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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 17 June 2021
Time: 10.00 am
Place: Zoom

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for absence from Members of the Health and Wellbeing Board.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	MINUTES To receive the Minutes of the meeting of the Health and Wellbeing Board held on 21 January 2021.	1 - 6
4.	COVID 19 UPDATE AND POPULATION HEALTH	7 - 8
a)	COVID 19 UPDATE AND ENDURING TRANSMISSION To receive a presentation from the Director of Population Health and the Public Health Consultant.	9 - 14
b)	POPULATION HEALTH IN TAMESIDE To receive a presentation from the Director of Population Health and the Public Health Consultant.	15 - 20
c)	INTEGRATED CARE SYSTEM (ICS) DEVELOPMENT To receive a presentation from the Director of Commissioning.	21 - 28
d)	PHYSICAL ACTIVITY - ACTIVE ALLIANCE PROGRESS UPDATE To receive a presentation from the Assistant Director of Population Health and the Programme Manager for Physical Activity.	29 - 40
5.	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 Charlotte Forrest, Senior Democratic Services Officer on 0161 342 2346 or charlotte.forrest@tameside.gov.uk, to whom any apologies for absence should be notified.

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Agenda Item 3.

HEALTH AND WELLBEING BOARD

21 January 2021

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

Present:

Councillor Warrington (Chair)	Executive Leader
Councillor Cooney	Executive Member for Housing, Planning and Employment
Councillor Wills	Executive Member for Health, Social Care and Population Health
Steven Pleasant	Chief Executive, Tameside MBC and Accountable Officer, Tameside and Glossop CCG
Stephanie Butterworth	Director of Adult Services
Jeanelle De Gruchy	Director of Population Health
Liz Windsor-Welsh	Chief Executive, Action Together

In Attendance:

Shaun Higgins	Active Tameside
Chris Rushton	Active Tameside
Lisa Pomfret	DWP
Kerrie Pryde	Jigsaw Homes
Andrew Searle	Tameside Adult's Safeguarding Board
Henri Giller	Tameside Children's Safeguarding Board
David Swift	Tameside and Glossop CCG
Brendan Ryan	Tameside and Glossop ICFT

Officers In Attendance:

Jessica Williams	Director of Commissioning
Sarah Threlfall	Assistant Director of Policy, Performance and Communications
Jordanna Rawlinson	Head of Communications
Beverley Stephens	Head of Resource Management
Kate Benson	Public Health Manager
James Mallion	Public Health Consultant
Samantha Jury-Dada	Strategic Domestic Abuse Manager

Apologies for Absence: Councillor Fairfoull and Richard Hancock

9. DECLARATIONS OF INTEREST

There were no declarations of interest.

10. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 17 September 2020 were agreed as a correct record.

11. COVID-19

a) COVID-19 Update

The Director of Population Health gave a presentation updating Members on the situation in Tameside in respect of Covid-19.

The Board were shown a graph detailing the new positive cases per 100,000 people each week, which indicated that the current rate of new cases in Tameside was 359.8 per 100,000 people in the past seven days. Rates had increased rapidly in recent weeks with the highest numbers of new cases being in younger working age adults (aged 20 - 40 years old) with high numbers of outbreaks in a variety of settings across the Borough. It was suggested that this increase in infection rates was in part due to a new highly transmissible variant of coronavirus that now accounted for approximately 70% of new cases in the Borough and had become the dominant strain. However, there were signs that the rate of infection was stabilising and the positivity rate was reducing.

It was reported that Tameside currently had the eighth lowest infection rate out of the Greater Manchester authorities with Oldham and Rochdale being lower. Greater Manchester still had lower rates than the National average; however, neighbouring areas such as the Liverpool City Region had very high and growing rates, which was an area of concern. Hospital activity was steadily increasing and there was an expectation that this would continue over the coming weeks.

The Public Health Consultant highlighted the three main places where Covid-19 was able to spread easily - crowded places, close contact settings and confined enclosed spaces. The following communities within Tameside that were most likely to be exposed to these conditions were:-

- People and families living in overcrowded housing
- People with poor working conditions
- People who used public transport or car sharing for work
- People undertaking certain types of work (e.g. taxi drivers)
- People working in smaller settings (e.g. takeaways and small shops)

In addition, older people, occupational exposure and those living with a long-term health condition were particularly susceptible to a greater risk of severe disease.

The basic measures to reduce the risk of transmission were reinforced and included:-

- Regular, thorough handwashing with soap and running water
- Social distancing from others of at least 2 metres
- Wearing a facemask / covering when in situations where there was an increased risk of Covid-19 transmission (crowded places, close contact settings and confined enclosed spaces).

The importance of following the relevant guidance and restrictions was also emphasised and included reducing social contacts, the National lockdown and only undertaking essential travel and retail.

It was imperative to stop the spread of the disease by quickly finding infections through utilising 'Test Trace and Isolate' and initialising the Outbreak Management Plan. PCR testing was now widely available for those with symptoms at mobile and fixed sites across the Borough and rapid lateral flow asymptomatic testing had been introduced. Solutions to tackling the pandemic such as the rapid roll out of the vaccination programme, initially to priority groups to prevent deaths and protect the most vulnerable, were highlighted.

The Council, in partnership with the Clinical Commissioning Group, would continue to engage with local communities to provide information, support and listen to concerns and provide ongoing messaging with regards to the National lockdown, testing and the roll out of the vaccination programme alongside the Community Champions programme. It was important to offer support to those having to isolate and adopt an enforcement approach when needed.

Members acknowledged the excellent work that was being undertaken and the need to reinforce the important message of "Hands, Face, Space" in the community in order to reduce the risk of transmission

RESOLVED

That the content of the presentation be noted.

b) COVID-19 Champions

The Assistant Director of Policy, Performance and Communication gave a presentation on the ongoing communications strategy for Covid-19 and began by outlining the data of the direct impact of Covid-19 and the wider socio-economic impact of the pandemic.

The Board were informed that two surveys had been undertaken – a Tameside and Glossop Covid-19 survey and a Greater Manchester Covid-19 survey. The aims of the surveys were to provide an overview of key issues and barriers when living with Covid-19. The Greater Manchester survey had involved over 1000 Greater Manchester residents, with at least 100 responses within each local authority, completed within two waves that were comparable. The findings were outlined and included:-

- Certain groups had been impacted more than others, such as young people, residents with children under 4, the BAME community, Muslim residents, residents where English was not the first language, carers, residents with a disability, military veterans and residents in deprived areas
- Concern over Covid-19 had increased
- Almost one third of respondents had self-isolated
- 5% had used a foodbank during the pandemic
- 60% thought Covid-19 information was accurate, easy to understand and trustworthy
- 28% felt they needed support with mental health. This increased significantly to 57% in respondents aged 16-24
- 75% were likely to get a vaccine when they are eligible
- Women, those aged 16-44, military veterans and BAME residents were the least likely to say they were “very likely” to get the vaccine

The findings from the Tameside insight survey were broadly in line with the Greater Manchester average on most issues, with the main differences being:-

- More Tameside respondents had received support from the humanitarian hub
- Tameside respondents were more likely to take a Covid-19 test when they had no symptoms
- 83% said they were likely to get a vaccine when eligible
- Tameside respondents felt that information on Covid-19 was easy to understand, relevant and accessible

The Head of Communications provided an update on the Community Champions network, which had been created to provide residents, stakeholders and partners with up to date information about Covid-19 that they could disseminate within their communities. By sharing this clear information, it was hoped that it would enable residents to make informed choices and provide an opportunity for the community to share information they had heard about coronavirus, ask questions and dispel any myths.

The Council had recruited 195 Community Champions to date from a variety of different backgrounds with representation from every ward within the Borough. Details of the positive feedback that had been received was shared with the Board. Existing Community Champions projects were detailed that included a book swop scheme, an age friendly newsletter, a traffic warden face mask project, Primary School activity books and a young people question and answer video session. Ideas going forward for 2021 were outlined and included a vaccination question and answer session, a WhatsApp broadcast and engagement with priority groups.

Members of the Board praised the success of the collaborative nature of the Community Champions model and extended their thanks for being kept well informed. A discussion ensued on how to connect with those members of the community who would not engage.

RESOLVED

That the content of the presentation be noted.

c) COVID-19 Vaccination Programme

The Director of Commissioning delivered a presentation on the Tameside and Glossop COVID-19 vaccination programme. All five vaccination sites were now in operation around the Borough and the site at Oxford Park, Ashton had featured in a recent TV report.

The Board were informed that as of 15 January 2021, 16,000 people in Tameside and Glossop had received their first dose of a coronavirus vaccine and a further 2,000 individuals had received both a first and second dose of one of the approved vaccines. Approximately 70% of residents in cohorts 1 - 3 and 45% of residents in cohorts 1 – 4 had been vaccinated and it was projected that almost 93% of residents in cohorts 1 – 3 would have received their vaccination by the end of January 2021.

Overall, 90% of those aged 80 years and over had been vaccinated compared to 36% in the North West region and 35% nationally. Nearly 98% of care home residents received their vaccinations between Christmas and New Year and the Director of Commissioning thanked care home staff for their extraordinary efforts and swift action to ensure all people were included on the newly created Staff Steps app.

It was reported that for the week beginning 18 January 2021, 6,000 vaccinations had been delivered (4000 Astra Zeneca and 2000 Pfizer / BioNTech). The booking system had been utilised to record which vaccine each resident had received. It was confirmed that there was no wastage or stockpiling of vaccinations. The rollout of the vaccine for housebound people aged 75 and over had commenced and the aim was to complete this within ten days.

It was reported that it was becoming evident that some hard to reach communities were accessing the vaccination programme less than others. The team were working with the Policy, Performance and Communication team and also community leaders to address this emerging issue. Health inequalities analysis needed to be undertaken but access to vaccination data on the national systems was still problematic; work was underway with Greater Manchester to resolve this and it was anticipated that access to the NIMS database would soon be made available to the team.

A detailed discussion ensued around recent media reports of a manufacturing delay to the Pfizer / BioNTech vaccine and the gap between the first and second dose of the vaccination. The Board was informed that the Joint Committee on Vaccination and Immunisation (JCVI) had recommended as many people as possible on the JCVI priority list should be offered a first vaccine dose as the initial priority. The JCVI had advised that the second dose of the Pfizer / BioNTech vaccine could be given 3 to 12 weeks following the first dose, and that the second dose of the AstraZeneca vaccine could be given between 4 to 12 weeks following the first dose. The UK Chief Medical Officer had agreed that administering the first doses of vaccine for as many people as possible on the priority list would protect the greatest number of people in the shortest timeframe and have the greatest impact on reducing mortality, severe disease and hospitalisations.

Members of the Board praised the outstanding achievement of the vaccination programme and extended their thanks to the Director of Commissioning and the wider team for the excellent organisation and successful roll out of the programme in Tameside and Glossop. They stressed the importance of undertaking engagement work with hard to reach communities and it was confirmed that residents are notified of which vaccine they have received.

RESOLVED

That the content of the presentation be noted.

d) Domestic Abuse during the COVID-19 Pandemic

The Strategic Domestic Abuse Manager gave a presentation on the impact the Covid-19 pandemic had had on domestic abuse in Tameside.

She began by providing a strategic oversight and outlining the responsibilities of the role. A background of the services and interventions relating to domestic abuse in Tameside was provided in addition to information on Bridges, which was part of Jigsaw, and was the core commissioned service to respond to domestic abuse in the Borough.

The performance statistics for Bridges during the second quarter were detailed as follows:-

- There had been a 40% increase in referrals into the service compared to the previous quarter
- The majority of service users were female but there had been an increase in male victims of abuse during quarter two
- Between April and September 2020 there had been 233 high-risk referrals, which was a 68% increase compared to the same period last year
- Issues such as increased aggression, low self-esteem, and behavioural responses had been recorded in children both in school and at home.

The current challenges were also detailed and included cost pressures, maintaining staff cover, caseload intensity, delivering virtual services and a high CHIDVA waiting list. The key Priorities for 2021 were outlined and information on the Domestic Abuse Bill was provided, which became operational in April 2021.

She concluded by praising the approach that had been adopted between GMP and Bridges over the Christmas period, which meant a more effective triage and safeguard system had been in place that had positively impacted the January workload.

Members of the Board extended their thanks for the comprehensive presentation and asked a series of questions on the effectiveness of the virtual nature of the service. They expressed concern over the increase in domestic violence during the pandemic and the impact of cuts on associated services like drug and alcohol and worklessness, which were inextricably linked to domestic abuse. A discussion ensued on the cross over between services and the need for a more holistic, person centred approach going forward.

It was confirmed that the Children's Safeguarding Board had been involved with the new arrangements surrounding the implementation of the Domestic Abuse Bill in April and would make an active contribution with the strategy during the course of the year.

It was agreed that a Member Development Session needed to be held on Domestic Abuse, that members of the Health and Wellbeing Board would be invited to attend.

RESOLVED

- (i) That the content of the presentation be noted; and**
- (ii) That a Member Development Session on Domestic Abuse be arranged.**

12. URGENT ITEMS

There were no urgent items.

CHAIR

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Agenda Item 4.

Report to:	HEALTH AND WELLBEING BOARD
Date:	17 June 2021
Executive Member:	Councillor Wills - Executive Member for Health, Social Care and Population Health
Reporting Officers:	Dr Jeanelle de Gruchy - Director of Population Health Jessica Williams - Director of Commissioning Debbie Watson – Assistant Director of Population Health James Mallion – Consultant in Public Health
Subject:	COVID-19 UPDATE AND POPULATION HEALTH
Report Summary:	<p>To receive presentations updating members of the Health and Wellbeing Board on the latest position in Tameside, including: -</p> <ul style="list-style-type: none">• Covid-19 Update & Enduring Transmission – Dr Jeanelle de Gruchy and James Mallion• Population Health in Tameside – Dr Jeanelle de Gruchy and James Mallion• Integrated Care System (ICS) Development – Jessica Williams and Martin Ashton• Physical Activity – Active Alliance Progress Update – Debbie Watson and Annette Turner
Recommendations:	That the Health and Wellbeing Board receive the presentations and note the updates in relation to the various actions being taken by the locality.
Corporate Plan:	How Covid-19 is managed and controlled in the current phase of the pandemic continues to be crucial in enabling our communities to live with Covid-19. This contributes to people being able to live longer and healthier lives, one of the key priorities within the Corporate Plan. It is also important to continue to work to address the pre-existing inequalities across Tameside & Glossop, which have added to the disproportionate impact that Covid-19 has had for our residents. These are influenced across the life-course. Areas highlighted in the presentations include the current state of our population's health, emerging Integrated Care Systems (ICS) and the role they may play, and the ongoing work around physical activity to improve population health via the local Active Alliance.
Policy Implications:	This work represents ongoing implementation of the existing Local Outbreak Management Plan for Covid-19, and links to wider pieces of work such as the development of the ICS, which will inform and enable wider policy across the Council as to the steps we take to protect lives and the population's health.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>As this is a general update, there are not any direct financial implications to consider.</p> <p>There is limited financial support available, if required, for any future activities identified to help deal with the Covid-19 pandemic.</p>

**Legal Implications:
(Authorised by the
Borough Solicitor)**

As this is a general update report and no decisions are required there are no immediate legal implications.

However, this is an opportunity for Members to scrutinise officers in relation to a number of projects and work streams although clearly it is better practice to do this through reports rather than presentations not had advance sight of.

Risk Management:

The challenges posed by Covid-19 and poor population health outcomes present significant risks to the Council. These updates reflect ongoing work to tackle these risks and mitigate against them in the short and longer term. The updates help inform the key steps and functions that will ensure emerging risks are assessed and acted upon.

Background Information:

The background papers can be inspected by contacting James Mallion, Consultant in Public Health: -



Telephone: 07970 946485



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

HEALTH & WELLBEING BOARD

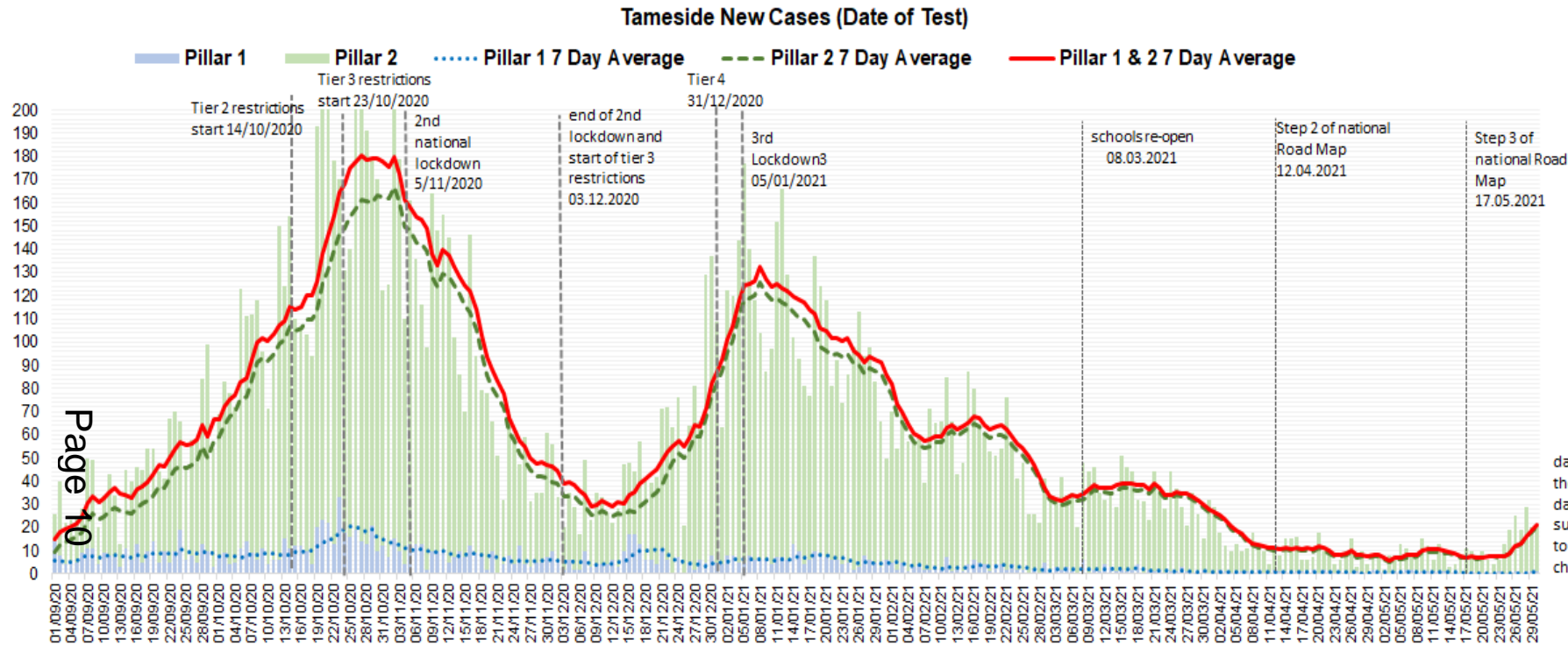
17 June 2021

Please note – the following slides contain data and information which will be updated closer to the time of the meeting

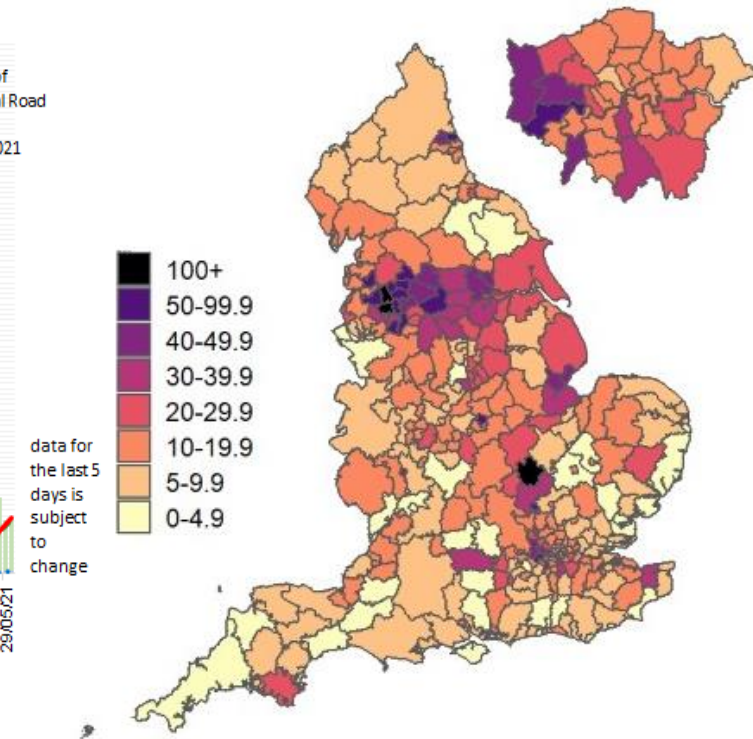
Tameside Covid 19 Update & Enduring Transmission Jeanelle de Gruchy & James Mallion



CURRENT INFECTION (1)



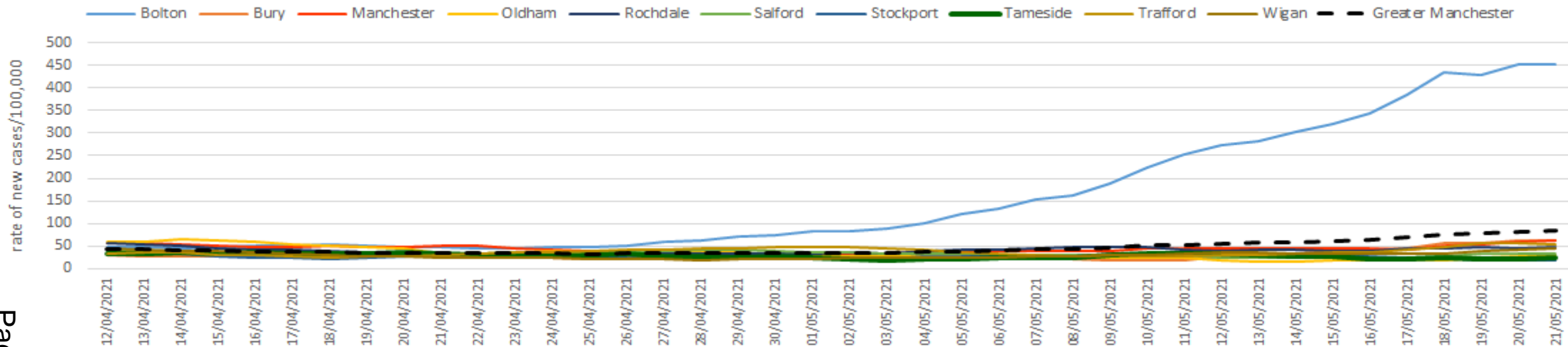
Weekly case rates per 100,000 population by local authority 13 May to 19 May 2021



- Large increases in the case rate across Tameside in the last two weeks – all Greater Manchester (GM) boroughs are now in an ‘epidemic phase’, i.e. the next wave.
- Delta variant now the dominant COVID strain in all GM boroughs
- Highest rates in working age adults / increases in younger people.
- Ongoing increase in mobility alongside easing of lockdown which will increase the potential for transmission.
- Greater Manchester now an ‘Enhanced Resource Area’ (ERA) – some extra resource to help contain COVID.

CURRENT INFECTION (2)

New Confirmed cases (pillar I & II combined)
7 day rolling total/100,000 (for the previous 6 weeks)



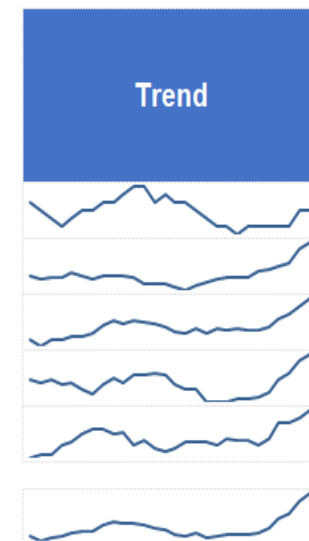
Tameside Transmission Characteristics

Tables based on data from 2nd May - 29th May 2021

Cases Per 100k (7 Day Rolling Rate)

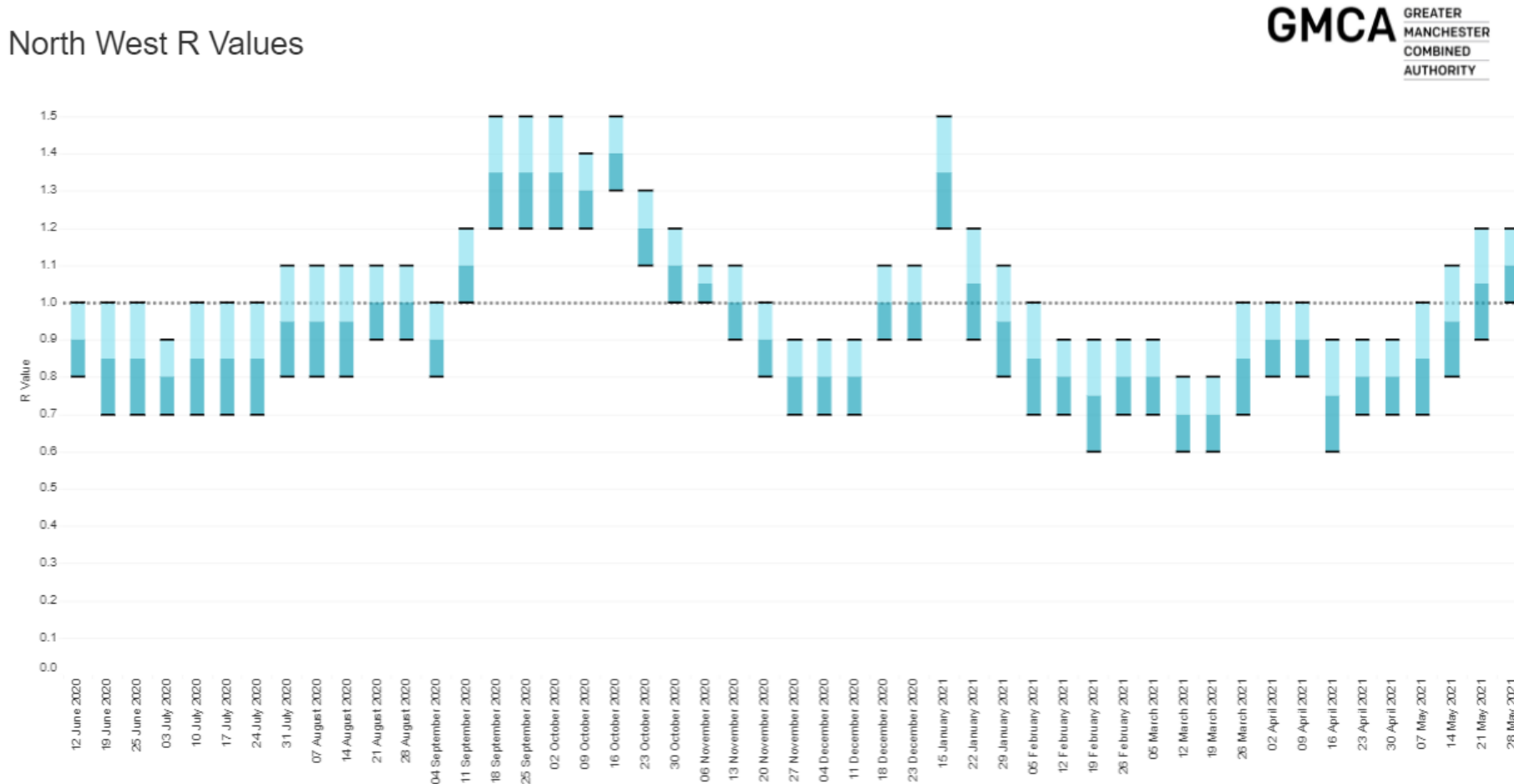


Age Band	02/05/2021	03/05/2021	04/05/2021	05/05/2021	06/05/2021	07/05/2021	08/05/2021	09/05/2021	10/05/2021	11/05/2021	12/05/2021	13/05/2021	14/05/2021	15/05/2021	16/05/2021	17/05/2021	18/05/2021	19/05/2021	20/05/2021	21/05/2021	22/05/2021	23/05/2021	24/05/2021	25/05/2021	26/05/2021	27/05/2021	28/05/2021	29/05/2021
65+	10	7	5	2	5	7	7	10	10	12	15	15	10	12	10	10	7	5	2	2	0	2	2	2	2	2	7	7
45-64	17	13	15	15	18	17	13	17	17	17	15	10	10	10	7	5	8	12	13	15	15	15	20	22	23	26	38	43
30-44	28	18	28	30	35	35	41	55	62	58	64	60	58	51	44	41	48	41	48	46	48	46	46	53	67	76	90	104
16-29	54	52	54	49	52	43	38	49	57	52	60	60	62	60	49	43	43	30	30	30	33	33	35	41	54	62	76	84
0-15	7	9	9	20	22	31	35	35	31	33	20	24	15	13	15	22	22	22	20	26	24	24	20	26	42	42	46	55
Total	22	19	21	22	25	26	26	32	34	33	33	31	29	27	23	23	24	21	22	23	23	23	24	28	37	41	50	57



RATE OF CHANGE

- R in NW has increased and is now estimated to be above 1, at 1.0 – 1.2.
- The doubling time for all boroughs in GM is approximately one week (with the exception of Bolton where rates are reducing).



Source: Department of Health and Social Care & Scientific Advisory Group for Emergencies, Updated 01/08/2021 16:40:11

Impact of Increased Cases (1)

- Vaccine efficacy still high but second dose even more important against Delta variant.
- Lower risk of high mortality, currently low level of people in hospital with Covid-19 (including intensive care)
 - ...but impact on hospitalisation of rise in cases not yet clear.
- And ongoing risk of high disruption (e.g.. Primary care / long Covid / gaps in education).
- Evidence of **enduring transmission** in Tameside driven by wider determinants of health (employment patterns; poverty; people living in poor health).

Impact of Increased Cases (2)

- Greater Manchester is now a designated 'Enhanced Response Area'.
- We are working on more targeted responses to tackling the pandemic through work around testing, vaccination and support for isolation.
- Emerging Actions (to follow).

POPULATION HEALTH IN TAMESIDE

**Please note – the
content for this section
is being updated based
on the latest position
and will be updated
closer to the meeting.**

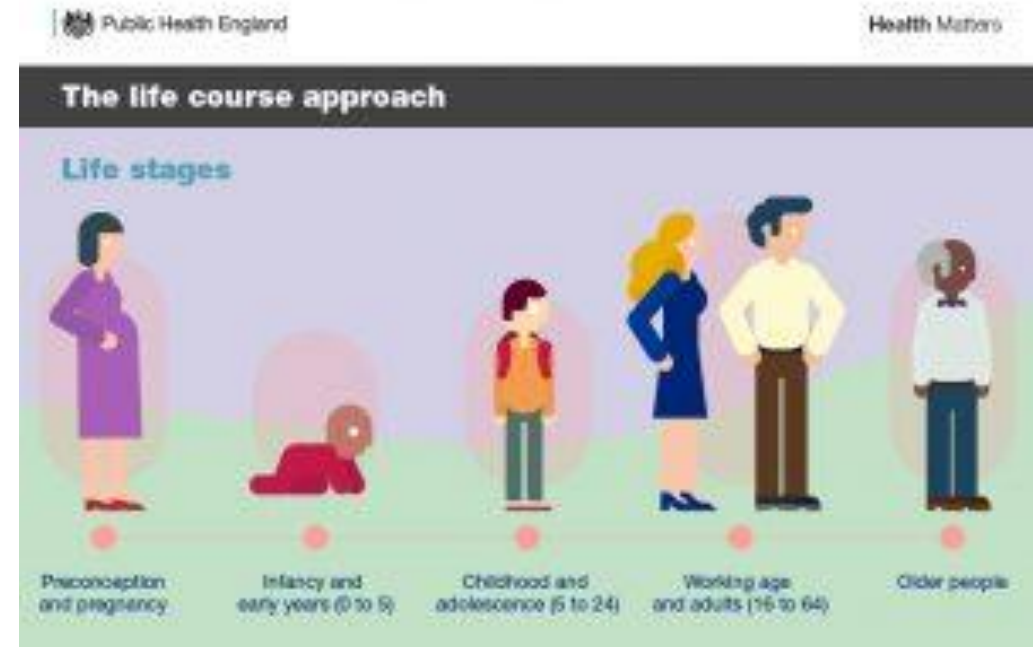
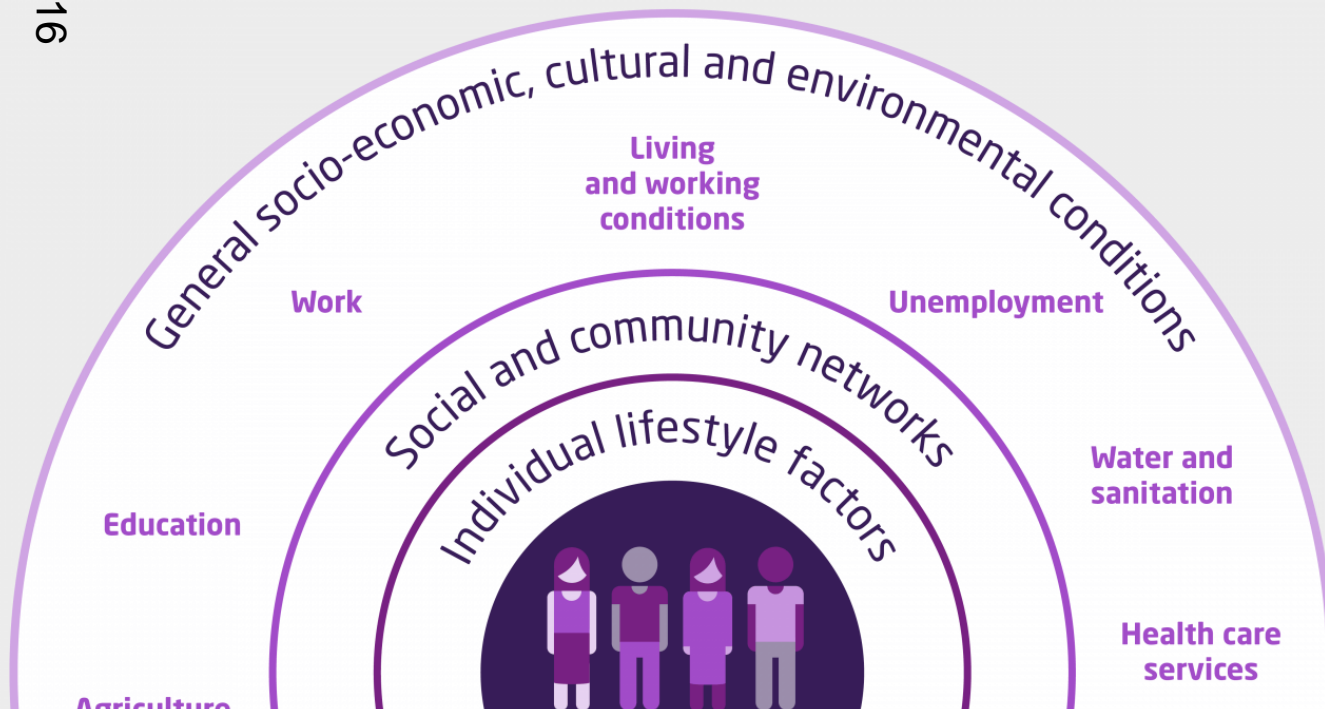
Health & Wellbeing Board
17 June 2021

James Mallion

The Complex Nature of Life Expectancy and Population Health

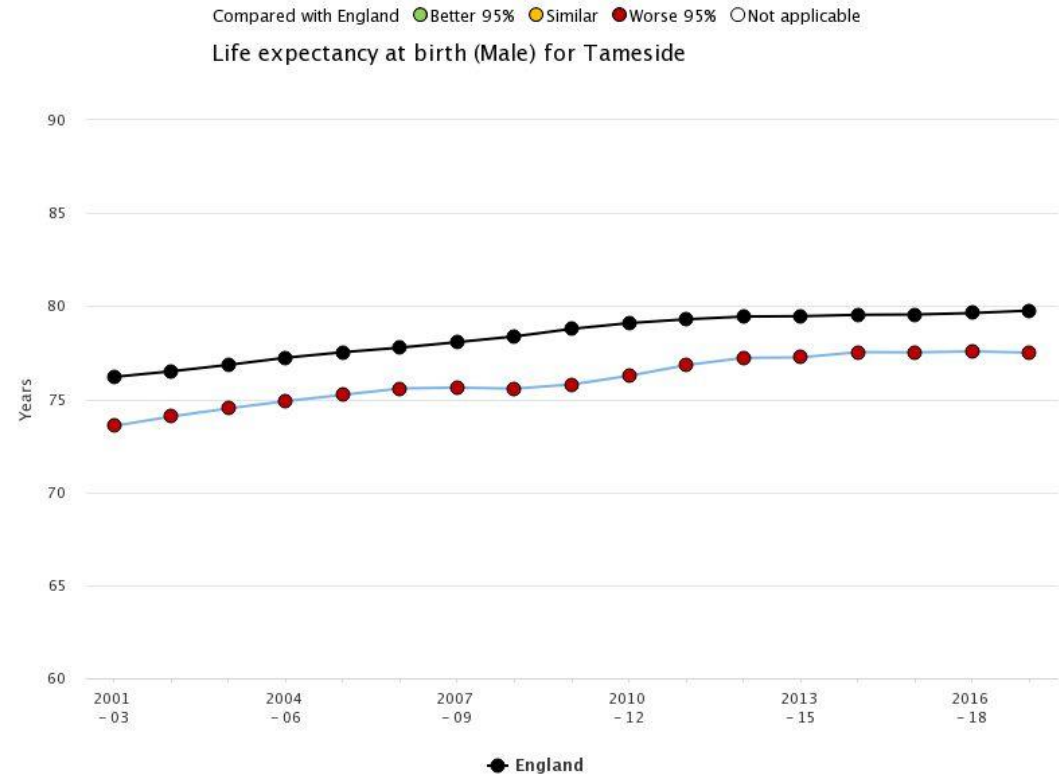
- Influenced throughout the life course.
- Lots of different factors throughout life contribute to when and how you die.
- The health and care system is important, but only contributes about 25% to our health.
- The majority of our health is impacted by other factors of our lives, including the our start in life, place we live in, our education, job or income.

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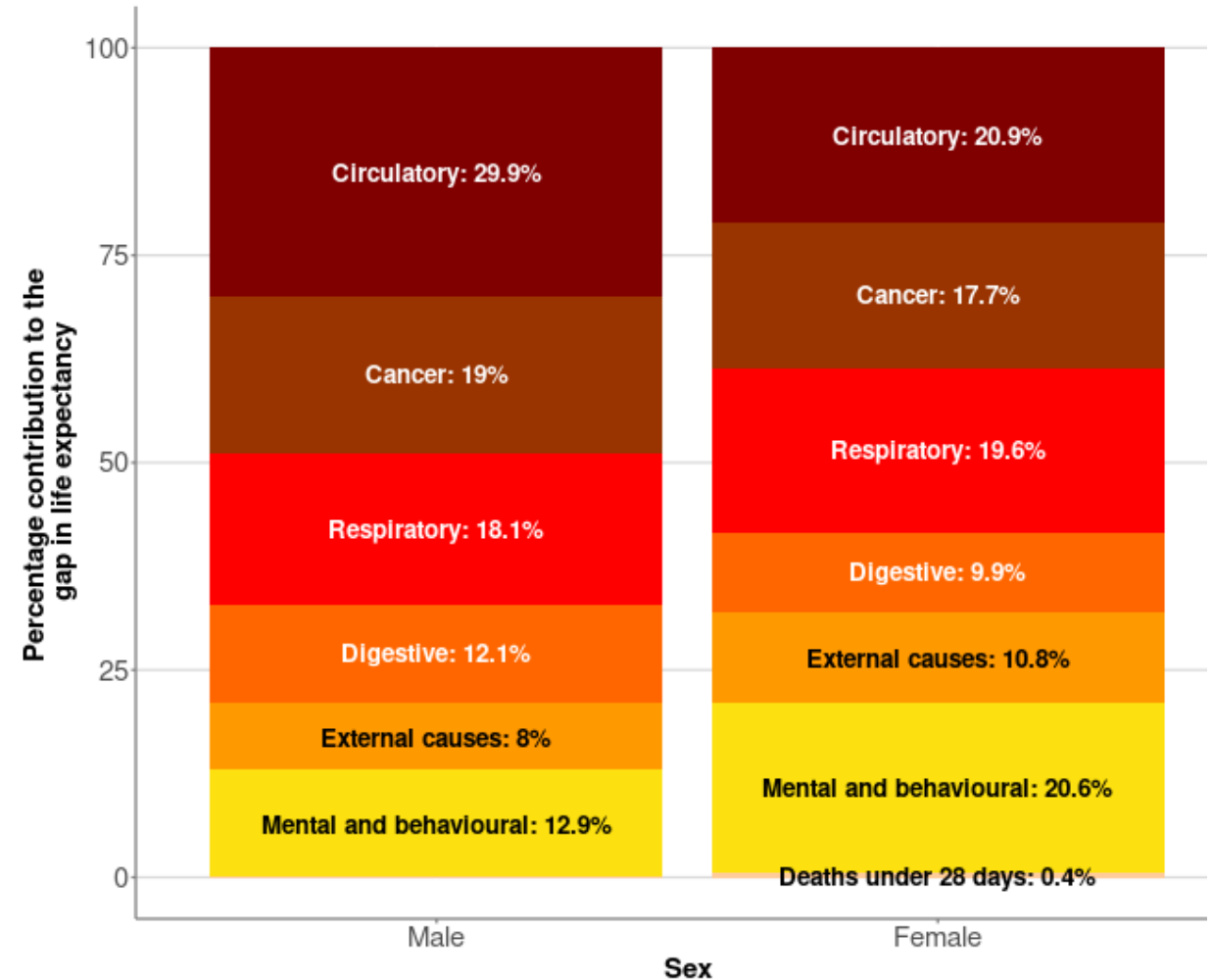
How Long Can You Expect to Live in Tameside?

- Life expectancy at birth in Tameside: 75.8 years for males, 80.5 years for females (2017/19) (England average=78.8 males: 82.9 females).
- People are living longer but not as long as England average and there are inequalities within Tameside.
- The inequality gap is not reducing.



Why are People Dying Younger in Tameside?

- People are dying younger from cardiovascular disease ('circulatory'), cancer and respiratory disease.
- Driven by high rates of people living with long term conditions due to smoking, obesity and poor nutrition, low physical activity.
- Treatments have improved and there has been some harm reduction through programmes to reduce salt/sugar content of food; reduce smoking rates etc. – but these risk factors still cause harm.

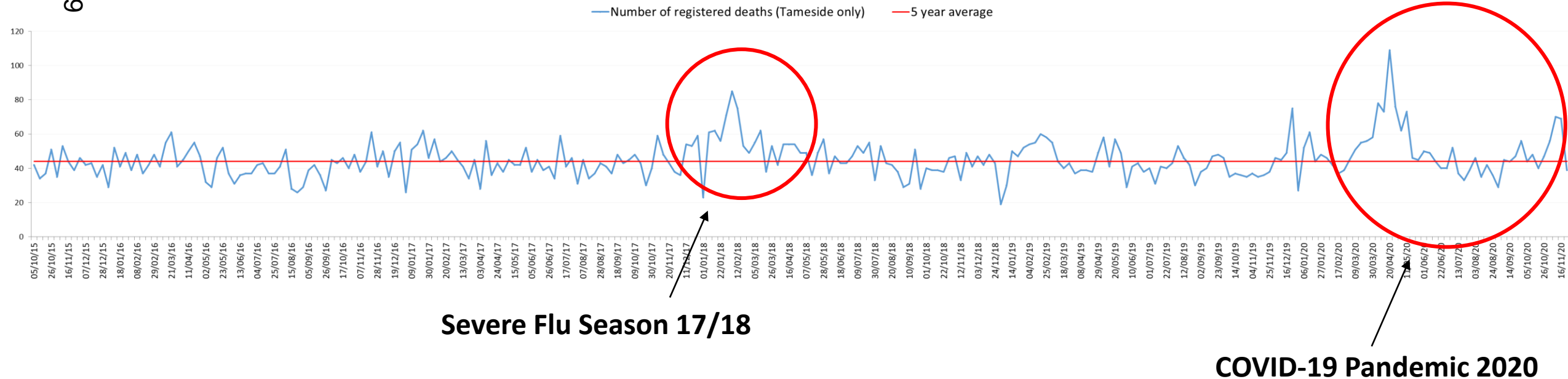


Contribution of different diseases to the life expectancy gap in Tameside – 2015/17 (Source: PHE)

The Link Between Population Health and Covid-19

- The ongoing, high impact of Covid-19 in Tameside is partly caused by the existing health inequalities our residents experience (enduring transmission).
- Covid-19 took advantage of existing poor population health in Tameside and as a result we have seen higher case rates and higher morbidity and mortality.
- Lots of people living with long term conditions and poor mental health (contributing to low healthy life expectancy).

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Proposal – A Joint Strategic Needs Assessment to inform our work on Population Health in Tameside

To undertake further work to refine and develop the Joint Strategic Needs Assessment to provide a more detailed understanding of the population health issues in Tameside.

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This work will:

- Inform the next phase of ICS development in Tameside, including at neighbourhood level.
- Engage with wider partners in the system (PCNs / ICFT / SEG).
- Focus on the key drivers of mortality and ill-health across the borough, to support the borough and neighbourhood understanding of priorities.

Responding to the White Paper: Integration & Innovation; working together to improve health and social care for all

Martin Ashton, Associate Director of Commissioning



**Integration and Innovation:
working together to
improve health and social
care for all**

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty
February 2021

CP 381



White Paper – Legislative Proposals (1)

- White Paper: *Integration & Innovation: working together to improve health and social care for all* published February 2021.
- Sets out legislative proposals for changes to the health & care system.
- Statutory Integrated Care System (ICS) NHS Body & Board (GM), coterminous with ***GM** LA boundaries and accountable for NHS planning, spend, performance and quality.
- *This would place Glossop in Derbyshire, not GM. The process for agreeing boundaries is not clear in The White Paper and partners are actively seeking further guidance with the priority to protect the best interest of residents.

Triple aim:

- Better health & wellbeing for everyone
- Better quality of health services for all
- Sustainable use of NHS resources.



White Paper – Legislative Proposals (2)

- **CCGs will be abolished from April 2022** with functions transferring to GMICS.
- Shadow arrangements are expected from September 2021.
- Part of expected wider reforms to social care, public health and mental health.
- **Flexibility around local ‘place based’ arrangements** with no legislative arrangements at place-based (T&G) level.
- NHS organisations expected to continue to develop relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health.
- All partners within systems will have a **duty to collaborate** across the healthcare, public health and social care system.
- **Shift away from competition** between healthcare organisations towards a new model of collaboration, partnership and integration.
- **HWBBs will remain.**

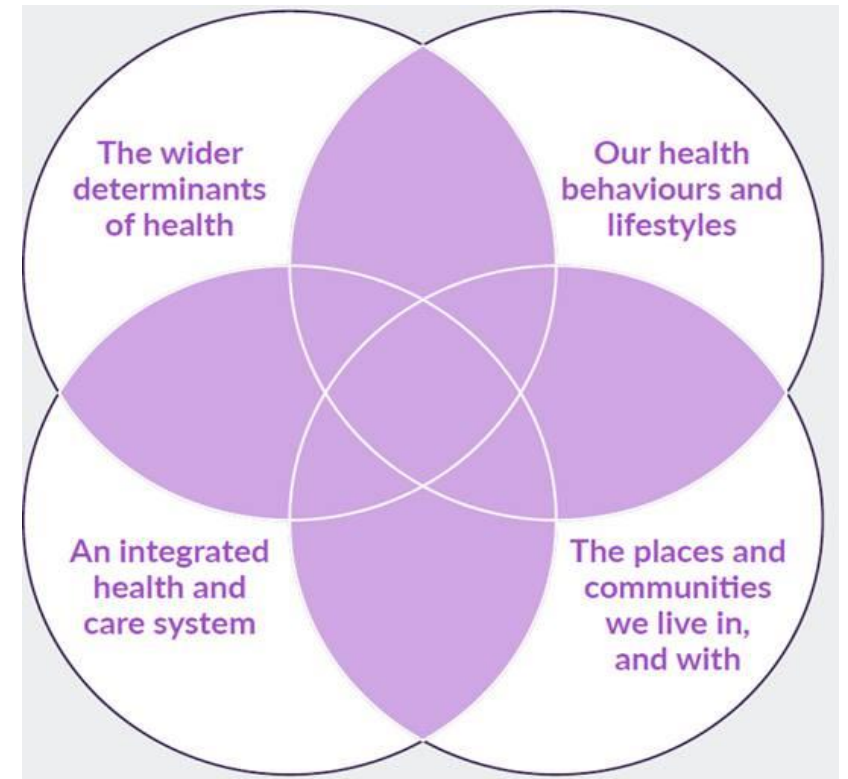


Our local principles

Principles	We will...
Partnership	<ul style="list-style-type: none">✓ We will be accountable to the local population and to each other.✓ We will co-design and co-produce services with residents and community partners.
Powered by people	<ul style="list-style-type: none">✓ We will empower our population and support them to take responsibility for their own health and wellbeing.✓ We will recognise and develop resident, voluntary, clinical, political and managerial leadership.✓ We will empower our workforce to work in collaboration across organisational, professional and service boundaries.
Person-centred	<ul style="list-style-type: none">✓ We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community.✓ We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.
Productive	<ul style="list-style-type: none">✓ We will implement ways of working that support collaboration not competition.✓ We will work together to make best use of financial, workforce, estate and other resources.✓ We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.
Progressive	<ul style="list-style-type: none">✓ We will create a 'can do' culture with a focus on innovation and continuous improvement.✓ We will develop a strong learning culture where new ways of working are reviewed and evaluated.

Integrated Health & Social Care in T&G

- For many years partners in T&G have made significant progress towards establishing a comprehensive integrated H&SC system.
- The complexity and the scale of our ambition means that we are still only at the start of the journey.
- There are still significant improvements to be made to improve the health and wellbeing of our population and develop a sustainable system.
- An integrated health and care system is only one of the four pillars of population health. Improving population health requires action on all four of the pillars.
- Our delivery models should be respond to all 4 pillars.



AN INTEGRATED SYSTEM AT EVERY LEVEL IN TAMESIDE & GLOSSOP

ORGANISATIONAL FORM	OVERVIEW
<p>DELIVERY: 5 x T&G Neighbourhood Partnerships</p> <p><i>*Integrated neighbourhood delivery model</i></p>	<ul style="list-style-type: none"> *Clinical, political, managerial and VCFSE leadership provided by multi-agency partners. *Central role for PCNs. *Development of cross-system neighbourhood priorities. *Multi-agency neighbourhood collaboration recognising wider determinants of health. *Proactive and preventative approach, intervening early and responding to the person in the context of their community.
<p>DELIVERY: T&G Provider Partnership</p> <p><i>*Includes health and care delivery partners</i></p> <p><i>*Mutually accountable to T&G Partnership Board for the delivery of services and outcomes.</i></p>	<ul style="list-style-type: none"> *Collaborative of T&G services, principally based in communities. *Identifies and agrees priorities for neighbourhood partnerships and holds them to account. *Provides infrastructure for neighbourhood partnerships including workforce, estate and digital infrastructure. *Drives proactive and preventative approaches to the wider determinants of health & Public Sector Reform. *Provides, sub-contracts and commissions services with partners *Collaboration not competition; build not buy. *Vehicle for receiving funding, transforming and delivering services.
<p>DESIGN: T&G Partnership Board</p> <p><i>*System design board to address all determinants of health</i></p> <p><i>*Integrated governance holds system to account</i></p>	<ul style="list-style-type: none"> *Strategic partnership board to include political, clinical, managerial and VCFSE leadership. *Oversight of financial allocations to further strategic priorities and ensure system financial sustainability. *Population health management. *Understands and responds to the role of the wider determinants of health including education, employment, crime, housing, leisure, transport etc. *Incorporates integrated strategic commissioning function including Quality, assurance, policy and transformation.
<p>DESIGN: Greater Manchester Integrated Care System (ICS)</p>	<p>GMICS: Statutory NHS Body and Board: Responsible for the day to day running, planning and resource allocation, accountable for NHS spend, performance and quality. Board to include as a minimum ICS Chair & Chief Executive, NHS trusts, General Practice, Local Authorities.</p> <p>GMICS Health and Care Partnership: *Wider system integration (may additionally include VCFSE, Housing, Social Care etc.).</p>



Questions

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PHYSICAL ACTIVITY IN TAMESIDE (ACTIVE ALLIANCE UPDATE)

Health & Wellbeing Board
17 June 2021



Physical Activity in Tameside

Annette Turner

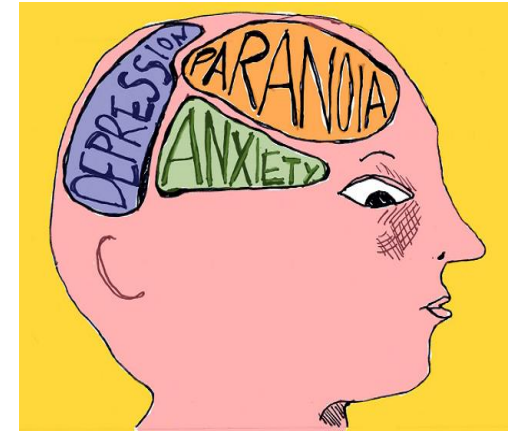
Population Health Programme Manager, TMBC

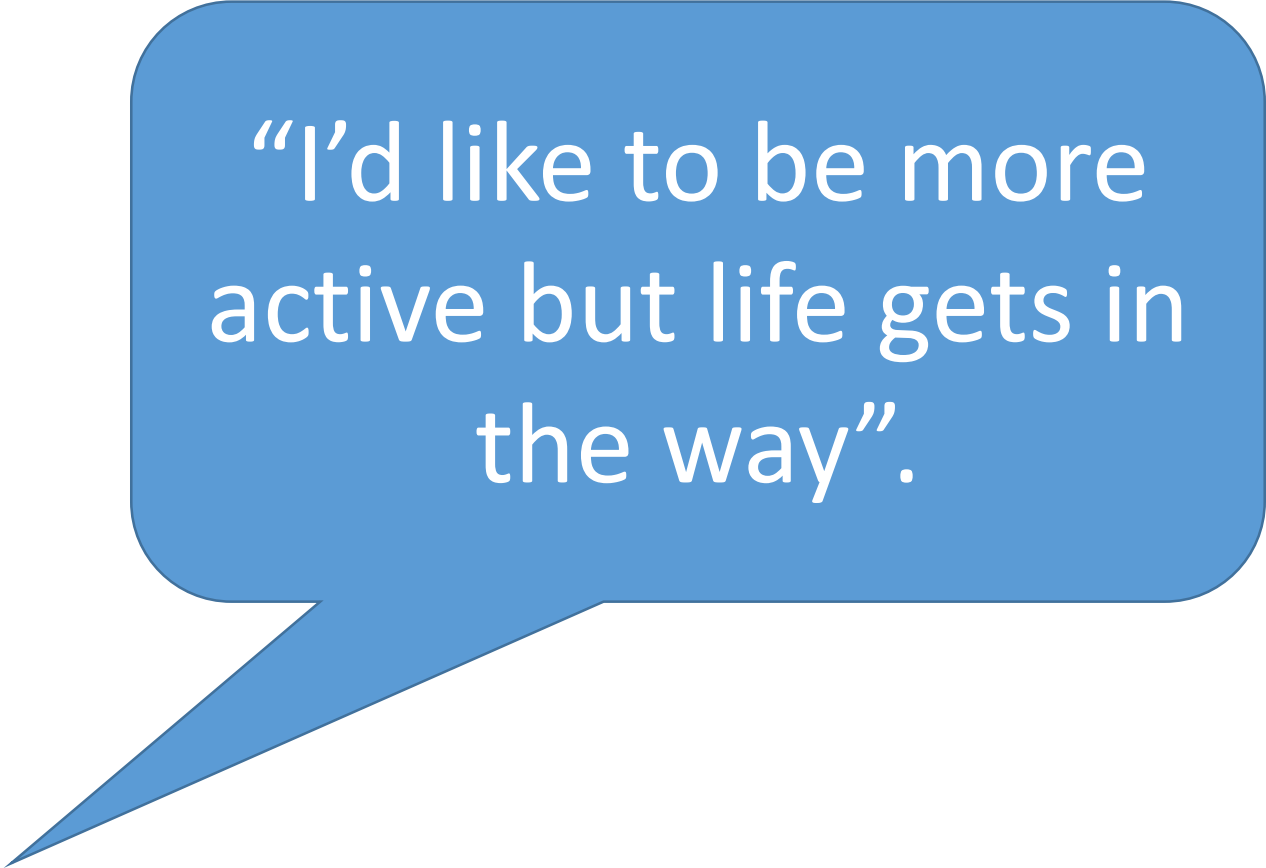
Shaun Higgins

Director of Social Outcomes, Active Tameside, Chair of Active Alliance



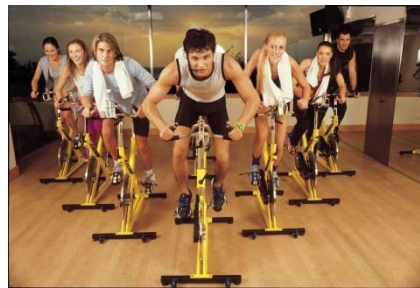
Who-Underrepresented Groups





“I’d like to be more active but life gets in the way”.

What do People Think 'Active' Means?



Why?



“I’d like to be more active but life gets in the way”.

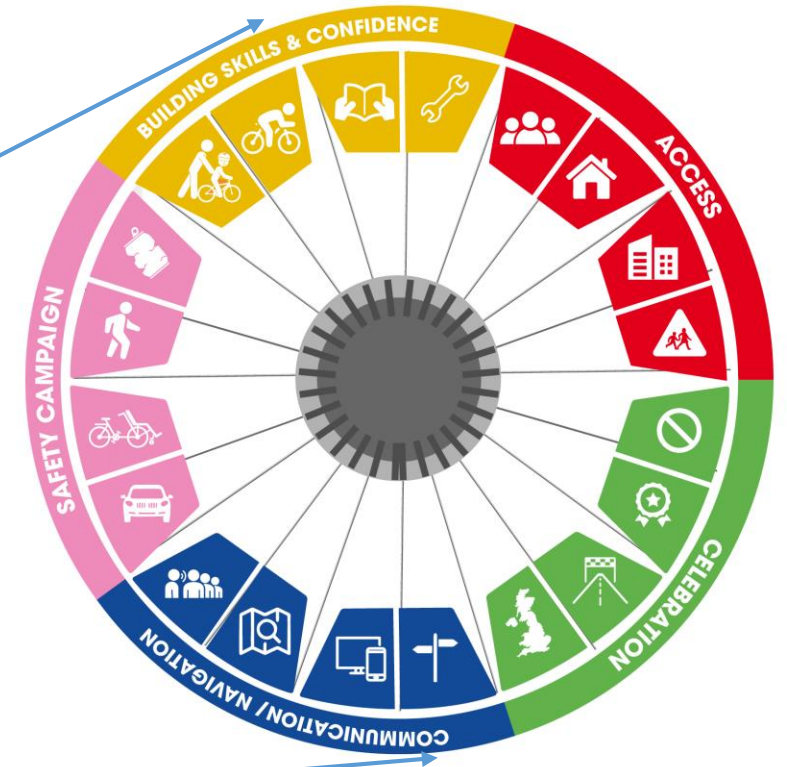
Could we put activity *in the way* of life?

Reframing Perceptions of Activity

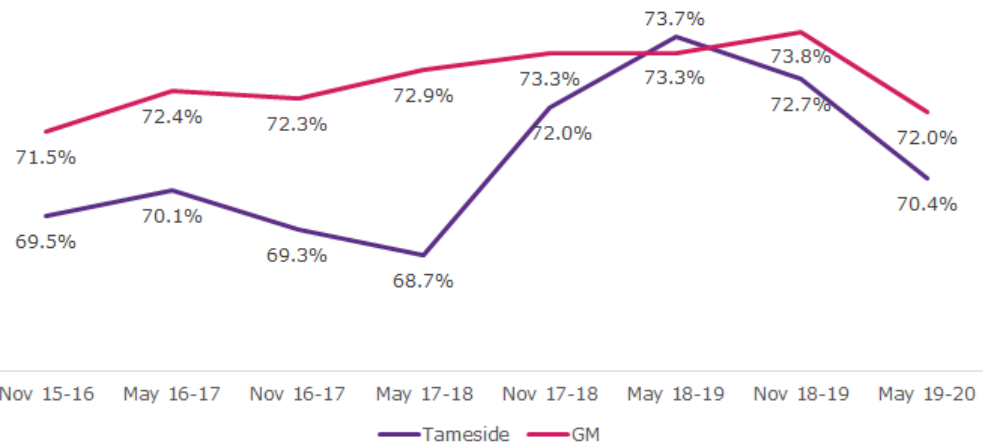




Cycling Participation



Activity Levels Over Time in Tameside and GM



Source: Sport England Active Lives Survey, November 2015/16 to May 2019/20, adults 16+

