	6.58% 5	76	2.18
Blood pressure check	18.18% 14	37.66% 29	27.27% 21	5.19% 4	11.69% 9	77	2.55
Cancer treatment support services	25.33% 19	28.00% 21	34.67% 26	1.33% 1	10.67% 8	75	2.44
Respiratory services (including checking of inhaler technique)	19.48% 15	28.57% 22	32.47% 25	2.60% 2	16.88% 13	77	2.69
Lifestyle advice e.g. stop smoking, weight management and alcohol services etc	18.18% 14	33.77% 26	25.97% 20	5.19% 4	16.88% 13	77	2.69
Overseas travel medications e.g. malaria	27.27% 21	31.17% 24	24.68% 19	5.19% 4	11.69% 9	77	2.43
Emergency hormonal contraception (morning after pill)	27.27% 21	14.29% 11	27.27% 21	3.90% 3	27.27% 21	77	2.90
Minor Eye Conditions Dispensing Service (treatment of eye conditions under NHS after visiting optician, without seeing GP)	29.87% 23	32.47% 25	25.97% 20	5.19% 4	6.49% 5	77	2.26

Q8 Have you in the last 12 months been offered and/or had a medicines use review with your pharmacist? (Please tick one box only)

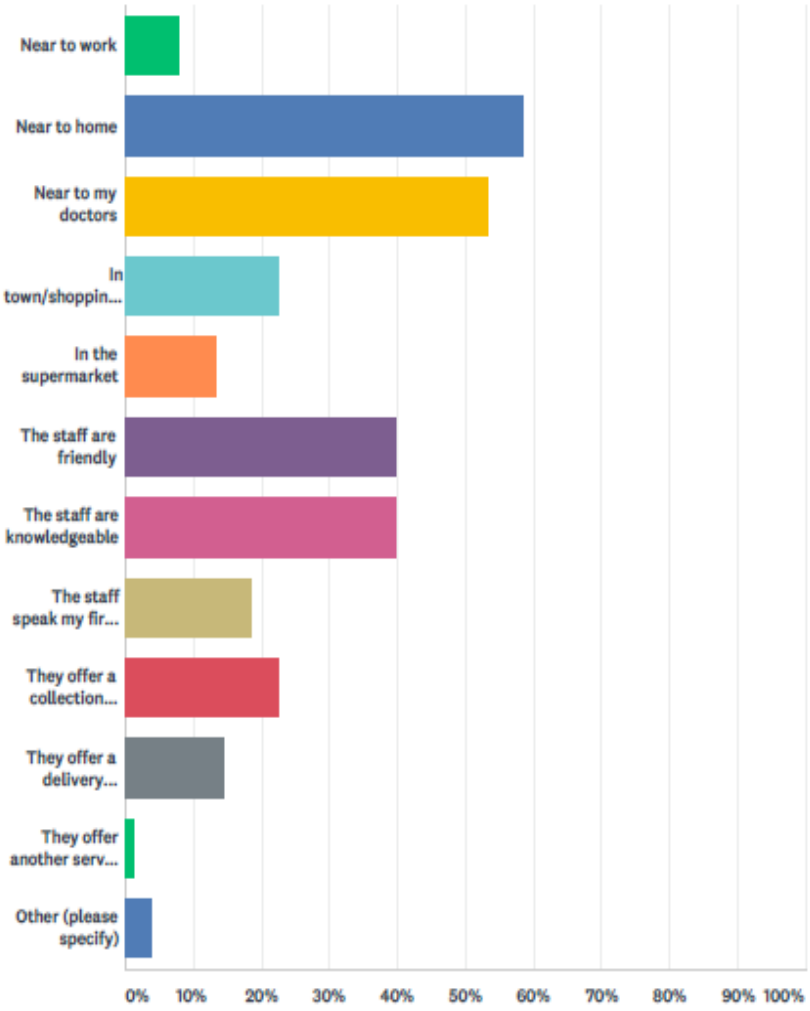
Answered: 77 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	35.06%	27
No	53.25%	41
I don't take any prescribed medicines	11.69%	9
TOTAL		77

Q9 Why do you use the pharmacy you use most often? (Please tick all that apply)

Answered: 75 Skipped: 8



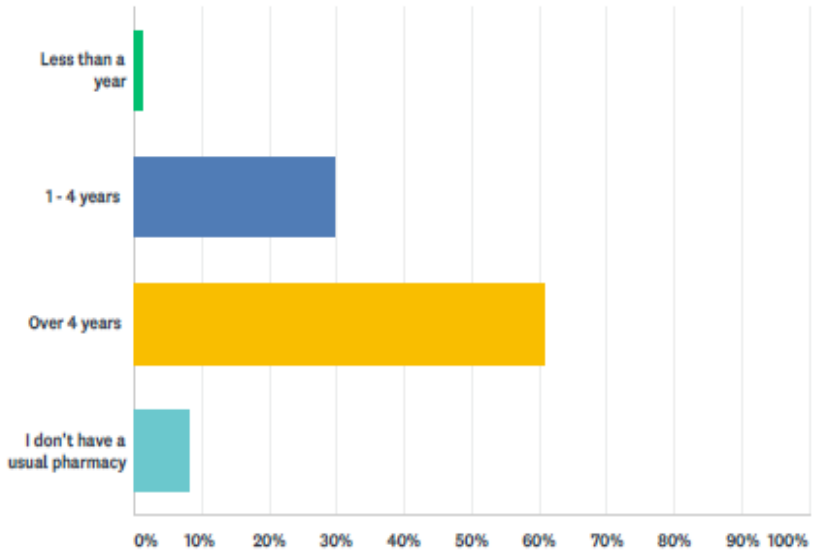
ANSWER CHOICES	RESPONSES	
Near to work	8.00%	6
Near to home	58.67%	44
Near to my doctors	53.33%	40
In town/shopping area	22.67%	17
In the supermarket	13.33%	10
The staff are friendly	40.00%	30
The staff are knowledgeable	40.00%	30

The staff speak my first language	18.67%	14
They offer a collection service	22.67%	17
They offer a delivery service	14.67%	11
They offer another service which I use	1.33%	1
Other (please specify)	4.00%	3
Total Respondents: 75		

#	OTHER (PLEASE SPECIFY)	DATE
1	Hardly ever use pharmacy	10/3/2017 11:05 AM
2	Hardly ever use pharmacy	10/3/2017 11:04 AM
3	They have my medications in stock	9/29/2017 12:41 PM
4	easy to park have disabled parking.	9/14/2017 11:28 AM

Q10 How long have you been using your usual pharmacy? (Please tick one box only?

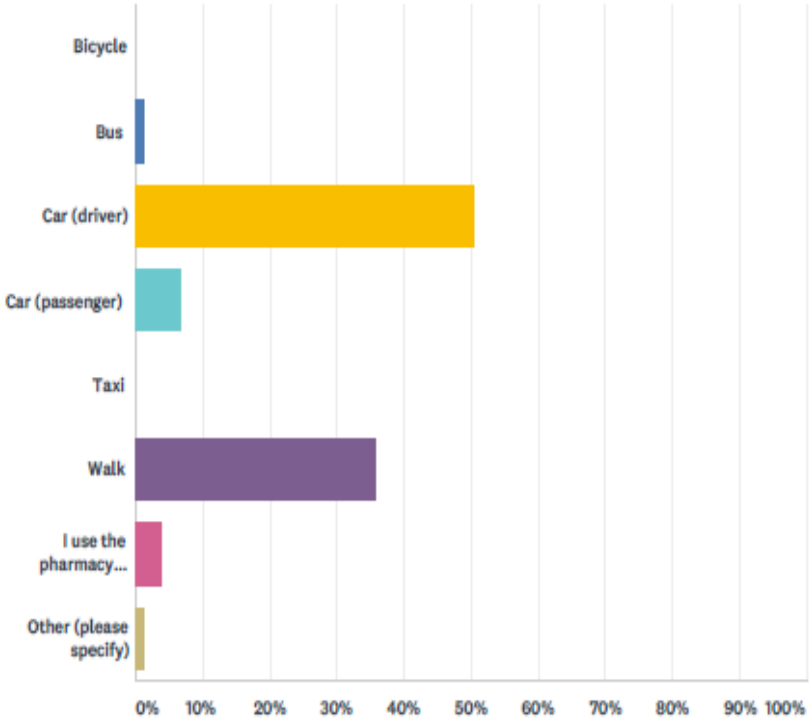
Answered: 74 Skipped: 9



ANSWER CHOICES	RESPONSES	
Less than a year	1.35%	1
1 - 4 years	29.73%	22
Over 4 years	60.81%	45
I don't have a usual pharmacy	8.11%	6
TOTAL		74

Q11 How do you usually travel to your pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8

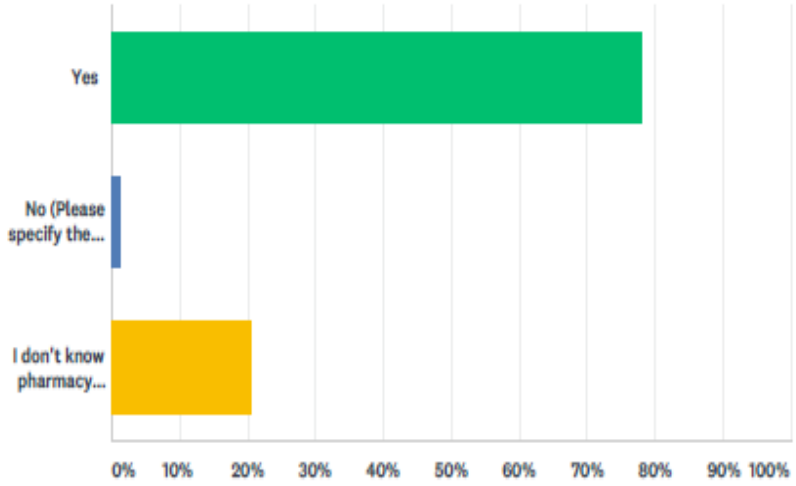


ANSWER CHOICES	RESPONSES	
Bicycle	0.00%	0
Bus	1.33%	1
Car (driver)	50.67%	38
Car (passenger)	6.67%	5
Taxi	0.00%	0
Walk	36.00%	27
I use the pharmacy delivery service	4.00%	3
Other (please specify)	1.33%	1
TOTAL		75

#	OTHER (PLEASE SPECIFY)	DATE
1	NA	10/3/2017 11:05 AM
2	NA	10/3/2017 11:04 AM

Q12 Are you able to access all the services your pharmacy offers in the way you would choose to? (Please tick one box only)

Answered: 73 Skipped: 10

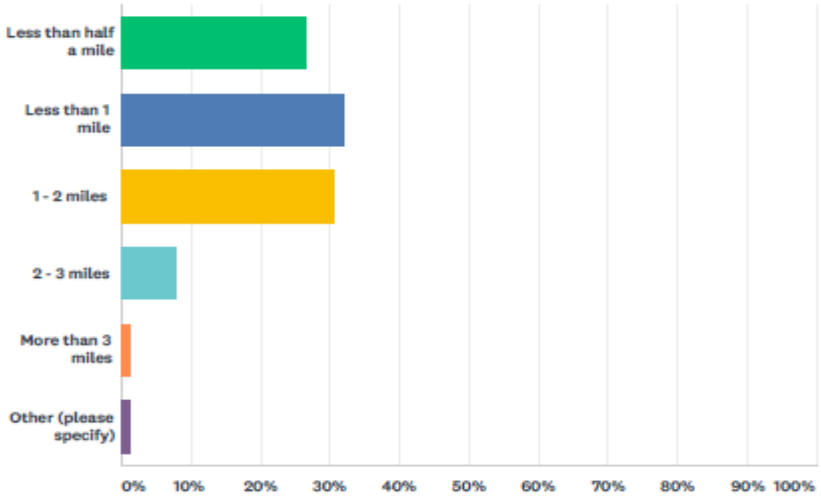


ANSWER CHOICES	RESPONSES	
Yes	78.08%	57
No (Please specify the reason below)	1.37%	1
I don't know pharmacy services are available to me	20.55%	15
TOTAL		73

#	PLEASE SPECIFY WHY:	DATE
1	NA	10/3/2017 11:05 AM
2	NA	10/3/2017 11:04 AM
3	I have medical conditions this is all I use pharmacy for.	9/29/2017 12:41 PM
4	Not sure what these are.	9/14/2017 12:01 PM
5	They don't all have a private consultation area	9/14/2017 11:22 AM

Q13 How far would you be willing to travel to a pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8

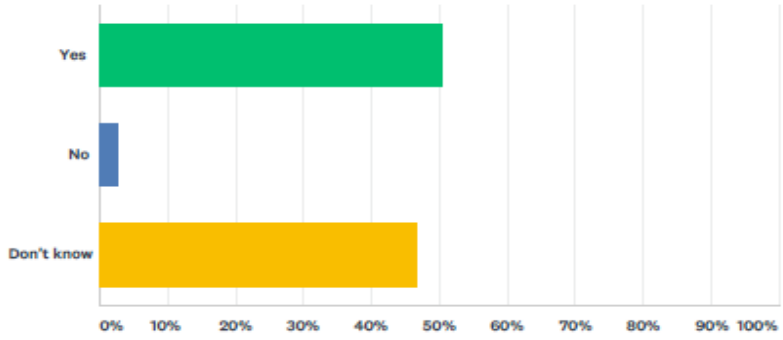


ANSWER CHOICES	RESPONSES	
Less than half a mile	26.67%	20
Less than 1 mile	32.00%	24
1 - 2 miles	30.67%	23
2 - 3 miles	8.00%	6
More than 3 miles	1.33%	1
Other (please specify)	1.33%	1
TOTAL		75

#	OTHER (PLEASE SPECIFY)	DATE
1	Depends on mobility	9/14/2017 4:17 PM

Q14 Does your pharmacy offer a delivery service? (Please tick one box only)

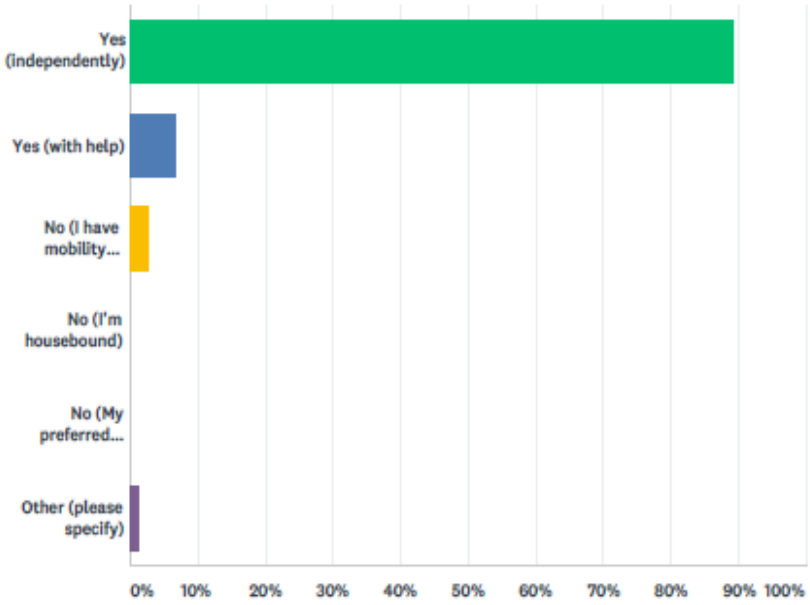
Answered: 75 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	50.67%	38
No	2.67%	2
Don't know	46.67%	35
TOTAL		75

Q15 Are you able to get to your pharmacy of choice? (Please tick one box only)

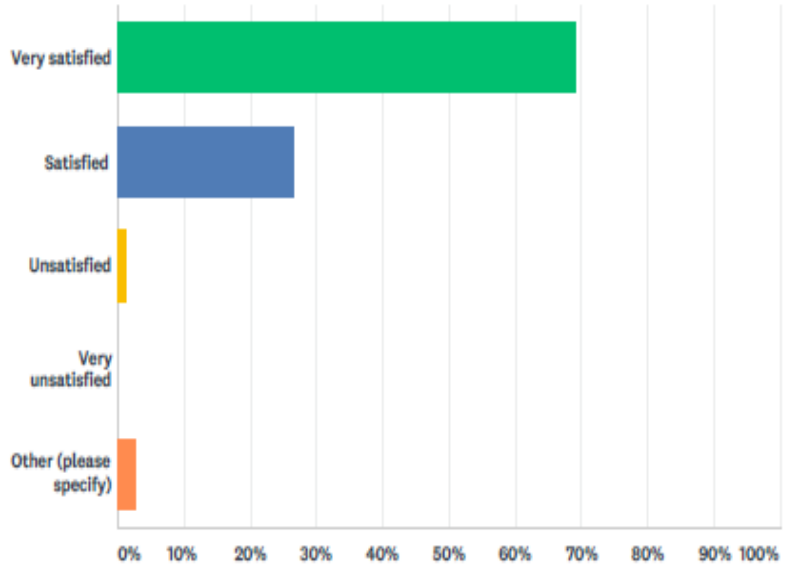
Answered: 75 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes (independently)	89.33%	67
Yes (with help)	6.67%	5
No (I have mobility issues)	2.67%	2
No (I'm housebound)	0.00%	0
No (My preferred pharmacy does not have access suitable for my needs)	0.00%	0
Other (please specify)	1.33%	1
TOTAL		75

Q16 Overall, how satisfied are you with the service you receive from your usual pharmacy? (Please tick one box only)

Answered: 75 Skipped: 8



ANSWER CHOICES	RESPONSES	
Very satisfied	69.33%	52
Satisfied	26.67%	20
Unsatisfied	1.33%	1
Very unsatisfied	0.00%	0
Other (please specify)	2.67%	2
TOTAL		75

Q17 Do you have any further comments about your experiences of use of pharmacies in Tameside?

Answered: 18 Skipped: 65

#	RESPONSES	DATE
1	NA	10/3/2017 11:05 AM
2	Boots never seems to have my medications available mostly I have to go back at least once. Once lost my prescription stockings for 3 weeks.	9/29/2017 12:41 PM
3	we should all use them so they stay open	9/20/2017 8:04 PM
4	My pharmacy rarely has all of my prescription medicine in stock and I have to go back for the balance	9/19/2017 4:59 PM
5	They are usually staffed by knowledgeable and friendly staff.	9/18/2017 12:41 AM
6	No	9/16/2017 9:05 PM
7	I have concerns should any close. I have regular problems with lack of stock of my medication. (Drug company's fault). This means I have to travel to more than 1 to track it down. My condition is serious and without the ability to get the medication I won't be able to continue to drive or work.	9/15/2017 8:11 PM
8	A lot of them don't open at all at the weekends - I don't mind if it's closed on Sunday but I'd use it a lot more if it was open on a Saturday	9/15/2017 8:05 PM
9	No	9/15/2017 1:10 PM
10	Important that we retain local pharmacies that offer personal services to communities.(not in personal multi chain pharmacies)	9/14/2017 4:17 PM
11	I changed from Cohen's because of always having to wait for my prescription - regardless of how long they had had the prescription. They always seem to be too busy to cope.	9/14/2017 3:46 PM
12	None	9/14/2017 2:57 PM
13	In the past we have used a national pharmacy and 3 times out of 4 they have not been able to fulfill the prescription 100%	9/14/2017 2:41 PM
14	my pharmacy is excellent. I have no issues.	9/14/2017 1:59 PM
15	none	9/14/2017 1:59 PM
16	Have had issues with poor performance but they seem to be getting themselves sorted out	9/14/2017 12:01 PM
17	Trying to explain a condition in a busy environment is not a satisfactory experience. For one minor condition I got better advice over the internet	9/14/2017 11:22 AM
18	I found that pharmacies in health/walk in centres are impersonal and uninterested in you, they tend to have a take it or leave it attitude/ next please.	9/14/2017 10:47 AM

Appendix Five - 60 Day Stakeholder Consultation

As part of the PNA process a 60 day stakeholder consultation takes place in order for key stakeholders of pharmacy and health provision to have their say on the PNA process and the final PNA report. In Tameside this took place between the 3rd November 2017 and 5th January 2018.

Where possible all comments, changes and additions have been included in the final report.

However there was one response to the 60 day stakeholder consultation through the councils consultation portal 'The Big Conversation', and non via other means. The one response felt that the PNA gave a full picture of pharmacy need in Tameside and left no open comments.

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Chris Easton, Head of Strategy Development, Tameside and Glossop Integrated Care Foundation Trust
Subject:	**TAMESIDE & GLOSSOP SYSTEM WIDE SELF CARE PROGRAMME**
Report Summary:	The report gives an update on the 'System Wide Self Care' Programme was established as part of the Care Together Transformation Programme and accounts for around £4.9m of the budget across the three years of delivery. The programme is based upon the principle that in order to transform health and care to the extent that we deliver a financially and clinically sustainable health economy, we must as part of that transformation fundamentally reshape the system's relationship with the public. Although this principle applies to the whole Tameside and Glossop population, the issue is particularly pronounced amongst people with long term conditions or ongoing care and support needs.
Recommendations:	The Health and Wellbeing Board are asked to note the information contained in the report.
Links to Health and Wellbeing Strategy:	The programme delivers against all priority themes within the Health and Wellbeing Strategy, in particular Living and Ageing Well.
Policy Implications:	There are no policy implications at this stage.
Financial Implications: (Authorised by the Borough Treasurer)	£4.9m to fund this programme was included as part of the wider £23.2m transformation approval from GM Health & Social Care Partnership. It is expected that this work stream will contribute toward the target of stopping activity growth. The Tameside & Glossop locality has agreed a series of milestones linked to the activity reductions and it should be noted that ongoing funding is dependent upon meeting these targets.
Legal Implications: (Authorised by the Borough Solicitor)	The Council has a statutory duty to deliver value for money services – to be value for money they must be services that are required and deliver improved outcomes for residents. Consequently an important outcome in setting the Council's priorities within a reducing budget is to gather intelligence to understand both need and whether maximum impact can be made. It will be critical that there is a clear performance and assurance system in place to ensure that any interventions/programmes are delivery what is required to improve health outcomes and reduce unaffordable demand.t is critical to raising standards whilst meeting budgetary requirements that we develop a clear outcome framework that is properly monitored.

Risk Management :	There are no risks arising from this report.
Access to Information :	The background papers relating to this report can be inspected by contacting Chris Easton, Head of Strategy and Development, by: Telephone: 07766297853 e-mail: chris.Easton@tgh.nhs.uk>

1. INTRODUCTION AND CONTEXT

1.1 The 'System Wide Self Care' Programme was established as part of the Care Together Transformation Programme and accounts for around £4.9m of the budget across the three years of delivery.

1.2 The programme is based upon the principle that in order to transform health and care to the extent that we deliver a financially and clinically sustainable health economy, we must as part of that transformation fundamentally reshape the system's relationship with the public. Although this principle applies to the whole Tameside and Glossop population, the issue is particularly pronounced amongst people with long term conditions or ongoing care and support needs. This group of the in any given area is usually around 20% of the population but accounts for upwards of 70% of all health and care spend.

1.3 Broadly speaking the messages underpinning this programme can be described as:

- Supporting people to adopt more healthy lifestyles, both in terms of behaviour and in relation to the wider determinants of health;
- Helping people understand how to transact most appropriately with the health and care system;
- Supporting people with long term conditions to manage their health more effectively when they are not receiving direct support from the system;

1.4 Given the economic imperative, the majority of the investment in this programme is focused on supporting people with long term conditions; however the broader programme narrative addresses the full spectrum described above.

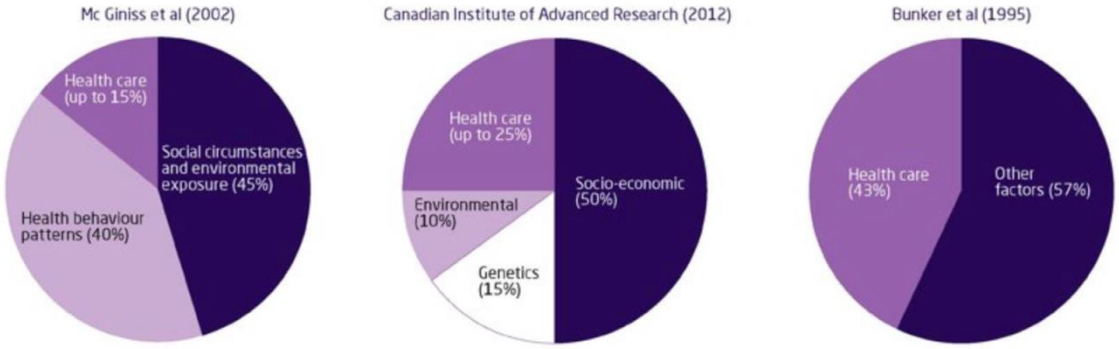
1.5 This paper provides a brief overview of the programme and progress to date, along with key plans for 2018/19 and 2019/20. It also seeks to emphasise that if we are to genuinely transform health and care, the role of people and communities must be at the heart of transformation. These approaches and principles cannot be something the system does, instead they must be something the system becomes.

1.6 It is also important to note that this programme of work connects directly both with national policy in relation to personalisation, choice and self care and also Greater Manchester's Person and Community Centred Approaches Programme.

2. RATIONALE FOR DELIVERY

2.1 It has for some time now been national policy for health and care organisations to develop approaches that place people at the heart of their care. Yet this is something that local health and care economies have struggled to translate into practice in spite of an emerging evidence base to suggest that if you empower people they do better, have a more positive experience and use fewer health and care services as a result.

2.2 We also know that the health and care system is responsible for a small amount of the issues that affect people's health and wellbeing. As the charts below illustrate, as little as 15% of the things that affect our health and in any way be influenced by the way in which the current system operates.



Kings Fund

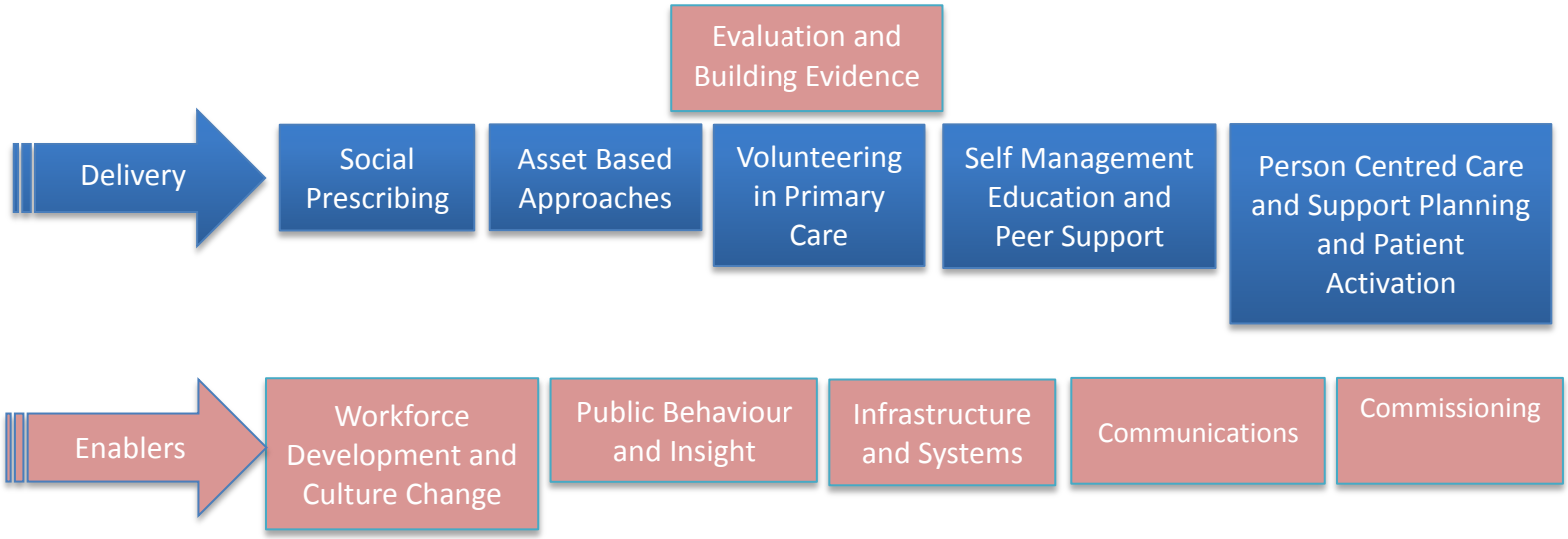
2.3 This really brings into context the current investment approaches in health and care, the way in which commissioning levers and incentives are applied and the extent to which the incentivise or disincentivise a focus on population health, self management and person centred approaches.

2.4 Underpinning this programme is a fundamental shift away from a medical model health and care system, where medics and clinicians prescribe and people adopt a passive receive role, towards a system where there is authentic collaboration between people and professionals and where people are viewed as and recognise themselves as active agents in their care.

2.5 This requires us to challenge roles, professional boundaries and organisational silos and to accept that every interaction an individual has with the health and care system has the dual purpose of treating and managing conditions along with ensuring people are left with the knowledge, skills and confidence to manage when they are not in the company of a health or care professional.

3. THE PROGRAMME OF WORK

3.1 The System Wide Self Care Programme is broken down into a series of streams of work. These are illustrated in the diagram below.



Social Prescribing

3.1 Social Prescribing describes an approach that supports people to access a range of non clinical services and support to help them with the issues that affect their lives and in turn affect their health and wellbeing.

3.2 The service in Tameside and Glossop is commissioned from two agencies. The Bureau in Glossop who have been delivering the service since April 2017, and Action Together in Tameside who began delivery in January 2018. When both programmes are working at full capacity they will be able to support around 2,500 people with long term conditions across Tameside and Glossop.

3.3 Typically a social prescribing intervention is time limited with the aim of delivering sustainable support to an individual the benefits of which continue after the initial intervention. People accessing the service will receive support from a coordinator who will plan appropriate support with them, set goals and signpost on to relevant services.

3.4 Referrals can be received from any health and care professional and the service has a deliberately loose eligibility criteria. This leaves room to focus on the heaviest consumers of health and care services whilst also allowing flexibility to adopt a more preventative approach.

3.5 Referrals are predominantly received from primary care, but connections are also being made with social are and the Integrated Urgent Care Team.

3.6 The Glossop programme has worked with upwards of 200 people to date and early analysis shows a statistically significant improvement in participants' wellbeing as measured by SWEMWEBS. Evaluation is currently underway to establish whether there has been any reduction in health and care activity amongst people accessing the service. Quantitative data is also backed up by a range of anecdotal feedback that highlights the importance of a provision that gets to the heart of the issues that affect someone's wellbeing.

3.7 The service in Tameside is still extremely new, but referrals have now started to flow.

Asset Based Approaches

3.8 Work around asset based approaches in Tameside and Glossop focuses on structured investment in the voluntary, community and faith sectors along with a programme of community development to identify, develop and connect activities that exist in our communities.

3.9 Over the course of 2017/18-2019/20 in excess of £1.2m will be invested in grass roots activities.

Volunteering in Primary Care

3.10 Primary care offers a real opportunity to connect better with communities and establish a stronger focus on population health. Working alongside Altogether Better, a Wakefield based social enterprise delivering an evidence based model, we will work initially with six practices across Tameside with a view to scaling further in the future.

3.11 Each practice will receive a package of support to recruit, develop and deploy a team of volunteers to support the shift in primary care away from solely treating illness and towards promoting wellbeing and drawing community based interventions closer to the clinical parts of the system. This model has delivered significant benefits in other parts of the country, delivering:

- 87% of participants and 90% of volunteers experience better wellbeing;
- 86% of volunteers and 94% of participants acquired a greater understanding of their health and health conditions;

- 98% of volunteers and 99% of participants reported greater involvement in community activities.

3.12 An economic analysis of the programme identified £112 of value for every £1 invested. This approach will be rolled out from Q1 2018/19.

Self Management Education and Peer Support

3.13 Evidence repeatedly highlights that the health and care system is not good at providing the information that people need to play an active role in their self management. Studies highlight that as much as 45% of the population struggle to understand health information when it is in written form and up to 65% when numerical information is included.

3.14 This programme of work entails a systematic review of how, as a health and care system, we support people with long term conditions to manage effectively when they are not receiving support directly from the health and care system.

3.15 The model being developed in Tameside and Glossop addresses the following key elements.

- **Information** – ensuring that people have access to high quality, accessible information relating to their condition and how to manage it.
- **Coordinating** existing self management education assets and developing new ones in partnership with local organisations to create a comprehensive programme of SME.
- **Embedding** self management education in clinical pathways ensuring we have a dual focus on supporting people's conditions and empowering them to be effective self managers.
- **Developing** a generic self management education programme and equipping local trainers to be able to deliver it.
- **Supporting** the development of peer support opportunities led by local community groups but formally linked to clinical teams.
- **Bringing together** the wide range of existing resources to provide an online resource to help people self manage.

3.16 Much of this work focuses on the alignment of existing assets into an approach that is readily accessed by both the health and care system and patients and the public themselves. This will be progressed in early 2018/19.

Person Centred Care and Support Planning and Patient Activation

3.17 Ensuring that we have a range of services that support people with the wider determinants of health and the issues that sometimes make life difficult is key. Equally important however is the extent to which the system prioritises person centred care and support planning as a bridge between formal health and care support and the reality of people's lives.

3.18 Good person centred care and support planning should sit above any specific agency, clinical discipline or condition area and should focus first and foremost on what is most important to the individual receiving care. This should then in turn provide the frame and context for all the formal health and care support they receive, along with a clear articulation of how this support works alongside the assets the individual themselves brings.

3.19 In Tameside and Glossop, we anticipate a person centred care and support planning approach working hand in hand with Patient Activation. Patient Activation is a validated measure of an individual's knowledge, skills and confidence to manage their health. Building an individual's activation level correlates strongly with better health outcomes, healthier lifestyle choices, more positive experience of care and lower health and care utilisation. We aim to roll out a person centred care and support planning approach, along with Patient Activation Measurement to around 12,500 people, beginning in early 2018.

Workforce Development and Culture Change

3.20 In order to deliver the approaches outlined in this paper, we must ensure that our workforce has the skills and capabilities to work in this way. We also need to adopt a broad definition of what we traditionally regard as the workforce, also taking account of people who work in the voluntary and community sectors and carers.

3.21 We will develop a programme of training and development that focuses both on the values, behaviours and beliefs that underpin this way of working and also the tactical delivery approaches that can be readily adopted. This workforce programme will be developed throughout 2018/19.

Public Behaviour Change and Communications

3.22 We need the public to understand how they can get the most from health and care. We need them to understand how they can play a more active role in their own health and the health and wellbeing of their communities.

3.23 In order to have this conversation Action Together have convened the Self Care Alliance. The Self Care Alliance is a network of organisations with an interest in ensuring that people are well equipped to play an active role. The Alliance has led the development of a 'Self Care Narrative' and the establishment of three interest groups, one focusing on social marketing, one focusing on community engagement and the third focusing on equipping the community based workforce with the skills and knowledge to support people to 'self care'.

3.24 The Alliance is in its relative infancy but will begin delivering its programmes of work beginning in early 2018.

Infrastructure and Systems

3.24 With an increasing prominence of services such as social prescribing that support people with the wider determinants of health we need to ensure that it is obvious to the health and care system where to refer people and for what purpose. Work is currently underway to explore the integration of these services and the alignment of referral processes allowing us to maximise capacity and reduce any duplication and confusion.

Commissioning

3.25 In many respects commissioning holds the key to the success, or otherwise of approaches described in this paper. Often the way the system incentivises is counter to approaches that focus on person centred care, self care and population health. This programme of work has, since its inception been coordinated jointly by the Integrated Care Foundation Trust and Single Commissioning Function and discussion will continue to take place as to how we can most effectively align the commissioning and provision of services to support these approaches.

4 CONCLUSION

4.1 This report provides a brief introduction to some of the activity taking place under the banner of the System Wide Self Care Programme alongside highlighting some of the scale, complexity and challenge associated with the magnitude of transformation required to make these approaches a reality. We would expect this programme of work to deliver significant rewards in terms of outcomes, experience, satisfaction and utilisation, but in order to do so it is important to emphasis the sum of the parts and a system wide view of change.

4.2 Were we simply to deliver the more 'tangible' elements of the programme (an approach adopted in other parts of the country), e.g. social prescribing we would miss an opportunity to fundamentally address one of the greatest challenges facing health and care – how to unlock the assets of people and communities and how to draw them much closer to the

health and care system. In that sense, this should not be viewed as a delivery programme, but instead working towards a significant paradigm shift for health and care.

5. RECOMMENDATIONS

5.1 As set out on the front sheet of the report.

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Debbie Watson, Interim Assistant Director of Population Health Mark Tweedie, Chief Executive, Active Tameside
Subject:	**INCREASING PHYSICAL ACTIVITY IN TAMESIDE**
Report Summary:	The evidence base for the preventative effects of physical activity on ill health, disease and premature mortality is exceptionally strong. Presently 32.7% of people in Tameside undertake no physical activity whatsoever. Around 170* lives are lost in Tameside annually as a result of inactivity. We consistently rank amongst the lowest performing for outcomes of cancer, heart disease, and stroke. The current picture of premature mortality shows action on physical activity is an absolute must. The biggest gains and the best value for public investment is found in addressing the people who are least active. For the remaining majority of residents who do meet the Chief Medical Officer's guidelines for physical activity, we have an onus and responsibility to ensure the opportunities for physical activity continue to be improved and expanded upon. The purpose of this report is to outline the local challenge, context and potential key actions for Physical Activity in Tameside. These are the proposals of Tameside Active Alliance for the Health and Wellbeing Board's information, with an invite to offer input and guidance.
Recommendations:	The Health and Wellbeing Board is asked • to note progress to date, with regard to the establishment of the Active Alliance, the development of strategic priorities under the Greater Manchester Moving Blueprint, and the vision of a physically active Tameside. • to offer strategic support to the Active Alliance, to ensure physical activity remains a priority • to endorse the Greater Manchester Moving blueprint local priorities, and related key activities.
Links to Health and Wellbeing Strategy:	Promoting and increasing physical activity links to all strategic priority areas within Starting, Living and Ageing Well.
Policy Implications:	There are no policy implications at this stage.
Financial Implications: **(Authorised by the Borough Treasurer)**	It is essential physical activity participation continues to be encouraged and remains a priority for the locality to improve residents wellbeing and life expectancy and to also reduce reliance on health and social care services.

Legal Implications: **(Authorised by the Borough Solicitor)**	There needs to be a clear understanding of the cost benefit analysis and how this links to reducing the cost of significant health interventions to address our health inequalities and to enable resources to be allocated efficiently and effectively.
Risk Management :	There are no risks associated with this report.
Access to Information :	The background papers relating to this report can be inspected by contacting Annette Turner, Programme Manager, by:  e-mail: Annette.turner@tameside.gov.uk

1. INTRODUCTION

1.1 The evidence base for the preventative effects of physical activity on ill health, disease and premature mortality is exceptionally strong. Presently 32.7% of people in Tameside undertake no physical activity whatsoever. As well as ill health, this inactivity exacerbates poor social outcomes for local residents, and limits economic growth. Mobilising the wholly inactive segment of the borough to become physically active for at least 30 minutes per week would stand to increase the healthy life expectancy of those making the change, improve their quality of life, and potentially their social mobility. It would deliver a substantial reduction in the cost of treating the associated avoidable illnesses, and generate an economic return through a reduction in lost productivity, and increase in investment and opportunity within the local economy.

1.2 If physical activity was a drug it would be the most cost effective medication in the treatment of disease. Offering a reduction in certain cancers between 25-45%, dementia by 30%, heart disease by 40% and stroke by 30%. Work in this area would facilitate the greatest reduction in demand on services in terms of avoidable health problems, social care, and lost economic productivity. The current cost of inactivity in Tameside is £21.5 million per annum.

"The biggest gains and the best value for public investment is found in addressing the people who are least active".

(Sport England; Towards and Active Nation)

1.3 For the remaining majority of residents who do meet the Chief Medical Officer's guidelines for physical activity, we have an onus and responsibility to ensure the opportunities for physical activity continue to be improved and expanded upon. By utilising a whole systems approach to transform the local offer for recreation/social, active travel and sport, the intention is to make Tameside a place where being physically active is the obvious, preferred or even subconscious choice. Enrichment of the physical activity offer presents the opportunity for economic growth through the creation of new roles for individuals, and facilities and events attracting spend within the borough.

1.4 The purpose of this report is to outline the local challenge, context and potential key actions for Physical Activity in Tameside. These are the proposals of Tameside Active Alliance for the Health and Wellbeing Board's information, with an invite to offer input and guidance.

2. THE WIDER CONTEXT

2.1 The Greater Manchester Moving blueprint for Physical Activity and Sport in Greater Manchester sets out 10 priorities for GM. The objectives for Tameside have been set out to align closely with the wider aims for the city region, thus contributing to the overall vision. Our local deliverables under the plan are set out in the below table:

Table 1

	Tameside Priorities under the GM Moving Strategy
1	Increase the number of people walking and running
2	Increase the number of people cycling
3	Create more active and sustainable environments and communities though the GM spatial plan
4	Create a transport system that promotes an active life
5	Reduce social isolation and social and economic inactivity through physical activity and sport
6	Develop a vibrant and growing physical activity and sport sector and contribute towards economic growth

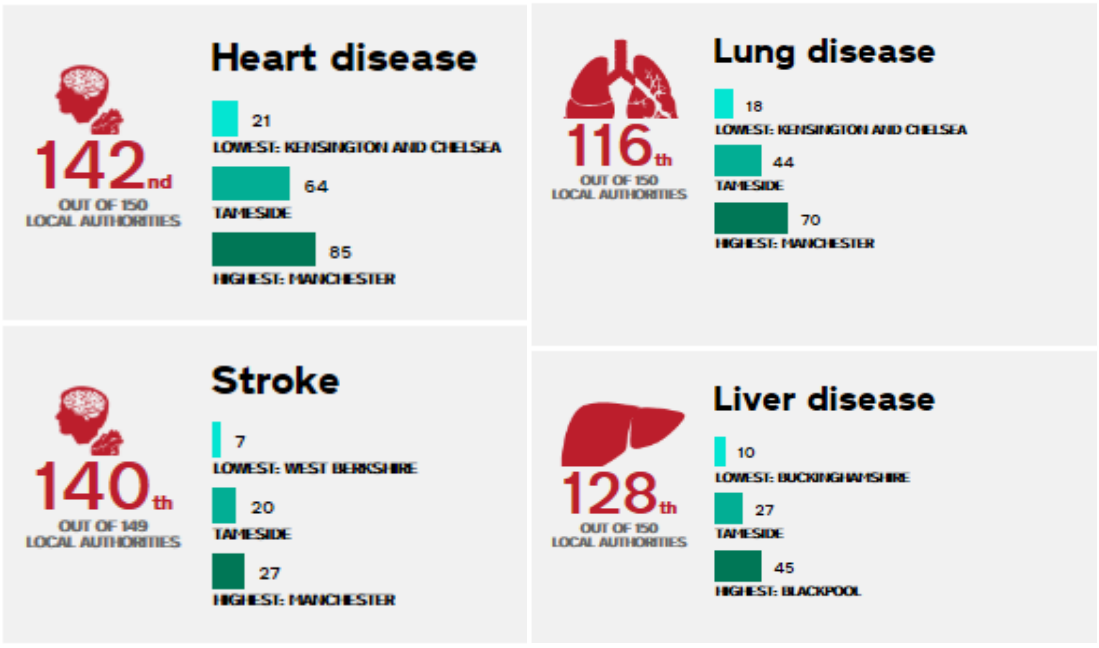
7	Develop an informed and skilled paid and volunteer workforce
8	Coordinate and deliver a clear social marketing and communications plan to support GMM
9	Promote physical literacy in the early years, at school and at home
10	Maximise the NHS contribution to develop a more active GM

3. TAMESIDE ACTIVE ALLIANCE

3.1 Tameside Active Alliance takes responsibility for ensuring delivery against our local objectives. It provides a formal collaborative leadership network for representatives of key Tameside stakeholders to optimise their endeavours to increase the physical activity levels of the Tameside population. The Alliance provides the environment for effective strategic planning, and the design, implementation and further development of a broad, balanced, accessible and sustainable physical activity offer in Tameside. The work of the Alliance contributes significantly to the aims and objectives of Care Together and the Greater Manchester Moving Strategy.

4. THE CHALLENGE/LOCAL PRIORITIES

4.1 Around 170* lives are lost in Tameside annually as a result of inactivity. We consistently rank amongst the lowest performing for outcomes of cancer, heart disease, and stroke. The current picture of premature mortality shows action on physical activity is an absolute must.



4.2 Many more lives are limited by illness that could be prevented if people moved more. At present, Tameside trails behind the regional and national averages for physical activity. By significantly reducing the number of people who are inactive, we could potentially prevent:

- 1,344 new diabetes cases;
- 60 new breast cancer cases;
- 21 new colorectal cancer cases;
- 73 new cases of coronary heart disease.

4.3 Whilst the above is a best case scenario of everyone in Tameside becoming active to the Chief Medical Officer guidelines standard, we know that this is a long way off being

achievable locally. At this point we stand to make the most significant impact by prioritising those who are completely inactive, and groups that show lower levels of activity than the rest of Tameside.

4.4 Those least likely to engage in physical activity are women and girls, BME, over 55s, disabled people and those with long term conditions.

4.5 The Live Active scheme, discussed later in this report, seeks to address those with disabilities and long term conditions. An Active Ageing programme is also in the bidding/planning stages with Greater Sport, to invest in the provision of physical activity for older people. An agreement in principle for the bid has been obtained, with proposals being pulled together with a partnership approach for review/approval in the near future.

4.6 This leaves a gap with regards to the encouragement of women and girls and BME communities. A bespoke social marketing campaign for Tameside, echoing the likes of neighbouring Bury 'I will if you will', and Sport England's 'This Girl Can' campaigns could be considered to reach out to these groups. The aim of a campaign would be to primarily increase levels of physical activity literacy amongst the target audience. A campaign rooted in sound behaviour change theory could support those least likely to engage to overcome any real or perceived barriers to start making best use of the support and facilities available.

4.7 Tameside has a strong existing asset base of sports and social clubs, attractive greenspaces, a network of canals and cycle ways, and excellent sporting facilities both indoor and outdoor. We also have a great number of advocates for physical activity in our communities; and a dedicated workforce behind our current sport and physical activity offer. A call to action to those in the latter stages of behaviour change would encourage prospective 'new movers' to connect with any number of groups already in operation within Tameside.

4.8 The appointment of a new team of Social Prescribers under Care Together would also help with the facilitation of connections, offering additional 'hand holding' options for those who are more apprehensive in joining activities. Likewise they are able to traverse the gap between communities and services that refer into activities to ensure people feel truly supported to access groups they may have previously felt unable to join.

5. WHAT DOES A PHYSICALLY ACTIVE TAMESIDE LOOK LIKE?

5.1 Consultation via the Tameside Active Alliance has prioritised action across a number of settings.

5.2 **Active Travel**

- More people choosing to walk or cycle to the shops, to work, or for short journeys;
- More walking buses for school age children;
- Town centres with safely shared spaces for pedestrians, bikes and cars;
- Cycle hubs and cycle parks, and park and ride facilities in full use to connect with public transport rather than taking the car;
- Highly populated, well lit, safe and clean walkways/cycle ways connecting major routes;
- Employers with good facilities and flexibility to accommodate active commuters, and where practicable, enable physical activity within the working day.

5.3 **Leisure/Social**

- More people using the streets for free activity e.g. learn to run, Nordic walking;
- More active pursuits in greenspaces, building on existing offers like archery, bowling, Metafit;
- Increased membership to groups offering a wide range of activities in communities, armchair exercise, Tai Chi;
- Well maintained and varied active outdoor play for children;
- More groups supported to operate and publicise activities e.g. organised hikes, buggy pushes, Welly Walks;
- More older people participating in dance classes and social activities that reduce isolation and help maintain independence.

5.4 Sport

- Playing fields used to capacity, including events, matches and spectator sports;
- Increased usage of trim trails in parks;
- Increased usage of Active Tameside facilities, including Live Active scheme for long term conditions;
- Wider provision of activities for older people e.g. Walking Football, line dancing, hiking, curling, indoor bowls;
- More organised street events and higher participation in them e.g. family bike rides, fun runs.

6. KEY ACTIONS TO ACHIEVE THIS

6.1 Active Alliance to Provide Systems Leadership to:

a. Develop an in depth needs assessment to fully understand physical activity in Tameside;
b. Develop a Physical Activity Strategy and implementation plan with shared vision;
c. Maintain Tameside Active Alliance group, Terms of Reference, and regularly report to Health and Wellbeing Board;
d. Co-ordinate Partnership approach for key events;
e. Ensure physical activity is on all strategic agendas.

6.2 Ensure local environment enables active lifestyles by:

a. Designing in ‘physical activity’ and making it an ‘unconscious choice’;
b. Removing the physical barrier to activity that exist within the built environment;
c. Ensuring that enabling physical activity is woven into our Commissioning and Planning activity;
d. Providing high quality parks and greenspaces;
e. Creating a wide ranging cycling infrastructure;
f. Developing a system that supports active travel.

6.3 Ensuring our communities are supported to be active by:

a. Providing high quality and wide-ranging facilities, activities and services;
b. Encouraging wider use of the physical assets which already exist within our communities;
c. Creating an environment that is conducive to developing a grass-roots social movement;
d. Supporting the development and delivery of activities by local clubs, groups and organisations;
e. Embedding a culture of activity amongst children and young people which remains with them throughout their life.

6.3 Creating and Maintaining an Active Workforce by:

a. Ensuring that we, as local employers, support our workforce to be more active;
b. Working with local businesses to encourage innovative and effective methods of increasing activity amongst employees;
c. Maximising the impact that the existing workforce can have on increasing the physical activity levels of the population of Tameside.

7. LIVE ACTIVE SCHEME

7.1 The Live Active scheme is an exercise on referral programme for those with long term conditions, for whom physical activity must commence with an element of caution/supervision. The scheme is integral to the overarching objective to get those who are inactive active, and support those who perceive that they are 'unable' to exercise to do so safely. Participants of the scheme include, but are not exclusive to those who have the following conditions:

- Diabetes;
- Obesity;
- Heart Disease;
- Chronic Obstructive Pulmonary Disease;
- Hypertension;
- Chronic Back Pain.

7.2 Referral has historically been made from Primary Care including GPs and Practice Nurses, Cardiac and Pulmonary Rehabilitation, Diabetes Nurses, Mental Health Teams, Physiotherapists, Rheumatology departments, and Stroke Services. Of late, the referral system has been expanded to include a degree of self-referral.

7.3 The programme runs over a 12 month period with consultations taking place at regular intervals to ensure participants stay on track to achieve good outcomes.

7.4 Live Active in numbers:

- 2,635 referrals to date, 835 completed full 12 months;
- 60 minute reduction in sitting time per day by week 24, maintained at week 52;
- 9.2% of participants less reliant on medication;
- 86.6% received improvement in quality of life;
- 77.6% doing at least 1 x 30 minutes physical activity per week by week;
- 57.3% perceived noticeable improvement in fitness;
- 29.3% achieved weight loss;
- 19.5% reported pain reduction.

7.5 In addition to a range of physical benefits such as a reduction in blood pressure, and lowering of BMI, mental health was also positively affected by participation in the programme. Participants completed the WEMWBS Survey on commencement of the

programme, and on completion, a clinically significant improvement in score is frequently evidenced. Likewise, self-reported benefits such as improved sense of wellbeing, improved confidence and making new friends are cited as a benefit by up to 40% of people.

7.6 Due to the success of the programme the Live Active scheme currently requires an element of re-engineering to accommodate high demand with a relatively small team of staff.

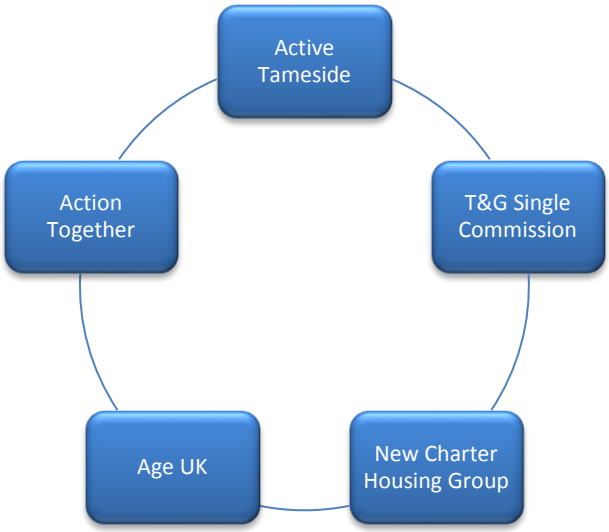
8. ACTIVE AGEING

8.1 The proposed Active Ageing project will work with older people aged 55-65 (pre-retirement) to seek out and address barriers to adopting healthier behaviours. It will test a range of engagement methods in order to increase physical activity, with a view to reducing premature mortality from cardiovascular disease. The ages of 55-65 and transition to retirement are considered as a major life event which may change people's daily routines and affect health behaviours, including daily physical activity. Physical activity is one of the key components of active and healthy ageing, and is inextricably linked to increases in independent living.

8.2 The overarching aim of the project is to create a system transformation that makes physical activity the preferred easy option in selected neighbourhoods for older people aged 55-65. This will be achieved through the development of a four component multidisciplinary action learning approach incorporating:

1. Optimising the supply of opportunities;
2. Stimulating the demand to participate;
3. Providing specialist support to enable participation;
4. Generating a social movement.

8.3 The project plans on utilising intensive collaboration to co-design, deliver and evaluate our work and interventions, whilst building upon existing hard and soft community assets.



8.4 The Active Ageing project will be aligned strategically with Greater Manchester's and Tameside's developing health and social care system transformational plans, specifically the integrated neighbourhood programme developed by the newly formed Tameside & Glossop Integrated Care Foundation Trust under the Tameside Care Together Strategy, which contributes to the Greater Manchester Population Health Plan.

9.0 GREATER MANCHESTER SPATIAL PLAN AND THE BUILT ENVIRONMENT

9.1 There is no single answer to increasing physical activity in the borough. Rather it must be a combination of factors working together.

"People do not make choices about sport and activity in a vacuum. Where they live and work plays a big part in the choices they make, with each community having its unique structure, relationships and geography"

(Sport England; Towards and Active Nation)

9.2 This being the case it is imperative that forward planning of the built environment and spatial development of the borough factors in increased possibilities for physical activities as standard. Greater Manchester Spatial Plan sets out the intention to support healthy lifestyles through the provision of a high quality green infrastructure network across Greater Manchester, supporting an increase in the proportion of trips that are made by walking and cycling.

9.3 Within Tameside, the development of Garden City Suburbs at Godley Green and Ashton Moss represent the future blueprint for active towns. These plans incorporate higher standards that are conducive to increasing physical activity. Better use of community and green spaces, and transport links with goals of reduced emissions means physical activity is being built in as a matter of course, making the choice to be active a simple and supported one.

9.4 In the meantime, a step change approach to improvements in the existing built environment is required. Strategic influenced to promote the design of physical activity into all structural progression will be the responsibility of the Tameside Active Alliance and affiliated groups. Plans for increased active travel are already underway and are being steered by Tameside Strategic Cycling Group and Transport for Greater Manchester, with plans to create traffic free commuter routes to central locations by connecting the existing disjointed networks, resurfacing bridle ways, and advocating segregated on-road cycle ways where off road is not possible.

9.5 Further plans that could be promoted at a strategic level through the Tameside Active Alliance and Health and Wellbeing Board could include designing safer walking routes through visible open spaces, more lighting, fewer covered passages, alleyways and subways. Ensuring early dialogue with housing developers to ensure estates are designed with access to community spaces, places for recreation, and links to join active travel routes. Work with highways to ensure off road green routes and roadside pavements on arterial routes are maintained and fit for pedestrians year round. At a Greater Manchester level, ensuring Tameside is connected to onward travel options.

10. RECOMMENDATIONS

10.1 As outlined on the front sheet of the report.

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Debbie Watson, Interim Assistant Director of Population Health Graham Jackson, Race Director, Sports Tours International
Subject:	**TOUR OF TAMESIDE 2018 - 2020**
Report Summary:	This paper updates the Board on the successes of the Tour of Tameside and asks for collaborative support from the Health and Wellbeing Board to grow the event to promote and increase physical activity in the Borough and raise funds for local charity.
Recommendations:	The Health and Wellbeing Board is asked to: • Review the successes of Tour of Tameside to date; • Agree the recommendations for working with the organisers of the Tour of Tameside; • Agree continued support for the Tour of Tameside.
Links to Health and Wellbeing Strategy:	This proposal has several links to the Health and Wellbeing Strategy with particular focus on Developing Well and Living Well.
Policy Implications:	There are no policy implications at this stage.
Financial Implications: **(Authorised by the Borough Treasurer)**	Sections 4 and 5 of the report provide summary details of the proposed recommendations and future collaborations to support the Tour of Tameside. It is essential the Council ensures the cost of the facilitation and or participation of employees within the tour is resourced within the annual revenue budget available.
Legal Implications: **(Authorised by the Borough Solicitor)**	It is important that decisions regarding resources are made on an evidence based approach. This report sets out the evidence of the challenges and proposals for how we respond to decreasing physical activity for the Board to determine if targeted resources delivering the necessary outcomes.
Risk Management :	There are no risks arising from this report.
Access to Information :	The background papers relating to this report can be inspected by contacting, Charlotte Lee, by: Telephone: 0161 342 4136 charlotte.lee@tameside.gov.uk

1. INTRODUCTION

1.1 The Tour of Tameside was founded by running legend, Dr Ron Hill MBE in 1983 and was originally a week-long event. After 14 years absence, the Tour of Tameside was reborn in 2015 by Sports Tours International and since 2016, has returned as a 4 daylong event.

1.2 The 4 daylong event consists of a cross trail 10K through Park Bridge and Daisy Nook (Ashton areas), a 6 mile hell on the fell 6 through Walkers Wood Reservoir to Active Copley (Stalybridge areas), hero half marathon on the Longdendale trail and a 7 mile road race through Hyde Town Centre.

1.3 Since 2015, the Tour of Tameside has seen an increase in participation which is illustrated in the table below;

	Full Race	10K	Hell on the Fell	Half Marathon	7 Mile	Total
2015	264		18	62	110	**454**
2016	252	125	42	150	140	**709**
2017	365	129	63	204	216	**977**

1.4 Above and beyond these 4 days, Sports Tours International endeavour to work with local communities to enable a wide audience participating in the Tour. An example of this is seen before the hero half marathon, where people are given the opportunity to participate in a short run dedicated to PC Nicola Hughes. Those who participate in both the short run and the half marathon complete 14.846 miles which makes up PC Nicola Hughes' badge number 14846 and all contributes are donated to the PC Nicola Hughes Memorial Fund.

1.5 Furthermore, Sports Tour International works alongside local charities that are given the opportunity to fundraise at these events with the arrangement to providing volunteer support.

2. THE SUCCESS OF TOUR OF TAMESIDE 2017

2.1 For the 2017 Tour of Tameside a number of partners across Tameside supported the event including; New Charter Housing Association who sponsored the event, Active Tameside who supported with warm up activities and facilitates where appropriate and Tameside MBC in relation to traffic management and communications.

2.2 The Council via Public Health grant invested to facilitate staff participation across Tameside MBC, Tameside and Glossop Clinical Commissioning Group, Greater Manchester Pension Fund, and Tameside and Glossop Integrated Care NHS Foundation Trust. As a result 55 staff members participated in the event equalling to 74 race places.

2.3 In agreement, for the Council to fund the staff places, staff partaking would raise money for two local charities identified – Willow Wood Hospice and the Tameside Macmillan Unit. By the end of Tour of Tameside£1,110.00 was raised for Willow Wood and £1,338.00 Tameside Macmillan Unit via Just Giving; totalling **£2,448.00.**

2.4 In addition to the involvement of partners detailed above, Tour of Tameside engaged with a number of businesses, community and charity groups including:

- Tameside4Good
- Believe & Achieve
- The Anthony Seddon Trust
- Willow Wood Hospice
- Macmillan Cancer Support
- The Grafton Centre
- Hyde Town Team
- Rotary Club of Hyde

- Tameside, Oldham and Glossop Mind
- Topaz Café
- Phoenix Tameside
- High Peak Rotary
- Peak Valley Housing Association
- Hattersley Youth Football Club

2.5 Furthermore, Sports Tours International has reinvested £5000 into the Tameside Youth Football League enabling more children and young people to benefit in football initiatives and other social inclusion opportunities.

2.6 With the success of the Tour of Tameside to date, participation is projected to grow for 2018, estimated at:

	Full Race	10K	Hell on the Fell	Half Marathon	7 Mile	Total
2018	400	170	80	250	300	**1200**

2.7 Moreover, the 2018 Tour of Tameside will set to engage schools via a Schools Challenge where Sports Tours International, Davies Sports and Active Tameside will work together to deliver cross-curricular activities around the history of the Tour (tapping into English, Maths, Science and Geography).

2.8 The 2018 Tour of Tameside will seek further engagement and involved from a wide range of local partners and businesses including IKEA and Peak Valley Housing Association.

3. POSITIVE OUTCOMES FROM THE TOUR OF TAMESIDE

3.1 The Tour of Tameside has all rounded positive outcomes for Tameside as a borough. Firstly, as an attraction, it draws people to several country trails and the sights that Tameside has to offer and thus increasing the use of the trails.

3.2 In addition, Tour of Tameside builds on the community assets, such as community groups, schools and local charities, enabling a wider audience to participate in the event whether that is partaking in the races or championing the community spirit.

3.3 Tour of Tameside provides an opportunity for Tameside residents to engage in physical activity. It is known that 32.8% of the Tameside population are inactive and creates avoidable demand for health and social care services. It is estimated that physical inactivity is directly responsible for 1 in 6 premature deaths and is an independent risk factor for a range of long term health conditions affecting society today including, coronary heart disease, hypertension, diabetes, chronic kidney disease, some cancers, stroke, peripheral vascular disease, cardiovascular disease, musculoskeletal health conditions (including osteoporosis, back pain and osteoarthritis), common mental health conditions and obesity. By contrast, an active lifestyle shows clear benefits in the treatment, management or prevention of all these.

3.4 Tour of Tameside and its organisers are committed to assembling an event that empowers residents of Tameside of all ages to partake regardless of fitness levels.

3.5 To promote inclusion, Active Tameside co-ordinate and deliver a walking tour of Tameside. The walking tour consisted of four daily walking events. Active Tameside also deliver year-round Couch to 5k programmes and encourage and support participants to enter Park Run and Tour of Tameside stages. Entering these events provides individuals and groups with a positive challenge to train towards and therefore supports efforts to increase physical activity in Tameside which ultimately plays an essential role in increasing healthy life expectancy and reduce demand in the health and social care system.

4. RECOMMENDATIONS FOR SUPPORTING TOUR OF TAMESIDE

4.1 In line with the Health and Wellbeing Strategy and the strategic vision of the Health and Wellbeing Board, a number of recommendations are suggested for supporting and working alongside Sports Tours International for future Tour of Tameside events.

4.2 These are outlined as following:

- To ensure all events have a healthy catering option;
- To advertise and commit to the Tour of Tameside being Smoke Free;
- To award those who completed the full tour with a token that compliments their effort and support a healthy lifestyle;
- To continue engaging schools and community groups in the Tour of Tameside via usage of the trails or alternative engagement methods, for example, enhanced daily mile in primary schools during that week;
- To actively seek support and sponsorship from businesses and partners that aligns to a healthy lifestyle ethos.

5. FUTURE COLLABORATION

5.1 To sustain and build of the legacy of Tour of Tameside it is proposed the Health and Wellbeing Board agree and commit to continued support. With the following as potential options:

- To support member organisations of the Health and Wellbeing Board to partake in the Tour of Tameside, this may be participating in the races themselves or providing a volunteering arm;
- Where investment is made to support staff participation funds are raised for Tameside Hospital's critical care/high dependency unit in memory of Cllr Kieran Quinn RIP and in recognition of the crucial role this unit plays in so many people's lives.
- To actively promote Tour of Tameside to the residents and where appropriate to embed and align with local programmes and services;
- To champion the Tour of Tameside and endeavour to encourage and support the wider sectors to be involved in the Tour of Tameside;
- To actively promote and support participation in the complimentary event, Tour de Manc (http://tourdemanc.co.uk/) which promotes cycling in a similar manner to that of the Tour of Tameside but on a Greater Manchester footprint.

6. 2018 TOUR OF TAMESIDE DATES

6.1 The 2018 dates for the Tour of Tameside, has been confirmed as following:

Thursday 14 June 2018	10K Trail Race
Friday 15 June 2018	Fell Race
Saturday 16 June 2018	High Peak Half Marathon
Sunday 17 June 2018	Hyde 7 Mile Road Race

7. RECOMMENDATIONS

7.1 As set out on the front of the report.

Report to:	**HEALTH AND WELLBEING BOARD**
Date:	8 March 2018
Executive Member / Reporting Officer:	Councillor Gerald P Cooney, Executive Member (Healthy and Working) Liz Windsor Welsh, Chief Executive Action Together Anna Moloney, Consultant in Public Health
Subject:	**A NEW RELATIONSHIP BETWEEN TAMESIDE VCFSE AND PUBLIC SECTOR PARTNERS: 3 COMMITMENT PLEDGES**
Report Summary:	To provide an update on progress to date with developing a new relationship between the communities and the voluntary, community, faith and social enterprise sectors (VCFSE) with public sector services. This was formerly known as the Compact and has now been developed into three Commitment Pledges. The draft Commitment Pledges are included and set within the context of current Greater Manchester partnership agreements between these sectors. In addition, the relationship of this work with the developing Population Health Investment Plan is referenced. The draft Commitments are based on the principles of equal partnership and co-production. Next steps are outlined for discussion.
Recommendations:	The Health and Wellbeing Board is requested to: 1. Note and comment on the draft Commitment Pledges. 2. Comment on the process to develop SMART objectives for each Commitment's Pledge and consult with our colleagues across the economy to ensure we have a robust means of promoting system enablers; and a mechanism for resolving blocks and fundamentally providing assurance to the Health and Wellbeing Board.
Links to Health and Wellbeing Strategy:	This work will support listening to citizen voices; building healthier and more resilient communities; promote health and wellbeing enabling self-care of the individual and enabling communities to be supportive of each other.
Policy Implications:	There are no immediate policy implications but as the work progresses with the Health and Wellbeing Board's approval there is likely to be an impact on approaches to : • Citizen and Patient engagement; • VCFSE involvement in commissioning strategies and plans; • Sustainability and investment strategies.
Financial Implications: **(Authorised by the Section 151 Officer)**	There are no direct financial implications arising from the report at this stage. Associated implications will be included within the Population Health investment plan as proposals are confirmed.

Legal Implications: **(Authorised by the Borough Solicitor)**	Achieving this 'new relationship' will require clear leadership, governance and accountability. It would be helpful to set out expectations in a MOU.
Risk Management :	There are no risks associated with this report.
Access to Information :	The background papers relating to this report can be inspected by contacting Anna Moloney, Consultant in Public Health,  Telephone: 0161 342 2189  anna.moloney@tameside.gov.uk

1. BACKGROUND

1.1 Two key agreements are in place between the voluntary and statutory sectors across Greater Manchester:

- The Memorandum of Understanding between GM Health and Social Care Partnership and the voluntary, community, faith and social enterprise sectors (VCFSE). It runs for 5 years until April 2021 and underpins the partnership between the sectors; recognising that transformational programmes are dependent on the VCFSE organisations given their critical role in supporting people to self-care and look after each other collectively.
- The GM Combined Authority Accord: This is a 5 year agreement between the GM Mayor and Greater Manchester Combined Authority (GMCA) that began on 27 November 2017. It is a living document which will be reviewed annually.

The two agreements form the basis of a framework for new ways of working but in each locality there remains a need to demonstrate how this plays out in practice.

1.2 The September 2017 Health and Wellbeing Board endorsed recommendations to:

- Establish a new and progressive way of working between statutory organisations and the VCFSE.
- Relevant senior staff to participate in the development of "principles" that will detail our commitments.
- Establish a senior leadership group from key agencies across the system to ensure progress is made and identify and have a mechanism to resolve system blockers.

1.3 To this effect a senior leaders had an inaugural meeting on 22 November 2017. This was chaired jointly by the Chief Executive of Action Together and the Director of Population Health. Terms of reference were agreed with a view to extending current membership; and the elements of a draft commitments document were discussed. The latter has subsequently been developed and is included below for comment. The Leadership group will meet monthly and it is envisaged that following the joint agreement of a Commitments document it will continue to have a role in providing system assurance that the new relationship is being honoured and we are experiencing the benefits of parity between the sectors.

3. TAMESIDE VCFSE AND PUBLIC SECTOR PARTNERS – OUR COMMITMENT TO A BETTER FUTURE FOR TAMESIDE

3.1 The Leadership Group reviewed the old COMPACT and expressed a desire to move away from using this language with a view to a more dynamic and living framework involving active participation from the sectors. It was cognisant of the conclusions from the State of the Sector report that highlighted the need for sustained and coordinated leadership to ensure continued support for and partnership with, Tameside's voluntary, community, faith and social enterprise sector. The draft Commitments Pledge is based on the principles of equal partnership and co-production. Therefore the following 3 Commitments and are included here for discussion.

3.2 "This agreement is between Tameside's Voluntary, Community, Faith and Social Enterprise Sector VCFSE and Tameside's public sector agencies who hold seats across Tameside Partnership. We are all committed to Tameside and improving the life chances of the people that live here. We care deeply about their future, especially focussing on those people that face additional challenge, inequalities, and lack of opportunity. Tameside is a place to be proud of, a place where there is a commitment to striving for better. We all want to build on the strong foundations, within neighbourhoods and within communities of

geography and identity in Tameside and recognise that there is enormous potential for us to harness.

3.3 We want to be ambitious, we want the spirit of the people of Tameside to be with us on this change to ensure we take bold steps forward in the way we work together and achieve better outcomes as a result. This commitment should be visible, a living pledge to our promise to working together differently. Something to remind each other of, to be used as a guide and as an indication of the steps forward we take together and the shared ambitions we have.

3.4 **Commitment 1 – Hear local voices more directly and more often**
We want local people to have a meaningful opportunity to be involved in decision making and local priority setting. In Tameside we want to embed ways to capture the voices of local people in decision making processes and co-design solutions. VCFSE groups are good at listening to, gathering insight from, and working to strengthen the voices of local people, with a particular focus on social inclusion. We are committed to working together to create the environment, support and recognition for a range of diverse local voices in decision making.

3.5 **Commitment 2 – A partnership built on trust**
Tameside embraces creativity and difference and we want this to be reflected across our ways of working and partnership structures. We know that VCFSE organisations and Public Sector Partners bring different strengths to the Borough and that we must harness all our assets to fully realise our shared potential. Relationships built on openness, honesty and integrity will be the key to our success and we must find more opportunities to have open dialogue with brave, respectful and professional communication across the full spread of governance and operational partnerships. We know there are barriers in our way sometimes, but we are committed to finding ways for genuine partnership working where we can re-dress the power imbalances, respectfully challenge each other when needed and come together to achieve our shared ambitions.

3.6 **Commitment 3 – Investment that matches the vision**
The VCFSE in Tameside brings significant investment into the Borough both through their ability to lever in gifts in kind – volunteering and donations, but also through securing grants, contracts and trading. A significant contributor to many VCFSE organisations is the investment and support of public sector agencies, both in kind and in strategic, long term investment. We want Tameside to be a place where this contribution and the role of VCFSE is fully realised, one where being local with deep roots and adding social value into communities is fully acknowledged and where we can truly strengthen and grow the VCFSE's capacity to meet local needs and aspirations."

3.7 The Leadership Group requests that the "Commitments Pledge" is signed off by all members of the Tameside Health and Wellbeing Board. SMART objectives are in the process of being jointly developed by the VCFSE and public sector colleagues. It is envisaged there will be 2 to 3 measurable ambitions implemented for each Commitment Pledge to provide assurance to the Health and Wellbeing Board that we are working to improve our collaborative advantage for population wellbeing. We are beginning discussions with Derbyshire County Council regarding this work and potential alignment with their COMPACT agreement. There is already active involvement from the Glossop VCFSE representatives in the Leadership Group.

3.8 The practicalities of living the Commitments Pledges would involve changes to the day to day business of our organisations such as the greater involvement by the VCFSE in the commissioning cycle and procurement processes; policy and workforce development; and representation in senior statutory sector decision making forums. Working together to implement outcome and place based focussed approaches to funding; and maximising the

impact of services and systems working across sectors, where these exist, will bring improved return on investment and a better experience for our residents.

4. RECOMMENDATIONS

4.1 As stated on the front of the report.

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