

Public Document Pack



ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 14 March 2024
Time: 10.00 am
Place: Tameside One, Market Square, Ashton-Under-Lyne, OL6 6BH

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 18 January 2024.	1 - 10
4.	TAMESIDE HEALTHY PLACES: A STRATEGIC FRAMEWORK FOR ACTION To consider a report of the Director of Population Health.	11 - 84
5.	BETTER CARE FUND 2023/24 QUARTER 3 MONITORING To consider a report of the Executive Member for Population Health & Wellbeing / Executive Member for Adult Social Care, Homelessness and Inclusivity / Director of Adult Services / Deputy Place Based Lead, Tameside Locality.	85 - 98
6.	2023/24 TAMESIDE LOCALITY SECTION 75 AGREEMENT To consider a report of the Executive Member for Population Health & Wellbeing / Executive Member for Adult Social Care, Homelessness and Inclusivity / Director of Adult Services / Deputy Place Based Lead, Tameside Locality.	99 - 142
7.	TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2022/23 To consider a report of the Independent Chair of Tameside Safeguarding Children Partnership.	143 - 202

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer, charlotte.forrest@tameside.gov.uk or 0161 342 2346, to whom any apologies for absence should be notified.

Item No.	AGENDA	Page No
----------	--------	---------

8. DATE OF NEXT MEETING

To be confirmed.

9. 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, charlotte.forrest@tameside.gov.uk or 0161 342 2346, to whom any apologies for absence should be notified.

Agenda Item 3.

HEALTH AND WELLBEING BOARD

18 January 2024

Commenced: 10.00 am

Terminated: 11:45am

Present:

Councillor Wills (Chair)	Executive Member (Population Health and Wellbeing)
Councillor Fairfoull	Deputy Leader (Children and Families)
Councillor Naylor	Executive Member (Inclusive Growth, Business & Employment)
Councillor Taylor	Executive Member (Adult Social Care, Homelessness & Inclusivity)
Sandra Stewart	Chief Executive
Stephanie Butterworth	Director of Adult Services
Debbie Watson	Director of Population Health
Liz Windsor-Welsh	Action Together

In Attendance:

Shaun Higgins	Active Tameside
Peter Marland	Ashton Pioneer Homes
Susan Riley	CAB
Celia Stone	DWP
Ian Redfern	GMFRS
Jane Timson	Tameside Adults Safeguarding Partnership Board

Officers In Attendance:

Julian Jackson	Director of Place
James Mallion	Assistant Director of Population Health
Alison Montgomery	Assistant Director of Social Care
Sarah Jamieson	Head of Economy, Employment & Skills
Beth Wolfenden	Head of Public Health Programmes
Tom Hoghton	Policy & Strategy Service Manager

Apologies for Absence: Trish Cavanagh and Allison Parkinson

15. DECLARATIONS OF INTEREST

There were no declarations of interest.

16. MINUTES

RESOLVED

The Minutes of the meeting of the Health and Wellbeing Board held on 14 September 2023 were agreed as a correct record.

17. TAMESIDE HEALTHY PLACES STRATEGIC FRAMEWORK DEVELOPMENT UPDATE

Consideration was given to a report of the Executive Member (Population Health & Wellbeing) and the Director of Public Health that provided an update on the development of the proposed 'Tameside Healthy Places' strategic framework, which was one of the areas of focus in the recently ratified 'Building Back Fairer, Stronger, Together: Tameside Joint Health and Wellbeing Strategy' and 'Locality Plan (2023-2028)'. A draft copy of the 'Tameside Healthy Places' strategic framework was appended to the report and presented to Members of the Board.

It was reported that in September 2023, following the approval of the Joint Health and Wellbeing Strategy and Locality Plan, work began on the development of a draft strategic framework that

would deliver healthy places in Tameside. A growing body of evidence suggested that a whole systems approach could help address complex problems like unhealthy weight. The 'Tameside Healthy Places' strategic framework would support the local system in Tameside to maximise local scope for action to improve health and tackle inequalities by initially addressing these key risk factors. Plans were underway to work with The Health Foundation to develop this framework to include wider systems in a place and test this as an approach in Tameside.

Members of the Board were informed that tobacco, poor diet, and physical inactivity were the three leading causes of preventable death and ill health in England and key drivers of health inequalities. Tameside had the following challenges in these areas:

- Fourth highest smoking prevalence in England, with 1 in 5 adults being a smoker.
- Only one quarter of adults had the recommended five portions of fruit and vegetable a day.
- 40% of households experienced low or very low food security.
- Over 1 in 10 (11.8%) reception age children were obese rising to about a quarter (24.6%) in Year 6.
- About a third of adults were living with obesity and over two thirds were living with either overweight or obesity.
- Physical inactivity levels remained higher than pre-pandemic levels with approximately a third of all adults and children classified as 'inactive'.

It was stated that the 'Tameside Healthy Places' strategic framework set out the ambition of a place based, whole system approach to deliver healthy places, which supported Tameside residents to have a healthier and happier life. The framework was currently being developed with a range of consultation and engagement activity having been completed and further activity planned with a range of partners, VCFSE stakeholders and members of the public until February 2024. This ongoing consultation and engagement would continue to inform the final version of the framework, which would be brought back to the Health and Wellbeing Board in March 2024 for final approval.

A lengthy discussion ensued around obesity and the prevalence of smoking in children and young people; information was provided on the healthy schools programme led by the Starting Well programme and Members of the Board were advised that further engagement was planned.

RESOLVED

That the Health and Wellbeing Board:

- (i) acknowledged and supported the need for wider system change and cross sector leadership buy in and continued to champion the collaborative work in place in Tameside;**
- (ii) review the draft 'Tameside Healthy Places' strategic framework and provide feedback on the work to date; and**
- (iii) approve the key ambitions and timeline for the subsequent development of the strategic plans for tobacco control, physical activity, and food.**

18. WORK & SKILLS UPDATE

The Assistant Director of Public Health submitted a report that provided an overview of the progress made against the Health and Wellbeing Board priority around Work & Skills. This included an update on work, which sits with the Inclusive Growth Board; some of the existing support programmes and good practice already in place in Tameside, including further detail of the Pathways into Employment Forum, which was led by the hospital; and early findings of the Work & Skills Needs Assessment, due to be finalised in March 2024.

It was reported that one of the six areas of focus included as part of 'Building Back Fairer, Stronger, Together: Tameside Joint Health and Wellbeing Strategy' and 'Locality Plan (2023-2028)' was "Help people get into, and stay in good work". A series of commitments were set out in the strategy to support a healthy workforce in Tameside and the positive relationship between good work and good

health. This highlighted the importance of the joint work between the Health and Wellbeing Board and the Inclusive Growth Board for Tameside, as well as committing to specific objectives.

A summary of the work of the Inclusive Growth Board was detailed in the report alongside an example of existing good practice, such as the Pathways into Employment Forum, run by Tameside Hospital, which was a network of local public and third sector organisations across Tameside, who worked collaboratively to reduce unemployment and supply people with the right skills and support to work in the health and care sector.

It was noted that the scope of the needs assessment would look at work and skills through a health and wellbeing lens, to include examining the cycle of poverty, low-quality work and poor health seen in Tameside. This would include looking at the impact of unemployment and poverty on health; the impact of low-quality work on health; and vice versa, and the impact of poor health on employment and economic development. The needs assessment also highlighted existing key health challenges in Tameside, which contributed to the relationship between poor health, low-quality work, unemployment and poverty. These included the gap in life expectancy compared to the national average; high rates of obesity and smoking, which drove the level of long term conditions; the high rate of residents living with a disability or limiting long-term illness; and higher prevalence of mental health disorders.

The initial findings of the Work & Skills Needs Assessment, which would undergo further analysis and exploration, were presented and included:-

- Broad levels of deprivation
- A range of female inequalities
- Challenges around adult education and skills
- Lower levels of qualifications
- A higher proportion of economically inactive people
- Lower job density
- Low pay
- Low proportion of people working in managerial or professional roles
- A high proportion of night-time workers
- High levels of digital exclusion
- Affordable housing

The next steps were outlined and the Board were informed that the growing partnership working and engagement at the Inclusive Growth Board would continue, as well as further work around supported employment programmes, such as the Pathways into Employment Forum, Routes to Work and In Work Progression programmes. Relevant recommendations on this ongoing work would be included in the findings of the Work & Skills Needs Assessment. In addition, development of the Work & Skills Needs Assessment would continue and the final version would be brought back to the Health and Wellbeing Board meeting in March 2024, for approval and publication.

A detailed discussion ensued around inequalities in the Borough, digital exclusion and the work and engagement with the Tameside business community. Members of the Board suggested that a targeted insight was needed on debt journeys of women on maternity leave.

RESOLVED

That the final version of the Work & Skills Needs Assessment be brought back to the next meeting of the Health and Wellbeing Board, scheduled for 14 March 2024, for approval and subsequent publication.

19. BUILDING RESILIENCE: TACKLING POVERTY IN TAMESIDE - UPDATE ON STRATEGY ACTION PLAN

Consideration was given to a report of the Executive Member for Population Health and Wellbeing and the Director of Public Health that provided an update on the delivery of the anti-poverty strategy action plan to the Health and Wellbeing Board.

It was stated that in recent years the rise of poverty, exacerbated by the cost of living crisis and the Covid-19 pandemic, had emerged as a major policy issue. The current cost of living crisis had been significantly worsened by a number of longer-term structural weaknesses in the UK, including low wages, low productivity and high inequality relative to other major economies. This had been recognised and the Council and its Partners were working hard to support residents and gain a deeper understanding of poverty through cooperation with groups such as the Greater Manchester Poverty Action and the recommendations of Tameside Poverty Truth Commission.

Members of the Board were reminded that they had adopted the strategy 'Building Resilience: Tackling Poverty in Tameside' at the Health and Wellbeing Board meeting in March 2023 to address both the short-term and long-term issues that drove poverty in Tameside following the development of a Poverty Needs Assessment, as part of the Joint Strategic Needs Assessment. An action plan to deliver the ambitions set out in the strategy had been developed and delivery was undertaken by a sub-group alongside an internal operational delivery group. A number of areas of focus had been selected, which included the voices of people with lived experience of the issue, the use of data and evidence, and benchmarking against other areas, as follows:

- Debt journeys and service response
- Access to and experiences of ethnic minorities in healthcare
- Experiences of people with protected characteristics in the private rental sector
- Educational inequalities

It was reported that the Council had called on the Government to mount a covid-style response to help the many people across the country struggling to pay bills, eat and stay warm in the face of the ongoing cost-of-living crisis. Concern had been expressed about the increase in poverty and deprivation, with demands broadly falling into four categories: Benefits, local government funding, national policy and debt.

An update on progress against the action plan was appended as a table to the report and considered by the Board.

Thanks were extended to partners for their collective work around the issue, which they were encouraged to continue, with leadership and support being provided by the Council to deliver against the action plan.

RESOLVED

That the report and progress against the action plan be noted.

20. INEQUALITIES REFERENCE GROUP DEBT JOURNEYS AND PRO-ACTIVE SERVICE RESPONSE

The Policy and Strategy Service Manager submitted a report outlining local debt journeys by exploring existing resident survey data and primary survey data from those with lived experience of the debt journey. The report identified barriers that people faced in seeking advice, and how services could be more proactive and intervene earlier. It considered the research findings alongside local service statistics and mapping.

It was reported that there were significant implications to individuals arising from indebtedness, which could include civil proceedings for recovery that may cause further indebtedness through the addition of Court costs and fees. It was important therefore that individuals were aware of their legal

rights and obligations and the legal options available to them in the event that they found themselves in financial difficulty.

The key findings were outlined as follows:-

- 17.6% of adults in Tameside were over-indebted.
- Tameside had the 7th highest rate of individual insolvencies in England and Wales and the highest rate of individual insolvencies in Greater Manchester.
- Residents of Tameside were becoming insolvent at nearly twice the national average.
- People experiencing debt were more likely to experience a mental health problem than the national average.
- Tameside had one of the lowest Good Credit Index Scores, coming 276 out of 307 local authorities in England, indicating poor financial health in the borough.
- People in Tameside were more likely to seek debt advice once enforcement action had begun, indicating a need for earlier intervention.

The report detailed that exploration of existing resident survey data highlighted themes of the cost of living impact, pressures on incomes, experience of and perceptions of accessing support and dealing with debts through family and friends or as an individual, awareness of advice services, stigma of accessing advice services, themes of alternative borrowing or unregulated lending to deal with debt, individuals concern of the impact of debt on credit ratings.

Feedback from residents from the Dealing with Debt survey offered initial themes for proactive service responses to addressing barriers to accessing debt advice and support services, which were included in the recommendations, and set out in the report as follows:-

- Continuation of dealing with debt survey.
- Increase awareness of debt advice services.
- Multi-channel access to debt advice services
- Increased debt advice service provision
- Review of local financial capability/ education provision

A detailed discussion ensued with Members commenting on the additional issues many people who found themselves indebted faced, which led to complex cases, and consequently the importance of sign posting residents to the necessary support services.

RESOLVED

That the Health and Wellbeing Board endorse the recommendations contained with the report.

21. INEQUALITIES REFERENCE GROUP PRIVATE RENTED SECTOR REPORT

The Policy and Strategy Service Manager submitted a report that outlined the experience of residents with protected characteristics living in the private rented sector in Tameside in order to provide context and contribute to further discussions. Particular emphasis was given to the impact of housing conditions within the sector, and the capacity within the local authority and other Partners to understand and address inequalities.

Members of the Board were notified that the report sat within an existing body of work that had been carried out by a number of council services to understand the local private rented sector, for example the Poverty Truth Commission and Anti-Poverty Strategy and Tameside Housing Strategy 2021-26. The annex to the report provided important information in relation to the experience of individuals with protected characteristics living in private rented accommodation. In addition, the report also provided an accurate description of the key impacts of the Renters Reform Bill, which was yet to become legislation, but would provide significant new powers, such as, enable local authorities to enforce and protect renters' rights, the creation of an ombudsman for the Private

Rented Sector and the abolition of Section 21 'no fault' evictions. Information was also detailed on the Greater Manchester strategy document "A New Deal for Renters".

It was reported that, according to the 2021 Census, 17.5% of Tameside residents rented privately which was a 4% increase on the figures from the 2011 Census. It was noted that the private rented sector in Tameside was lower than the North West and National figures. The key findings were outlined as follows:

- White households in Tameside were less likely to be in private rented sector accommodation compared to other ethnic groups.
- The private rented sector contained a greater proportion of households where no people in that household had English as a main language.
- A third of households in the private rented sector had at least one person who identified as deprived in the health and disability dimension.
- There were a higher proportion of younger residents (aged 0-34) presenting as disabled in private rented sector accommodation compared to other tenure types.

It was stated that at the lower end of the private rented sector market, poor quality standards were having a significant impact on the mental and physical wellbeing of residents, exacerbated by the cost of living crisis, which had seen a sustained increase in rent levels in the private rented sector. Some of the issues included excess cold or heat, damp and mould, poor air quality, accidents and other physical risks, overcrowding and lack of space, insecurity and mental health.

The annex contained a number of recommendations, which were outlined as follows:-

- Deliver on existing Council work streams on improving the private rented sector, including the recommendations in the Housing and Poverty Strategies, and reviewing and updating the council's Private Sector Housing Strategy, with an emphasis on enforcement and disrepair.
- Work with the Greater Manchester Combined Authority and other GM local authorities to roll out the trial and implementation of the Good Landlord Charter, A New Deal for Renters, and associated measures in Tameside.
- Conduct fact-finding exercises within Tameside to gain a better understanding of the local private rented sector, including who landlords are, which properties they own, the demographics of tenants, and whether essential safety checks are being carried out.
- Investigate possibilities to increase resourcing to Housing Services to facilitate inspections and enforcement action.
- Improve communication and signposting mechanisms between the Council, relevant partners and private rented sector tenants to ensure that they are aware of their rights and know who to ask for support if they experience issues.

Members of the Board commended the information contained within the annex and requested that the data be broken down to Ward level and shared with Members.

RESOLVED

That the Health and Wellbeing Board endorse the recommendations contained with the report.

22. BETTER CARE FUND 2023/24 QUARTER 2 MONITORING

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Executive Member for Adult Social Care, Homelessness and Inclusivity / Director of Adult Services / Deputy Place Based Lead, Tameside Locality that provided details of the Quarter 2 monitoring return against the Better Care Fund (BCF) plan 2023/25.

It was reported that the BCF was one of the government's national vehicles for driving health and social care integration that required the Integrated Care Board (ICB) and local government to agree

a joint plan, owned by the Health and Wellbeing Board. These were joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

The Board were informed that the core purpose of the BCF was to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives were to enable people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time. The BCF plan 2023/25 included: -

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions
- Proportion of hospital discharges to a person's usual place of residence
- Admissions to long term residential or nursing care for people over 65
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home)
- Emergency hospital admissions for people over 65 following a fall.

A reminder was provided that the 2023/24 locality BCF plan was formally approved by the Health and Wellbeing Board on 15 June 2023 and included the following funding allocations awarded to the Tameside locality for the financial year periods 2023/24 and 2024/25:-

- Revenue Funding
 - Core Better Care Fund
 - Improved Better Care Fund
 - Discharge Funding
- Capital Funding
 - Disabled Facilities Grant.

A table of the BCF funding awarded in 2023/24 was detailed in the report. The 2023/24 revenue funding allocations awarded to the Council were included within the 2023/24 Adult Services net revenue budget of £41.591m. The Disabled Facilities Grant allocation was included within the 2023/24 Adult Services capital programme. The quarter 2 monitoring return of the related metrics for the Tameside locality that were delivered by the schemes within the 2023/24 plan were provided in a document appended to the report.

Members of the Board were informed that as part of the BCF plan 2023/25, the Health and Wellbeing Board had agreed integrated plans for Urgent Care, Length of Stay and discharge, out of hospital 2 hour urgent care response, all of which were supported and embedded through BCF funding and linked to the capacity and demand monitoring. A key focus on reducing the length of stay for residents/patients both in hospital and in intermediate care meant that the locality had been able to sustain increased demand within existing capacity. However, there had been an increased demand for community reablement and so capacity had been increased accordingly.

A discussion ensued on the reablement team and in response to questions, it was confirmed that there was capacity at present and there had been a reduction in short stay beds in the community due to residents receiving the right support in the home environment and the necessary therapy.

RESOLVED

That the Health and Wellbeing Board approve the Tameside Locality Better Care Fund Quarter 2 return 2023/24 return.

23. TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2022/23

Consideration was given to the annual report of the Independent Chair of Tameside Adults Safeguarding Partnership Board (TASPB), setting out the activity and delivery of the objectives of the strategic plan of the TASPB in Tameside during 2022/23. There was a statutory duty for the TASPB to produce an annual report setting out the work to improve the outcomes for adults at risk of abuse.

The report highlighted the strategic direction of the TASPb and its partners in accordance with the duties and responsibilities set out in the Care Act 2014. The main focus of the TASPb during the period was the conclusion of the TASPb Strategy 2019-22 and revision of the TASPb Strategy 2022-25. There had also been a review of membership and three new partner agencies had been welcomed to the TASPb, as detailed below, with a new Independent Chair of the Board.

It was reported that the TASPb was represented by three statutory agencies – Tameside MBC, Greater Manchester Police and Tameside and NHS GM Integrated Care Organisation – and the following partner agencies – Healthwatch, Greater Manchester Fire and Rescue Service, Greater Manchester Probation Service, Tameside and Glossop Integrated Care NHS Foundation Trust, Pennine Care NHS Foundation Trust, Jigsaw, Change Grow Live, Northwest Ambulance Service, Care Quality Commission and VoiceAbility. There was elected Member representative through the Executive Member for Adult Social Care, Homelessness & Inclusivity.

The Chair of the TASPb stated that there had been a significant increase in the number of safeguarding concerns with 2089 concerns reported. She explained that this was partly due to a local change in the approach to recording adult safeguarding concerns and enquiries but it was a similar situation nationally due to an outcome of the COVID restrictions ending. It was reported that there had been 331 Section 42 safeguarding enquiries with neglect and acts of omission being the most prevalent types of abuse in Tameside with 31% of the total reported, a decrease on last years' figures; the most common location of abuse occurred in a person's home with 53% of the total, an increase on the previous year's data.

The Board were notified that the TASPb had a statutory obligation to undertake Safeguarding Adult Reviews (SAR) and the reviews carried out during 2022/23 were available to view on the TASPb website [Safeguarding Adults Review \(SAR\) \(tameside.gov.uk\)](https://www.tameside.gov.uk/safeguarding-adults-review-sar). It was reported that the SAR Review of Action Plans Sub Group had been set up in 2022/23 to monitor progress of action plans that had been developed in response to the recommendations from SARs. The group was represented by key statutory and non-statutory partners who had worked collaboratively to agree the terms of reference and develop the work plan for 2022/23. The group continued to monitor the progress and implementation of action plans developed from the completed and published SARs during the period. One of the main priorities to respond to the learning in the SAR's had been the development of the Team around the Adult Model, which was a protocol for supporting practitioners working with adults at risk, and enabled a co-ordinated and collaborative multi agency approach. Work was also in place to develop an audit process to provide assurance that organisations had adopted, which would be further developed during 2023/24.

The Chair of the TASPb highlighted that due to the successful response to the priority of Making Safeguarding Personal as part of the TASPb strategy 2019-2022, it would remain a core focus for the Board and it had been embedded as practice across the partner organisations. The work had evolved and promoted a person centred, outcome focused and strength based approach to safeguarding adults. Adult Social Care had been particularly pro-active in working in partnership with the TASPb to develop a survey and leaflets for the adults at risk and their carers to promote Making Safeguarding Personal and this work would continue during 2023/24.

It was reported that World Elder Abuse Awareness Day and National Adult Safeguarding Week were both recognised and promoted in June 2022 and November 2022 respectively, with two development sessions held during the safeguarding week.

The shared priorities were outlined and it was stated that the TASPb would continue to work in partnership with the Tameside Safeguarding Children Partnership, Community Safety Partnership, Health & Wellbeing Board and Domestic Abuse Steering Group.

The report detailed the learning and development, training for partner organisations and information on the quality assurance subgroup, in addition to contributions from individual organisations such as Tameside Adult Services, the Tameside District of GMP, the Integrated Care Board, Pennine Care NHS Foundation Trust, Healthwatch, Tameside and Glossop Integrated Care NHS Foundation

Trust, Greater Manchester Fire and Rescue Service, Northwest Ambulance Service and Change Grow Live.

The Chair thanked the Independent Chair of Tameside Adults Safeguarding Partnership Board for a comprehensive report and praise was bestowed on the new approach adopted where people with lived experience were invited to contribute to the TASP. An example was provided of a hoarder who had overcome their issues and was now assisting others.

RESOLVED

That the Tameside Adults Safeguarding Partnership Board Annual Report 2022/23 be noted.

24. URGENT ITEMS

There were no urgent items.

25. DATE OF NEXT MEETING

RESOLVED

That the next meeting of the Health and Wellbeing Board scheduled for 14 March 2024 be noted.

CHAIR

This page is intentionally left blank

Agenda Item 4.

Report to: HEALTH AND WELLBEING BOARD

Date: 14 March 2024

Reporting Officer: Debbie Watson, Director of Public Health

Subject: TAMESIDE HEALTHY PLACES: A STRATEGIC FRAMEWORK FOR ACTION

Report Summary: This report provides an overview of the new 'Tameside Healthy Places' strategic framework (2024-2028), which is one of the areas of focus in the recently ratified Building Back Fairer, Stronger, Together: Tameside Joint Health and Wellbeing Strategy and Locality Plan (2023-2028). The 'Tameside Healthy Places' strategic framework sets out the ambition of a place based, whole system approach to deliver healthy places, which support Tameside residents to have a healthier and happier life.

The strategic framework explains how we will work collaboratively across the nine domains of the framework to create a system, which supports improved access to healthier, more affordable, and more sustainable food, increased opportunities for our community to be more physically active and to make smoking history in Tameside which is everyone's business.

This report seeks approval for the final version of the 'Tameside Healthy Places' strategic framework to be published, with next steps to include the development of a delivery plan aligned to the nine domains and the development of the respective food, physical activity, tobacco control and healthy weight delivery plans, which will support the strategic framework to be presented for approval at the Health and Wellbeing Board in June 2024.

Recommendations: The Health and Wellbeing Board is asked to:

- Provide approval of the final '*Tameside Healthy Places*' strategic framework (2024-2028).
- Endorse the development of a specific '*Tameside Healthy Places*' delivery plan and supporting delivery plans for food, physical activity, tobacco control and healthy weight, which will be monitored by the Healthy Places subgroup.

Corporate Plan: The '*Tameside Healthy Places*' strategic framework supports one of the key priorities in the Joint Health and Wellbeing Strategy (2023-2028) in delivering healthy places to improve health and wellbeing. This strategic framework includes the areas of focus of food, physical activity and tobacco control and the cross-cutting themes around mental health and wellbeing and tackling inequalities cut across the life course and the existing priorities set out in the Corporate Plan.

Policy Implications: The '*Tameside Healthy Places*' strategic framework advocates for the creation of a system, which supports improved access to healthier, more affordable, and more sustainable food, increased opportunities for our community to be more physically active and to make smoking history in Tameside. The wider system drivers and strategies are identified within the strategic framework and will be used to inform and direct the local work. As part of this system

change a review of all policies and contracts will be required to embed a health in all policies approach wherever possible.

**Financial Implications:
(Authorised by the
statutory Section 151
Officer & Chief Finance
Officer)**

There are no direct financial implications arising from this report. The action plan contained within the strategy may have some financial implications for the Council however these will be accommodated within the Public Health existing revenue budgets and MTFP. Where actions require additional investment over and above existing resources, separate decisions will be required. Any use of Council resources arising from decisions linked to the Tameside Healthy Places Strategic Framework must be economic, drive efficiency and deliver effective outcomes for the betterment of residents of Tameside.

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

There are a number of legal issues addressed in the report and appendixes. The approval of the Tameside Healthy Places framework and development of the specific delivery plans has regard to the Council's statutory duties under the Public Sector Equality Duty and obligations under the Equality Act 2010. In that regard a detailed Equality Impact Assessment has been provided for due consideration.

The Council has a number of duties, obligations and powers that will involve the provision of Legal support and advice such as legislative responsibilities and enforcement in relation to planning and community safety, licensing, trading standards and influencing through the procurement and commissioning processes.

Risk Management:

The '*Tameside Healthy Places*' strategic framework supports the Health & Wellbeing Board's statutory obligations in having a plan for improving the health and wellbeing and tackling inequalities across the population of Tameside. The proposed whole system approach across statutory and voluntary, community and faith sector organisations enable a more integrated and collaborative approach to delivering healthy places in Tameside.

Background Information:

The background papers relating to this report can be inspected by Contacting: Beth Wolfenden, Head of Public Health Programmes



Telephone: 0161 342 3304



e-mail: beth.wolfenden@tameside.gov.uk

1. INTRODUCTION

- 1.1 The *Tameside Healthy Places strategic framework (2024-2028)* has been developed to support one of the areas of focus in the recently ratified *Building Back Fairer, Stronger, Together: Tameside Joint Health and Wellbeing Strategy and Locality Plan (2023-2028)*. The '*Tameside Healthy Places*' strategic framework sets out the ambition of a place based, whole system approach to deliver healthy places, which support Tameside residents to have a healthier and happier life.
- 1.2 This report provides an overview of the process followed in developing the strategic framework; the content of the framework; and proposes next steps in delivering on the priorities and objectives identified throughout the strategic framework.

2. DEVELOPING THE TAMESIDE HEALTHY PLACES STRATEGIC FRAMEWORK

- 2.1 **Appendix 1** of this report contains the full final version of the *Tameside Healthy Places strategic framework (2024-2028)*. The framework has been developed between October 2023 and February 2024 with a range of partners and stakeholders and aims to harness the power of systems working supported by strong leadership to deliver a healthy place for Tameside residents.
- 2.2 A growing body of evidence, including Foresight's *Tackling Obesities: Future Choices* report¹, suggests that a whole systems approach could help address complex problems like unhealthy weight. The *Tameside Healthy Places strategic framework* will support our local system in Tameside to maximise our local scope for action to improve health and tackle inequalities by initially addressing these key risk factors. There is an ambition to include further key risk factors in the *Tameside Healthy Places strategic framework* over time.
- 2.3 The recent The Health Foundation's recent report '*Addressing the leading risk factors for ill health – a framework for local government action*'², includes a systems framework to support local authorities to take ambitious population-level action. We will work with The Health foundation to develop this framework to include wider systems in a place and test this as an approach in Tameside.
- 2.4 Tobacco, poor diet, and physical inactivity are three leading causes of preventable death and ill health in England and key drivers of health inequalities. Tameside has the following challenges in these areas:
- Fourth highest smoking prevalence in England, with 1 in 5 adults being a smoker.
 - Only one quarter of adults have the recommended 5 portions of fruit and vegetable a day.
 - 40% of households experience low or very low food security.
 - Over 1 in 10 (11.8%) reception age children are obese rising to about a quarter (24.6%) in Year 6.
 - About a third of adults are living with obesity and over two thirds are living with either overweight or obesity.
 - Physical inactivity levels remain higher than pre-pandemic levels with approximately a third of all adults and children classified as 'inactive'.
- 2.5 Consultation and engagement have taken place with a range of partners and stakeholders across several workshops and forums with reference to the strategic framework, which has been developed as a partnership framework. An ongoing comprehensive programme of consultation and engagement will continue with the public around the delivery plans for food, physical activity, healthy weight and tobacco control as public facing plan for action. These

¹ [Tackling obesities: future choices - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114248/Tackling-Obesities-Future-Choices-Report.pdf)

² [Addressing the leading risk factors for ill health – a framework for local government action - The Health Foundation](https://www.healthfoundation.org.uk/publications/addressing-the-leading-risk-factors-for-ill-health-a-framework-for-local-government-action)

plans will be brought to the June Health and Wellbeing Board for approval. An engagement report is included in **Appendix 2** of this report.

- 2.6 An Equalities Impact Assessment (EIA) for this strategy has also been produced outlining any impacts on protected characteristic groups and other relevant groups across the community in Tameside. This is not a fixed piece of work and will continue to be added to and monitored with system partners as the strategy and deliver plans are implemented. This EIA can be found at **Appendix 3** of this report.

3. OUTLINE OF THE CONTENTS

- 3.1 The *Tameside Healthy Places strategic framework* outlines the ambition of our approach to working as a system to tackle complex health issues in Tameside and how we aim to achieve this by working to our guiding principles.

'We will work together to provide the encouragement, opportunity, and environment for everyone in Tameside to lead active, healthy and fulfilling lives. Through collaboration and innovation across the whole system, we will work to build back, fairer, stronger together, to deliver a healthy Tameside for everyone.'

- 3.2 The *Tameside Healthy Places strategic framework* for action identifies nine discrete mechanisms across three domains, which can be used to deliver a healthy place through population-level actions. This is a tool to help partners and stakeholders to review their existing approaches and identify additional opportunities to improve the health of Tameside residents. The framework is not prescriptive or all encompassing, and there may be wider mechanisms not captured in the framework that may also be included in the supporting plans. This strategic framework, seen in figure 1 below, was developed by The Health Foundation to support local government take ambitious population-level action to improving health and wellbeing and is being localised by Tameside Health and Wellbeing Board to inform and drive local action.

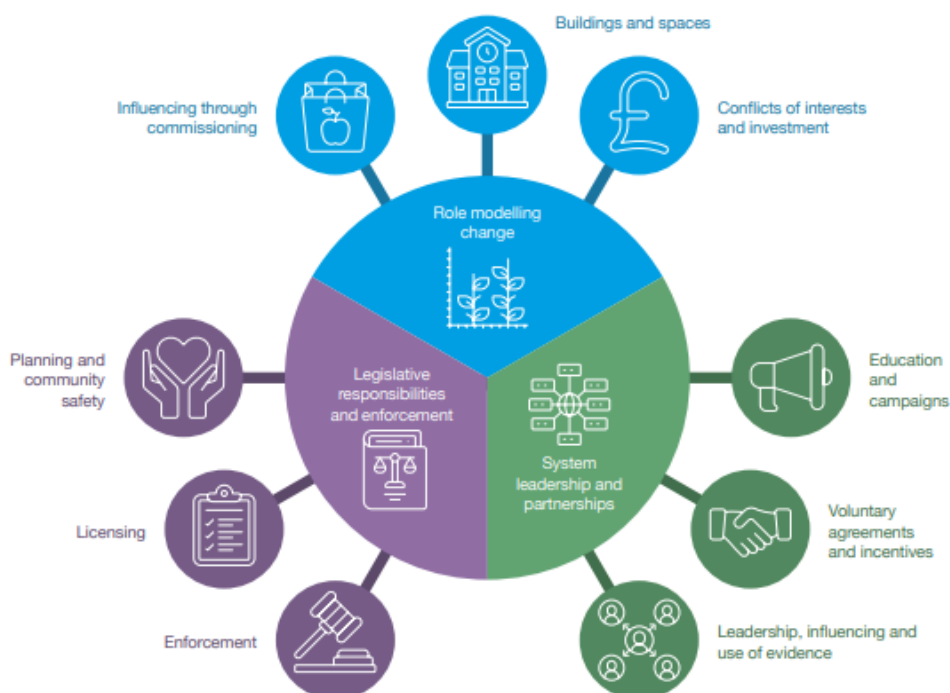


Figure 1. Framework reproduced with permission from The Health Foundation – from 'Addressing the leading risk factors for ill health – a framework for local government action'.

- 3.3 To support partners and stakeholders in using this framework to guide their whole systems approach, practical examples of turning the three domains into action are included in the strategic framework.
- 3.4 The framework also articulates the key ambitions, objectives and pillars for action across each of the areas of tobacco, food, healthy weight and physical activity. These areas of focus sit alongside the crosscutting themes of tackling inequalities and being evidence, data and insight led in our approach. This supports the *Building Back Fairer, Stronger, Together* principle in the joint Healthy and Wellbeing Strategy and Locality Plan. See the plan on a page in Figure 2 below.



Figure 2. Plan-on-a-page of the Tameside Healthy Places strategic framework.

- 3.5 The ‘Tameside Healthy Places’ strategic framework also articulates what success will like. Whilst each of the supporting delivery plans will include their own key indicators for success, there will be an agreed set of success measures for the overall framework that will be reported back to the Health and Wellbeing Board on an annual basis. A comprehensive monitoring, evaluation and reporting framework will be developed to support the delivery of the strategic framework.

4. NEXT STEPS & GOVERNANCE

- 4.1 The drivers and governance for the healthy places whole systems work is described on page 19 of the framework in **Appendix 1**. A ‘Tameside Healthy Places’ subgroup group will be formed, which reports directly to the Health and Wellbeing Board. This subgroup will provide robust governance in the delivery of the ambitions set out in the strategic framework and supporting plans. The subgroup will play a role in holding system partners to account for the priorities and objectives that have been set and escalating issues with delivery of the supporting plans to the Health and Wellbeing Board for appropriate action.
- 4.2 The final version of the strategic framework will be published and made available and accessible to all partners and members of the public, with further ongoing work to promote this work via various community and partner engagement forums.
- 4.3 During spring 2024 the delivery plans that sit under this strategy will be further developed and produced with ongoing oversight from the Health & Wellbeing Board. Following this, regular updates and oversight will be reported on an ongoing basis.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report.

This page is intentionally left blank

Tameside Healthy Places

Strategic Framework for Action
2024-2028

Page 17

Supporting Tameside's Ambition to
Build Back Fairer, Stronger, Together



Foreword

The Health and Wellbeing Strategy and Locality Plan for Tameside, 'Building Back, Fairer, Stronger, Together', identified the delivery of healthy places as one of six areas of focus. The place where someone lives or spends their time within Tameside is crucial to their physical and mental health and wellbeing. This includes the quality of the natural and built environment as well as the range of services and support in place, close to people, so that they can access the information and help they need in the right place and at the right time for them, without facing unfair barriers. This Tameside Healthy Places strategic framework aims to describe how we will work together as a whole system to deliver a great place to live for our residents.

Through this strategic framework, we aim to ensure that tackling tobacco, moving more, having fair access to healthy food, and being a healthy weight is everybody's business. We are continuing to strive for a whole system approach through collaborative working. Working in this way brings the opportunity to engage stakeholders from the wider system to support in the shared vision. Using a 'place based' and whole system approach is key to making health everybody's business in every setting.





Now, more than ever there is the need to increase national, regional, and local focus and commitment to people's health, wellbeing, and quality of life and this has been highlighted by the COVID pandemic and subsequent cost of living crisis. During this time, we have seen the health and care sector, and communities face considerable challenges. These challenges have also highlighted the health inequalities, which exist within our communities in Tameside.

However, we know that by supporting people to be tobacco-free, improving access to affordable, healthy food and creating opportunities to be physically active, these health inequalities can be reduced significantly, and there will be a positive impact on mental health and wellbeing for our residents. This strategic framework provides a timely opportunity to drive forward system change and support leaders to advocate local decision making, which reflects the needs and priorities of people who live, work, and go to school or college in our borough. Long-term, sustainable change can only happen when we work in partnership with our local community. Supporting and encouraging conversations around a tobacco-free Tameside, physical activity, and good food across the system not only benefits health on an individual level but also impacts positively on other local agendas including, employability, productivity and reducing the demand on social care and the NHS. We are better together, and we can all do our bit as individuals, within our communities and the places that we live and work to make a difference. Together we can work to create a place which enable and supports healthier communities.

Cllr Eleanor Wills

Executive Member for Population Health & Wellbeing



Context

The Health and Wellbeing Strategy and Locality Plan for Tameside, 'Building Back, Fairer, Stronger, Together' describes the range of health and wellbeing and system challenges faced in our borough. Despite the challenges which are felt across our communities, voluntary, community and faith sector and statutory organisations, there are several partnerships working to address health inequalities and improve resident's health and wellbeing in Tameside.

- Food Partnership
- Tobacco-free Partnership
- Tameside Moving - Active Alliance
- Inequalities Reference Group

These work streams bring together people and organisations with a shared purpose and principles and provides motivation for our combined work. The collaborative work has enabled successful delivery of programmes of work across our system including the GM Place Partners work (formerly Local Delivery Pilot), previous roll-out of five new food hubs by The Bread and Butter Thing, securing membership of the national Sustainable Food Places network, and the roll out of Smoke free places across Tameside.





The Inequalities Reference Group aims to reduce inequalities in Tameside by providing a broad forum to share ideas and do in-depth work to consider everyone's responsibilities under the Equality Act (2010) and the Public Sector Equality Duty. Some specific deep-dive pieces of work have included digital inclusion; barriers to accessing information; experiences of the Covid-19 pandemic (people with learning disabilities and children & young people); and mental wellbeing.

Positive behaviour change in individuals needs to be supported by the whole system. To achieve system change across sectors, infrastructure and places, we must work collaboratively to develop a shared vision.

We are exposed to an environment which promotes unhealthy weight from an early age, where high calorie, nutrient poor food is easily accessed, cheap and abundant and physical activity is not enabled by the environment. A key driver moving forwards with the new strategic framework is looking at the 'place', including the wider built environment and transport systems. These play a crucial role by either promoting or hindering access to physical activity and good food.

Disadvantaged areas tend to have a higher density of main roads, poorer air quality and higher collision rates this combined with a higher prevalence of unhealthy food outlets, such as fast-food takeaways, exacerbates health inequalities and further discourages walking, cycling and being active. Planning influences numerous local drivers for poor health in Tameside including health inequalities, high levels of deprivation, long term conditions, social isolation, and air quality. The built environment is key to enabling and maintaining independence and mobility and supporting active ageing.

Building strong collaborations across the sector is key to influencing and creating a healthier built environment to support community health and wellbeing.



The Ambition

‘We will work together to provide the encouragement, opportunity, and environment for everyone in Tameside to lead active, healthy and fulfilling lives. Through collaboration and innovation across the whole system, we will work to build back, fairer, stronger together, to deliver a healthy Tameside for everyone.’

Page 22



The Mission

The strategic framework will reflect the approach of the Health and Wellbeing Strategy by taking a life course, place based, whole system approach to make health everybody's business. The framework is also designed to support delivery local action plans and frameworks relating to tobacco, food, physical activity, and healthy weight.

Systems, not single organisations create change. A whole system approach can add value by providing the opportunity to engage stakeholders across the wider system to develop a shared vision and be stronger together. We will support 'community power' and 'social movement' and work at neighbourhood level to ask what is needed for Tameside.





What the Healthy Places strategic partners will do:

- Champion the 'Tameside Healthy Places' strategic framework with decision makers across the Council, health and social care and across the voluntary, community and faith sector.
- Provide the encouragement, opportunity and an environment that empowers people to improve their health and wellbeing throughout the course of their lives.
- Create and support opportunistic interventions to 'make every contact count'. Understand the complexities around uncomfortable conversations, raising the issue of weight, inactivity, tobacco dependence and food insecurity.
- Use the power of physical activity and good food to build a fairer future for everyone in the recovery from the COVID-19 pandemic and cost of living crisis.
- Take a partnership approach to support and complement existing pathways for support and ways of working Influence commissioning opportunities to ensure tobacco control, food, physical activity, and healthy weight is a 'must do'.

- Empower the most vulnerable and at risk of poor health in our community to access support to improve their health and wellbeing.
- Building community resilience and capacity, through strength and asset-based approaches, to ensure inclusivity and accessibility.
- Use evidence, data, and insight from communities to guide what we do and foster a learning culture so we can understand what works and what does not to improve health and wellbeing in our communities.
- Strive for quality in everything we do and be able to demonstrate the impact on our communities.
- Ensure everyone in the borough can access programmes and services which are suited to their own needs.

The Framework for Action

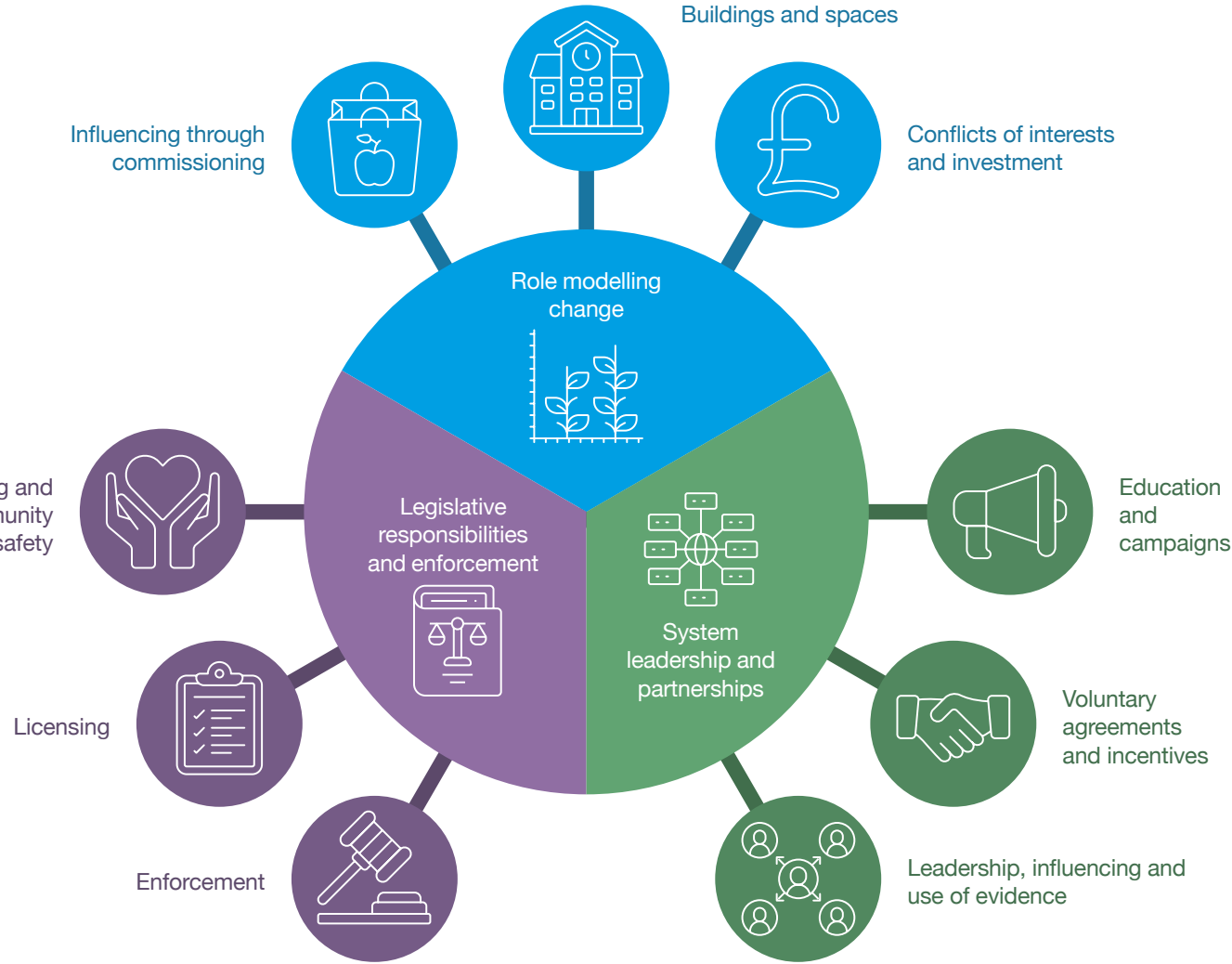
The 'Tameside Healthy Places' strategic framework for action identifies nine discrete mechanisms across three domains which can be used to deliver a healthy place through population-level actions. This is a tool to help partners and stakeholder to review their existing approaches and identify additional opportunities to improve the health of Tameside residents. The framework is not prescriptive or all encompassing, and there may be wider mechanisms not captured in the framework that may also be included in the supporting plans. This strategic framework was developed by The Health Foundation to support local government take ambitious population-level action to improving health and wellbeing. Tameside's Health and Wellbeing Board are committed to developing this framework to ensure it supports action across all partners across the borough.

Page 25



Healthy Places Framework for Action

Page 26



Framework reproduced with permission from The Health Foundation – from ‘Addressing the leading risk factors for ill health – a framework for local government action’.
 Further information on the development of the original framework can be found here [Addressing the leading risk factors for ill health – a framework for local government action - The Health Foundation](#)





Legislative responsibilities and enforcement

This domain outlines how local authorities can use existing planning and licensing laws to limit harms from tobacco, physical inactivity, and unhealthy food.

- **Planning and community safety:** using planning law and Public Spaces Protection Orders to create healthy and safe spaces. This could be by using Supplementary Planning Documents alongside the Council's Local Plan 'Homes, Spaces, Place', using Physical Activity Impact Assessments when assessing planning applications and using Public Spaces Protection Orders.

Licensing: examples include requiring smoke-free outdoor seating areas in cafes and restaurants, identifying the cumulative impact of alcohol on an area to limit the provision of new alcohol licenses and introducing healthy food standards as a condition of trade for street food stalls.

- **Enforcement:** use of trading standards teams to effectively enforce legislation on the sale of tobacco and unhealthy food. For example, test purchase operations, restricting promotion of unhealthy foods and disrupting the sale of illicit tobacco.





Role modelling change

As large organisations rooted in places, Tameside Health and Wellbeing Board member organisations can positively influence health through their estates, investments, and commissioning activities. Through role modelling change, board member organisations can set an example for other local organisations to follow. In 2022 the Health and Wellbeing Board members signed up to the Health and Wellbeing Board Charter. The commitments within this Charter are aligned to the Healthy Places Strategic framework for action.

Buildings and spaces: statutory organisations have a substantial opportunity to take an anchor-institution approach and improve health through their estates. This can be through activities such as offering predominantly healthier food options in workplaces, designating outdoor spaces as smoke-free and restricting advertising of unhealthy food on advertising spaces. Wider partners are also able to support this ambition through their community buildings and spaces.

- **Conflicts of interests and investments:** councils can review local commercial partnerships to ensure that council funding and branding is not being used to help promote the sale of unhealthy food or drink. Similarly, local authorities could divest from tobacco, and unhealthy food companies where practically possible and in accordance with fiduciary duties.

- **Influencing through commissioning:** councils have a range of opportunities to improve health through the breadth of their commissioned services. For example, using social value criteria in procurement processes to give additional weight to leisure service providers committing to providing a higher proportion of healthy food and drink options and minimise ultra-processed high fat, sugar, salt food and drink. A range of commissioning activity occurs across several organisations including Integrated Care boards, housing providers and GM Police where there could be a significant impact on making Tameside a healthy place.



System leadership and partnerships

Through their networks and partnerships, Health and Wellbeing Board Members have opportunities to project positive influence far beyond their walls.

- **Education and campaigns:** alongside other measures, education can be an effective way to inform people about how to improve their health or avoid health harms. Health and Wellbeing Board members are trusted voices within communities and can promote health through media campaigns and education initiatives that are independent of industry influence, such as social marketing campaigns to prevent smoking uptake.

- **Voluntary agreements and incentives:** voluntary agreements and incentive schemes can be a productive way to create healthy spaces and communities. In addition, they can provide an opportunity to strengthen relationships between councils and local organisations such as businesses and community groups. Examples include creating smoke-free school gates in partnership with schools and parents/carers, implementing awards schemes for healthier takeaways and utilising discretionary business-rate relief to incentivise retailers to sell healthier food.

- **Leadership, influencing and use of evidence:** Elected Members and senior officers often have a national profile that can be used to advocate for stronger central government action on tobacco, physical activity, and the food environment. Local authorities, health and VCFS partners can also make use of their data to generate evidence of impact, which can support shared learning and help make the case for action. Advocacy can be strengthened through the collaborations of Health and Wellbeing Board members, their senior officers, and the services they commission, including through regional and national forums and membership bodies.



Healthy Places

Strategic Framework for Action



Page 30

Healthy Weight

Vision:

Current and future generations in Tameside will live in a local environment that promotes a healthier weight and wellbeing as the norm. This makes it easier for everyone, regardless of age, background, circumstance or where they live, to access healthier food, eat healthier diets and live active lifestyles, and ensures support available for people with excess weight. We will achieve this through collective action across the system, in partnership with our local community.

Page 31

7 Pillars for Action

- System leadership which prioritises and champions healthy weight in Tameside and advocate for a collaborative approach.
- Long-term whole system approach working beyond public health to take action to address healthy weight.
- Advocating for a health-promoting environment across Tameside.
- Community engagement which puts communities at the centre of decision making and driving local solutions.
- Focus on inequalities and ensure all activity is targeted to ensure the whole community benefits, but particularly those most in need.
- A life course approach to meet the need of every generation to maximise prevention and early intervention.
- Monitoring, evidence, evaluation, and innovation to ensure continuous improvement and developing good practice across Tameside.

[What-Good-Healthy-Weight-Looks-Like.pdf \(adph.org.uk\)](https://www.adph.org.uk/what-good-healthy-weight-looks-like.pdf)

Tobacco

Vision:

Take a whole system, place-based approach to make smoking and tobacco use history in Tameside.

5 Strategic objectives:

- De-normalise smoking and tobacco use to prevent young people from taking it up in the first place.
- Provide high quality, evidence-based stop smoking services for smokers and tobacco users who are ready to quit.
- Reduce health inequalities by targeting support to high prevalence groups.
- Develop community capacity to build a social movement to make smoking history in Tameside.
- Engaging with and influencing communities to communicate the risks of smoking, the benefits of being smokefree and how to access support to quit.



Food

Vision:

Work in partnership with public, private and voluntary sectors and communities in Tameside to create a food environment, system and culture that promotes health, stimulates the local economy, benefits communities and reduces environmental impact.

Page 6 strategic objectives:

- To make the supply and consumption of affordable healthy and sustainable food the norm.
- To address and reduce food poverty.
- Promote community food knowledge, skills and resources.
- Develop a vibrant and diverse sustainable food economy.
- Increase healthy and sustainable catering and procurement.
- Reduce waste and the ecological footprint of the system.



Physical Activity

Vision:

Support everyone who lives, works, or is in education in Tameside to be physically active by enabling safe, clean and accessible neighbourhoods and use physical activity to reduce health inequalities and build social connections for mental and physical health and wellbeing in our communities.

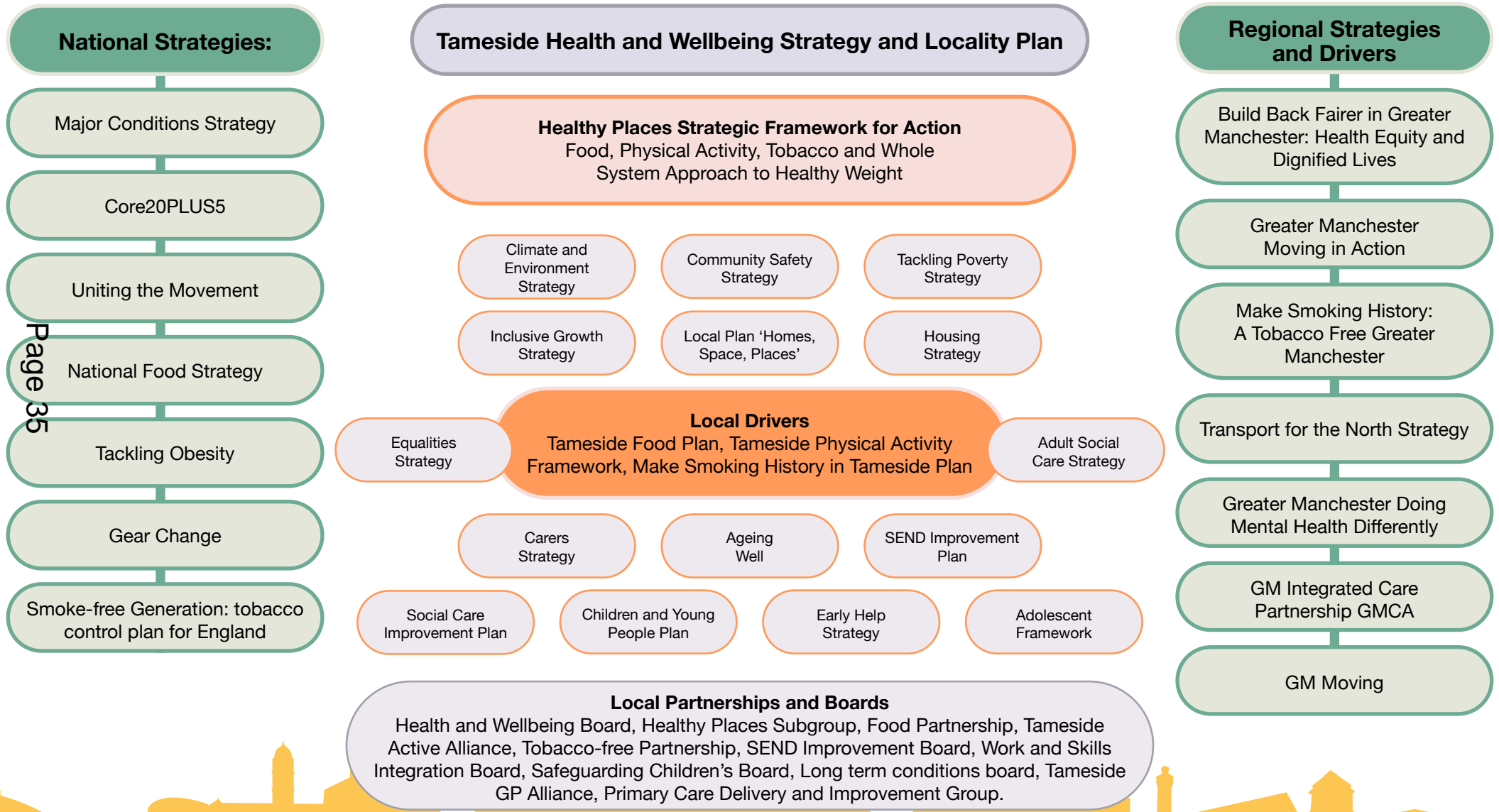
Page 34

7 Guiding Principles

- Develop strong system leadership across the partnership for physical activity in Tameside.
- Commit to a long-term whole system approach to enable communities to be more physically active.
- Advocate for a physical activity-promoting environment.
- Build a social movement for physical activity through meaningful community engagement using strength based and person centre conversations.
- Ensure a focus on accessibility, inequalities, and inclusion across all work.
- Take a life course approach.
- Build in robust monitoring, evaluation and learning mechanisms, deliver evidence-based activity, be led by local data and strive for innovation and excellence.

Drivers and Governance

National, Regional and Local Drivers and Supporting Strategies and Plans



Page 35

What does success look like?

- HWB and its members champion the framework and take a leadership role in ensuring the approach is embedded in all policies.
- Engagement from all key public, voluntary, community and faith sector organisation.
- All partners will be using the evidence, data and community insight to develop relevant and effective programmes and interventions.
- A culture of learning and sharing will be developed to allow us to understand why somethings have worked and others have not and what might change has a consequence of this learning.
- All existing and new Council commissions and policies will be reviewed to ensure health is included as a 'must do'.
- We will support the development and implementation of a comprehensive workforce development offer available to all frontline workers and volunteers which upskills around physical activity, healthy weight and access to healthy and sustainable food.

These outcomes referenced above are the immediate outputs of the work across the Healthy Places and can be measured during the lifetime of the strategic framework for action. By working as a system and using the framework for action, the long term ambition would be to reduce levels of obesity, diabetes, and cardiovascular disease in our residents. It should be acknowledged that these improved outcomes are harder to influence directly, are complex in nature to affect and can be very long term.

How will we monitor progress on this strategy?

The Healthy Places task and finish group will meet quarterly to discuss progress and to receive updates from the Food Partnership, Active Alliance and Tobacco Free Partnership. In these meetings, the members will provide the strategic steer and scrutiny to ensure we are on track for success. An annual report on progress will be presented to Tameside's Health and Wellbeing Board.

The Tameside Healthy Places strategic framework was developed in consultation and partnership with:

- Health and Wellbeing Board
- Food Partnership
- Tobacco Free Partnership
- Active Alliance

Call to Action

To achieve the ambition for people in Tameside outlined within this strategic framework will need a true partnership approach. All organisations, services, businesses, employers, and individuals within our local communities have a role to play so please do think about how you can contribute, influence, and support the achievement of our aims. As the borough and its residents recover from the impact of the Covid-19 pandemic and navigate the cost-of-living crisis we really do have a once in a generation opportunity to help people improve their health and wellbeing and live their best lives. We hope that you have found this strategy inspiring and will join us in this ambition.

Page 37

Debbie Watson, Director of Public Health



Partners



Page 38



Tameside Healthy Places Engagement Report

On Thursday 16th November a development session was held with the Tameside Health and Wellbeing Board with the purpose of engaging on the third identified key workstream 'Healthy Places'. The background and context to the whole systems approach and for the three areas of food, physical activity and tobacco initially chosen to contribute to the Healthy Places agenda was presented to the board, followed by a workshop.

During the workshop, Board members had the opportunity to input across the three topics and were asked to consider the following questions:

- What are the **key opportunities for action** by the Board and its members?
- How can the Board and its members **be a champion** for the Healthy Places agenda?
- **What does success look like** for Tameside in the short, medium, and long term?

Key messages from the discussions for consideration in the Healthy Places strategic framework development include:

- Taking a whole system approach is key to tackling complex issues which impact on health and wellbeing.
- Poverty is a key driver which affects people's ability to make healthier choices or have the resources they need to prepare nutritious food.
- There are some 'quick wins' that could be implemented which could have a big impact.
- Being guided by data and intelligence is important in targeting activity.
- The Board and its members have role in championing the Healthy Places strategic framework, having conversations across the system to help win 'hearts and minds' and take a leadership role in ensuring this approach is embedded in all policies.
- The Board member organisations have role, as employers, in adopting the framework, promoting the Healthy Places work, and embedding the key delivery plans within their own organisational practice.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the delivery plans for each of the workstreams.

Next Steps

Further engagement with key stakeholders and partners around the systems working approach and the ambitions for each strand of work is continuing to take place until February 2024.

A comprehensive programme of public consultation on the ambition for each area of work and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

Report author

Beth Wolfenden

Head of Public Health Programmes

Beth.wolfenden@tameside.gov.uk

Appendix 1

This appendix gives an overview of the discussion in each of the three break out groups. This feedback will also be used to inform the delivery plans for each workstream.

	Tobacco	Food	Physical Activity
Page 40	<p>Educational awareness of the dangers of tobacco in schools.</p> <p>Provide takeaway messages for parents, carers, and families.</p>	<p>Portion sizes for children – changing culture and increasing knowledge.</p> <p>Early Help and prevention important – settings-based work in nurseries, schools, leisure centres etc.</p> <p>Availability of food for school children – vending, snacks, journey to schools.</p> <p>Can we undertake analysis of what people buy with their healthy start money? Possible research into this data to understand more around how this support is taken up and utilised – could existing streams of grant funding such as family hubs help to pay for this?</p> <p>Funding for more free school meals for children who are not currently eligible.</p> <p>Allison P - parents want the best for their children - how do we give that information. Children's Services can make a commitment to drive this agenda forward with schools and early help services.</p> <p>Do Pennine support children with SEN neurological conditions with healthy weight? Links to opportunities within pathways to signpost patients (potentially with additional risk</p>	<p>Schools – concern over amount of time allocated to PE in secondary schools.</p> <p>How do we prevent drop off in activity levels at 14+? Traditional sports can put lots of young people off and lead to a negative relationship with.</p> <p>After school activity – opportunities vary by school. This is not statutory and depends on staff interest but can create inequality.</p> <p>Supporting healthy schools. How can we encourage the embedding of PA in policies. Promoting CAS framework and supporting schools to use Home :: Creating Active Schools</p> <p>Use School Health Needs Assessment and other data such as NCMP to target interventions.</p> <p>We will know we have been successful if the number of 14-15 years olds participating has increased.</p>

		<p>factors such as sensory processing needs) into healthy weight support.</p> <p>Food ambassadors/champions in schools.</p> <p>Social anxiety as an issue in young people. Example discussed was that people would rather use drive-thru or online ordering of food due to the avoidance of social interactions – but this is another route to unhealthy food</p>	
Live Well	Ensuring a workplace focus for stop smoking interventions, particularly for routine and manual workers.		<p>Employers/workplaces promoting PA – walking meetings, messaging for employees etc.</p> <p>Promoting the Active Soles movement.</p>
Age Well Age 41		<p>Oral health in care homes links to nutrition and hydration and impacts on eating and healthy weight.</p> <p>View from the hospital - Pre-op preparation - carb loading pre-operatively can enhance recovery for some cohorts.</p>	
Life Course	<p>Creating a network of front-line workers who are ‘Tobacco Free Champions’</p> <p>Communications and marketing: How to reach the harden smoker – local engagement required to support recent GM comms work.</p>	<p>Poverty as a driver and wider needs such as homelessness, temporary accommodation – no facilities to cook. Poverty drives food choices – cheap often equals poor nutrition.</p> <p>Links to fuel poverty – heat or eat.</p> <p>Ensuring proper co-production to involve residents and leadership form the community to push for a social movement around food.</p>	<p>Opportunity to refresh Active Tameside Estates Strategy. AT has ageing stock which needs to be considered.</p> <p>Accessible activities required.</p> <p>TMBC Strategic Planning – Masterplans and Local Plan – links to transport plan and ensuring accessible via public transport to encourage active travel to support healthy place making. Local plan making begins again in New Year. Can we bring Masterplans and Local Plan consultation to the HWB for review and comment.</p>

<p>Consider hard hitting campaign messages, aligned to current GM campaign. Promoting the use of online support offers i.e. smoke free app Inter-organisational sharing of comms to amplify messages. [More enforcement is required with consistency.</p> <p>Working with organisations that work with existing community groups to increase reach e.g. Jigsaw - food pantries/allotment groups</p> <p>Develop smokefree settings work further especially in workplace settings.</p>	<p>Food waste - What is the level of fresh food waste? Is there an opportunity to distribute it. Supermarkets used to give out free fruit for children. Kings campaign on redirecting excess food to food hubs instead of food waste.</p> <p>Food waste apps such as 'Too good to go' or 'Olio' apps. Fresh fruit and veg often in multi-packs which leads to waste. Promotion of markets where you can buy individuals. Local food voucher system for Tameside market traders.</p> <p>Explore examples of good practice such as the 'Felix Project'.</p> <p>Packets of herbs and spices should be provided to help people make healthy food taste better – slow cooker project does this, but can it be extended?</p> <p>Donating to a food bank - need guidance on what to put in the donations - healthier options.</p> <p>Community fridges.</p> <p>Gardening – incredible edible, green alleys.</p>	<p>Safer communities and settings to encourage active travel – travel to school and VAWG agenda.</p> <p>Communications and marketing – need to win hearts and minds. Place based approach – using data to focus activity.</p> <p>Understand our neighbourhoods' challenges and assets – one size will not fit all.</p> <p>Walking/Rights of Way more publicity to increase use of and promote walking for journeys less than a mile.</p> <p>Board members can amplify messages through their own organisations.</p> <p>Promoting Park Runs in Hyde and Stalybridge and Couch to 5k app.</p> <p>Consider digital exclusion in all planning.</p> <p>Data and intelligence to drive activity – new Sport England data to LSOA level will help hyper local targeting.</p> <p>National travel survey data.</p> <p>Are we making the most of our natural spaces. Are they in the best condition, are they safe, are they lit eg. Chadwick Dam, Hurst res, Daisynook.</p> <p>Focus on neighbourhood level work, one size doesn't fit all and we need to recognise the local community groups as community assets make a difference.</p>
--	--	--

Tameside Active Alliance Workshop Engagement Report

On Monday 20th December a workshop was held with the Tameside Active Alliance with the following purpose:

- To contribute to the development of the healthy places strategic framework.
- To review the current physical activity strategic objectives and the approach to promoting increased physical activity.
- To identify opportunities to develop the physical activity offer as part of the Sport England funded Place Partner work.

During the workshop, Alliance members had the opportunity to input into shaping the healthy places framework and the development of the Place Partner priorities. GM Moving data and insight partner, Press Red, presented the most recent data for Tameside to shape the discussion in the workshops, The discussion points from the workshops are documented in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the development of the physical activity strategic objectives Tobacco-free Framework and targeting key underrepresented groups:

- The links to the anti-poverty agenda are important to recognise when considering accessibility to sport and leisure activity.
- One size does not fit all – consideration for inclusivity when designing physical activity spaces, programmes and interventions.
- Messaging around physical activity and promoting opportunities to be more active require sustained and consistent marketing and communication.
- Our approach should be place based.
- Active travel for utility for shorter journeys could be considered a quick win.
- Physical activity has an important role to play in ageing well.
- Promoting physical activity to improve mental health is a win for both the individual and the system.
- The Active Alliance is a key driver for change in Tameside.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the physical activity framework and delivery plan.

Next Steps

A comprehensive programme of public consultation is taking place from now until May 2024 before the physical activity framework and delivery plan they are finalised and presented to the Health and Wellbeing Board in June 2024.

Report authors Beth Wolfenden, Head of Public Health Programmes

Beth.wolfenden@tameside.gov.uk

Appendix 1 - Tameside Active Alliance Workshop Group Discussions Write Up from 20th November 2023.

Work and Skill Table Discussion	
<p>How do we work as a system to support these groups?</p> <p>What are the opportunities to do things differently?</p>	<ul style="list-style-type: none"> • Person-centred approach- discussion took place regarding conversations with those that are inactive getting moving is not a “one size fits all”. • Private/social enterprises – what can be provided. • Isolation/loneliness/stigma- how can we reach those that are unemployed and work with agencies responsible for benefits to break stigma? • Pupil premium – discussion took place around educating not just children but parents/carers giving them the information’s/skills resources but not just those that are eligible for pupil premium etc. • Small steps – education of the benefits of PA and how providers can encourage. • Exposure to what is out there- how do we inform people of what there is and how to access. • Benefits of moving more – do providers, employers know about HLE in Tameside and the impact of inactivity- how do we promote this? • Talking/mental health- linking this “physical activity- miracle pill” how do we promote physical activity? • See in action/try it – private organisations - building up case studies/ active champions. • What’s on in Tameside? – one system (leaders /run by young people – led by young people) • Everyone can access- promote activity and address barriers. • Outside the box – advocate • Invested in the invested. • Volunteering – look at how those can reach communities and build in physical activity. • Campaigns – lived experiences, feelings, case studies. • Health • Short – sharp bursts – how do providers/workplaces encourage this? • Social connection/buddies • Mapping exercise – where’s the info? Can connectors/champions support?
Older People Table Discussion	
<p>How do we work as a system to support these groups?</p>	<ul style="list-style-type: none"> • How do we define older people? Ask them! • Civic Participation and increased visibility of older people <ul style="list-style-type: none"> ○ Volunteering – building connections and friendships ○ Intergenerational activities

What are the opportunities to do things differently?

- “Guardian Angels” – childcare provided by older relatives
 - Positive role models for children – healthy and active lifestyles
 - “Ageing well from birth”
 - Extended families – especially in South Asian communities
- Sharing good news/existing activities to increase visibility of older people being physically active
 - Marketing/Comms
 - Collating and publicising existing activities to local people
- Celebrate and promote active ageing
 - Lived experience – case studies and stories
 - Spotlight on examples of good practice
- How do we engage with the extremely isolated?
 - Improved collaboration across the system
 - People who aren’t engaging with any services – how do we identify and reach them?
- Improved perception of safety in communities
 - Community regeneration
 - Hyperlocal activities
 - TMBC Community Safety and GMP – increase engagement with older people
- Access to greenspace and other activities
 - Improved infrastructure
 - Transport links and accessibility

Tameside Tobacco-free Partnership Workshop Engagement Report

On Thursday 14th December a workshop was held with the Tameside Tobacco-free Partnership with the following purpose:

- To contribute to the development of the healthy places strategic framework.
- To review the current approach to tobacco control in Tameside and review the strategic objectives of the tobacco control plan
- To identify opportunities to develop the stop smoking offer in Tameside using the additional Government allocation of £412,776 in 2024/25 (with similar expected for further 4 years).

During the workshop, Partnership members had the opportunity to input into the development of the Tameside tobacco-free plan and the development of the stop smoking service and the questions asked are documented in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the development of the Tobacco-free Framework and use of the Smoke-free Generation grant funding include:

- Senior level buy-in across the system to drive the tobacco-free agenda in unison.
- Need to understand the causal roots of starting smoking and using tobacco and the wider determinants which make it difficult to stop smoking and focus on mental health, poverty and targeting high risk groups.
- Crucial to look at how to embed stop smoking support into pathways and plans across the system.
- We need to go to meet smokers 'where they are' with an appropriate, acceptable and accessible service and not expect them to 'come to us'.
- Using our community assets more effectively with brief intervention as a tool for consistent messaging and signposting to services.
- Increase the visibility of 'Smokefree Tameside' with a comprehensive communications and engagement programme is required to support regional and national campaigns.
- Build a network of community 'Smokefree Champions' across Tameside who can drive change and support the building of a social movement in communities.
- Tameside has a strong system to draw upon and deliver the tobacco-free framework to make smoking history in our borough.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the Tobacco-free Framework and delivery plan and for the use of the grant funding from April 2024.

Next Steps

A comprehensive programme of public consultation on the ambition for making smoking history in Tameside and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

Report authors Beth Wolfenden, Head of Public Health Programmes

Beth.wolfenden@tameside.gov.uk

Victoria Hamlett, Public Health Programme Officer

Victoria.hamlett@tameside.gov.uk

Appendix 1 - Tameside Tobacco Workshop Group Discussions Write Up from 14th December 2023.

Tobacco Control Table Discussion One	
Page 48	<p>1. Is this the right approach?</p> <p>The right approach for now and in future is being taken for tobacco control with people with mental ill health, however:</p> <ul style="list-style-type: none"> - Branding issues – current “warning graphic labels” (photos) are not deterring -people from smoking. (MIH) - Smoking is still seen as something that is appealing to young people (MIH) - Need to understand the causal roots of why people smoke (MIH) - Friendly approach to build rapport with clients is imperative (LGBTQ+) - Consider making stop smoking support part of various treatment pathways and embed within treatment plans (LGBTQ+) - Welcome Swap to Stop programme – new initiatives welcomed to provide alternatives to current quit offers (LGBTQ+) - Focus on poverty and smoking – high prevalence groups e.g., R&M workers and low-income residents are more likely to smoke, more likely to experience financial insecurity (R&M/Low Income) - Unsure – concerns as to number of people stopping smoking has gone stagnant (Social Housing) - Has concerns around vaping made smoking appear trendy? (Social Housing) - The right system is in place: prevention, treat, reduce inequalities and engagement and influence (Social Housing) <p>High Prevalence Groups: (BAME)</p> <ul style="list-style-type: none"> - Substance misuse - Normalisation of cannabis - Previous drug use <p><u>OVERALL SUMMARY:</u></p> <ul style="list-style-type: none"> • Right approach but need to understand causal roots and reduce appeal of smoking to young people and focus on poverty and high priority groups. • Need to look at how to incorporate stop smoking support within pathways and plans across the system. <p>What is missing/needs changing?</p> <p>Mental Health and Cannabis – ‘chicken and egg’ theory – using cannabis to self-medicate for mental ill health or using cannabis that could lead to mental ill health.</p> <ul style="list-style-type: none"> - Smoking to self-medicate (BAME) - GM Drug trends indicate that cannabis is used to self-medicate (BAME) - Addressing mental health and drug use – how do you approach treatment – it is complex and need to recognise they co-exist (BAME) - People may feel they have ‘bigger fish to fry’. Based on their complex needs – other addictions, mental health etc. (BAME) - What are the alternatives – health and wellbeing approach – address wider needs e.g., poverty, mental health etc.? (BAME)

2. Is anything missing?
3. Does anything need changing?

- Vape – smoking? Could be a gateway, evidence base is increasing – but what are the long-term impacts (BAME)
- How do you monitor use? What is the ‘reduction goal/plan’ (BAME)
- A social movement is needed. (MIH)
- More social media marketing and promotion is needed. (MIH)
- Bespoke training (MIH)
- More alternatives and promotion of alternatives to smoking (MIH)
- Stop smoking support across various treatment pathways and plans (LGBTQ+)
- Higher clinical discussions to give stop smoking support the gravitas it needs across various services (LGBTQ+)
- Ensure health professionals discuss smoking and smoking status with service users regularly (LGBTQ+)
- Professionals to be trained in understanding smoking is more than just an addiction and impacts various aspects of people’s lives (LGBTQ+)
- Professionals to also be trained in understanding complexities in peoples lives who smoke that can support them make a quit attempt and to successfully quit (LGBTQ+)
- Accessing support is not where it should be when supporting those with mental health conditions to access support -trained advisors within mental health could support to answer specific questions and in certain situations would be helpful in supporting people with mental health conditions to quit smoking (LGBTQ+)
- Mental health advocates for stopping smoking to be based in venues that are supporting residents with their mental health (LGBTQ+)
- Work in partnership with BAME community by addressing language and cultural barriers to accessing services as well as supporting smokers to understand the harm and how to stop smoking (LGBTQ+)
- Move away from model that requires residents (BAME) to ‘come to us’ in service, instead have community champions/advocates to disperse information and messages on support to quit (LGBTQ+)
- Address digital barriers to accessing support to quit (LGBTQ+)
- Settings which have access to high-risk groups to be upskilled to direct smokers into stop smoking service using MECC approach (LGBTQ+)
- CURE team to provide training to all new starters at Tameside ICFT (Hospital) (including doctors) as there are many professionals across the organisation who can make every contact count in discussing smoking/stop smoking support (LGBTQ+)
- Smoking Lead is needed at Tameside ICFT to take forward direction and backing at ICFT to drive progress and innovation (LGBTQ+)
- Focus on the financial benefits of quitting smoking (R&M/Low Income)
- Build smoking question into all services/assessments and provide stop smoking support information and signposting as standard (R&M/Low Income)

- Use MECC approach across services to keep raising the profile of stopping smoking and understanding that different people react to information from different services/professionals differently – the same message may be better received from one service compared to another (R&M/Low Income)
- Need to keep banging the drum to ensure consistency on raising smoking and quit smoking support (R&M/Low Income)
- Don't just focus on stop smoking services, look to engage with others across system who can apply pressure e.g., schools and school children to apply pressure to parents, as well as foodbanks etc. to speak the message in a way that may work for those they support (R&M/Low Income)
- Other services/areas to explore for taking forward MECC approach with stop smoking support: foodbanks, food pantries, employment and skills – they have access to residents who many be smokers and can signpost and provide information to those they support.
- Messaging on quitting should focus on benefits of quitting – particularly tying in with cost of living and finances (R&M/Low Income)
- Multi-approach needed for people who smoke marijuana with tobacco (Social Housing)
- Training for professionals/volunteers who are front facing e.g., foodbanks (Social Housing)
- Look at good practice from other areas e.g., West Cheshire training with foodbanks around health (Social Housing)
- Link together to work on CYP offer of support around addictions and tobacco (Social Housing)
- Complex cases with multiple issues need to be dealt with in unique way and smoking approached at the right moment (Social Housing)
- Link into social prescribing models and look at smoking holistically (Social Housing)
- Work collaboratively with young people (Social Housing)

OVERALL SUMMARY:

- Move away from expectation for smokers to 'come to us', we need to go to where they are.
- MECC style approach and training to professionals/volunteers to keep consistent messaging, conversations and standardised questions/assessments and signposting for smoking/support across the system in Tameside e.g., BAME and LGBTQ+ services, foodbanks etc.
- Better understanding and training on other complexities that co-exist for smokers experience that influence smoking e.g., drug use, self-medicating, mental health.
- Engage with other service that smokers may use/access instead of traditional 'health services' to reach people who may not otherwise engage e.g., BAME and LGBTQ+ services, foodbanks etc.
- Understand different cohorts of smokers and tailor services/comms to what they tell us matters e.g., work with young people, people in social housing, low-income residents etc.
- Promotion of support and alternatives to smoking and focus on financial benefits of quitting.
- Senior buy-in/dedicated responsible link/contact within organisations to drive tobacco agenda forward.

4. How do we grow a social movement

5. How do we build leadership on creating a

Growing a social movement:

- Increase visibility of Smokefree Tameside across the borough and within communities (MIH)
- Encouraging influential people e.g., CEO's and leaders to 'lead by example'. When senior members of staff smoke the staff may be more likely to smoke too, to feel 'accepted'. Change the narrative and culture. (MIH)
- Encourage staff to be 'smokefree champions' and encourage smokers within their organisation/business to quit. (MIH)
- Utilise peer influence from children and others to encourage people to not smoke (R&M/Low Income)
- Ensure services and stop smoking/smokefree messages are non-judgemental and accept risk taking is something that majority of young people will explore – but how do we support them to avoid exploring or deter exploration becoming a habit? (R&M/Low Income)
- Digital offer? New generation of smokers may not want to access services in person and might be more receptive to digital support (R&M/Low Income)
- Build on financial benefits of smokefree living and quitting smoking – for young people and adults – young people are motivated by money like adults, but may have different money motivations (R&M/Low Income)
- Peer influence – provide young people with the information and power on illegal tobacco and vapes – do they know and understand the impact purchasing illegal tobacco/vapes is having on other young people, their community, trafficking etc. (R&M/Low Income)
- Positive messaging on alternatives people can spend their money on compared to smoking e.g., young people could be a holiday vs. alleviating pressure of paying the bills for adults (R&M/Low Income)
- Raise awareness of children and young people's understanding of tobacco to prevent them starting to smoke (Social Housing)
- Link in with Employment and Skills here as people looking for work are potentially also looking for ways to increase their income (R&M/Low Income)
- Campaign for new drug promotion – campex previously Social Housing)
- Go to where people go to and make it visible (Social Housing)
- Create real case studies (Social Housing)
- Support people to have confidence in challenging smoking and build this into workforce development and training – MECC (Social Housing)
- Ensure messaging comes across as respectful about choice – not lecturing, patronising or preaching (Social Housing)
- Simple and easy messaging to get support easily (Social Housing)

OVERALL SUMMARY:

- Develop messaging and services based on what will appeal to people e.g., a digital offer for younger people, communications with a focus on financial benefits.
- Build on peer influence and raising awareness of the impact tobacco has on community e.g., illicit and illegal tobacco.

<p>Page 52</p>	<p>smokefree generation Tameside?</p> <p style="text-align: center;">in</p> <ul style="list-style-type: none"> • Increase visibility of Smokefree Tameside to make it the norm e.g., through workplaces adopting smokefree and management within advocating for staff to access stop smoking support. <p>Building Leadership to create a smokefree generation in Tameside:</p> <ul style="list-style-type: none"> - Smoking Lead is needed at Tameside ICFT to take forward direction and backing at ICFT to drive progress and innovation (LGBTQ+) - Different agencies come together to work on tobacco control agenda – with task and finish groups for different aspects they can focus on e.g., low income/foodbank/foodbank and food pantry/welfare rights/CAB for supporting low-income residents and another task and finish group to work with employers to support their residents to quit etc. (R&M/Low Income) - Each task and finish group to have its own action log, linking into public health but being delivered and actioned by partners across the system together to ensure accountability is across the system and not just reliant on Public Health – smoking is everyone’s businesses not just an issue of health (R&M/Low Income) - Need buy-in across the system but do not necessarily need to be a ‘CEO’ or senior leader, can be a single point of contact within an organisation who works to take forward initiatives and changes as they are they key link who is motivated to make a change around tobacco/smoking (R&M/Low Income) - Make smoking/tobacco recognised as an issue that affects the system and each service, business and organisation and residents in some way across Tameside – not responsibility of just Public Health – it is everyone’s businesses, and everyone can play a part in some way (R&M/Low Income) <p><u>OVERALL SUMMARY:</u></p> <ul style="list-style-type: none"> • Dedicated leads on smoking within organisations e.g., Tameside ICFT, to drive and progress initiatives and change. • Involvement from agencies/organisations across the system • Support Tameside system to understand the impact smoking has to them to bring about buy-in and change – will not be one size fits all approach as each organisation will have their own motivations/agendas. • Dedicated pieces of work for different agendas on tobacco – recognise not every organisation will have same issues/experience with smoking.
----------------	---

Tobacco Control Table Discussion Two: High Priority Groups	
<p>Routine and Manual Workers & Low-Income Residents (Victoria & Ayesha)</p>	<p>1. Which organisations work with this high priority group that could help engage smokers?</p> <p>Routine and Manual Workers:</p> <ul style="list-style-type: none"> - Tameside employers/businesses themselves - Chartered institutes - Tom and Dean – Employment and Skills – follow up with employers.

- Unions
 - Smaller businesses – networks to tap into? Garages, butty shops, SMEs
- Low income:
- Sign-ups to Healthy Start, benefits, children’s services, Welfare Rights
 - Charities
 - Community groups
 - Unions
- 2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?**
Both (R&M and low income)
- Maximise employees access to stop smoking support.
 - Tailored messaging to appeal to different audiences e.g., to save money and lessen sick days taken for workers who smoke vs. different messaging to appeal to businesses/employers e.g., cost of smoking breaks, sickness, impact on productivity for business.
 - Different messages for different groups e.g., receptionist v trades people – both classed as R&M workers but will need a different approach and messaging as they have different needs/experiences.
 - Using focus groups to understand how we can push the right buttons e.g., what do people get out of quitting? Find out and build on this as a way to appeal to smokers.
 - Using data e.g., to visualise the costs e.g., ASH Ready Reckoner for cost to businesses.
 - Barriers – how can we break them down? Speak to the target audience and learn from them.
- 3. How do we better target high prevalence groups as a system?**
- Through services they access and employers they work for.
 - Go to these groups of people and where they are to understand them and their experience/environment better.
 - Provide support in a way that works for them.
- 4. What innovation can we employ with this funding, e.g. communication, awareness raising, marketing, social movement, where to get help.**
- Different messages for different groups e.g., receptionist v trades people
 - Comms cannot be a one size fits all.
- 5. What can you and your organisation do to engage this group in smoking cessation?**
- Employment and Skills – use the networks and access to businesses they have to raise profile on issue as well as provide information on support.

	<ul style="list-style-type: none"> - Look to build questions on smoking and signposting into assessments within Employment and Skills service. - Ensure Health Visitors are asking about smoking and are aware of the stop smoking support available. <p>6. Which innovative approaches can we use the funding for?</p> <ul style="list-style-type: none"> - Developing targeted comms for high priority groups, and even groups within those high priority groups - Understanding needs and ways to access services is different for different people e.g., people may access a foodbank/food pantry regularly – this may be a better way to engage with them than expecting them to come to an appointment especially if they do not have funds to travel to the appointment due to complex lives/financial insecurity.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Social Housing (Beth& Carol)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 54</p>	<p>1. Which organisations work with this high priority group that could help engage smokers?</p> <ul style="list-style-type: none"> o Social landlords / different work. o Support groups e.g. Bridges, CGL, Domestic abuse. o Social care adults and children’s. o Debt team / Citizens advice / Welfare Rights. o Fire service. o Social housing maintenance teams. <p>2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?</p> <ul style="list-style-type: none"> o Making every contact count – link to all e.g. Fire services. o Carrot rather than a stick. <p>3. How do we better target high prevalence groups as a system?</p> <ul style="list-style-type: none"> o Care leavers / corporate parent strategy. o Links to social housing. o Look at long term dependency. <p>How to engage?</p> <ul style="list-style-type: none"> o Think about messages around financial gain – visual. o Stop smoking wheel. <p>4. Which innovative approaches can we use the funding for?</p> <ul style="list-style-type: none"> • Use groups – parent focus groups, asking if social focus groups. • Family hubs – parent carer groups. • Co-production – ask.

	<ul style="list-style-type: none"> • Link with staff who work with social housing e.g. health visitors. • Link about private rented, housing standards. • Look at distribution lists for council tax, annual bins correspondence, voting (communication to every property in Tameside. • Use community champion. • BME groups – use where they access. <ul style="list-style-type: none"> - Barbers / hairdressers / nail salons - Mosque - Bookies - Pubs • Lived experience. <ul style="list-style-type: none"> - Case studies. - Visuals. - Video / in person champion. - Made by Mortals (videos, innovative projects recording lived experience https://www.madebymortals.org/)
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> P 55 BAME Communities (Habee and Sophie) </p>	<ol style="list-style-type: none"> 1. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)? <ul style="list-style-type: none"> - Professional awareness around identity/how to ask. - Shifting narrative use – needs to address different forms (understand the need) – needs to address different forms of use shisha, chewing tobacco – not always cigarettes. - How do we stop shift workers – working with licencing/trading standards – shisha use in homes (shishas are available to rent) - Further education on risk needed. - More of information needed on vapes - lack of nicotine (also not just flavours) – what’s harmful in it - Strong community voices and building capacity. - Eastern European communications, how do we engage with this group. - Link into all communications groups for health champions - Communications champions lead peer-peer support and lead.
<p> LGBTQ+ (Debbie & Lisa) </p>	<ol style="list-style-type: none"> 1. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)? &

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page</p>	<p>2. How do we better target high prevalence groups as a system?</p> <ul style="list-style-type: none"> - Mental health support needs to be embedded into stopping smoking support although available in an area the disjointed nature of mental health support when stopping smoking leads to failed attempts as stopping smoking is a generalised to lower-level mental health clients with higher mental health needs which are prevalent in this community due to the increased stigma require a more in-depth specific knowledge of their needs. - Prev poor experience of health care services leads to distrust and resentment of healthcare services - Knowledge of LGBT wants and needs from the healthcare profession = training - LGBT Youth Group - More Info sessions to capture views and understanding of needs. - Link to GM wide as out Tameside LGBT community socialise on a more GM footprint put messaging and resources into GM level to make our offer heard/link to GM wide to learn from our colleagues/provide support at a GM level irrespective of boundaries. <p>3. What innovation can we employ with this funding, e.g. communication, awareness raising, marketing, social movement, where to get help.</p> <ul style="list-style-type: none"> - Education regards mental health symptoms to dispel & myth bust e.g., withdrawal from nicotine can mimic anxiety appropriate medication for withdrawal so NRT will alleviate side-effects etc.
	<p>2. Which organisations work with this high priority group that could help engage smokers?</p> <ul style="list-style-type: none"> - Infinity Initiatives, Anthony Seddon, Tameside General Hospital, Mind, The Big Life Group, food banks, Be Well Tameside, CGL. <p>2. How can we maximise the engagement of high prevalence groups and encourage access to quit support (including the GM-funded access to stop smoking app for self-quit)?</p> <p>'No wrong door', providing staff training across different organisations, so smokers will feel welcomed and open to quitting. Having enough staff capacity to support smokers.</p> <ul style="list-style-type: none"> - Less of a 'preaching approach'. - Looking at the causes of smoking – past traumatic events that could be a cause. - Building trust between the patient and staff – more staff training - Holistic and person-centred approach as hospital can often deter people. - Offering nicotine patches on smokers first visit to a stop smoking service. - Considering the use of language, words like 'clinic' and 'charity' can deter smokers as they can feel like a burden, or they feel too prideful to receive support. <p>3. Which innovative approaches can we use the funding for?</p>

Mental III Health
(Liz Eunice)

- | | |
|--|--|
| | <ul style="list-style-type: none"> - Breaking habits, encouraging more greenspaces and smokefree areas to keep smokers busy as they are more likely to smoke. |
|--|--|

OVERALL SUMMARY:

- There are many services, organisations and businesses to engage with and draw upon to include in tobacco control work
- High priority groups all of their own unique experiences and circumstances, therefore communications and specific approaches are required for each – not one size fits all.
- Tobacco/smoking questions should be included across assessments and appointments across various health and wellbeing services, as well as other support services e.g., foodbanks, food pantries as standard
- Organisations involved should appoint a single point of contact and/or senior leader to drive and progress tobacco control work within their organisation
- Recognise contributing factors to residents complex lives which may contribute to smoking
- Training across services to understand how to discuss smoking, signpost/refer on for support and also understand how to approach smoking whilst discussing other factors e.g., mental health and drugs.
- Ensure language we use around smoking is accessible and builds trust with residents – avoid preaching language and terminology that may have stigma and put people off using services e.g., charity and clinic.
- We need to go to where the groups of smokers are to support them to access support, not expect them to come to us – build on co-production with different groups to ensure services work and are accessible to them e.g., young people, people on low income, social housing, BAME
- Need better understanding of nuances e.g., shisha, chewing tobacco and nicotine-free vapes.

Making Healthy Weight Everyone's Business Workshop Engagement Report

On Wednesday 10th January a workshop was held with partners and stakeholders with the following purpose:

- To contribute to the development of the Tameside Healthy Places strategic framework.
- To consider our whole system approach to healthy weight and review the proposed vision and seven pillars for action.
- To explore the Healthy Weight Declaration as a tool to support a whole system approach.

The Healthy Weight workshop discussion was supported by [Food Active](#) and included a presentation from a public health colleague from Doncaster City Council on their compassionate approach to healthy weight.

During the workshop, attendees had the opportunity to input into shaping the healthy places framework and the proposed vision and seven pillars for action as part of the framework. The discussion points from the workshops are documented in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the Healthy Places strategic framework development and healthy weight delivery plan include:

- Appreciation of focus being required on prevention and that long-term benefits will not be realised for several years.
- We need more than 'community engagement' around this issue. It will require true co-production, community enablement and ownership across the system to bring about change.
- Creating a healthy place needs to be considered across all strategic and development management planning policy e.g., safety for being active, spaces enabling activity and planning decisions to consider health more generally.
- The terminology around 'weight' should be considered and taking a more compassionate approach may engage more people in the agenda.
- Role modelling is important. The Council and ICB need to model what good looks like and show what is achievable.
- Engagement with young people is key to influence and empower for their future.
- Wide partner and stakeholder buy-in across borough is required so it is not seen as a council 'instruction'.
- Needs senior leadership buy-in and culture shift to de-normalise unhealthy practices e.g., vending machines, cake sales, treat Fridays as well as a culture shift to an environment that supports healthier behaviours e.g., refill stations, breaks, time to travel between work etc.
- There is an opportunity to look at the food offer in anchor institutions across Tameside e.g., schools, colleges, hospital etc. to ensure they are consistent with a healthy offer and supported by a health promoting environment.

Information collated will be included as part of the development of the delivery plan for the healthy weight workstream.

Next Steps

Further engagement with key stakeholders and partners around the systems working approach and the ambitions for each strand of work is continuing to take place until February 2024.

A comprehensive programme of public consultation on the ambition for each area of work and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

Report author Beth Wolfenden, Head of Public Health Programmes

Beth.wolfenden@tameside.gov.uk

Victoria Hamlett, Public Health Programme Officer

Victoria.hamlett@tameside.gov.uk

Appendix 1

This appendix gives an overview of the discussion in each of the three break out groups. This feedback will also be used to inform the delivery plans for each workstream.

Discussion 1	
Do the vision and pillars for action make sense?	<ul style="list-style-type: none"> • Agree with the vision and pillars for action but the terminology is not accessible. • Needs definitions, aims and mission statements for each for example as system leadership means different things to different people. • Is ‘community engagement’ strong enough – does it need to be ‘community enablement’? • Community engagement and lived experience is necessary.
Is there anything missing? Page 60	<ul style="list-style-type: none"> • Need definitions, aims and mission statements (identified above) • Need to identify system leaders and ensure their commitment. • Need a system-flowchart to demonstrate leaders from across Tameside and how they align to vision and pillars. • Need accountability and timescales outlined • Need education leaders involved. • Connectivity from leaders across the system • Engagement with schools and education • Realistic expectations and understanding that prevention takes time and long-term benefits will take time to be realised. • Need to tip the scales within Planning to be in favour of ‘health’ as a priority to take into consideration and for geographical placing of public amenities. • Planning to consider safe spaces for people to be active alone. • Ownership – co-production and empowerment alone is not enough; ownership will drive the change. • Need to build from within to co-produce with communities. • A health promoting environment is missing that is a combination of whole systems approach and place based. • Recognition of realistic challenges residents face day to day e.g., affordability of healthy food, time pressure to cook healthy food, meal planning, cost of physical activity etc.
Are there any barriers to achieving the vision?	<ul style="list-style-type: none"> • Directory of support is needed for residents, professionals, and volunteers to support access to all pillars and the vision. • Some towns/areas in Tameside do not have trust in local authority which will make engagement a challenge. • Communications package to deliver the messages required that work towards the vision and all pillars and targeted comms/messaging for different communities and groups within Tameside. • Focus on inequalities. • Compassionate approach

	<ul style="list-style-type: none"> • Accessibility in certain areas e.g., Hattersley is a barrier for residents. • Developing early habits that support prevention e.g., walking to school, good nutrition – set next generation up for good health – through antenatal, family targeting, CYP alongside appropriate resources. • The guilt around the topic of weight • Power of supermarkets and how the system supports making achieving a health weight harder e.g., convenience, motivation, mental health, social isolation etc. • Young people and young girls reducing engagement in exercise. • Ways to get information out to schools and families without relying on asking more of teachers and other staff. • Internal policies – do they enable people to work in a ‘healthy place’ are they health promoting spaces?
<p>Are there any opportunities that can be maximised?</p> <p style="text-align: center;">Page 61</p>	<ul style="list-style-type: none"> • Need to be aware of various schemes and accreditation to work towards within Tameside – this can help achieve senior buy in and interest which will filter down to it being put into action. • Use learning from other organisations/ services/projects. • Use resources we already have for community engagement. • Understand existing networks and community leaders across the sector and community in Tameside to support involvement and delivery. • Understand the voices of influence across Tameside – community groups alone are not enough. • Community champions from various initiatives to be brought together better to be cohesive. • Roll out healthy environments across Tameside for the life course with ways to enable e.g., mapped out walking routes and visual aids, school food awards. • Build small changes into everyday habits. • Use data to identify families and households that are most vulnerable and where support would be beneficial. • Build upon existing campaigns e.g., Tameside Loves Reading > Tameside Loves Wellness and This Girl Can and GM Moving

OVERALL SUMMARY:

- Need definitions of the pillars for understanding and buy-in across the system.
- Appreciation of prevention and long-term benefits will not be an instant result.
- Need more than ‘community engagement’ – needs co-production, community enablement and ownership across the system to bring about change.
- Creating a healthy place needs to be considered across all planning e.g., safety for being active, spaces enabling activity, planning decisions to consider health more generally.
- Build on existing campaigns, schemes, and awards e.g., This Girl Can, GM Moving, Green Flag Scheme and White Ribbon etc.

Discussion 2	
<p>What could the Healthy Weight Declaration look like in Tameside?</p> <ul style="list-style-type: none"> • Could this be a joint declaration across the Integrated Care System or would it be TMBC with partner pledges? • Who should take ownership/leadership of this? • How do we engage the public in the sign up and delivery <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 62</p>	<ul style="list-style-type: none"> • Named ‘healthy places’ not healthy weight. • Tameside to develop a HWD (Healthy Place Declaration) that is localised to our own needs and developed with the community. • Potentially not use terms ‘declarations’ or ‘pledge’ as this could be misleading and set unrealistic expectations e.g., use commitment instead • TMBC to lead by example for other big employers – get out own house in order first. • Neutral terminology is needed – avoid ‘weight’. • Policy to phase out unhealthy advertising within Tameside. • Need to consider and capture commercial determinants of health within • Tameside’s declaration would need to understand how this translates to benefit them. • Co-production on developing the declaration/commitment to get community buy-in • Need a bespoke and local to Tameside declaration. • Needs to define who the declaration is for and what this means for Tameside – does it cover ICFT? Colleges? Is it something Tameside partners can sign up to and work towards as a collective? • Needs buy-in from businesses etc. across Tameside for them to push the messages through their avenues not TMBC trying to drive all the change. • Engage with young people – they want to be involved and this brings about empowerment and change. • Tameside-wide campaigns that draw on aspects of the ‘commitment’ e.g., Tameside walks to... Tameside eats... etc. • Learn from smokefree work and de-normalising and challenging unhealthy behaviour
<p>What do we already do that contributes to the commitments?</p>	<ul style="list-style-type: none"> • There is a range of project that could be brought under this umbrella of work. • Recipes to reduce food waste and recipe cards on food boxes and meals. • Support vulnerable residents in temporary accommodation with cooking equipment (slow cooker project – this is resource limited though) • HAF • Increasing knowledge of cooking using fresh ingredients – but this is not always put into action
<p>What might the challenges be in implementing the Healthy Weight Declaration that we need to overcome as a system?</p> <ul style="list-style-type: none"> • Acknowledge that delivering on some of the commitments will 	<ul style="list-style-type: none"> • Consideration that people’s experience of weight and discussions on weight have been negative. • Legislation to support reduction/limit on number of unhealthy food outlet in an area • Government legislation can negatively impact economy income/drive. • Engagement with young people is typically a challenge – need to consider ways to engage with this age group. • ‘Healthy weight’ declaration doesn’t fit in with compassionate approach/stigma reduction.

<p>Page 63</p>	<p>take difficult conversations and difficult decision particularly considering the financial situation across the system and in communities.</p> <ul style="list-style-type: none"> • How can we work smarter together? • How can we make every contact count? 	<ul style="list-style-type: none"> • Using the word ‘weight’ can lose interest and engagement – when public facing engagement takes place ‘weight’ should be avoided. • Financial restraints and impact on resources • Food and drink industries/businesses • Building and securing ownership with organisations • Sliding scale of sphere of influence • Council/health pushing the agenda may not work. • Physical activity in education is reducing during a time when engagement is likely to drop off. • Food in schools, hospital and other large settings and employers are not healthy and don’t set a good example. • Free School Meals need to be reviewed and are not consistent – this can be the only opportunity for some CYP to have a healthy and balanced meal. • Access to activities and places that enable activities e.g., areas don’t feel safe of well-lit or access/transport to activities can prevent engagement. • Needs to change mindset of food being a ‘treat’ – needs system leadership to make the change around ‘Friday treats’, cake sales etc. • Leaders need to prioritise health of residents and workers – needs a cultural shift to support the worker etc. around breaks, mindfulness, having access to health promoting things e.g., refill stations, refillable water bottles, • Policy around freebies of unhealthy food • Support is needed for residents in temporary accommodation and accessing foodbanks who have limited cooking facilities. • Financial barriers/unease around losing money from vending machines etc. need to understand what other options could replace unhealthy options without worry of loss of income. • Number of takeaways needs limiting – how do we do this.
----------------	---	--

OVERALL SUMMARY:

- The terminology needs to be reconsidered. ‘weight’ can disengage with people and has negative stigma as well as the term ‘declaration’ does not feed appropriate – potentially ‘commitments’ instead e.g., Healthy Places Declaration. Neutral terminology is key.
- TMBC could develop a HP Declaration to start with and set an example for others – we need to get our own house to show what is achievable. Also needs to be localised for Tameside’s needs.
- Engagement with young people to influence and empower for their future.
- Needs buy-in across borough and not seen as a council instruction.
- Needs senior leadership buy-in and culture shift to de-normalise unhealthy practices e.g., vending machines, cake sales, treat Fridays as well as a culture shift to an environment that supports healthier behaviours e.g., refill stations, breaks, time to travel between work etc.

- There is already some work going on that works towards the commitments e.g., around food poverty, supporting vulnerable residents etc. but this is time and resource limited and not guaranteed.
- Food offer in places across Tameside e.g., schools, FSM, college, hospital etc. is not consistent or healthy nor health promoting environments.
- Systems, policies and procedures in place to limit number of unhealthy takeaways opening up – could there be criteria?

Tameside Food Network Event Engagement Report

On Thursday 25th January 2024 a workshop was held with the Tameside Food Network with the following purpose:

- Identify opportunities, avenues and channels the online Healthy Places survey can be shared and promoted via
- Review the 2018/19 Food Consultation results and understand if they are still relevant.
- To identify priorities and goals against the six Tameside Food Partnership objectives to feed into the Food Strategy and Action Plans.

During the event, the network members had the opportunity to be consulted on and have input into the Food Strategy for Tameside and shape the Action Plans that will sit against the Food Strategy. The discussions during the event are in appendix 1 at the end of this report.

Key messages from the discussions for consideration in the development of the Tameside Food Strategy and Action Plans include:

- There is an opportunity to review the school food offer and explore procurement/contracts and ensure social value.
- There is appetite for cooking classes across the life-course to support people around making food but also where to shop more sustainably.
- Need to focus on prevention and maximising income of residents to reduce the risk of food insecurity.
- Community food growing should be in more accessible spaces e.g., parks, school fields, grass verges in residential spaces.
- Look to engage with businesses to encourage and support them to provide healthier food option.
- Need to flip the switch on advertisements in Tameside from unhealthy to healthy and future-proof Tameside against unhealthy food/drink promotion.
- The 2018/19 results are relevant but need building on further since COVID and cost of living may have increased demand for services and reduced income and complexities of needs with residents. Future considerations since 2018/19 consultation:
 - Look at upskilling other frontline services across Tameside to allow services to support residents to maximise their income and access other support.
 - Need to focus on energy and the link between food poverty – teach residents about low-cost cooking equipment etc.
 - Need to push social value and responsibility with businesses to support services who deal with residents e.g., food donations from business.
 - Goals: SFP Bronze Award, involvement with social housing and local businesses within Tameside Food Partnership

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the Tameside Food Strategy and supporting action plan.

Next Steps

A comprehensive programme of public consultation on the ambition for creating a healthier and more sustainable approach to food in Tameside and what the people, partners and services in Tameside would like to see as part of the Action Plans will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

Report authors Beth Wolfenden, Head of Public Health Programmes

Beth.wolfenden@tameside.gov.uk

Victoria Hamlett, Public Health Programme Officer

Victoria.hamlett@tameside.gov.uk

Appendix 1 – Tameside Food Network Event Discussions Write Up from 25th January 2024.

Tameside Healthy Places: Tameside Food Network

Thursday 25th January 2024

Places where the Healthy Places Online survey could be promoted:

- Childrens’ newsletters (schools and academies, Family Hubs), Stalybridge neighbourhood group – **CNT**
- Promoting via Tameside IFT Facebook page – **CNT**
- Promoting via GP surgeries, PCN, sending patients the link to survey via text messages – **Chiit Chaat Indian Street food**
- Housing associations – **CNT**
- Information ambassadors – **Maddy Zygmunt, TMBC**
- Face to face engagement – **Claire Phelan, Be Well**
- In waiting rooms – using QR codes – **Janine Yates, TMBC**
- Leisure centres – **Ayesha Roberts, Be Well**
- Dentists – **Chiit Chaat Indian Street Food**
- Care centres – **Nicola Carter, TMBC**
- Churches and other faith centres – **Operation Farm**
- Target groups
- Tameside correspondents or Tameside reports – **Maddy Zygmunt, TMBC**
- Going to places where residents may not complete the survey – **Janine Yates, TMBC**

The above suggestions have all been captured and included within the Community Engagement Healthy Places Strategic Framework.

Page 67

OBJECTIVE 1
<ul style="list-style-type: none"> • Food provided in Tameside schools do not meet the school standards. CNT are only able to review Tameside schools’ food offer when the school invites them – not as mandatory checks. • Local Authority schools should be following LA policies on healthy food provided to avoid providing unhealthy options. • School food needs reviewing to ensure the consistently are providing healthy options that meet the government standards set on school food. • We need to be mindful of how we approach schools and have these conversations due to extra pressures the education system is under e.g., budgets, high level of complex needs they are dealing with etc. • Advertisements are ways for making money – how can advertisements adapted to promote healthier/more sustainable options.
OBJECTIVE 1 & 2

- Nutrition support in food parcels to equip residents with knowledge of what they can make and put good food to use and reduce food waste.

OBJECTIVE 1 & 3

- Appetite for increasing knowledge through education and demonstrations for food and cooking within open venues particularly around locally produced/procured foods e.g., from local greengrocers.
- Healthier eating education for people living in social housing.
- How can community food growing be embedded across community and easily accessible spaces e.g., school playing fields, parks, allotments, grass verges in community/housing spaces etc.
- Embed food growing within the curriculum in Tameside.
- Link in with MERKY (Manchester) Debdale Park

OBJECTIVE 1 & 4

- Awards to businesses on offering healthier and more sustainable food – can TMBC promote certain business that align to TFP objectives?
- Review and reestablish Healthy Catering Award.
- Encouraging businesses to offer the option for residents to ‘buy less’ and ‘leave behind’ remaining food for others to also buy to reduce resident food waste.
- Markets to provide healthier and more diverse food options.
- There are less healthier food options available by delivery etc. in Tameside than Manchester for example.
- Ashton Market Plan to include healthier food.
- Link in with employment and skills to access businesses around healthier options within the workplace.

OBJECTIVE 1 & 5

- Need to develop relationships with schools and the catering providers within schools to improve school offer and understand contracts/procurement of school food.
- Reviewing school contracts on school foods and meals will take a long time and needs to be a long-term goal.
- How do local schools procure their school foods – do they not go through STAR procurement with them being part of TMBC. There is a social value element that schools should be considering.
- School food system needs reviewing and improving in Tameside

OVERALL SUMMARY:

- School food offer is not appropriate and does not provide children with opportunity to access healthy or sustainable food.
- Need to explore school food offer and link in with procurement/STAR and social value regarding procuring healthy and sustainable options – boost access to healthy food and boost local economy.
- Need to flip the switch on advertisements in Tameside from unhealthy to healthy – learn from FoodActive e.g., future-proof Tameside against unhealthy food/drink promotion.

- Support to vulnerable residents around increasing food knowledge e.g., what they can make with items in their food parcels.
- There is appetite for cooking classes across the life-course to support people around making food but also where to shop more sustainably.
- Community food growing to be in more accessible spaces e.g., parks, school fields, grass verges in residential spaces.
- Look to engage with businesses to encourage and support them to provide healthier food option e.g., through council promotion, support around promotion, advertising and Healthy Catering Award etc.

OBJECTIVE 2

- Income maximisation
- Access to support and benefits and debt advice
- Accessible advice across Tameside
- Sustainable food pantries
- Practice prevention – before making a referral to a foodbank, what avenues can be explored to get support in place?
- FareShare – supports pantries but needs pantry-level funding?

OVERALL SUMMARY:

- Need to focus on maximising income of residents e.g., through supporting them to access support they were not aware of
- Prevention needs to be a focus around food poverty – support people to access the right support to reduce food poverty levels and reduce demand on emergency services

Page 69

OBJECTIVE 3

- Physical and online spaces for residents to engage in increasing their food knowledge and education.
- Cooking courses are needed.
- Development of vocational courses re. lifestyle for finance, healthy eating and developing people’s life-skills from across the life course.
- Look to make use of common and unused greenspaces to make it accessible to residents e.g., an allotment within the space of parkrun.

OVERALL SUMMARY:

- Cooking sessions within the community either online or in person and to be offered across the life-course.
- We need to focus on lifestyles holistically to support people e.g., finances have an impact on healthy eating

Are 2018/19 Food Consultation Results still valid?

- Food poverty is still an issue and relevant – there’s been an increase in foodbanks and food pantries but was that due to increased demand?
- Increased access to food pantries is good but some residents in need will not have funds to purchase from a food pantry.
- Foodbanks typically have a limit on their usage as they are for emergency food provision, but many will exceed the limit and visit more regularly.
- Donations to foodbanks and FareShare etc. are less than before as people have less money available themselves to purchase items to donate.
- Donations to foodbanks etc. from businesses – where is the social value and social responsibility around this?
- Allotments – the desire is still there for some.
- Learn from Derbyshire with uniformed approach to reusable containers.
- Increasing awareness of support available to residents to take a preventative approach to reduce need of emergency services later on e.g., welfare rights support.
- Volunteers from across various services in Tameside to be trained up by Welfare Rights etc. to be able to deal with issues with residents that come to their service to keep support in one place and continuity of support.
- Recognising the link between food and energy can reduce ability to eat healthily and sustainable e.g., making the link between slow cookers and the variety of meals people can make at a low cost.
- Local businesses to be brought in around social responsibility to support cooking skills in Tameside.

What would make a difference in Tameside, what are the goals?

- Stakeholders coming together – lack of business involvement; look at other bronze awards – involvement of social housing, supermarkets, local businesses, see more coordination between council, local links
- Communication, sharing, collaboration.

**Tameside Metropolitan Borough Council
Equality Impact Assessment (EIA) Form**

Subject / Title	Tameside Healthy Places Strategic Framework	
Team	Department	Directorate
Public Health	Public Health	Public Health
Start Date	Completion Date	
December 2023	February 2024	
Project Lead Officer	Beth Wolfenden	
Contract / Commissioning Manager	N/A	
Assistant Director/ Director	James Mallion	
EIA Group (lead contact first)	Job title	Service
Beth Wolfenden	Head of Public Health Programmes	Public Health
James Mallion	Assistant Director of Public Health	Public Health
Annette Turner	Public Health Programme Manager	Public Health
Victoria Hamlett	Public Health Programme Officer	Public Health

PART 1 – INITIAL SCREENING

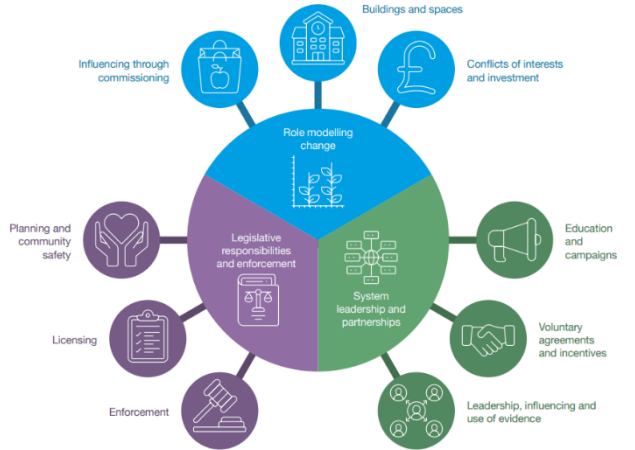
An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups
- prioritise if and when a full EIA should be completed
- explain and record the reasons why it is deemed a full EIA is not required

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	What is the project, proposal or service / contract change?	<p>The EIA is being undertaken to prevent the strategic framework from adversely affecting people with different protected characteristics or at known disadvantage. The template will identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.</p> <p>The Healthy Places strategic framework sets out the overarching ambition, mission and strategic objectives from the priority areas of food, healthy weight, physical activity and tobacco control across Tameside from 2023 to 2028. It also sets out the overarching framework for action at a population level as a tool for partners and stakeholders to review their existing approaches to improving residents' health and wellbeing in the borough.</p>
------------	--	---

<p>1b.</p> <p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The strategic framework will reflect the approach of the recently adopted Health and Wellbeing Strategy by taking a life course, place based, whole system approach to make health everybody's business. The framework is also designed to support delivery local action plans and frameworks relating to tobacco control, food, physical activity, and healthy weight.</p> <p>The ambition of the strategic framework:</p> <p><i>'We will work together to provide the encouragement, opportunity, and environment for everyone in Tameside to lead active, healthy and fulfilling lives. Through collaboration and innovation across the whole system, we will work to build back, fairer, stronger together, to deliver a healthy Tameside for everyone.'</i></p> <p>The 'Tameside Healthy Places' strategic framework for action identifies nine discrete mechanisms across three domains which can be used to deliver a healthy place through population-level actions. This is a tool to help partners and stakeholder to review their existing approaches and identify additional opportunities to improve the health of Tameside residents. The framework is not prescriptive or all encompassing, and there may be wider mechanisms not captured in the framework that may also be included in the supporting plans.</p>  <p>There are two cross cutting themes / objectives throughout this strategy which are tackling inequalities and being evidence, data and insight led.</p> <p>There are four key priority areas of food, physical activity, healthy weight and tobacco control, each with their own strategic objectives that will have supporting delivery plans covered by separate EIAs.</p>
---	---

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Age		X		This strategic framework is inclusive of all ages and takes a life course approach. There is a

				focus on all age responses and approaches as well such as improving neighbourhoods to promote health for all ages.
Disability		<u>x</u>		This strategic framework is inclusive of those living with a disability and the accompanying delivery plans for food, physical activity, healthy weight and tobacco control will set out priorities to support inclusivity e.g. making greenspace accessible to all.
Ethnicity		<u>x</u>		People from ethnic minority communities in Tameside face additional barriers and inequalities in health outcomes – this framework sets out priorities to tackle this such as ensuring the views of our ethnic minority communities are sought in the consultation, and that different food cultures are recognised and celebrated.
Sex		<u>x</u>		Evidence put forward in this strategy outlines the inequalities in health outcomes experienced by women in Tameside, with females aged 65 in Tameside having the worst life expectancy in the country. This framework will be aware of gender differences e.g. caring responsibilities and how that impacts on the ability to earn income, afford healthy food or access services such as to stop smoking.
Religion or Belief			<u>x</u>	The priorities outlined in this framework apply to all residents in the borough and present equal opportunity to support regardless of religion or belief.
Sexual Orientation			<u>x</u>	The priorities outlined in this framework apply to all residents in the borough and present equal opportunity to support regardless of sexual orientation.
Gender Reassignment			<u>x</u>	The priorities outlined in this framework apply to all residents in the borough and present equal opportunity to support regardless of gender reassignment.
Pregnancy & Maternity		<u>x</u>		Some of the priorities outlined in this framework refer to improving support for pregnant women and maternity care. This includes a focus on supporting breastfeeding, tackling smoking in pregnancy to improve outcomes for mothers and babies. It also includes increasing accessibility for walking, which includes those pushing prams being able to access traffic free routes.
Marriage & Civil Partnership			<u>x</u>	The priorities outlined in this framework apply to all residents in the borough and present equal opportunity to support regardless of marriage or civil partnership.
Other protected groups determined locally by Tameside Metropolitan Borough Council?				
Group (please state)	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
Mental		<u>x</u>		This framework recognises the existing

Health				inequalities in mental health and wellbeing across the community and sets out specific objectives to improve this through increasing opportunities for physical activity. Regular physical activity is a both a preventative measure and a means of recovery for mental health conditions. Mental health is a cross cutting theme in this strategy including tackling inequalities experienced by those living in areas of high deprivation.
Carers		<u>x</u>		Carers have been identified and recognised in a range of evidence as requiring support to have equitable access to opportunities for movement and activity. In particular young carers have less opportunity to participate in traditional sports and clubs. Working with clubs to create inclusive policies is a feature of this strategy.
Military Veterans			<u>x</u>	The priorities outlined in this framework apply to all residents in the borough and present equal opportunity to support regardless of being military veterans.
Breast Feeding		<u>x</u>		Some of the priorities outlined in this framework refer to improving support for breastfeeding women. This will be driven through the food partnership action plan to support the best start in life ambition.
Cared-for Children		<u>x</u>		The best start for children will be threaded through numerous priorities outlined within this framework which could indirectly impact cared-for children. By working to develop an environment that supports children to grow up in a healthy place e.g., through de-normalising unhealthy environments and behaviours.
Care Leavers		<u>x</u>		Priorities outlined in the framework will indirectly impact care leavers in Tameside. Priorities will focus on developing an environment that supports young people to transition into adulthood in a borough where exposure to health harms are reduced and health is promoted e.g., smokefree spaces, healthy and sustainable cooking knowledge and skills.
Low or no income groups		<u>x</u>		Health outcomes are poorer for those on a lower income or no income. Priorities within this framework will be informed by data and local intelligence to target support to those in more deprived areas or in greater need to tackle health and social inequalities.
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (e.g. vulnerable residents, isolated residents, those who are homeless)				
Group (please state)	Direct Impact / Relevance	Indirect Impact / Relevance	Little / No Impact / Relevance	Explanation
People living with		<u>x</u>		This strategy takes a whole systems approach and a key theme throughout will be on

long term chronic health conditions				prevention, meaning the priorities and actions will support people to live well, target high risk groups to reduce health harms and health inequalities and detect illness earlier such as long-term conditions.
Children with Special Educational Needs and Disabilities				People with disabilities are more likely to experience health inequalities and health harms therefore priorities outlined in the strategy will work towards supporting children with special educational needs and disabilities, by working to create a borough that provides greater opportunities for children and young people with SEND to access healthy places and prevent exposure to health harms as they develop and grow.
Young People not in Education Employment or Training				The best start for children and young people is threaded through this strategy, through focusing on creating a borough where young people are supported by the environment around them, to be supported to access education or obtain good employment, that will set them up for adult life.

Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	This is a wide-ranging strategic framework which applies to all people and all geographies in the borough and does have indirect impacts on a range of protected characteristics as outlined above.	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

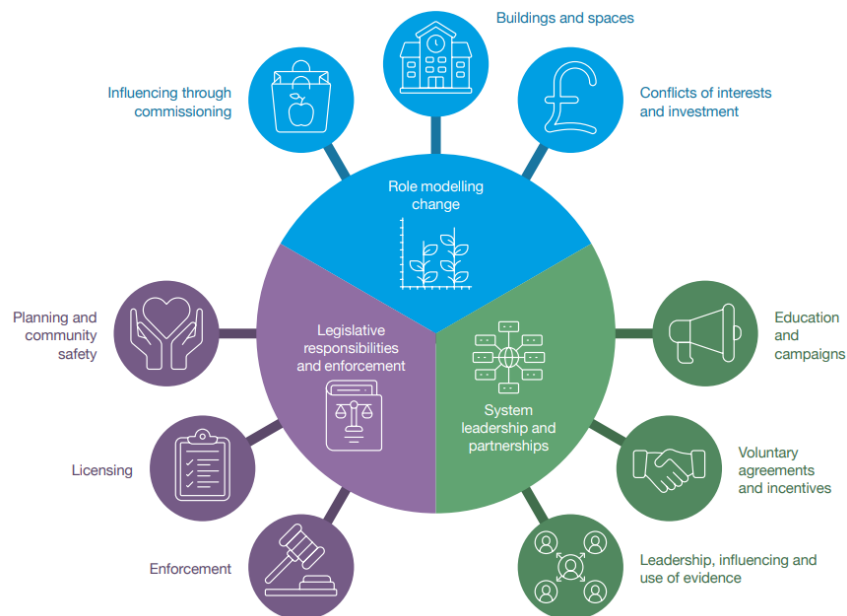
2a. Summary
<p>The EIA is being undertaken to prevent the strategic framework from adversely affecting people with different protected characteristics or at known disadvantage. The template will identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.</p> <p>This EIA has been undertaken due to the broad nature of the Tameside Healthy Places strategic framework (2024-2028). This is a strategic overview of the framework for action and the visions and objectives of the identified areas for focus. The strategic framework and supporting delivery plans have relevance across all of the health and care sector and public system, as it is the plan of all partners and members of the health and wellbeing board. Therefore, this plan impacts on all residents in Tameside and as outlined, the specific priorities and objectives have relevance for a number of protected characteristics and groups within Tameside. This is expected as the nature</p>

of the plan is to aim to improve the health and wellbeing of residents in Tameside through a whole system approach, and therefore certain groups are targeted in terms of specific ambitions for improvements and better support. The intention is that the work which falls out from this strategy and the objectives set will reduce the health inequalities that are faced by people in Tameside and make many improvements of their lives including and particularly those with some of the protected characteristics identified.

The proposals and key points for this strategic framework are set out to achieve the following ambition:

‘We will work together to provide the encouragement, opportunity, and environment for everyone in Tameside to lead active, healthy and fulfilling lives. Through collaboration and innovation across the whole system, we will work to build back, fairer, stronger together, to deliver a healthy Tameside for everyone.’

This will be achieved via a strategic framework for action through nine discrete mechanisms across three domains which can be used to deliver a healthy place through population-level actions. They are as follows:



There are 4 areas of initial focus for action:

Areas of focus:

- Whole system approach to healthy weight
- Food and nutrition
- Physical activity
- Tobacco control

This EIA has identified indirect impacts from the Tameside Healthy Places strategic framework for a range of protected characteristics (age; disability; ethnicity; sex and pregnancy & maternity). It has also identified some of the protected groups determined locally in Tameside which are indirectly affected including people with mental health issues; carers; people who are breastfeeding; cared for children; care leavers; and people in low or no income groups. Finally some additional groups have been identified who will be affected by the priorities and objectives set out in this strategy including those living with long term chronic health conditions; Children with Special Educational Needs and Disabilities; and Young People not in Education Employment or Training.

For all of the groups identified above which are affected by this strategic framework, the intention is that there will be positive impacts for these protected groups due to the nature of the priorities

and objectives set out in the framework. For each of the 4 areas of focus, a set of key objectives has been outlined which commit the Tameside Health & Wellbeing Board to delivering on these ambitions and making improvements in order to improve health and wellbeing and the support on offer, particularly for some of the protected groups identified.

In terms of ongoing monitoring, accountability and assurance that these priorities are being followed up and improvements are made, the intention is that an action plan will be developed to sit under this strategic framework and delivery plans for each of the areas of focus. These action plans and progress will be regularly held to account via existing governance at the Health and Wellbeing Board which meets in public regularly. There will also be monitoring and evaluation framework developed, with a range of indicators to measure progress to ensure that improvements are made. These include direct measurement of protected groups including the rate of child obesity; rate of breastfeeding initiation; improving falls rates and reducing smoking amongst high-risk groups e.g. those in no- or low-income groups.

2b. Issues to Consider

When looking at the protected characteristic groups affected by this strategic framework, a number of issues have been taken into consideration when setting the vision and strategic objectives for action area of action (it should be noted that the impact of this strategic framework on protected characteristic groups are overwhelmingly positive and aim to tackle the inequalities these groups face):

Age – The Healthy Places Framework aims to create healthy environments and neighbourhoods for all ages, throughout the life course. While parts of the framework will focus on particular age groups, the priority will be to targeted changes for areas with the greatest health inequalities. There is a focus on all age responses and approaches as well such as improving all age mental health and wellbeing. We know that residents need different things from their environments depending on their age and abilities; for example, parents of young children need access to health services, community services and childcare, whereas older people may need support with travel to access services, or advice about support for care.

Disability – This strategic framework is inclusive of those living with a disability and sets out priorities to support residents, particularly children and young people and adults with learning disabilities and helping those with disabilities get into employment.

Ethnicity – People from ethnic minority communities in Tameside face additional barriers and inequalities in health outcomes – this strategic framework is informed by insight from the 2022 Ageing Well Needs Assessment. Outcomes data for a range of health measures also show that people in ethnic minority communities have poorer outcomes including issues such as cardiovascular disease, diabetes and uptake of primary care (including immunisations). This strategic framework highlights these issues to drive improvements and to tackle them, reducing the inequalities faced by ethnic minority groups in Tameside. Health outcomes for people from Black, Asian and Minority Ethnic backgrounds have historically tracked lower than white ethnicities, brought to light especially during the COVID pandemic. Language barriers also present barriers to communication

Sex – There are inequalities in health outcomes experienced by women in Tameside, with females aged 65 in Tameside having the worst life expectancy in the country. This strategy aims to tackle these inequalities, such as by ensuring access to affordable healthy food to feed the family and ensuring public spaces are safe for women and children. This will run alongside creating healthy places for both men and women. There remain other issues where men have increased risk or worse outcomes in Tameside, however the outliers when comparing to other areas, are predominantly outcomes for women including overall life expectancy (particularly in older age), cardiovascular disease, cancer and alcohol related conditions. Creating healthy environments will contribute to reducing this inequality that women face in Tameside.

Pregnancy & Maternity – Some of the priorities outlined in this strategic framework refer to

improving support for pregnant women and maternity care. This includes a focus on supporting breastfeeding, tackling smoking in pregnancy and supporting opportunities for physical activity and nutrition advice to improve outcomes for mothers and babies. It includes ensuring equitable opportunities for pregnant women and those with infants to access physical activity in the built environment by aiming to create active travel and leisure routes that are suitably surfaced for prams, and free from excessive or unnecessary barriers and gates, or temporary obstructions such as pavement parking and bins. These are all areas where people in Tameside experience inequalities, particularly for people living in more deprived areas. They are also issues which have a substantial impact across the life course both for the mothers and their babies, therefore a focus on this will result in improved outcomes in the long term (preventative).

This also applies to the protected groups as identified locally in Tameside:

People with mental health issues – People with mental health issues – This strategic framework recognises the existing inequalities in mental health and wellbeing across the community and sets out specific objectives to improve this. There is also substantial evidence that some groups affected by mental health issues face inequalities such as those living with severe mental illness and learning disabilities & autism.

People who are breastfeeding – Some of the priorities outlined in this strategic framework refer to improving support for breastfeeding women as part of the ‘best start for every child’ area of focus. This is a priority due to the strong evidence of improved health outcomes for those who are breastfed throughout their lives, hence this is an important, preventative aspect of ‘best start for every child’ – there are also existing inequalities in breastfeeding initiation with people from more deprived areas less likely to have been breastfed, therefore this strategy ensures a focus on this issue and tackling this inequality. There is also evidence of the benefits to mental health and wellbeing both for the mother and baby (in the long term) from breastfeeding. Healthy places must incorporate appropriate places for women to feel comfortable breastfeeding both indoors and outdoors. When ensuring breastfeeding mothers can access equitable opportunities to be active in greenspace, this includes appropriate places to pause and feed a baby out of the home.

Cared for children – Evidence indicates that cared for children have poorer health and social outcomes such as poor physical health which can disrupt their lives and worsen into adulthood if cared for children and young people are not provided with the right support for their needs. The support outlined in the strategy will apply to cared for children, particularly in relation to giving every child the best start with priorities focusing on creating an environment that reduces exposure to health harms and normalises healthier behaviours e.g., through smokefree spaces and active travel. Taking a whole systems approach means that partners who support children and young people can empower cared for children to become healthy decision-makers in relation to living a smokefree life, moving more and eating well.

Care leavers – The support outlined in the strategy will apply to care leavers, particularly in relation to giving every child the best start with an objective around young people leading positive lives. There is evidence that demonstrates care leavers are more likely to experience poorer health outcomes such as being overweight and obese due to entering the care system with poor nutritional status and poor mental health that can influence poorer outcomes related to food. NICE evidence review (2021)¹ detailed that promoting healthy lifestyles in looked after children is likely to have a beneficial impact on mental and emotional health as well as reducing risk of obesity and diet-related ill-health. Research also indicates that looked after children are more likely to smoke than the general population of young people, therefore having a whole system approach to healthy places for nutrition, healthy weight, physical activity and smoking through supporting care leavers to transition into adulthood in an environment that supports them to make healthier choices is likely to have a positive impact.

Carers – objectives have been set to improve the system wide understanding of the support needs

¹ [Evidence reviews - October 2021 | Looked-after children and young people | Guidance | NICE](#)

of carers (particularly older people) and how to give better support to these groups, including those who may be living with carers who can be indirectly affected. Evidence of this came out of the 2022 Ageing Well Needs Assessment, which included resident engagement, where these points came across and which further highlighted some of the inequalities that unpaid carers experience, including adverse impacts on their mental health & wellbeing.

People in low or no-income groups – Health outcomes are poorer for those on a lower income or no income. Priorities within this strategic framework will be informed by data and local intelligence to target support to those in more deprived areas or in greater need to tackle health and social inequalities. National evidence demonstrates that those who live in more deprived areas, have a lower level of education and have a working status of unemployed or inactive are more likely to have an unhealthy weight². We also know that smoking disproportionately affects lower income groups. Prevalence is higher within more deprived communities, such as routine and manual workers have higher smoking prevalence (34%) than the general population of smokers in Tameside (20%)³, and that children who live with parents or siblings who smoke are up to three times more likely to become smokers than children of a non-smoking household, which demonstrates the cycle of smoking continuing within generations of deprived communities.

Finally, some additional groups have been identified who will be affected by the priorities and objectives set out in this strategy including:

People living with long term chronic health conditions – This strategic framework takes a whole systems approach and a key theme throughout will be on prevention, meaning the priorities and actions will help people to live well, target high risk groups to reduce health harms and health inequalities and detect illness earlier such as long-term conditions. There are elements of intersectionality for this group, with other inequalities also being barriers and additional risks such as people living in more deprived areas; women; and ethnic minority communities. The strategy drives approaches, which take these inequalities into account and looks to innovative approaches to tackle the barriers that certain groups face. There is also a wide range of evidence of the disproportionate impact of many long-term health issues such as the impact of obesity and smoking. These are highlighted in the recent report on inequalities produced by TMBC Population Health.

Children with Special Educational Needs and Disabilities – People with disabilities are more likely to experience health inequalities and health harms. National data demonstrates that disabled adults are more likely to be overweight or obese than adults who do not have a disability. This validates the importance that the priorities outlined in the strategy work towards supporting children with special educational needs and disabilities, by working to create a borough that provides greater opportunities for children and young people with SEND to access healthy places and prevent exposure to health harms such as overweight and obesity as they develop and grow.

Young People not in Education Employment or Training – The best start for children and young people is threaded through this strategic framework through focusing on creating a borough where young people are supported by the environment around them to be supported to access physical activity, nutritious food, maintain a healthy weight and be tobacco and vape free to set them up for adult life. This group are more likely to experience poverty which is closely linked to overweight and obesity and smoking therefore this emphasises the importance of key services and professionals who support young people are crucial to influencing positive lifestyle choices as well as supporting young people to access education and work.

Consultation and Engagement

Strategic consultation on the Healthy Places Framework against each of the strategic plans took

² [Obesity Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/themes-topics/dataset-1111/obesity-profile)

³ [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/themes-topics/dataset-1111/local-tobacco-control-profiles)

place between November 2023 and January 2024.

The Health and Wellbeing Board Development Session provided the opportunity to engage with Board members on Tameside's proposed whole system approach to food, physical activity and tobacco within the Healthy Places agenda. Key messages from the session were:

- A whole system approach is key to tackle complex health and wellbeing issues
- To ensure there is a focus on poverty as a key driver that affects residents ability to make healthier choices
- Quick wins can be implemented that can have a big impact
- The importance of being guide by data and intelligence to allow for targeted activity
- The key role Board, Board members and their organisations hold in championing the Healthy Places Framework, delivery plans and policies within organisational practice.

The Whole Systems Approach to Healthy Weight Workshop was held with partners to encourage their contribution on the development of the Healthy Places Framework, consider the approach to healthy weight and explore the Healthy Weight Declaration to support Tameside's whole system approach to healthy weight. Key messages were:

- Appreciation is needed that prevention and benefits will not be realised for several years and prevention needs to remain a focus
- More than 'community engagement' is needed – co-production, enablement and ownership will bring about change
- Healthy Places/healthy weight needs to be considered across all strategic and development management for planning policy e.g., street safety to encourage activity
- Terminology around 'weight' needs to be compassionate to encourage engagement on this agenda
- Role modelling is important – council and ICB need to demonstrate what is achievable for other organisations
- Engagement with young people is key and recognise their power and influence
- Wider-partner engagement is needed to avoid declaration being seen as a 'council instruction'
- Senior leadership buy-in is needed to de-normalise unhealthy practices within the workplace
- Food offer within anchor institutions across Tameside should be reviewed to ensure consistency and ensure they are healthy and sustainable e.g., hospital, colleges, schools.

The Tobacco Control Workshop provided the opportunity for key partners from across the system in Tameside to contribute to the development of the tobacco plan within the Healthy Places Framework, by reviewing the current approach and identify opportunities to develop the stop smoking offer with additional government funding for the next five years. Key messages from the workshop were:

- Senior level buy-in is needed across the system to drive the tobacco-free agenda
- Causal roots of starting smoking and tobacco use needs to be understood, alongside how the wider determinants such as poverty and mental health can make it difficult for certain high risk groups to stop smoking
- Pathways into stop smoking support needs to be embedded across the system
- We need to meet smokers 'where they are' and not expect them to 'come to us'
- Ensure community assets are able to deliver brief interventions and signposting for stop smoking support
- Increased visibility of 'Smokefree Tameside' through communications to de-normalise smoking
- Build a network of 'Smokefree Champions' across Tameside to drive change and social movements within Tameside's communities.

The Tameside Active Alliance Workshop allowed for partners to contribute to the development of the physical activity plan within the Healthy Places Framework, by reviewing the strategic objectives and approach to promoting increased physical activity across Tameside. There was

also the opportunity to develop the physical activity offer as part of the Sport England funded Place Partner Work. Key messages from the workshop were:

- Ensure links to the anti-poverty agenda are recognised when considering accessibility to sport and leisure activity.
- Focus on inclusivity when designing physical activity spaces, programmes and interventions
- A sustained and consistent marketing and communications plan is needed on promoting physical activity
- Ensure approach to physical activity is place-based
- Quick wins need to be considered e.g., active travel for shorter journeys
- Recognise the importance of physical activity in ageing well
- Physical activity links to improving mental health benefits the individual, as well as the system
- The Active Alliance is a key driver for change in Tameside.

The Tameside Food Network were consulted on the food strategy as part of the Healthy Places Framework, to identify key priorities across the Tameside Food Partnerships six objectives that have been approved by the Health and Wellbeing Board. The Tameside Food Network also contributed to the consultation by providing input into key actions that would drive the Food Strategy and its action plans. Key messages from the workshop were:

- There is an opportunity to review the school food offer and explore procurement/contracts and ensure social value.
- There is appetite for cooking classes across the life-course to support people around making food but also where to shop more sustainably.
- Need to focus on prevention and maximising income of residents to reduce the risk of food insecurity.
- Community food growing should be in more accessible spaces e.g., parks, school fields, grass verges in residential spaces.
- Look to engage with businesses to encourage and support them to provide healthier food option.
- Need to flip the switch on advertisements in Tameside from unhealthy to healthy and future-proof Tameside against unhealthy food/drink promotion.
- Future goals: SFP Bronze Award, involvement with social housing and local businesses within Tameside Food Partnership.

A comprehensive programme of public consultation is currently in process, which looks at all strategic plans within the Healthy Places Framework. This consultation comprises of an online survey which asks respondents about each of the key themes (food, physical activity, healthy weight and tobacco) and recognises and respects individuals' choice, as well as the impact the environment can have on all of these agendas. Questions focus on desire and barriers to making healthier choices in relation to food and physical activity, as well as what system change can support residents' ability to make healthier choices within the environment they live and work in. Both the food and physical activity questions relate to how we can support residents to achieve and maintain a healthy weight.

A similar approach has been taken for the tobacco questions which focus on desire, barriers and system change to addressing tobacco in Tameside. Consultation is also being carried out with residents and groups through maximising on the opportunities to engage through various forums and sessions available to us to understand their views on the key agendas within the Healthy Places Framework.

The various consultation opportunities being explored and carried out by engaging with new and existing partners from across the system to engage with residents and groups across Tameside. All of this consultation and engagement will inform the strategic priorities within each strategy and the action plans for each. The strategies and action plans will be presented to the Health and Wellbeing Board in June 2024 as part of the Healthy Places Strategic Framework.

2c. Impact / Relevance

Use this section to outline what the impact or relevance of the changes being proposed is likely to be based on the evidence, and consultation & engagement? Will there be a disproportionate impact on, or relevance to, particular group/s? Does the evidence indicate that a particular group is not benefiting from the service as anticipated? What are the uptake / participation rates amongst groups? Where a greater impact on, or relevance to, a particular group is recorded, is this consistent with the policy's aims? Does the project, proposal and service / contract change include provision for addressing inequality of delivery / provision?

Try to distinguish clearly between any negative impacts or relevancies that are or could be unlawful (which can never be justified) and negative impacts or relevancies that may create disadvantage for some groups but can be justified overall (with explanation). Similarly, does the evidence point to areas of good practice that require safeguarding? How will this be done?

As outlined in the supporting Health and Wellbeing strategy, there is extensive evidence of the disproportionate impact of unequal conditions and circumstances that many people in our community face. The strategy presents a range of data on health inequalities and particularly how these impact people's long term health outcomes throughout the life course. This relates to the protected characteristics and local factors already identified in the screening and section 2b of this EIA. The aim of this strategy is to raise awareness of these inequalities and outcomes across the system and to drive work to tackle these, linking closely with other relevant system strategies. The supporting Healthy places strategic framework aims to focus on promoting a healthy place for all residents of Tameside at a population level.

The strategic provides the priorities and plans for the Health & Wellbeing Board as well as the areas of focus for healthy places in Tameside which supports the overarching joint Health & Wellbeing Strategy and Locality Plan. This is accountable to the Health & Wellbeing Board in Tameside.

The intention of the specific objectives under the 4 areas of focus within the framework are to make specific improvements in health and wellbeing across Tameside to close the gap of poorer health outcomes between those who are living in more deprived areas or those facing other inequalities and barriers including women, older people, and people in ethnic minority communities. More specific EIAs will be undertaken for each of these areas as the delivery plans are being developed. While the strategic framework for action is relatively high level and apply multiple partners and stakeholders and the borough as a whole, these will be distilled down further into a robust action plan, which will continue to be under the scope of this EIA and any impacts on the groups listed in previous sections will be considered.

While there is no direct service uptake or usage data included within this assessment, there is assurance that there are no negative impacts on any protected characteristic or other groups as a result of the work that is being driven by and proposed as part of this strategy. The action plans associated with this strategy will be developed by partners at the Tameside Health & Wellbeing Board, with ongoing monitoring and assurance of these also taking place at this board, with continued work on this EIA and monitoring of the potential positive and/or negative impact of the specific interventions on protected groups. Considerable effort is being invested into the development of metrics to ensure we are measuring what we set out to measure in the most meaningful way. We would favour an approach to information collection is able to identify as broad a reach into protected characteristics and beyond as possible – at a ward and neighbourhood level.


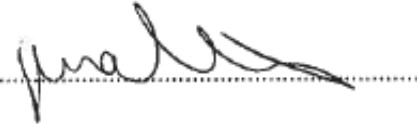
Equality is therefore core to this framework as it is aimed at creating a healthy place for Tameside residents to live, work and go to school in which will improve their health and wellbeing.

2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*

<p><i>Impact / Relevance 1 (Describe)</i></p>	<p>n/a – no negative or adverse impacts have been identified as a result of implementing the Tameside Healthy Places Framework. Where there is a specific focus on a protected group in order to address particular inequalities or existing adverse outcomes for that group, a balance between targeted enhanced support for those who need it more, and ongoing universal service offers will be maintained.</p> <p>An inclusive local communications approach will be developed for example in multiple languages, using a social marketing approach sensitive to the needs of our communities, and alternative to digital means will be developed.</p> <p>Training will be developed alongside the communication plan to raise awareness of inequalities including attitudinal / societal and discrimination impacts.</p> <p>As highlighted in the Borough Tackling Poverty Strategy, there is more to be done to identify those who face socio-economic disadvantage and offer services/support closer to home. More focus should be given on the areas where there is already discrimination and disadvantage which impacts outcomes.</p>
---	---

2e. Evidence Sources
<p>'Building Back, Fairer Stronger Together' Tameside's Health and Wellbeing Strategy and Locality Plan 2023-2028 Building-Back-Fairer-Stronger-Together-Tameside-Joint-Health-and-Wellbeing-Strategy-and-Locality-Plan-23-28.pdf</p> <p>Tameside Joint Strategy Needs Assessment (https://www.tameside.gov.uk/publichealth/healthandwellbeing) including: Ageing Well Needs Assessment (2022); Tameside JSNA Summary – Post-COVID-19 Pandemic Inequalities and Recovery in Tameside (2023); CYP Needs Assessment (2021); Health & Wellbeing – Tameside 100 Children; Tameside Cycle of Inequalities</p> <p>Building Resilience: Tackling Poverty in Tameside (2023) - https://www.tameside.gov.uk/tacklingpovertystrategy</p> <p>Greater Manchester Integrated Care Partnership Strategy (2023) - https://gmintegratedcare.org.uk/greatermanchester-icp/icp-strategy/</p> <p>Gov.uk Health & Wellbeing Boards: Guidance (updated 2022) - https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance</p> <p>National Institute for Health and Care Excellence (2021) https://www.nice.org.uk/guidance/ng205/evidence/evidence-reviews-october-2021-333471052696?tab=evidence</p> <p>Office for Health Improvement and Disparities Obesity Profile, England (2021/22) https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/7/gid/1938133368/pat/159/par/K02000001/ati/15/are/E92000001/iid/93088/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-yo-1:2021:-1:-1_ine-pt-0_ine-ct-115</p> <p>Office for Health Improvement and Disparities – Local Tobacco Control Profiles, Tameside (2022) https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/ati/402/iid/92443/age/168/sex/4/cat/-1/ctp/</p>

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
<i>Publication of Tameside Healthy Places Strategic Framework (2024-2028) via Tameside Health & Wellbeing Board</i>	<i>Debbie Watson</i>	<i>By 29/03/2024</i>
<i>Agreed metrics for outcomes monitoring under the strategy including priorities highlighted around protected groups as part of the EIA – engagement with system stakeholders.</i>	<i>Beth Wolfenden/ Healthy Places Subgroup</i>	<i>Autumn 2024</i>
<i>Agreed action plans for the Tameside Healthy Places strategic framework (agreed at Health & Wellbeing Board)</i>	<i>Beth Wolfenden / Healthy Places Subgroup</i>	<i>Autumn 2024</i>
<i>Ongoing monitoring of outcomes and action plans including regular review of EIA priorities under this strategic framwwork at the point of significant milestones such as the publication of the action plans under the strategy, and as a minimum on an annual basis going forward.</i>	<i>Beth Wolfenden / James Mallion</i>	<i>Ongoing</i>

Signature of Contract / Commissioning Manager	Date
	08/02/2024
Signature of Assistant Director / Director	Date


Agenda Item 5.

Report to:	HEALTH AND WELLBEING BOARD
Date:	14 March 2024
Executive Member/Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Councillor John Taylor - Executive Member for Adult Social Care, Homelessness and Inclusivity Stephanie Butterworth - Director of Adult Services Trish Cavanagh – Deputy Place Based Lead, Tameside Locality
Subject:	BETTER CARE FUND 2023/24 QUARTER 3 MONITORING
Report Summary:	<p>This report provides details the Quarter 3 monitoring return against the 2023/24 Better Care Fund (BCF) plan.</p> <p>It is a requirement that locality areas provide regular monitoring updates to the Health and Wellbeing board prior to submission. This as part of the national assurance and moderation process.</p>
Recommendations:	<p>The Health and Wellbeing Board approve the Tameside Locality Better Care Fund 2023/24 quarter 3 monitoring return (Appendix 1). It should be noted that the return was submitted to the BCF national team by the due deadline of 9 February 2024.</p>
Links to the Health & Wellbeing Strategy:	<p>The Better Care Fund is one of the government’s national vehicles for driving health and social care integration. It requires Integrated Care Board (ICB) and local government to agree a joint plan, owned by the Health and Wellbeing Board.</p> <p>These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).</p>
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The report provides details of the 2023/24 Quarter 3 Tameside locality Better Care Fund (BCF) plan monitoring return (Appendix 1 refers).</p> <p>The 2023/24 locality BCF plan was formally approved by the Health and Wellbeing Board on 15 June 2023.</p> <p>The plan included the following funding allocations awarded to the Tameside locality for the financial year periods 2023/24 and 2024/25:</p> <ul style="list-style-type: none">- Revenue Funding<ul style="list-style-type: none">• Core Better Care Fund• Improved Better Care Fund• Discharge Funding- Capital Funding<ul style="list-style-type: none">• Disabled Facilities Grant <p>Table 1 provides details of the BCF funding awarded in 2023/24.</p>

Table 1

	2023/24 Funding		
	Council	ICB	Total
	£ m	£ m	£ m
Revenue			
Better Care Fund	13.145	7.427	20.572
Improved Better Care Fund	12.585	0	12.585
Discharge Fund	1.765	1.598	3.363
Sub Total	27.495	9.025	36.520
Capital			
Disabled Facilities Grant (DFG)	2.849	0	2.849
DFG - Additional	0.249	0	0.249
Sub Total	3.098	0	3.098
Total	30.593	9.025	39.618

The 2023/24 revenue funding allocations awarded to the Council are included within the 2023/24 Adult Services net revenue budget of £44.339m. The Disabled Facilities Grant allocation is included within the 2023/24 Adult Services capital programme.

The revenue and capital budget allocations are subject to robust monthly monitoring within the Adult Services Directorate budgets during the 2023/24 financial year, the details of which are reported to the Council's Executive Cabinet. Each of the funding allocations are also be monitored in accordance with their related grant conditions.

The quarter 3 monitoring return of the related metrics, activity and expenditure for the Tameside locality that are delivered by the schemes within the 2023/24 plan are provided in **Appendix 1**.

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

There is a requirement for the Health and Wellbeing Board to approve the Tameside Locality Better Care Fund Quarter returns and which is provided in this report.

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme.

Risk Management:

This report sets out how the funding was used to avoid the risk of recovery.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer, Stephen Wilde



Telephone: 0161 342 3726



e-mail: stephen.wilde@tameside.gov.uk

1. INTRODUCTION

- 1.1 This report provides details of the Quarter 3 monitoring return against the Better Care Fund (BCF) plan 2023/25.
- 1.2 It is a requirement that locality areas provide regular monitoring updates to the Health and Wellbeing board prior to submission. This is part of the national assurance and moderation process.
- 1.3 The core purpose of BCF is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are:
 - Enable people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time
- 1.4 The BCF plan 2023/25 includes the following metrics:
 - Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
 - Proportion of hospital discharges to a person's usual place of residence,
 - Admissions to long term residential or nursing care for people over 65,
 - Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
 - Emergency hospital admissions for people over 65 following a fall.

2. 2023/24 MONITORING

- 2.1 As part of the BCF plan 2023/25 the Health & Wellbeing Board agreed our integrated plans for Urgent Care, Length of Stay (LOS) and discharge, out of hospital 2 hour urgent care response all of which are supported and embedded through BCF funding and linked to the capacity and demand monitoring.
- 2.2 A key focus on reducing the length of stay for residents/patients both in hospital and in intermediate care has meant the locality has been able to sustain increased demand within existing capacity. However, we have seen an increased demand for community reablement and so capacity has been increased accordingly.
- 2.3 There is a new reporting requirement for expenditure and activity in quarter 3, which is included in **Appendix 1**. The data presented relates to selected schemes for the reporting period 1 April to 31 December 2023.
- 2.4 **Appendix 1** provides the 2023/24 quarter 3 monitoring return for approval. It should be noted that the return was submitted to the BCF national team by the due deadline of 9 February 2024.

3. RECOMMENDATIONS

- 3.1 As stated on the report cover.

This page is intentionally left blank

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type

Assistive technologies and equipment
 Home care and domiciliary care
 Bed based intermediate care services
 Home based intermediate care services
 DFG related schemes
 Residential Placements
 Workforce recruitment and retention
 Carers services

Units

Number of beneficiaries
 Hours of care (unless short-term in which case packages)
 Number of placements
 Packages
 Number of adaptations funded/people supported
 Number of beds/placements
 Whole Time Equivalents gained/retained
 Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K.** Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.



Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

All information will be supplied to BCF partners to inform policy development.

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Table with 2 columns: Question and Answer. Rows include: Health and Wellbeing Board: Tameside; Completed by: Stephen Wilde; E-mail: stephen.wilde@tameside.gov.uk; Contact number: 0161-342-3726; Has this report been signed off by (or on behalf of) the HWB at the time of submission?: No; If no, please indicate when the report is expected to be signed off: Thu 14/03/2024

Checklist table with 6 rows, all marked 'Yes' under the 'Complete:' header.

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

Table with 2 columns: Section and Complete status. Rows: 2. Cover (Yes), 3. National Conditions (Yes), 4. Metrics (Yes), 5. Spend and activity (Yes)

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Tameside

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	14/03/2024

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Tameside

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	254.0	206.0	257.0	222.0	329.8	370.6	Not on track to meet target	Without the definition and detail behind this its difficult to assess the specifics of what is included i.e. in the local provider Ambulatory or Same Day Emergency Care is recorded as an Inpatient Admission and its	The increased usage of SDEC facilities means more patients are going through these pathways rather than being admitted to an Inpatient Ward. They are recorded as an inpatient admission but appropriately so and
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.0%	94.3%	91.9%	94.2%	91.5%	93.5%	On track to meet target	None	Improvements made in Qtr 2 to be more in line with ambitious target. All this is managed very closely through the Executive led LOS collaborative weekly meeting with Health and Adult Social Care and escalated
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,797.6	498.6	543.0	On track to meet target	On track to meet target Q4	On track to meet target Q4
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				659	2022-23 ASCOF outcome: 680.5		Not on track to meet target	As previously stated, historically we have had a large number of service users sitting on temporary contracts. We continue to work through these cases and where necessary converting these to permanent	New process implemented for assessing a person's need for permanent residential care in a more timely manner.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				74.8%	2022-23 ASCOF outcome: 74.8%		Data not available to assess progress	As per the national indicator, we only monitor this indicator between October and December. In the NW, it was decided a few years ago not to monitor this on a quarterly basis as part of the NWADASS performance	Not able to comment at this stage - we will monitor this indicator over the first quarter of this year.

Checklist Complete:

Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Tameside

Checklist											Yes	Yes	Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.			
1	Telecare/Telehealth	Assistive Technologies and Equipment	Assistive technologies including telecare	Minimum NHS Contribution	£126,924	£95,190	130	98	Number of beneficiaries	No				
4	Integrated Community Equipment Service	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,016,165	£762,120	16,000	12000	Number of beneficiaries	No				
9	Carer Breaks (Adults)	Carers Services	Respite services	Minimum NHS Contribution	£151,520	£113,640	384	323	Beneficiaries	No				
17	Telecare/Telehealth	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£52,830	£52,830	60	60	Number of beneficiaries	No				
18	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£2,849,319	£1,257,660	240	180	Number of adaptations funded/people supported	No				
19	In house Home Care Service	Home Care or Domiciliary Care	Domiciliary care packages	IBCF	£419,296	£419,296	19,866	19866	Hours of care (Unless short-term in which case it is packages)	No				
24	Care Homes - Residential Placements	Residential Placements	Care home	IBCF	£3,058,787	£3,058,787	92	92	Number of beds/placements	No				
25	Care Home Contract	Residential Placements	Care home	IBCF	£609,006	£609,006	18	18	Number of beds/placements	No				
33	Demographic Pressures	Residential Placements	Care home	IBCF	£70,343	£70,343	2	2	Number of beds/placements	No				
42	Care Homes - Residential Placements	Residential Placements	Care home	Local Authority Discharge Funding	£588,141	£441,106	18	14	Number of beds/placements	No				
43	Care Homes - Nursing Placements	Residential Placements	Nursing home	Local Authority Discharge Funding	£588,141	£441,106	16	12	Number of beds/placements	No				
44	Home Care - Packages	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£588,142	£441,107	27,819	20864	Hours of care (Unless short-term in which case it is packages)	No				
45	Acute Frailty	Workforce recruitment and retention		ICB Discharge Funding	£500,000	£375,000		0	WTE's gained	No				
48	Intermediate Care Step Down	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement	ICB Discharge Funding	£347,830	£260,870	7	7	Number of placements	No				
49	Pharmacy	Workforce recruitment and retention		ICB Discharge Funding	£150,000	£112,500		0	WTE's gained	No				
51	Care Homes - Nursing Placements	Residential Placements	Nursing home	IBCF	£3,058,787	£3,058,787	84	84	Number of beds/placements	No				
52	Home Care - Packages	Home Care or Domiciliary Care	Domiciliary care packages	IBCF	£3,058,787	£3,058,787	144,678	144678	Hours of care (Unless short-term in which case it is packages)	No				

This page is intentionally left blank

Agenda Item 6.

Report to:	HEALTH AND WELLBEING BOARD
Date:	14 March 2024
Executive Member/Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Councillor John Taylor – Executive Member for Adult Social Care, Homelessness and Inclusivity Stephanie Butterworth – Director of Adult Services Trish Cavanagh – Deputy Place Based Lead, Tameside Locality
Subject:	2023/24 SECTION 75 AGREEMENT TAMESIDE METROPOLITAN BOROUGH COUNCIL AND NHS GREATER MANCHESTER – TAMESIDE LOCALITY INTEGRATED CARE BOARD
Report Summary:	<p>The report provides details of the budgets that are pooled in 2023/24 between the Council and NHS Greater Manchester, Tameside Locality Integrated Care Board (ICB) as part of the mandatory agreement under Section 75 of the National Health Service Act (2006).</p> <p>It is a national requirement that locality Health and Wellbeing Boards provide assurance to NHS Better Care Fund that section 75 agreements have been approved.</p>
Recommendations:	That the Health and Wellbeing Board approves the 2023/24 section 75 agreement between the Council and NHS Greater Manchester, Tameside Locality Integrated Care Board as outlined in the report and at Appendix 1 . The agreement will require sealing by both organisations once approved.
Links to the Health & Wellbeing Strategy:	<p>The Better Care Fund is one of the government’s national vehicles for driving health and social care integration. It requires Integrated Care Board’s (ICB) and local government to agree a joint plan, approved by the Health and Wellbeing Board.</p> <p>These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).</p>
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	<p>The report provides details of the 2023/24 Tameside locality Better Care Fund (BCF) plan budget that is included in the Section 75 agreement. (Appendix 1 refers).</p> <p>The 2023/24 locality BCF plan was formally approved by the Health and Wellbeing Board on 15 June 2023.</p> <p>The plan included the following funding allocations awarded to the Tameside locality for the financial year periods 2023/24 and 2024/25</p> <ul style="list-style-type: none">- Revenue Funding<ul style="list-style-type: none">• Core Better Care Fund• Improved Better Care Fund• Discharge Funding- Capital Funding

- Disabled Facilities Grant

Table 1 provides details of the BCF funding awarded in 2023/24 and included in the Section 75 agreement. This is the total funding that is included in the agreement and complies with the national NHS Better Care Fund assurance requirements.

Table 1

	2023/24 Funding		
	Council	ICB	Total
	£ m	£ m	£ m
Revenue			
Better Care Fund	13.145	7.427	20.572
Improved Better Care Fund	12.585	0	12.585
Discharge Fund	1.765	1.598	3.363
Sub Total	27.495	9.025	36.520
Capital			
Disabled Facilities Grant (DFG)	2.849	0	2.849
DFG - Additional	0.249	0	0.249
Sub Total	3.098	0	3.098
Total	30.593	9.025	39.618

The 2023/24 revenue funding allocations awarded to the Council are included within the 2023/24 Adult Services net revenue budget of £44.339m. The Disabled Facilities Grant allocation is included within the Council's 2023/24 Adult Services capital programme.

The revenue and capital budget allocations are subject to robust monthly monitoring within the Adult Services Directorate budgets during the 2023/24 financial year, the details of which are reported to the Council's Executive Cabinet. Each of the funding allocations are also be monitored in accordance with their related grant conditions.

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

Section 31 of the Local Government Act 2003 enables grants to local government (improved Better Care Fund & Disabled Facilities Grant) to be paid on condition they are pooled into a Better Care Fund (BCF) Plan. The detail is set out in HM Government & NHS England's Better Care Fund Planning Requirements 2003 - 5. These requirements say that BCF plans must be agreed by the Integrated Care Boards (ICBs) (in accordance with ICB governance rules) and Chief Executives of local councils, prior to being signed off by the Health and Wellbeing Boards (HWBs). Once agreed and approved, funding must be placed onto one or more pooled funds under s 75 of the NHS Act 2006. It is therefore important that this governance is followed in order to ensure compliance.

Areas can agree to pool additional funds into their BCF plan and associated s 75 agreements where they are assured that voluntary pooling provides value for money. The Chief Executive and Members of the Health and Wellbeing Board must therefore be so assured.

There should also be a local scheme of governance for plans that demonstrates how the plan has been signed off, and how oversight and ongoing delivery and performance of the s 75 agreement will be achieved. This includes the assessment of health inequalities and equality for people with protected characteristics under the Equality Act 2020, together with a consideration of local government's priorities under the same.

The Council's duties under the Care Act 2014 (Re-ablement, carers breaks, carers support) are supported through this funding mechanism, as is the Council's statutory duty to provide Disabled Facilities Grants.

This 2023 - 5 policy framework sets national performance objectives, which must be included in BCF plans, and quarterly reporting is recommended to be built in to s 75 agreements. This agreement refers to regular reporting in Schedule 2.

Members and officers should be alert to the potential for an intervention and escalation process to be invoked by NHS England for non-compliance or failure to meet performance objectives.

Risk Management:

This report sets out how the locality 2023/24 Better Care Fund allocation is pooled to ensure compliance with national NHS Better Care Fund requirements.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer, Stephen Wilde



Telephone: 0161 342 3726



e-mail: stephen.wilde@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Better Care Fund (BCF) was established by the Government pursuant to the Care Act 2014 to provide funds to local areas to support the integration of health and social care to achieve mandatory National Conditions and Local Objectives. It is a National Health Service England requirement that the Council and locality Integrated Care Board (ICB) establish a pooled fund for this purpose.
- 1.2 A section 75 agreement under the National Health Service (NHS) act 2006 must be updated annually and set out the detail of budget areas pooled for the respective financial year.
- 1.3 It is a national NHS Better Care Fund assurance requirement that all BCF funding awarded to localities is pooled within a section 75 agreement as a minimum.
- 1.4 The 2023/24 Tameside Locality section 75 agreement (**Appendix 1**) solely includes the Better Care Fund (BCF) awarded to the locality.

2. BETTER CARE FUND – 2023/24

- 2.1 The core purpose of BCF is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are:
 - Enable people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time
- 2.2 The BCF is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards (ICB) and local authorities to agree a joint plan that is approved by the respective Health and Wellbeing Board.
- 2.3 BCF planning information in 2023/24 is collected in a way that provides more data on the activity that BCF finances, and the contribution of integrated working to improving outcomes for local people. These include
 - Outputs from scheme types related to discharge, intermediate care unpaid carers and housing.
 - Allocations of BCF on different services and activities as a proportion of all health and care expenditure on these services in the Health and Wellbeing Board (HWB) area.
- 2.4 The BCF policy framework sets national metrics that must be included in local BCF plans. For 2023/24, the data collected has been expanded to include capacity and demand data for intermediate care in the locality is capturing and reporting on short term capacity. This includes the wider care market, with the clear link being made to expenditure against the Market Sustainability and Improvement Fund (MSIF), which makes provision for long term social care capacity.
- 2.5 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014. In addition, BCF includes the Disabled Facilities Grant (DFG), Improved Better Care Fund (iBCF). For 2023/24, the national discharge funding has also been aligned to the BCF reporting processes.
- 2.6 The 2023/24 locality BCF plan was formally approved by the Health and Wellbeing Board on 15 June 2023.

3. SECTION 75 FUNDING – 2023/24

- 3.1 **Table 1** provides details of the BCF funding awarded to the Tameside locality in 2023/24 and that is included in the section 75 agreement.
- 3.2 This is the total funding that is included in the agreement and complies with the national NHS Better Care Fund assurance requirements.
- 3.3 The 2023/24 revenue funding allocations awarded to the Council are included within the 2023/24 Adult Services net revenue budget of £44.339m. The Disabled Facilities Grant allocation is included within the Council's 2023/24 Adult Services capital programme.

Table 1

	2023/24 Funding		
	Council	ICB	Total
	£ m	£ m	£ m
Revenue			
Better Care Fund	13.145	7.427	20.572
Improved Better Care Fund	12.585	0	12.585
Discharge Fund	1.765	1.598	3.363
Sub Total	27.495	9.025	36.520
Capital			
Disabled Facilities Grant (DFG)	2.849	0	2.849
DFG - Additional	0.249	0	0.249
Sub Total	3.098	0	3.098
Total	30.593	9.025	39.618

4. RECOMMENDATIONS

- 4.1 As set out at the front of the report.

This page is intentionally left blank



Dated:

TAMESIDE METROPOLITAN BOROUGH COUNCIL

and

NHS GREATER MANCHESTER (NHS GM)

**FRAMEWORK SECTION 75 AGREEMENT RELATING TO THE
COMMISSIONING OF HEALTH AND WELLBEING SERVICES
(INCLUDING THE BETTER CARE FUND)**

Contents

Item	Page
<hr/>	
Contents	
1. DEFINED TERMS AND INTERPRETATION.....	2
2. TERM.....	7
3. GENERAL PRINCIPLES	8
4. PARTNERSHIP FLEXIBILITIES.....	8
5. FUNCTIONS.....	8
6. COMMISSIONING ARRANGEMENTS INTEGRATED COMMISSIONING	9
7. ESTABLISHMENT OF THE POOLED FUND	10
8. POOLED FUND MANAGEMENT	10
9. BUDGET CONTRIBUTIONS	11
10. OTHER RESOURCE CONTRIBUTIONS.....	12
11. FUTURE BUDGET SETTLEMENTS.....	12
12. RISK SHARE ARRANGEMENTS	12
13. PREMISES	13
14. PRE-EXISTING CONTRACTS	13
15. PREVIOUS HEALTH AGREEMENTS.....	13
16. CAPITAL EXPENDITURE	14
17. VAT.....	14
18. AUDIT AND RIGHT OF ACCESS	14
19. LIABILITIES AND INSURANCE AND INDEMNITY	14
20. STANDARDS OF CONDUCT AND SERVICE	15
21. CONFLICTS OF INTEREST.....	16
22. GOVERNANCE	16
23. REVIEW.....	17
24. COMPLAINTS	17
25. TERMINATION AND DEFAULT	17
26. DISPUTE RESOLUTION	18
27. FORCE MAJEURE	20
28. CONFIDENTIALITY	20
29. FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS ..	21
30. INFORMATION SHARING AND DATA PROTECTION	22
31. OMBUDSMAN.....	23
32. PARTIES / NOTICES	23

33.	VARIATION	24
34.	CHANGE IN LAW	24
35.	WAIVER.....	24
36.	SEVERANCE	24
37.	ASSIGNMENT AND SUB CONTRACTING	24
38.	EXCLUSION OF PARTNERSHIP AND AGENCY	24
39.	THIRD PARTY RIGHTS	25
40.	ENTIRE AGREEMENT	25
41.	COUNTERPARTS	25
42.	GOVERNING LAW AND JURISDICTION	25

SCHEDULE 1 – COMMISSIONING STRATEGY: LOCALITY PLAN ON A PAGE

SCHEDULE 2 – GOVERNANCE

SCHEDULE 3 – JOINT WORKING OBLIGATIONS

SCHEDULE 4 – PERFORMANCE ARRANGEMENTS

SCHEDULE 5 – INTEGRATED STAFF MANAGEMENT

SCHEDULE 6 – S75 BUDGET

THIS AGREEMENT is made on the _____ day of _____
and supersedes the previous Section 75 Agreement

2024

PARTIES

- (1) **TAMESIDE METROPOLITAN BOROUGH COUNCIL** Tameside One, Market Place, Ashton-Under-Lyne, OL6 6BH (the "**Council**")
- (2) **NHS GREATER MANCHESTER** of Tameside One, Market Place, Ashton-Under-Lyne, OL6 6BH (the "**NHS GM**")

BACKGROUND

- (A) The Council has the responsibility for commissioning social care services and may provide these on behalf of the population of the borough of Tameside.
- (B) The NHS GM has the responsibility for commissioning health services in the borough of Tameside pursuant to the 2006 Act.
- (C) The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and local objectives. It is a requirement of the Better Care Fund that the NHS GM and the Council establish a pooled fund for this purpose. The Parties wish to extend the scope of the pooled, aligned, and in collaboration funds to include funding streams from outside of the Better Care Fund. Each element of the Integrated Commissioning Fund comprises the NHS GM's operating and commissioning (including delegated) resource and this is detailed in the Financial Framework.
- (D) Section 75 of the 2006 Act gives powers to local authorities and integrated care boards groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- (E) The purpose of this Agreement is to set out the terms on which the Parties have agreed to collaborate and to establish a framework for 2023-24 through which the Parties can secure the position of health and wellbeing services through lead or joint commissioning arrangements. It is also the means through which the Parties will pool funds and align budgets as agreed between the Parties.
- (F) The NHS is currently consulting on a national re-configuration of commissioning organisations which sets out proposals for legislative reform which includes giving Integrated Care Systems a firmer footing in legislation likely to take effect from 2024 (subject to Parliamentary decision).
- (G) These proposals sit alongside other recommendations aimed at removing legislative barriers to integration across health bodies and with social care, to help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally.
- (H) The **aims and objectives** of the Parties in entering into this Agreement are to:
 - (a) meet the National Conditions and local objectives;
 - (b) integrate the commissioning activities of the Parties in respect of the relevant populations (resident and GP registered) of Tameside in line with the Tameside Health and Wellbeing Board's vision of integrated health and wellbeing and through the pooling or aligning of financial resources and integrated governance in order to create a sustainable health and wellbeing system with improved system performance;
 - (c) agree strategies and ensure commissioning activity in order to make more effective use

of resources to achieve improved health and wellbeing for the populations of Tameside and prioritise prevention by ensuring people receive 'the right care in the right place at the right time';

- (d) provide and enable brilliant services that strive to exceed customer expectations;
- (e) help people take control of their lives and communities and ensure children, young people, and adults are safe and confident in their lives and communities and that people are treated with dignity and respect.

- (l) The Parties are entering into this Agreement in exercise of the powers referred to in Section 75 of the 2006 Act and / or Section 13Z(2) and 14Z(3) of the 2006 Act as applicable, to the extent that exercise of these powers is required for this Agreement.

1 DEFINED TERMS AND INTERPRETATION

- 1.1 In this Agreement, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

2000 Act means the Freedom of Information Act 2000.

2004 Regulations means the Environmental Information Regulations 2004.

2006 Act means the National Health Service Act 2006.

2012 Act means the Health and Social Care Act 2012.

Accountable Officer means the accountable officer – this is the Chief Executive of TMBC and the Accountable Officer of NHS GM.

Affected Party means, in the context of Clause 27, the Party whose obligations under the Agreement have been affected by the occurrence of a Force Majeure Event.

Agreement means this agreement including its Schedules and Appendices.

Aligned Commissioning means budgets relating to services that the Regulations specify shall not be pooled under Section 75, but which will be managed alongside the Pooled Fund.

Best Value Duty means the duty on local authorities to provide best value and to provide services efficiently, effectively, and economically and to strive for constant improvement of all services as set out in the Local Government Act of 1999 and the Local Government Act of 2000 and any similar duty.

Better Care Fund means the Better Care Fund as described in NHS England Publications Gateway Ref. No.00314 and NHS England Publications Gateway Ref. No.00535 as relevant to the Parties.

Budget Contributions means the budget contributions made by each Party to the Integrated Commissioning Fund in any Financial Year and the indicative budget contributions for the financial year 2023-24.

NHS GM Statutory Duties means the duties of the NHS GM pursuant to Sections 14P to 14Z2 of the 2006 Act and those duties that are set out in the 2012 Act.

Change in Law means the coming into effect or repeal (without re-enactment or consolidation) in England of any Law, or any amendment or variation to any Law, or any

judgment of a relevant court of law which changes binding precedent in England after the date of this Agreement.

Chief Financial Officer means either the person appointed by the Council pursuant to section 151 of the Local Government Act 1972 or the person appointed to the role of Chief Finance Officer by the NHS GM in accordance with paragraph 11 of Schedule 1A of the Health and Social Care Act 2012 or both of them as the context requires.

Controller shall take the meaning given in the UK GDPR.

Commissioning Plans means the plans setting out details of how the Integrated Commissioning Strategies will be implemented and delivered. This is the Locality Plan.

Commencement Date means 1 April 2023.

Confidential Information means information, data, and / or material of any nature which any Party may receive or obtain in connection with the operation of this Agreement and the Services and:

- (a) which comprises Personal Data or Special Category Personal Data or which relates to any patient or their treatment or medical history;
- (b) the release of which is likely to prejudice the commercial interests of a Party or the interests of a Service User respectively; or
- (c) which is a trade secret.

Contract Price means any sum payable to a Provider under a Services Contract as consideration for the provision of Services and which, for the avoidance of doubt, does not include any Default Liability or Performance Payment.

Data Protection Legislation means all applicable data protection and privacy legislation in force from time to time in the UK including the retained EU law version of the General Data Protection Regulation ((EU) 2016/679) (UK GDPR), the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder), and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended, and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party.

Data Subject shall take the meaning given in the UK GDPR.

Default Liability means any sum which is agreed or determined by Law or in accordance with the terms of a Services Contract to be payable by any Party(s) to the Provider as a consequence of (i) breach by any or all of the Parties of an obligation(s) in whole or in part under the relevant Services Contract or (ii) any act or omission of a third party for which any or all of the Parties are, under the terms of the relevant Services Contract, liable to the Provider.

Financial Framework means the financial framework agreed between the Parties and amended from time to time.

Financial Year means each financial year running from 1 April in any year to 31 March in the following calendar year.

Force Majeure Event means one or more of the following:

- (a) war, civil war (whether declared or undeclared), riot, or armed conflict;
- (b) acts of terrorism;
- (c) acts of God;
- (d) fire or flood;
- (e) industrial action;
- (f) prevention from or hindrance in obtaining raw materials, energy, or other supplies;
- (g) any form of contamination or virus outbreak; and
- (h) any other event capable of being defined as a force majeure event in law,

in each case where such event is beyond the reasonable control of the Party claiming relief.

Functions means the NHS Functions and the Health Related Functions.

Health Related Functions means those of the health related functions of the Council, specified in Regulation 6 of the Regulations as relevant to the commissioning of the Services and which may be further described in the relevant Commissioning Plans and / or Service Specifications.

Host Partner means the Party that will host and provide the financial administrative systems for the Pooled Fund and undertake to perform the duties for which they will be responsible, as set out in paragraph 7(4) and 7n(5) of the Regulations.

Health and Wellbeing Board means the Health and Wellbeing Board established by the Council pursuant to Section 194 of the Health and Social Care Act 2012.

In Collaboration Commissioning means budgets relating to services that the Regulations specify shall not be pooled under Section 75, and where the Council and NHS GM have limited direct influence over the utilisation of these funds, or where expenditure is not directly related to service delivery. Budgets include delegated co-commissioning in Primary Care, Dedicated Schools Grant, levies payable to the GMCA, Housing Benefits Grant and related expenditure, and Capital Financing costs.

Indirect Losses means loss of profits, loss of use, loss of production, increased operating costs, loss of business, loss of business opportunity, loss of reputation or goodwill, or any other consequential or indirect loss of any nature, whether arising in tort or on any other basis.

Integrated Care Board means the statutory body established under the Health and Care Bill 2021.

Integrated Commissioning means arrangements by which Parties commission Services in relation to an Integrated Commissioning Strategy on behalf of each other; and in the exercise of commissioning of both the NHS Functions and Health Related Functions.

Integrated Commissioning Fund or **ICF** means the single fund of the Council and NHS GM comprising the total annual budget allocations of each organisation.

Integrated Commissioning Strategies means the commissioning strategies and priorities agreed between the Parties about which services to commission within the area.

Joint Controller shall take the meaning given in the UK GDPR.

Law means:

- (a) any statute or proclamation or any delegated or subordinate legislation;
- (b) any guidance, direction, or determination with which the Party(s) or relevant third party (as applicable) are bound to comply to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Party(s) or relevant third party (as applicable); and
- (c) any judgment of a relevant court of law which is a binding precedent in England.

Lead Commissioning Arrangements means the arrangements by which one Party commissions Services in relation to an Integrated Commissioning Strategy or Commissioning Plan on behalf of the other Party in exercise of both the NHS Functions and the Health Related Functions.

Lead Commissioner means the Party responsible for commissioning an individual Service under a Commissioning Plan.

Losses means all damage, loss, liabilities, claims, actions, costs, expenses (including the cost of legal and / or professional services), proceedings, demands, and charges whether arising under statute, contract, or at common law but excluding Indirect Losses and "Loss" shall be interpreted accordingly.

Month means a calendar month.

Mutatis mutandis used when comparing two or more cases or situations making necessary alterations while not affecting the main point at issue.

National Conditions mean the national conditions as set out in the NHS England Planning Guidance as are amended or replaced from time to time.

NHS Functions means those of the NHS functions listed in Regulation 5 of the Regulations as are exercisable by the NHS GM and as are relevant to the commissioning of the Services.

NHS Greater Manchester means the Integrated Care Board for Greater Manchester, which will take on the functions and responsibilities for Tameside.

Non-Recurrent Payments means funding provided by a Party to the Integrated Commissioning Fund in addition to the Budget Contributions pursuant to arrangements agreed in accordance with Clause 8.4.

Overspend means any expenditure from the Integrated Commissioning Fund in a Financial Year which exceeds the budget agreement for that Financial Year.

Party means each of the NHS GM and the Council, and references to "**Parties**" shall be construed accordingly.

Performance Payment Arrangement means any arrangement agreed with a Provider and one or more Parties in relation to the cost of providing Services on such terms as agreed in writing by all Parties.

Performance Payments means any sum over and above the relevant Contract Price which is payable to the Provider in accordance with a Performance Payment Arrangement.

Permitted Budget means, in relation to a Service, the budget that the Parties have set in relation to the particular Service (including the budgets for all the commissioning staff of each Party).

Permitted Expenditure has the meaning given in Clause 7.2.

Personal Data means Personal Data as defined by the UK GDPR.

Pooled Fund means any pooled fund established and maintained by the Parties as a pooled fund in accordance with the Regulations.

Pooled Fund Manager means the Chief Finance Officer of the Strategic Commission as nominated by the Host Partner from time to time to manage the Integrated Commissioning Fund.

Previous Health Agreements means those agreements made between the Parties under sections 75, 76 and 256 of the 2006 Act.

Processor shall take the meaning given in the UK GDPR.

Provider means a provider of any Services commissioned under the arrangements set out in this Agreement.

Quarter means each of the following periods in a Financial Year:

1 April to 30 June

1 July to 30 September

1 October to 31 December

1 January to 31 March

and "**Quarterly**" shall be interpreted accordingly.

Regulations mean the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 No 617 (as amended).

Risk Share Arrangements means the general risk share principles agreed by the Parties that apply to this Agreement as set out in Clause 12.

Service Specification means a specification setting out the detailed arrangements relating to a particular Service within a Commissioning Plan agreed by the Parties to be commissioned under this Agreement.

Services mean such health and wellbeing services as agreed from time to time by the Parties as commissioned under the strategies set out in this Agreement.

Services Contract means an agreement for the provision of Services entered into with a Provider by one or more of the Parties in accordance with the relevant Commissioning Plan.

Service Users means those individuals for whom the Parties have a responsibility to commission Services.

Special Category Personal Data means data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health, or data concerning a natural person's sex life or sexual orientation.

Tameside Strategic Partnership Committee (or "**TSPC**") means the Tameside Strategic

Partnership Committee being a partnership committee approved by the Parties, which is responsible for review of performance and oversight of this Agreement in accordance with its terms of reference.

Third Party Costs means all such third party costs (including legal and other professional fees) in respect of each Service as a Party reasonably and properly incurs in the proper performance of its obligations under this Agreement and as agreed by the Parties.

- 1.2 In this Agreement, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates, or replaces the same and shall include any orders, regulations, codes of practice, instruments, or other subordinate legislation made thereunder and any conditions attaching thereto. Where relevant, references to English statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions, and rules of law in other jurisdictions.
- 1.3 Any headings to Clauses, together with the front cover and the index, are for convenience only and shall not affect the meaning of this Agreement. Unless the contrary is stated, references to Clauses and Schedules shall mean the Clauses and Schedules of this Agreement.
- 1.4 Any reference to the Parties shall include their respective statutory successors, employees, and agents.
- 1.5 In the event of a conflict, the conditions set out in the Clauses to this Agreement shall take priority over the Schedules.
- 1.6 Where a term of this Agreement provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.
- 1.7 In this Agreement, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, agency, unincorporated body of persons, or association and a reference to a person includes a reference to that person's successors and permitted assigns.
- 1.8 In this Agreement, words importing the singular only shall include the plural and vice versa.
- 1.9 In this Agreement, "staff" and "employees" shall have the same meaning and shall include reference to any full or part-time employee or officer, director, manager, and agent.
- 1.10 Subject to the contrary being stated expressly or implied from the context in these terms and conditions, all communication between the Parties shall be in writing.
- 1.11 Unless expressly stated otherwise, all monetary amounts are expressed in pounds sterling but in the event that pounds sterling is replaced as legal tender in the United Kingdom by a different currency then all monetary amounts shall be converted into such other currency at the rate prevailing on the date such other currency first became legal tender in the United Kingdom.
- 1.12 All references to the Agreement include (subject to all relevant approvals) a reference to the Agreement as amended, supplemented, substituted, novated, or assigned from time to time.

2 TERM

- 2.1 This Agreement shall come into force on the Commencement Date and replaces all previous agreements.
- 2.2 This Agreement shall continue until it is terminated in accordance with Clause 25.
- 2.3 The duration of the arrangements for each Service shall be as set out in the relevant Services Contract.

3 GENERAL PRINCIPLES

- 3.1 Nothing in this Agreement shall affect:
 - 3.1.1 the liabilities of the Parties to each other or to any third parties for the exercise of their respective functions and obligations (including the Functions); or
 - 3.1.2 any power or duty to recover charges for the provision of any services (including the Services) in the exercise of any local authority function.
- 3.2 The Parties agree to:
 - 3.2.1 treat each other with respect and an equality of esteem;
 - 3.2.2 be open with information about the performance and financial status of each; and
 - 3.2.3 provide early information and notice about relevant problems;

4 PARTNERSHIP FLEXIBILITIES

- 4.1 This Agreement sets out the mechanism through which the Parties will work together to establish one or more of the following:
 - 4.1.1 Integrated Commissioning;
 - 4.1.2 Lead Commissioning Arrangements;in relation to the Services (the "Flexibilities").
- 4.2 The Council delegates to the NHS GM and the NHS GM agrees to exercise, on the Council's behalf, the Health Related Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the NHS Functions.
- 4.3 The NHS GM delegates to the Council and the Council agrees to exercise on the NHS GM's behalf the NHS Functions to the extent necessary for the purpose of performing its obligations under this Agreement in conjunction with the Health Related Functions.
- 4.4 Where the powers of a Party to delegate any of its statutory powers or functions are restricted, such limitations will automatically be deemed to apply to this Agreement and the Parties shall agree arrangements designed to achieve the greatest degree of delegation to the other Party necessary for the purposes of this Agreement which is consistent with the statutory constraints.

5 FUNCTIONS

- 5.1 The purpose of this Agreement is to establish a framework through which the Parties can secure the provision of health and wellbeing services in accordance with the terms of this Agreement.
- 5.2 This Agreement shall include such functions as shall be agreed from time to time by the Parties.
- 5.3 Where the Parties add a new Commissioning Plan to this Agreement it will need to be agreed by both Parties in accordance with the governance arrangements set out in this Agreement and include as a minimum the details of who will act as the lead commissioner, the budget, and other resource contributions of each Party.
- 5.4 The Parties shall not enter into a Commissioning Plan unless they are satisfied that the Commissioning Plan in question will improve health and wellbeing in accordance with this Agreement.

6. COMMISSIONING ARRANGEMENTS: INTEGRATED COMMISSIONING

- 6.1 Where there are Integrated Commissioning arrangements in respect of individual Services, both Parties shall work in cooperation and shall endeavor to ensure that the NHS Functions and Health Related Functions are commissioned with all due skill, care, and attention.
- 6.2 Each Party shall be responsible for compliance with and making payments of all sums due from them to a Provider pursuant to the terms of a Service Contract.
- 6.3 Both Parties shall work in cooperation and endeavor to ensure that the relevant Services as set out in each Commissioning Plan are commissioned within each Party's budget contribution in respect of that particular Service in each Financial Year.
- 6.4 The Parties shall comply with the arrangements in respect of the Aligned and In Collaboration Commissioning as set out in the relevant Service Specification.
- 6.5 Schedule 5 shall apply to the integrated management of staff.
- 6.6 Each Party shall keep the other Party and other stakeholders regularly informed, through agreed governance arrangements, of the effectiveness of the arrangements including the Better Care Fund and any overspend or underspend in the Integrated Commissioning Fund.

APPOINTMENT AND ROLE OF A LEAD COMMISSIONER

- 6.7 From time to time the Parties through the Tameside strategic partnership Committee shall appoint one of them to act as Lead Commissioner for a Commissioning Strategy, Commissioning Plan, or an individual Service and unless agreed otherwise the Lead Commissioner shall:
 - 6.7.1 exercise the NHS Functions in conjunction with the Health Related Functions;
 - 6.7.2 endeavor to ensure that the NHS Functions and the Health Related Functions are funded within the parameters of the Budget Contributions of each Party in relation to each particular Service in each Financial Year;
 - 6.7.3 commission Services for individuals who meet the eligibility criteria set out in the relevant Service Specification;
 - 6.7.4 contract with Provider(s) for the provision of the Services on terms agreed

between the Parties;

- 6.7.5 comply with all relevant legal duties and guidance of both Parties in relation to the Services being commissioned;
- 6.7.6 where Services are commissioned using the NHS Standard Form Contract, perform the obligations of the "Commissioner" and "Co-ordinating Commissioner" with all due skill, care, and attention and where Services are commissioned using any other form of contract to perform its obligations with all due skill and attention;
- 6.7.7 undertake performance management and contract monitoring of all Service Contracts;
- 6.7.8 put in place appropriate systems to make sure that payments of all sums due to a Provider take place pursuant to the terms of any Services Contract;
- 6.7.9 keep the other Party and the Tameside strategic partnership Committee regularly informed of the effectiveness of the arrangements including the Better Care Fund and any overspend or underspend in the Integrated Commissioning Fund.

7. ESTABLISHMENT OF THE POOLED FUND

- 7.1 In exercise of their respective powers under Section 75 of the 2006 Act, the Parties have agreed to establish and maintain a pooled fund for revenue expenditure as set out in the Commissioning Plan.
- 7.2 The Pooled Fund shall be managed and maintained in accordance with the terms of this Agreement and it is agreed that monies held in the Pooled Fund may only be used for the Permitted Budget and spent to commission prescribed services (as described in various legislation) and services that the Parties agree will contribute to the effective delivery of the prescribed services and Third Party Costs ("*Permitted Expenditure*").
- 7.3 The Parties may only depart from the definition of Permitted Expenditure to include or exclude other revenue expenditure with the express written agreement of each Party.
- 7.4 For the avoidance of doubt, monies held in the Pooled Fund may not be expended on Default Liabilities unless this is agreed by both Parties.
- 7.5 Pursuant to this Agreement, the Parties agree to appoint a Host Partner for the Pooled Fund who shall be responsible for:
 - 7.5.1 administering the record of the funds contributed to the Pooled Fund on behalf of itself and the other Party;
 - 7.5.2 administering the record of the funds expended by the Parties in relation to the Pooled Fund;
 - 7.5.3 administering a record of the funds contributed and expended by the Parties in relation to Aligned Funds and In Collaboration funds;
 - 7.5.4 ensuring that the Pooled Fund Manager complies with its obligations under this Agreement;
 - 7.5.5 For the avoidance of doubt each Party shall administer its own financial transactions initially within its own accounting ledger and seek reimbursement from the Host Partner out of the Pooled Fund.

8. POOLED FUND MANAGEMENT

- 8.1 The Parties hereby agree that the Host Partner shall appoint an officer to act as the Pooled Fund Manager for the purposes of Regulation 7(4) of the Regulations, subject to the consent of the other Party (such consent not to be unreasonably withheld).
- 8.2 The Pooled Fund Manager shall have the following duties and responsibilities (and shall have power to delegate any of these functions to suitably qualified staff subject to the terms of the Financial Framework):
- 8.2.1 the day to day operation and management of the Pooled Fund;
 - 8.2.2 ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this Agreement and the relevant Commissioning Plans;
 - 8.2.3 maintaining an overview of all joint financial issues affecting the Parties in relation to the Services and the Pooled Fund;
 - 8.2.4 ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
 - 8.2.5 reporting to the Parties as required by the Tameside Strategic Partnership Committee and the relevant Commissioning Plans;
 - 8.2.6 ensuring action is taken to manage any projected under or overspends relating to the Pooled Fund in accordance with this Agreement;
 - 8.2.7 preparing and submitting to the Tameside Strategic Partnership Committee regular reports and an annual return about the income and expenditure from the Pooled Fund together with such other information as may be required by the Parties and the Tameside Strategic Partnership Committee to monitor the effectiveness of the Pooled Fund and to enable the Parties to complete their own financial accounts and returns. The Parties agree to provide all necessary information in time for the reporting requirements to be met;
 - 8.2.8 preparing and submitting reports to the Health and Wellbeing Board as required by it.
- 8.3 In carrying out the responsibilities under Clause 8.2 the Pooled Fund Manager shall comply with the Financial Framework and have regard to the recommendations of the Tameside Strategic Partnership Committee and shall be accountable to the Parties.
- 8.4 The Tameside Strategic Partnership Committee may agree to the viring of funds within the Pooled Fund for Section 75 and Aligned elements only (subject to any specific requirements of the Financial Framework).

9. BUDGET CONTRIBUTIONS

- 9.1 The Budget Contribution of NHS GM and the Council to the Pooled Fund shall be as set out in each Commissioning Plan.
- 9.2 No provision of this Agreement shall preclude the Parties from making additional contributions of Non-Recurrent Payments to the Integrated Commissioning Fund from time to time by mutual agreement. Any such additional contributions of Non-Recurrent Payments shall be recorded in Tameside Strategic Partnership Committee minutes and recorded in the budget statement.

- 9.3 Any grant contributions (or other ring-fenced funding) shall be subject to the relevant conditions that apply and both Parties hereby agree to comply with those conditions.
- 9.4 The annual Disabled Facilities Grant received by the Council via the Department for Levelling Up, Housing and Communities is also included within the Pooled Fund. The Disabled Facilities Grant is included within Better Care Fund planning and reporting requirements as determined by the Department of Health and Social Care, Department for Levelling Up, Housing and Communities, and NHS England and Improvement.

10. OTHER RESOURCE CONTRIBUTIONS

- 10.1 Both Parties shall review non-financial contributions toward the Integrated Commissioning Fund including staff (including the Pooled Fund Manager), premises, IT support, and other non-financial resources necessary to perform its obligations pursuant to this Agreement (including, but not limited to, management of Services Contracts and the Pooled Fund) as part of the annual review.

11. FUTURE BUDGET SETTLEMENTS

- 11.1 **Risk to be addressed: Financial settlements and budget uplifts for future years are insufficient to meet rising demands and rising costs**

Possible scenarios:

- Local Government grant funding from government (Revenue Support Grant) is projected to reduce significantly;
- NHS allocation growth is significantly less than anticipated plans;
- Both Parties may be required to produce medium term efficiency plans in order to receive multi-year financial settlements;
- Financial pressures and consequences arising from a pandemic such as COVID-19;
- Greater Manchester Integrated Care or NHS England and Improvement impose additional requirements in response to the recommendations and detail included in the Health and Care Bill 2021.

- 11.2 Principles of response to these risks and future pressures:

- As far as is possible, the value of the single budgets will be kept at their equivalent current value;
- Treatment of remaining resource gaps will be addressed within the single consolidated fund with both Parties agreeing to vary contributions to mitigate variable pressures in health and care services.

12. RISK SHARE ARRANGEMENTS

- 12.1 In 2020/21, the Tameside & Glossop CCG Governing Body and Council Executive Cabinet agreed a two year risk share arrangement up to a maximum of £10 million with no more than £5 million in any one year. Any risk share arrangement enacted will have amounts repayable over the following two consecutive financial years for the benefit of the (Tameside) locality only. This period covers the financial years 2022/23 and 2023/24.
- 12.2 In acknowledgement of the terms of the risk share agreement outlined in 12.1 and enacted at 31 March 2022, a reciprocal increased contribution will be required payable to the Pooled Fund by 31 March 2024.

12.3 It is agreed by the Parties that, if the enacting of the risk share agreement leads to improved financial sustainability for the locality in 2023/24 or in subsequent financial years, then any resulting benefits are to be realised within the (Tameside) locality only.

13. PREMISES

13.1 The Parties shall be responsible for providing any premises which are necessary for the commissioning of the Services and where these requirements are not set out in the relevant Service Specification they will be agreed by the Tameside Strategic Partnership Committee.

14. PRE-EXISTING CONTRACTS

14.1 Where from time to time each Party will make available to the other respective service contracts to enable the other to carry out its role as agent from the Commencement Date.

14.2 The Parties may agree that, where necessary, and subject to the relevant Party's consent, the rights and obligations of the original contracting Party under the NHS GM Contracts or Council Contracts (as the case may be) may be transferred to the other Party by way of novation or assignment.

15. PREVIOUS HEALTH AGREEMENTS

15.1 The Previous Health Agreements shall terminate upon the coming into effect of this agreement and the monies in relation to those Previous Health Agreements shall transfer to the Integrated Commissioning Fund, and the future commissioning arrangements for those services as referred to in the Previous Health Agreements will be dealt with under this Agreement.

15.2 Termination of the Previous Health Agreements shall be without prejudice to the Parties' rights in respect of any antecedent breaches of those agreements and any provisions of those agreements which are to survive termination under those agreements.

16. CAPITAL EXPENDITURE

16.1 Neither Pooled Funds nor Aligned and In Collaboration Funds shall normally be applied towards any one-off expenditure on goods and / or services which will provide continuing benefit and would historically have been funded from the capital budgets of one of the Parties. If a need for capital expenditure is identified this must be agreed by the Parties and the capital expenditure must comply with any applicable grant conditions.

17. VAT

17.1 The Parties shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Revenue and Customs.

18. AUDIT AND RIGHT OF ACCESS

18.1 All Parties shall promote a culture of probity and sound financial discipline and control. The Host Partner shall arrange for the audit of the accounts of the Pooled Fund in accordance with the Regulations and section 7 of the Local Audit and Accountability Act 2014.

18.2 All internal and external auditors and all other persons authorised by the Parties will be given the right of access by them to any document, information, or explanation they require

from any employee or member of the Party in order to carry out their duties. This right is not limited to financial information or accounting records and applies equally to premises or equipment used in connection with this Agreement. Access may be at any time without notice, provided there is good cause for access without notice.

19. LIABILITIES AND INSURANCE AND INDEMNITY

- 19.1 Subject to Clause 19.2 and 19.3, if a Party ("First Party") incurs a Loss arising out of or in connection with this Agreement or the Services Contract as a consequence of any act or omission of another Party ("Other Party") which constitutes negligence, fraud, or a breach of contract in relation to this Agreement or the Services Contract then the Other Party shall be liable to the First Party for that Loss and shall indemnify the First Party accordingly.
- 19.2 Clause 19.1 shall only apply to the extent that the acts or omissions of the Other Party contributed to the relevant Loss. Furthermore, it shall not apply if such act or omission occurred as a consequence of the Other Party acting in accordance with the instructions or requests of the First Party or the Tameside Strategic Partnership Committee.
- 19.3 If any third party makes a claim or intimates an intention to make a claim against either Party, which may reasonably be considered as likely to give rise to liability under this Clause 19 the Party that may claim against the other indemnifying Party will:
- 19.3.1 as soon as reasonably practicable give written notice of that matter to the Other Party specifying in reasonable detail the nature of the relevant claim;
 - 19.3.2 not make any admission of liability, agreement, or compromise in relation to the relevant claim without the prior written consent of the Other Party (such consent not to be unreasonably conditioned, withheld, or delayed);
 - 19.3.3 give the Other Party and its professional advisers reasonable access to its premises and personnel and to any relevant assets, accounts, documents, and records within its power or control so as to enable the Indemnifying Party and its professional advisers to examine such premises, assets, accounts, documents, and records and to take copies at their own expense for the purpose of assessing the merits of, and if necessary defending, the relevant claim.
- 19.4 Each Party shall ensure that they maintain policies of insurance (or equivalent arrangements through schemes operated by National Health Service Resolution) in respect of all potential liabilities arising from this Agreement.
- 19.5 Each Party shall at all times take all reasonable steps to minimise and mitigate any loss for which one Party is entitled to bring a claim against the other pursuant to this Agreement.

20. STANDARDS OF CONDUCT AND SERVICE

- 20.1 The Parties will at all times comply with Law and ensure good corporate governance in respect of each Party (including the Parties' respective Constitutions, standing orders, standing financial instructions, and codes of conduct).
- 20.2 The Council is subject to the Best Value Duty. This Agreement and the operation of the Integrated Commissioning Fund is therefore subject to the Council's Best Value Duty and the NHS GM will co-operate with all reasonable requests from the Council which the Council considers necessary in order to fulfil its Best Value Duty.
- 20.3 The NHS GM is subject to the NHS GM Statutory Duties and these include a duty of

clinical governance, through which it is accountable for securing continuous improvements to the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This Agreement and the operation of the Pooled Fund are subject to ensuring compliance with the NHS GM Statutory Duties and clinical governance obligations.

- 20.4 The Parties are committed to an approach to equality and equal opportunities as represented in their respective policies. The Parties will maintain and develop these policies as applied to service provision with the aim of developing a joint strategy for all elements of the service.

21. CONFLICTS OF INTEREST

- 21.1 The Parties shall comply with their respective policies for identifying and managing conflicts of interest.
- 21.2 The Tameside Strategic Partnership Committee shall maintain a register of interests.
- 21.3 In the event of a conflict arising between the Parties' respective policies the matter shall be referred to the Accountable Officer for resolution. This acknowledges that there is one Accountable Officer over the two statutory organisations. Should the Accountable Officer be unable to reach a resolution the matter shall be determined as a dispute in accordance with Clause 26.

22. GOVERNANCE

- 22.1 Section 75 of the 2006 Act states that the partner organisation's retain the statutory responsibilities and remain accountable for the prescribed services set out for each in various legislation.
- 22.2 Overall strategic oversight of the development of Integrated Commissioning is vested in the Council's Executive Cabinet and the NHS GM's Strategic Partnership Committee, which shall remain the statutory decision-making bodies.
- 22.3 The Health and Wellbeing Board will provide strategic oversight of partnership working between the Parties and shall make recommendations to the Parties as to any actions it considers necessary.
- 22.4 The Parties have established the Tameside Strategic Partnership Committee to provide oversight and leadership for delivery of Integrated Commissioning.
- 22.5 The Tameside Strategic Partnership Committee is based on a joint working group structure. Each member of the Tameside Strategic Partnership Committee who is an officer of one of the Parties and has individual delegated responsibility from the Party employing them to make decisions that enable the Tameside Strategic Partnership Committee to carry out its objects, roles, duties, and functions as set out in this Clause 22 and Schedule 2 may exercise those powers. The Tameside Strategic Partnership Committee will ensure compliance with both Parties' Constitutions, standards of clinical and corporate governance, and management and behavioral standards expected.
- 22.6 The Parties will ensure membership is appropriate to carry out the required functions of the Tameside Strategic Partnership Committee.
- 22.7 The senior management and officers delivering Integrated Commissioning will be given sufficient relevant delegated authority to carry out their role.

- 22.8 Each Party has secured internal reporting arrangements to ensure the standards of accountability and probity required by each Party's own statutory duties and organisation are complied with.
- 22.9 The Tameside Strategic Partnership Committee is responsible for making decisions relating to the Pooled Fund in accordance with the relevant standing financial instructions and schemes of delegation. The Tameside Strategic Partnership Committee shall be responsible for the overall approval of Commissioning Plans and business cases.

23. REVIEW

- 23.1 Save where the NHS GM's Governing Body and the Council's Cabinet agrees alternative arrangements (including alternative frequencies) the Parties shall undertake an annual review ("**Annual Review**") of the operation of this Agreement, the Integrated Commissioning Fund, and the provision of the Services each Financial Year. The Tameside Strategic Partnership Committee will agree the frequency and scale of any other reviews, monitoring, and reporting of activity and the performance of the integrated commissioning function.
- 23.2 The Tameside Strategic Partnership Committee shall within twenty (20) Working Days of the Annual Review prepare a joint annual report documenting the matters referred to in this Clause 23. A copy of this report shall be provided to the Parties.
- 23.3 In the event that the Parties fail to meet the requirements of the Better Care Fund Plan and NHS England and Improvement the Parties shall provide full co-operation with NHS England and Improvement to agree a recovery plan.

24. COMPLAINTS

- 24.1 In this Agreement, "complaints" shall include complaints, concerns, and comments that come to the attention of the Parties through any source and in any medium, and shall include complaints about any aspect of the Services commissioned and about the function of commissioning.
- 24.2 The Parties agree that they and the Tameside Strategic Partnership Committee will adhere to the relevant policies of the Parties in responding to complaints. Complaints will be handled in accordance with the policies of the most appropriate Party. In the event of there being a dispute over which is the most appropriate Party, the role shall fall to the Lead Commissioner for the service involved.
- 24.3 Analysis of the complaints handled by the Parties shall be reported to the Tameside Strategic Partnership Committee.

25. TERMINATION & DEFAULT

- 25.1 This Agreement may be terminated by either Party giving not less than three months' notice in writing to terminate this Agreement or as otherwise agreed between the Parties.
- 25.2 Each of the individual Services may be terminated in accordance with the terms set out in the relevant Service Contract provided that the Parties ensure that the Better Care Fund requirements continue to be met.
- 25.3 If any Party ("Relevant Party") fails to meet any of its obligations under this Agreement, the other Party may by notice require the Relevant Party to take such reasonable action within a reasonable timescale as the other Party may specify to rectify such failure. Should the Relevant Party fail to rectify such failure within such reasonable timescale the matter

shall be referred for resolution in accordance with Clause 26.

25.4 Termination of this Agreement (whether by effluxion of time or otherwise) shall be without prejudice to the Parties' rights in respect of any antecedent breach and the provisions of Clauses 19 and 28.

25.5 Upon termination of this Agreement for any reason whatsoever the following shall apply:

25.5.1 the Parties agree that they will work together and co-operate to ensure that the winding down and disaggregation of the integrated and joint activities to the separate responsibilities of the Parties is carried out smoothly and with as little disruption as possible to service users, employees, the Parties, and third parties so as to minimise costs and liabilities of each Party in doing so;

25.5.2 where either Party has entered into a Service Contract which continues after the termination of this Agreement, both Parties shall continue to contribute to the Contract Price in accordance with the agreed contribution for that Service prior to termination and will enter into all appropriate legal documentation required in respect of this;

25.5.3 the Lead Commissioner shall make reasonable endeavors to amend or terminate a Service Contract (which shall for the avoidance of doubt not include any act or omission that would place the Lead Commissioner in breach of the Service Contract) where the other Party requests the same in writing provided that the Lead Commissioner shall not be required to make any payments to the Provider for such amendment or termination unless the Parties shall have agreed in advance who shall be responsible for any such payment;

25.5.4 where a Service Contract held by a Lead Commissioner relates all or partially to services which relate to the other Party's Functions then provided that the Service Contract allows for it the other Party may request that the Lead Commissioner assigns the Service Contract in whole or part upon the same terms mutatis mutandis as the original contract;

25.5.5 the Tameside Strategic Partnership Committee shall continue to operate for the purposes of functions associated with this Agreement for the remainder of any contracts and commitments relating to this Agreement; and

25.5.6 termination of this Agreement shall have no effect on the liability of any rights or remedies of either Party already accrued, prior to the date upon which such termination takes effect.

25.6 In the event of termination in relation to an individual Service the provisions of Clause 26.5 shall apply mutatis mutandis in relation to the individual Service (as though references as to this Agreement were to that individual Service).

26. DISPUTE RESOLUTION

26.1 The following principles are to be adhered to for any dispute resolution:

26.1.1 The resolution agreement must be in the best interests of the population of Tameside. It must maintain the quality of health and social care provision now and in the future, deliver the best possible outcomes, support innovation where appropriate, make care more cost-effective, and allocate risk fairly.

26.1.2 The resolution agreement must promote transparency and accountability. It should hold the Parties to the Agreement accountable to each other and to patients and

citizens, and facilitate the sharing of appropriate information to achieve the ambition of the Care Together Programme.

26.1.3 The Parties must engage constructively with each other within the dispute resolution process when working to reach agreement.

26.2 This dispute resolution process operates in three stages:

26.2.1 The first stage involves advice and / or mediation by the Parties clarifying which points are in dispute and the basis for the dispute for each disputed point. A mediator is to be agreed by the Parties and, in default of such agreement by the Parties, the mediator shall be a person nominated by the Parties. All relevant information should be exchanged between the Parties to ensure that a clear understanding of the disputed points is established as a basis for reaching an agreement cognisant of the above-mentioned principles, to avoid the requirement to enter into the second or third stages. It is expected that this process will be conducted within a two week period. If the Parties reach an agreement, this will be binding upon each Party.

26.2.2 The second stage involves more formal negotiation between the Parties with the aim of reaching a negotiated position that is acceptable to both Parties. This stage will utilise the information shared during the stage one process as well as any additional pertinent information. This stage will be facilitated by a mediator to be nominated by an arbitration service as agreed by the Parties (at this stage the mediator is being appointed for the Parties on the basis that the mediation facilitated by the self-chosen mediator at stage one was unsuccessful). It is expected that this process will be conducted within a two-week period. If the Parties reach an agreement this will be binding upon each Party. It is anticipated that both Parties would agree to the appointment of the mediator; in the event that one or both Parties do not agree the nominee a further nominee would be sought from the arbitration service.

26.2.3 The third stage involves formal arbitration that will be affected by means of a mediation panel appointed by the Tameside Strategic Partnership Committee following nominations by the arbitration service. In the event that one or both Parties do not agree the nominee's further nominees would be sought from the arbitration service.

26.3 Each of these panel representatives will not be conflicted by the disputed points under question, with conflicts of interest defined in the following categories:

26.3.1 Financial interest: Where an individual may get direct financial benefit from the consequences of a decision;

26.3.2 Non-financial professional interest: Where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career;

26.3.3. Non-financial personal interest: Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit;

26.3.4. Indirect interest: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest, or a non-financial personal interest in a decision (as those categories are described above).

26.4 The mediation panel will meet to review the disputed points that have been identified by the Parties in the first stage process. The panel may call on expert advice and / or on the disputed

parties at their discretion. No member of the panel will have a strong prior relationship with any organisation or with the key staff involved in the dispute.

26.5 Arbitration will be conducted using the 'pendulum principle' for each issue. This means that the mediation panel can only find wholly in favour of one of the disputed parties for each disputed point; they can neither propose a different solution nor split the difference. If there are multiple areas of dispute these will be considered separately.

26.5.1 The agreed rationale for the pendulum principle: Application of the pendulum principle is designed to reduce the need for arbitration in the first place. The Party whose proposal will be accepted will be the one whose stance is most consistent with this Agreement and the principles of the Care Together Programme. In matters where this Agreement and the principles of the Care Together Programme do not clearly determine the adjudication the accepted proposal is that which is closest to what the mediation panel believes is reasonable.

26.5.2 The mediation panel will apply the pendulum principle to the most recent proposal made by each Party. It is required that each Party is aware of the proposals of the other Party. Where there are multiple areas of dispute between the Parties these will normally be treated separately by the mediation panel and the pendulum principle applied to each individual issue of dispute. However, the mediation panel may at its discretion decide to adjudicate only once across a number of issues it perceives to be linked.

26.6 In making its decision the mediation panel will consider the relative reasonableness of the final-offer proposals. In so doing it will act in accordance with the overarching principles as detailed above, which will be updated to include any principles established as a result of previous arbitrations. The decisions of the mediation panel will be binding upon the Parties.

26.7 Once the mediation panel has reached its decisions it will write jointly to the Parties within one Working Day of the panel date informing them of the outcome of the arbitration. It is expected that this third stage process will be completed within a four week period.

26.8 Parties involved in any formal dispute have recourse to existing routes of challenge if the dispute process has not been followed correctly.

27. FORCE MAJEURE

27.1 Neither Party shall be entitled to bring a claim for a breach of obligations under this Agreement by the other Party or incur any liability to the other Party for any losses or damages incurred by that Party to the extent that a Force Majeure Event occurs and it is prevented from carrying out its obligations by that Force Majeure Event.

27.2 On the occurrence of a Force Majeure Event, the Affected Party shall notify the other Party as soon as practicable. Such notification shall include details of the Force Majeure Event, including evidence of its effect on the obligations of the Affected Party and any action proposed to mitigate its effect.

27.3 As soon as practicable, following notification as detailed in Clause 27.2, the Parties shall consult with each other in good faith and use all best endeavors to agree appropriate terms to mitigate the effects of the Force Majeure Event and, subject to Clause 27.4, facilitate the continued performance of the Agreement.

27.4 If the Force Majeure Event continues for a period of more than sixty (60) days, either Party shall have the right to terminate the Agreement by giving fourteen (14) days' written notice of termination to the other Party. For the avoidance of doubt, no compensation shall be payable by either Party as a direct consequence of this Agreement being terminated in accordance with this Clause.

28. CONFIDENTIALITY

- 28.1 In respect of any Confidential Information a Party receives from another Party (the "Discloser") and subject always to the remainder of this Clause 28, each Party (the "Recipient") undertakes to keep secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent provided that:
- 28.1.1 the Recipient shall not be prevented from using any general knowledge, experience, or skills which were in its possession prior to the Commencement Date; and
 - 28.1.2 the provisions of this Clause 28 shall not apply to any Confidential Information which:
 - 28.1.2.1 is in or enters the public domain other than by breach of the Agreement or other act or omission of the Recipient; or
 - 28.1.2.2 is obtained by a third party who is lawfully authorised to disclose such information.
- 28.2 Nothing in this Clause 28 shall prevent the Recipient from disclosing Confidential Information where it is required to do so in fulfilment of statutory obligations or by judicial, administrative, governmental, or regulatory process in connection with any action, suit, proceedings, or claim or otherwise by applicable Law.
- 28.3 Each Party:
- 28.3.1 may only disclose Confidential Information to its employees and professional advisors to the extent strictly necessary for such employees to carry out their duties under the Agreement;
 - 28.3.2 will ensure that, where Confidential Information is disclosed in accordance with Clause 28.3.1, the recipient(s) of that information is made subject to a duty of confidentiality equivalent to that contained in this Clause 28; and
 - 28.3.3 shall not use Confidential Information other than strictly for the performance of its obligations under this Agreement.

29. FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS

- 29.1 The Parties agree that they will each co-operate with each other to enable any Party receiving a request for information under the 2000 Act or the 2004 Regulations to respond to a request promptly and within the statutory timescales. This co-operation shall include but not be limited to finding, retrieving, and supplying information held, directing requests to other Parties as appropriate, and responding to any requests by the Party receiving a request for comments or other assistance.
- 29.2 Each Party acknowledges that the other Party is subject to the requirements of the 2000 Act and 2004 Regulations and each Party shall assist and co-operate with the other, at their own expense, to enable the other Party to comply with its information disclosure obligations.
- 29.3 Where a Party receives a request for information specifically in relation to a function of the other Party, it shall direct the request for information to the other Party as soon as practicable after receipt and in any event within two Working Days of receiving the request

for information.

- 29.4 Where the request relates to functions of both Parties, the Party receiving the request will share the request with the other Party as soon as practicable after receipt and, in any event, within two Working Days and that Party will assist and co-operate with the other as is necessary for it to respond to the request within the time for compliance. If either Party determines that information must be disclosed it shall notify the other Party of that decision at least two Working Days before disclosure. Each Party shall be responsible for determining at its absolute discretion whether the relevant information is exempt from disclosure or is to be disclosed in response to a request for information.
- 29.5 Any and all agreements between the Parties as to confidentiality shall be subject to their duties under the 2000 Act and 2004 Regulations. No Party shall be in breach of Clause 29 or any other confidentiality Clauses or agreements if it makes disclosures of information in accordance with the 2000 Act and / or 2004 Regulations.

30. INFORMATION SHARING AND DATA PROTECTION

- 30.1 In all instances where the Council and NHS GM share information with each other and in the functioning of the Tameside Strategic Partnership Committee, in respect of all applicable UK Data Protection Legislation the Parties acknowledge that each Party will at any point in time and from time to time be acting as Controller and Processor respectively in respect of particular actions and functions or, on other occasions, will be acting as Joint Controller and as joint Processors, and the Parties give assurance to each other that each will keep alert and recognise their responsibilities on such different occasions and will comply with all applicable Data Protection Legislation. For the avoidance of doubt, each Party will comply with their own internal corporate information governance policies and procedures.
- 30.2 Subject to the following provisions of this section the Parties shall work together to establish effective arrangements to permit and control the exchange of information to support the Integrated Commissioning arrangements.
- 30.3 Without prejudice to any other provision of this Agreement, each Party shall at all times comply with the requirements of the Data Protection Legislation in respect of any Personal Data howsoever acquired or processed for the purposes of, or in the operation of, the Integrated Commissioning arrangements and Personal Data collected or processed for any purposes connected with this Agreement will not be disclosed to any other person otherwise than in strict accordance with the provisions of the Data Protection Legislation.
- 30.4 Each Party shall ensure that in order to process any information for the purposes of this Agreement lawfully, fairly, and transparently in accordance with the Data Protection Legislation that it shall notify the subject of such Personal Data of the purposes for which it is gathered and for which it may be disclosed. Where necessary, the Parties will obtain the consent of Service Users and other Data Subjects to disclose Personal Data to be used for the purposes of this Agreement.
- 30.5 Any data disclosed by a Party to the other for use in carrying out the purposes of this Agreement will be held and processed strictly in accordance with the Data Protection Legislation and any common law obligation of confidentiality.
- 30.6 The Parties shall:
- 30.6.1 keep confidential any information obtained in connection with this Agreement and Personal Data, subject to the Data Protection Legislation; and
 - 30.6.2 take appropriate technical and organisational measures against unauthorised or

unlawful processing of such Personal Data and against accidental loss, destruction of, or damage to such Personal Data.

31 **OMBUDSMAN**

The Parties will co-operate with any investigation undertaken by the Parliamentary and Health Service Ombudsman or the Local Government and Social Care Ombudsman (or both of them) in connection with this Agreement.

32 **PARTIES / NOTICES**

32.1 Any notice to be given under this Agreement shall either be delivered personally or sent by first class post or electronic mail. The address for service of each Party shall be as set out in Clause 32.3 or such other address as each Party may previously have notified to the other Party in writing. A notice shall be deemed to have been served if:

32.1.1 personally delivered, at the time of delivery;

32.1.2 posted, at the expiration of forty eight (48) hours after the envelope containing the same was delivered into the custody of the postal authorities; and

32.1.3 if sent by electronic mail, at the time of transmission and a telephone call must be made to the recipient warning the recipient that an electronic mail message has been sent (as evidenced by a contemporaneous note of the Party sending the notice) and a hard copy of such notice is also sent by first class recorded delivery post on the same day as that on which the electronic mail is sent.

32.2 In proving such service, it shall be sufficient to prove that personal delivery was made, or that the envelope containing such notice was properly addressed and delivered into the custody of the postal authority as prepaid first class, or that the electronic mail was properly addressed and no message was received informing the sender that it had not been received by the recipient (as the case may be) and the hard copy was properly addressed and delivered into the custody of the postal authority as first class recorded delivery on the same day as that on which the electronic mail was sent.

32.3 The address for service of notices as referred to in Clause 32.1 shall be as follows unless otherwise notified to the other Party in writing:

32.3.1 if to the Council addressed to the:

Assistant Executive Director (Finance)
Tameside Metropolitan Borough Council
Tameside One
PO Box 317
Ashton-Under-Lyne
OL6 6BH

32.3.2 if to the NHS GM, addressed to the:

Associate Director of Finance
NHS Greater Manchester (Tameside)
Tameside One
PO Box 317
Ashton-Under-Lyne
OL6 6BH

33 **VARIATION**

33.1 Subject to Clause 33.2, no variations to this Agreement will be valid unless they are recorded in writing and signed for and on behalf of each of the Parties.

33.2 The members of the Tameside Strategic Partnership Committee may choose to exercise their delegated powers on behalf of their employer organisation (for the avoidance of doubt in each case must either be the NHS GM or the Council) to:

33.2.1 agree the addition of Commissioning Plans or Integrated Commissioning Strategies to this agreement following the approval of a detailed business case by each of the Parties; and

33.2.2 carry out an Annual Review of this Agreement pursuant to Clause 23 and implement necessary changes following the review.

34 **CHANGE IN LAW**

34.1 The Parties shall ascertain, observe, perform and comply with all relevant Laws, and shall do and execute or cause to be done and executed all acts required to be done under or by virtue of any Laws.

34.2 On the occurrence of any Change in Law, the Parties shall agree in good faith any amendment required to this Agreement as a result of the Change in Law subject to the Parties using all reasonable endeavors to mitigate the adverse effects of such Change in Law and taking all reasonable steps to minimise any increase in costs arising from such Change in Law.

34.3 In the event of failure by the Parties to agree the relevant amendments to the Agreement (as appropriate), the Clause 26 (Dispute Resolution) shall apply.

35 **WAIVER**

35.1 No failure or delay by any Party to exercise any right, power or remedy will operate as a waiver of it nor will any partial exercise preclude any further exercise of the same or of some other right to remedy.

36 **SEVERANCE**

36.1 If any provision of this Agreement, not being of a fundamental nature, shall be held to be illegal or unenforceable, the enforceability of the remainder of this Agreement shall not thereby be affected.

37 **ASSIGNMENT AND SUB CONTRACTING**

37.1 The Parties shall not sub contract, assign, or transfer the whole or any part of this Agreement without the prior written consent of the other Parties, which shall not be unreasonably withheld or delayed. This shall not apply to any assignment to a statutory successor of all or part of a Party's statutory functions.

38 **EXCLUSION OF PARTNERSHIP AND AGENCY**

38.1 Nothing in this Agreement shall create or be deemed to create a partnership under the Partnership Act 1890 or the Limited Partnership Act 1907, a joint venture, or the relationship of employer and employee between the Parties or render either Party directly liable to any third party for the debts, liabilities, or obligations of the other.

38.2 Except as expressly provided otherwise in this Agreement or where the context or any statutory provision otherwise necessarily requires, neither Party will have authority to, or hold itself out as having authority to:

38.2.1 act as an agent of the other;

38.2.2 make any representations or give any warranties to third parties on behalf of or in respect of the other; or

38.2.3 bind the other in any way.

39 **THIRD PARTY RIGHTS**

39.1 Unless the right of enforcement is expressly provided, no third party shall have the right to pursue any right under this Agreement pursuant to the Contracts (Rights of Third Parties) Act 1999 or otherwise.

40 **ENTIRE AGREEMENT**

40.1 The terms herein contained together with the contents of the Schedules constitute the complete Agreement between the Parties with respect to the subject matter hereof and supersede all previous communications, representations, understandings, and agreement and any representation, promise, or condition not incorporated herein shall not be binding on any Party.

40.2 No agreement or understanding varying or extending or pursuant to any of the terms or provisions hereof shall be binding upon any Party unless in writing and signed by a duly authorised officer or representative of the Parties.

41 **COUNTERPARTS**

41.1 This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Parties shall constitute a full original of this Agreement for all purposes.

42 **GOVERNING LAW AND JURISDICTION**

42.1 This Agreement and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales.

42.2 Subject to Clause 26 (Dispute Resolution), the Parties irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceedings, dispute, or claim which may arise out of, or in connection with, this Agreement, its subject matter, or formation (including non-contractual disputes or claims).

IN WITNESS WHEREOF this Agreement has been executed by the Parties on the date of this Agreement

Executed as a Deed by affixing the common seal of **TAMESIDE METROPOLITAN BOROUGH COUNCIL**

in the presence of:

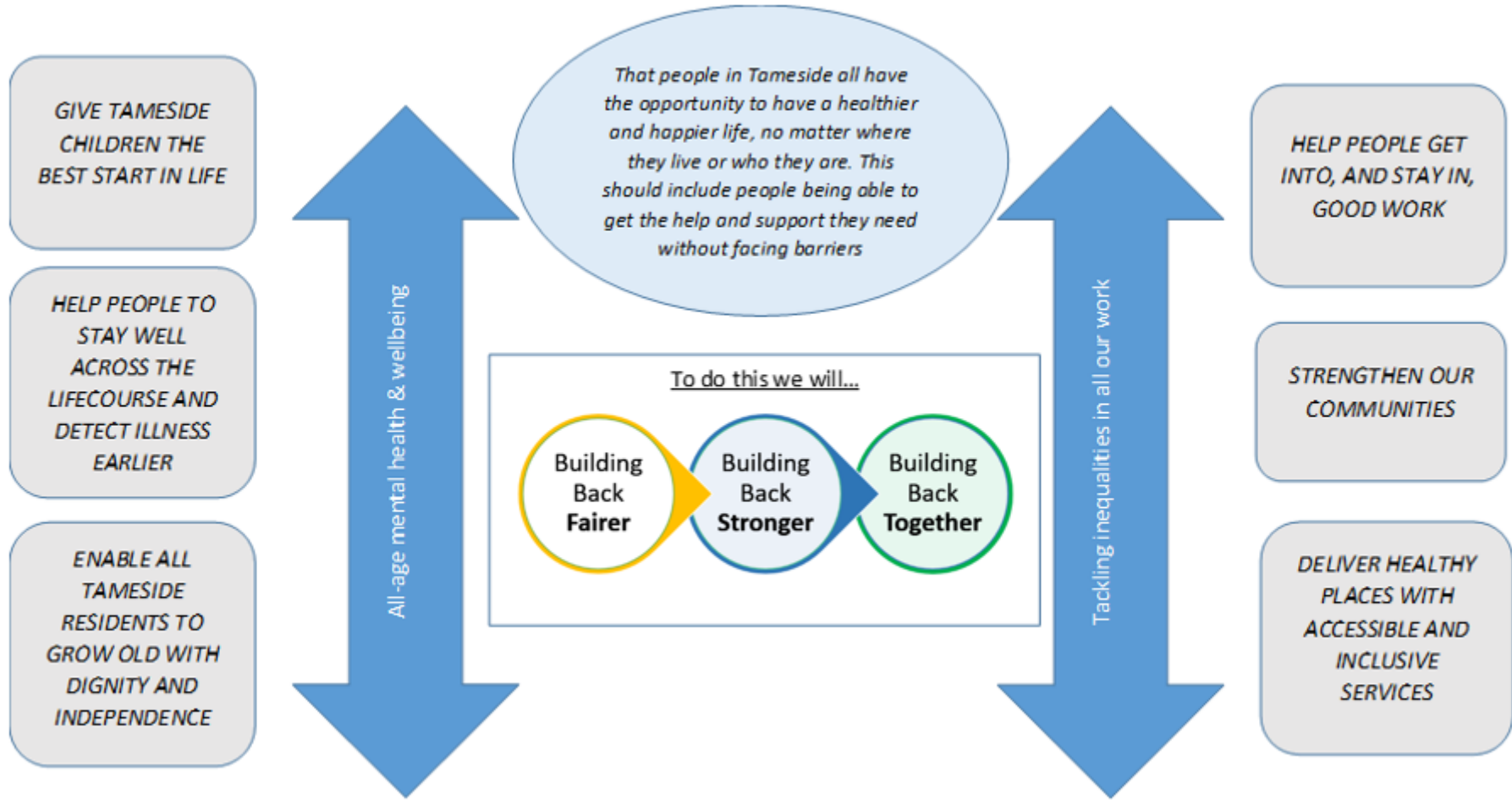
.....
Authorised Signatory

Executed as a Deed by affixing the common seal of **NHS GREATER MANCHESTER**

in the presence of:

.....
Authorised Signatory

SCHEDULE 1 – COMMISSIONING STRATEGY: PLAN ON A PAGE



SCHEDULE 2 – GOVERNANCE

1. The clinical and care principles by which the pool will be operated is overseen by the Tameside Strategic Partnership Committee. Membership includes representatives from the NHS GM Executive Board and the Executive Cabinet of the Council. As such the Tameside Strategic Partnership Committee will constitute a Joint Committee of the NHS GM and the Council in compliance with the Local Government Act 1972 and the 2006 Act, which permits the creation of a joint committee.
2. The Tameside Strategic Partnership Committee represents the interests of both Parties in securing improved operation of the local health economy. Members will have equal voting rights and so an equal stake in securing better outcomes.
3. The Tameside Strategic Partnership Committee will set out the key priorities and principles for the pool through which improvements to clinical and care outcomes and to financial sustainability will be secured. The Tameside Strategic Partnership Committee will be wholly accountable for the Pooled Fund and delegate day to day facilitation of the pool to the Single Finance Management Team and hold them responsible for this.
4. Decisions to pool funding and management of Services or commissioning areas will be made by the Tameside Strategic Partnership Committee.
5. Decisions by both the NHS GM and Council Finance Management Teams to deploy funds from the risk pool and the investment reserve will require authorisation by the Tameside Strategic Partnership Committee.
6. The management of the Integrated Commissioning Fund is facilitated jointly by the NHS GM and Council Financial Management Teams via formal delegation from the Tameside Strategic Partnership Committee. Financial and performance monitoring reports to the Tameside Strategic Partnership Committee, the NHS GM, and the Council will be provided on a regular basis.
7. As the Health and Wellbeing Board includes representatives of a number of organisations (including providers) who are not statutory commissioners of local health and care services, it is not appropriate to require the Health and Wellbeing Board to take decisions on the Pooled Fund. The Health and Wellbeing Board will however be kept informed of the performance of the Integrated Commissioning Fund.

SCHEDULE 3 – JOINT WORKING OBLIGATIONS

LEAD COMMISSIONER OBLIGATIONS

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

- 1 The Lead Commissioner shall notify the other Party if it receives or serves:
 - 1.1 a Change in Control Notice (or equivalent if using a Council standard contract);
 - 1.2 a Notice of an Event of Force Majeure (or equivalent if using a Council standard contract);
 - 1.3 a Contract Query (or equivalent if using a Council standard contract);
 - 1.4 Exception Reportsand provide copies of the same (or equivalent if using a Council standard contract).
- 2 The Lead Commissioner shall provide the other Party with copies of any and all:
 - 2.1 CQUIN Performance Reports (or equivalent if using a Council standard contract);
 - 2.2 Activity Reports (or equivalent if using a Council standard contract);
 - 2.3 Review Records (or equivalent if using a Council standard contract);
 - 2.4 Remedial Action Plans (or equivalent if using a Council standard contract);
 - 2.5 Joint Investigation Reports (or equivalent if using a Council standard contract); and
 - 2.6 Service Quality Performance Report (or equivalent if using a Council standard contract);
- 3 The Lead Commissioner shall consult with the other Party before attending:
 - 3.1 an Activity Management Meeting (or equivalent if using a Council standard contract);
 - 3.2 Contract Management Meeting (or equivalent if using a Council standard contract);
 - 3.3 Review Meeting (or equivalent if using a Council standard contract);and to the extent the Service Contract permits, raise issues reasonably requested by a Party at those meetings.
- 4 The Lead Commissioner shall not:
 - 4.1 permanently or temporarily withhold or retain monies pursuant to the Withholding and Retaining of Payment Provisions;
 - 4.2 vary any Provider Plans (excluding Remedial Action Plans (or equivalent if using a Council standard contract));
 - 4.3 agree (or vary) the terms of a Joint Investigation or a Joint Action Plan (or equivalent if using a Council standard contract);
 - 4.4 give any approvals under the Service Contract;

- 4.5 agree to or propose any variation to the Service Contract (including any Schedule or Appendices);
- 4.6 suspend all or part of the Services;
- 4.7 serve any notice to terminate the Service Contract (in whole or in part);
- 4.8 serve any notice;
- 4.9 agree (or vary) the terms of a Succession Plan (or equivalent if using a Council standard contract);

without the prior approval of the other Party (acting through the Tameside Strategic Partnership Committee) such approval not to be unreasonably withheld or delayed.
- 5 The Lead Commissioner shall advise the other Party of any matter which has been referred for dispute and agree what (if any) matters will require the prior approval of one or more of the other Parties as part of that process.
- 6 The Lead Commissioner shall notify the other Party of the outcome of any Dispute that is agreed or determined by Dispute Resolution.
- 7 The Lead Commissioner shall share copies of any reports submitted by the Service Provider to the Lead Commissioner pursuant to the Service Contract (including audit reports).

OBLIGATIONS OF THE OTHER PARTNER

Terminology used in this Schedule shall have the meaning attributed to it in the NHS Standard Form Contract save where this Agreement or the context requires otherwise.

- 8 Each Party shall (at its own cost) provide such cooperation, assistance and support to the Lead Commissioner (including the provision of data and other information) as is reasonably necessary to enable the Lead Commissioner to:
 - 8.1 resolve disputes pursuant to a Service Contract;
 - 8.2 comply with its obligations pursuant to a Service Contract and this Agreement;
 - 8.3 ensure continuity and a smooth transfer of any Services that have been suspended, expired, or terminated pursuant to the terms of the relevant Service Contract;
- 9 No Party shall unreasonably withhold or delay consent requested by the Lead Commissioner.
- 10 Each Party (other than the Lead Commissioner) shall:
 - 10.1 comply with the requirements imposed on the Lead Commissioner pursuant to the relevant Service Contract in relation to any information disclosed to the other Party;
 - 10.2 notify the Lead Commissioner of any matters that might prevent the Lead Commissioner from giving any of the warranties set out in a Services Contract or which might cause the Lead Commissioner to be in breach of warranty.

SCHEDULE 4 – PERFORMANCE ARRANGEMENTS

INTEGRATED PERFORMANCE MANAGEMENT FRAMEWORK FOR COMMISSIONING

1. INTRODUCTION

This Agreement between the Council and the NHS GM establishes a framework for joining together the commissioning, provision, finances, performance management, and governance for the services covered by the Agreement.

This schedule outlines the arrangements for the performance management framework for the Agreement.

2. PURPOSE

This schedule aims to ensure that Parties adopt an integrated performance management framework to ensure they plan, deliver, review, and act on relevant information to commission improved outcomes for the people of Tameside.

This approach will ensure that the actions and investment of Parties will lead towards the achievement of national, regional, and local performance targets as well as improving outcomes for the people of Tameside.

3. DEFINITION

Performance management is the overall process that integrates planning, action, monitoring, and review. Performance management means knowing:

- What you are aiming for (e.g. purpose, mission, corporate aims, strategic goals etc)
- What you have to do to meet these aims (e.g. business plan, project plan, etc)
- What the priorities are, and ensuring that there are sufficient resources (inputs)
- What the current performance is through monitoring and reporting
- How to review progress, detect problems, and take action in a timely manner to ensure the outcome/target is achieved

4. BENEFITS

Effective performance management enables relevant staff throughout the Single Commission to:

- Be clear what the strategic objectives are for commissioning
- Be clear what outcomes are to be delivered in any one Financial Year

thereby ensuring better quality Services are delivered to local people.

5. OUTLINE FRAMEWORK

Essentially the performance management framework consists of three processes in relation to joint commissioning.

5.1 BUSINESS PLANNING PROCESS

- a) Integrated Commissioning Plans that state the strategic objectives and key performance measures for a period of three to five Financial Years, and commissioning intentions for those objectives with timescales for achievement.
- b) Contracts that state how performance will be monitored, reported, and reviewed and necessary action taken, including performance indicators.

5.2 REPORTING AND REVIEW PROCESS

- a) Overall progress against delivery of the outcomes in the Integrated Commissioning Plans.
- b) Overall progress against delivery on the contracts and identification of reasons for under performance.

5.3 PERFORMANCE IMPROVEMENT PROCESS

- a) Ensuring action is taken where the continuation of current performance would lead to an outcome / target not being met.
- b) Application of a range of tools and techniques to improve overall performance.

6. FRAMEWORK DETAIL

6.1 BUSINESS PLANNING PROCESS

- 6.1.1 It is the responsibility of the relevant Host Partner to develop and annually review a Commissioning Plan on a rolling three Financial Year basis for the particular service to be commissioned. Each strategy will be developed by adherence to the 'commissioning cycle' and in consultation with service users and carers.
- 6.1.2 It is the responsibility of the relevant Host Partner to develop an annual Commissioning Plan. This plan will state the outcomes to be achieved, by when, and what the risks are if they are not achieved.
- 6.1.3 Each outcome in the Commissioning Plan should be aligned to one of the strategic objectives. Any outcome that is not so aligned should be reviewed as to why it is being considered.
- 6.1.4 The Host Partner should then go through a process of developing, negotiating, and agreeing a contract with each third party provider regarding the outcomes they are to deliver. It will be clear which Services are to be discontinued (e.g. in the advent of a budget reduction).
- 6.1.5 Contracts with third party providers should:
 - Take account of the requirements of the Better Care Fund and the agreed Commissioning strategies and annual plans of the Council and the NHS GM;
 - Include a requirement on the provider to develop a detailed service plan (e.g. stating what, by when, by who and the risk associated with not achieving the outcome) as to how the provider intends achieving the said outcomes. It should also require the provider to regularly measure progress against achieving the outcomes, to report this to the Host Partner in a timely manner to an agreed frequency (e.g. monthly), and to provide a Performance Improvement Plan or Recovery Plan where performance is significantly under par.
- 6.1.6 Include a process whereby outcomes may be added or removed as a result of changing needs.

6.2 REPORTING AND REVIEW PROCESS

- 6.2.1 Regular meetings should be held between the Host Partner and the provider to review performance.

6.2.2 The Host Partner will monitor services as part of a basket of measures that contribute to the delivery of key outcomes, having regard to national, regional, and local key performance indicators such as:

- Best Value Performance indicators
- Performance Assessment Framework indicators
- National Performance Indicators
- Public Service Agreement targets (LPSA)
- Audit and inspection recommendations
- Self-Assessment Statement actions
- Relevant Operational Plan indicators
- NHS Operating Framework targets
- Vital Signs indicators.

6.2.3 These key indicators form part of a basket of performance measures. Activity and Financial indicators will be another part of the complete basket.

6.2.4 The basket of performance indicators will be monitored and reported to the Tameside Strategic Partnership Committee using, wherever possible, existing performance reports generated within either the Council or the NHS GM, and making it clear where the areas of good performance and those of concern are, using for example a simple traffic light scheme with exception reporting on the key issues.

6.2.5 The performance of all providers should be reported on a regular basis by the relevant Host Partner to the Health and Wellbeing Board.

6.3 PERFORMANCE IMPROVEMENT PROCESS

Where necessary the Host Partner should seek the Provider to undertake specific performance improvement initiatives where performance is significantly under par.

SCHEDULE 5 – INTEGRATED STAFF MANAGEMENT

1. The Parties shall support integrated services and teams to provide health and wellbeing services to certain client groups within the population of Tameside.

2 Guiding principles

- 2.1 This guide aims to ensure that all employees are treated fairly and that the principles of equality and diversity are upheld. Where there are any problems or difficulties relating to the employment or management of employees working within integrated services, the aim will be to resolve these at a local management level whenever possible, until such time as it is necessary to put in place formalised procedures. Employees are required to conduct themselves and to reflect standards of behavior in line with the appropriate code of conduct of the Parties.
- 2.2 It is recognised that, as there are two employers within the integrated service, terms and conditions of employment will vary between parties. Every endeavor will be made to acknowledge these differences and seek to minimise the effect of differences between terms and conditions in any future workforce development, wherever this is possible. There is no commitment to agreement for harmonisation of terms and conditions of employment.
- 2.3 Both Parties will discuss with each other changes in respect of the terms and conditions of employees working within the integrated services in advance of their implementation. This includes changes affecting pay, allowances, and benefits (e.g. call out payments). These discussions will take into account the need to minimise additional costs and employee turnover in either organisation.
- 2.4 Where HR or management representatives in either organisation consider that proposed changes will have a material effect on employees working within the integrated services or any issue relevant to HR, these issues will be reported to the Tameside Strategic Partnership Committee for consideration and, if possible, a resolution agreed.

3 Scope

- 3.1 This guide is not intended to change the HR Policies of each Party. This guide applies to all employees working within integrated services in permanent positions and will also include any employees who are on fixed term contracts, or locums assigned to the service or temporarily seconded.

4 Arrangements



- 4.1 Initially employees working in the integrated commissioning function will remain employed by their current employer with their existing terms and conditions. They will continue to abide by the organisational and Human Resources Codes of Conduct and policies of their current employer (including Health and Safety and appraisal processes). Work instructions however may be by a staff member from the other Partner organisation. Both Parties will recognise all employees working in the integrated commissioning function, regardless of employer, as providing a commissioning function on behalf of both organisations and will ensure that all employees regardless of employer have access to the facilities, support services, and information necessary to undertake a commissioning role in both organisations.
- 4.2 Both Parties acknowledge that these arrangements shall be subject to review.
- 4.3 Both Parties acknowledge that some posts within the integrated commissioning function will also have corporate responsibilities and functions outside the integrated commissioning function pertaining to their host organisation. These will be clearly set

out within job descriptions and recognised. Both Parties commit to honouring these wider commitments.

SCHEDULE 6 : Section 75 Budget 2023/24

	2023/24 Funding		
	Council	ICB	Total
	£ m	£ m	£ m
Revenue			
Better Care Fund	13.145	7.427	20.572
Improved Better Care Fund	12.585	0	12.585
Discharge Fund	1.765	1.598	3.363
Sub Total	27.495	9.025	36.520
Capital			
Disabled Facilities Grant (DFG)	2.849	0	2.849
DFG - Additional	0.249	0	0.249
Sub Total	3.098	0	3.098
Total	30.593	9.025	39.618

Agenda Item 7.

Report to:	HEALTH AND WELLBEING BOARD
Date:	14 March 2024
Reporting Officer:	Chad Thompson - Executive Chair & Independent Scrutineer, Tameside Safeguarding Children's Partnership
Subject:	TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2022/2023
Report Summary:	This Annual Report discusses the work of Tameside Safeguarding Children Partnership. The business that has been completed as a result of the arrangements, and how effective these arrangements have been in practice during 2022/23.
Recommendations:	That the Health and Wellbeing Board note the contents of the report and consider how they can contribute to the joint work of the Board.
Links to Health and Wellbeing Strategy:	Tameside Safeguarding Children Partnership priorities for 2022/23 Transition, Trio of Risk and Vulnerability, Complex and Contextual safeguarding, Trauma informed Professional Practice and Early Help offer, Neglect and Thresholds will contribute to the work of the Health and Wellbeing Strategic Priorities.
Policy Implications:	In compliance with existing policies.
Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)	There are no direct financial implications arising from this report.
Legal Implications: (Authorised by the Borough Solicitor)	Working Together 2018 directs Local Children Safeguarding Partnerships to publish a report at least once in every 12-month period in order to bring transparency for children, families and all practitioners about the activity undertaken by the safeguarding partners.
Risk Management:	The Safeguarding Partnership is required to produce an annual report and would be in breach of the legislative requirement if it failed to do so.
Access to Information:	All papers relating to this report can be obtained by contacting:  Telephone: 0161 342 4348  e-mail: tscp@tameside.gov.uk

This page is intentionally left blank

Tameside Safeguarding Children Partnership **Annual Report**



2022 - 2023

CONTENTS

4

Foreword

5

Tameside
Statutory
Safeguarding
Partners

6

Introduction

7

Tameside
- Local
Context

10

Partnership
Priorities

11

Partnership Working

• Tameside Children’s Social Care	12
• Early Years, Early Help and Neighbourhoods	16
• Education	19
• Complex Safeguarding	21
• Tameside and Glossop Integrated Care NHS Foundation Trust	24
• Action Together	30
• Pennine Care NHS Foundation Trust	32
• MASH / EHASH	34
• NHS Greater Manchester Integrated Care	36
• Greater Manchester Police - Tameside Division	41
• Community Safety	44
• Channel Panel	46
• Jigsaw Housing	48
• TSCP Training	50

52
**Partnership
Structure**

54
**TSCP
Subgroups**

55
**Child
Safeguarding
Practice
Reviews**

56
**TSCP
programme
of learning
2022/23**

57
Scrutiny

58
**TSCP Priorities
2023/2024**

Foreword

Welcome to the annual report covering the work of the Tameside Safeguarding Children's Partnership (TSCP) in 2022/23.

I am the newly appointed Executive Chair & Independent Scrutineer. My role is to act objectively, as a constructive and critical friend who promotes reflection to drive continuous improvement and to provide high challenge and high support across the partnership.

The report provides an overview of multi-agency safeguarding activity during the year and reflects the hard work and dedication of all our partner agencies as they have safeguarded and promoted the welfare of Tameside's children and young people.

Tameside Safeguarding Children's Partnership demonstrated its ability to respond and to be creative in providing leadership through this difficult time. Our ability to safeguard children and support vulnerable families continued and we are in the process of reviewing our strategic priorities with wider partners and colleagues. This will include transformation plans that will go even further on establishing our culture, which is based on the principle of collective agreement and decision-making, and our governance arrangements to strengthen accountability and oversight of TSCPs activities, and to test the effectiveness of future arrangements. We cannot underestimate the voice of children and young people and a special thank you to all those who have taken part in active participation and provided valuable feedback from across the partnership. We are committed to building on this by creating further opportunities to help scrutinise our work.

This year has seen changes as we have said goodbye to Dr Henri Giller, the Independent Partnership Chair, and thank him for his dedication and service on behalf of TSCP and the children and families of Tameside.

We remain grateful to all of our partners and their dedicated front-line staff for their support and steadfast commitment to safeguarding all of our children. As an Executive, we aim to strengthen our leadership of the Partnership over the coming year through the renewed architecture and one partnership approach.



Chad Thompson
Executive Chair & Independent Scrutineer
Tameside Safeguarding Children's Partnership
(Appointed June 2023)

Tameside Statutory Safeguarding Partners



Sandra Stewart
Chief Executive,
Tameside Metropolitan Borough Council



Allison Parkinson
Director of Childrens Services Tameside
(Appointed August 2023)



Phil Davies
Chief Superintendent
Tameside District Commander



Mandy Philbin
Chief Nursing Officer, NHS Greater
Manchester Integrated Care

Introduction

The Tameside Safeguarding Children Partnership vision is to,

“Build a common approach to safeguarding children that understands and takes account of their voice and lived experience resulting in a professional response, which is trauma informed and tackles the underlying causes of risks to their safety and continued wellbeing.”

This vision is underpinned by the strategic aims and priorities identified throughout the strategic plan for 2021-2024. It supports the principle that safeguarding is everyone’s business and reinforces the need for us all to work together in order to support children and young people in Tameside to achieve their full potential.

The Tameside Safeguarding Children Partnership (TSCP) is the statutory body for ensuring agencies work together to safeguard and promote the welfare of children and young people, and to test the effectiveness of multi-agency safeguarding arrangements.

The Statutory Safeguarding Partners are,

1. the Local Authority – the Director of Children’s Services (DCS) has professional responsibility for the leadership, strategy and effectiveness of local authority children’s services. The DCS is responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable and their families and carers.
2. NHS Greater Manchester Integrated Care Board (ICB) – the ICB Chief Nurse will be accountable for the statutory commissioning assurance functions of NHS safeguarding, supported by safeguarding Directors, Designated Professionals and safeguarding teams working across the health systems to ensure and promote multi-agency partnership safeguarding work to protect children and young people.
3. Greater Manchester Police (GMP) – the Chief Officer of Police is accountable to the Police and Crime Commissioner for their safeguarding duties in relation to the safeguarding of children and young people and ensures effective multi-agency work is co-ordinated to improve safeguarding practices.

These partners all have equal and joint responsibility for local safeguarding arrangements.

The partnership also includes relevant agencies as outlined in Working Together to Safeguard Children (2018), early years settings, children’s homes, probation, health service providers, schools, colleges, social care, voluntary, community and faith sectors. TSCP act as a strategic leadership group in supporting and engaging these partners to agree ways to coordinate effective safeguarding services and implement local and national learning.

The [Tameside Multi-Agency Safeguarding Arrangements](#) are being reviewed during 2023 to ensure that the Partnership model is effective in responding to the TSCP strategy. This has been a primary focus for the Partnership over the last 12 months and this Annual Report 2022/23 demonstrates how this model has been applied as the Partnership has strived to respond to this Strategy during this period, responding to the agreed Priorities.

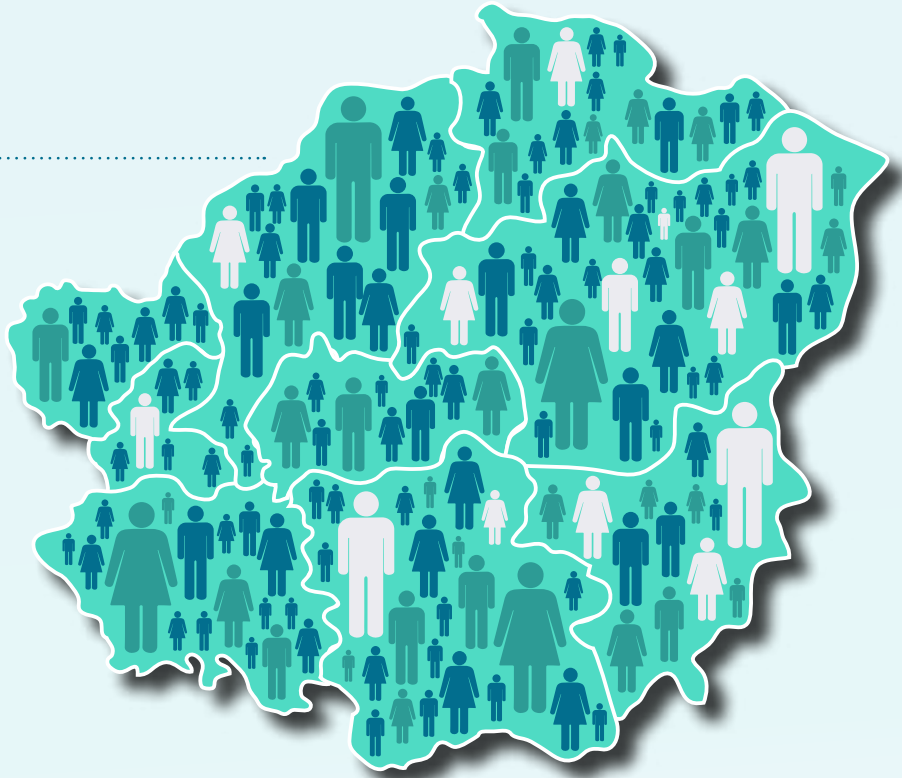
Further information is available on the [Tameside Safeguarding Children Partnership](#) website. During the period of this report (April 2022 – March 2023), independent advice and scrutiny of the safeguarding arrangements was provided by the Independent Chair for the TSCP, Dr Henri Giller.

Tameside – Local Context

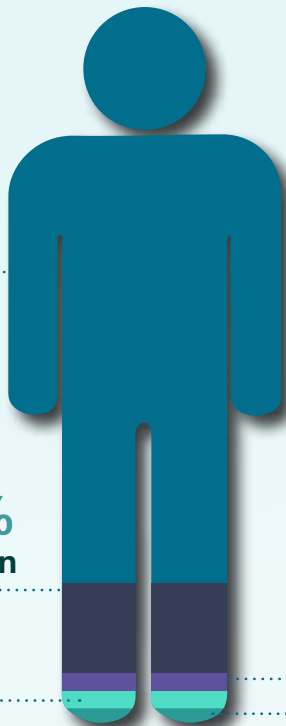
Tameside Population

231,119

ONS (and Tameside
Education)



86%
White



9%
Asian

2%
Black

2%
Mixed

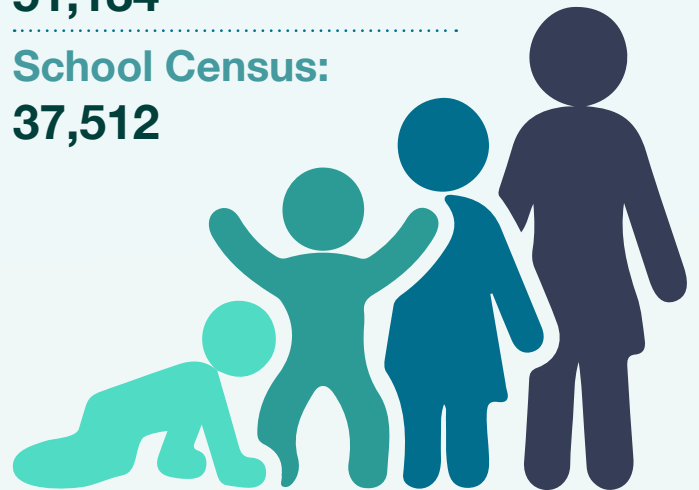
1%
Other

0–17-year-olds

51,134

School Census:

37,512



Primary

21,878

Secondary

14,720



SEN/PRU

914

Risk Factors

(Tameside Council, ONS, Education & NHS Fingertips)

Poverty

Index of Multiple Deprivation: Tameside **28th** out of **317** most deprived local authorities.

29/141 LSOA areas are the **10%** most deprived area in the country.

8,073 living in absolute poverty; FSM eligibility **increased** over last two years to **30%** in 2022/23

Domestic Abuse Notifications

2,613

Substance Misuse

1,900 admissions

Adult mental health

34,965 (19%)



Education

(Ofsted, DfE and Tameside Education)

Pupils in good/outstanding schools:

Primary (95%)

Secondary (60%)

SEN/PRU (72%)

English as Additional Language: 14.6%

School Readiness: 60%

SEN Support: 14%

SEN EHCP: 5%

Children Missing from Education: 238

Home Elective Education: 226

16/17-year-olds in Employment, Education or Training: 88%

Young Carers: 148



Health

(NHS fingertips & GMICB)

Obesity

Reception: 12% Year 6: 25%

Hospital Admissions:

0-18: 30,020

Unintentional & Deliberate injury: (0-14) 455 and (15-24) 285

Mental Health

Kooth: 912 registrations

Number of referrals: 546

Number of CYP receiving services: 624 (22/23)

Life expectancy

Born in 01-03: 79 (female), 73 (male)

Born in 17-19: 80 (female), 77 (male)



Safeguarding incidents

(Children Services)

Safeguarding Contacts: 15,396

Number of referrals to social care: 3336

Child and Family Assessments: 4,598

Missing from Home: 1047 of which there were 2,135 incidents



Safeguarding Demographics

(Children Services & DFE)

As of 31st March 2023

Cared for Children (LAC): 648

Child Protection Plans: 317

Children in Need: (1119)

Open cases to Complex Safeguarding: 31

Number of Young Carers: 148 Page 153

Partnership Priorities

These agreed priorities were set out in the TSCP Safeguarding Strategic Plan 2021-2024.

Trio of Risk & Vulnerability

- At both local & national level. The toxic trio effects parental/carer ability to care of their children. TSCP completed case reviews during 2017-20 in which the toxic trio have featured heavily; Domestic Abuse (50%), Parental mental health (60%) and Parental substance misuse (60%). Reducing these risk factors within the population, therefore, is a partnership priority, alongside mitigating risk to children whose lived experience is affected by these risk factors .

Transitions

- Ensuring safeguarding is prioritised in any context of transition

Complex & Contextual Safeguarding

- TSCP will have the strategic oversight of the contribution of Partners, individually and collectively, to safeguard and protect children at risk from all forms of exploitation. TSCP strive for a Partnership approach to improve wellbeing, safety and outcomes for adolescents

Trauma Informed Professional Practice

- Local reviews have informed TSCP response to identify this as priority. Across Tameside there are pockets of good practice where ACES and trauma informed practice build resilience and can improve outcomes for the individuals, families and communities.
- TSCP will embrace this work to inform and contribute to the development of this area of work, to provide a workforce that is trauma informed and able to apply an ACE lens to ensure their practice is informed by trauma

Early Help Offer & Thresholds

- This remains a continuation of the work that TSCP have been involved in to date. TSCP are committed to gain assurance that there are clear pathways so that thresholds are understood and consistently applied
- that there is effective multi-agency working in responding to early identified needs

Partnership Working

Partnership working is imperative to ensure TSCP role is successful to safeguard and improve outcomes for children, young people and families. Shared Priorities are acknowledged collectively across:-

- **Tameside Community Safety Partnership**
- **Tameside Adults Safeguarding Partnership Board**
- Health and Wellbeing Board

The Boards have mapped their shared priorities and identified the lead partnership responsible for driving these. This work informs the TSCP Business Plan and contributes to **TMBC Corporate Plan**, and the **Police and Crime Plan**

Working Together to Safeguard Children 2018 sets out the collective and individual responsibilities of all statutory and relevant agencies to safeguard children, in addition to any agency specific guidance or legislation. The following Partnership responses discuss their contribution to this work and in doing so gives TSCP assurance that the work is effective in Tameside to safeguard and promote the welfare of children and young people.

Delivering on the Partnership Priorities

Tameside Children's Social Care



Key issues that have been the focus for 22/23

- Recruitment and Retention of Social Work Qualified Staff
- Strengthened Early Help offer to prevent escalation into statutory services
- Revised Multi-Agency Threshold Protocol
- Restructured Children's Social Work Teams to strengthen service delivery in Duty, Safeguarding and Cared for Childrens Teams.
- Identified 4 buildings which will become locality bases and a central building in Ashton to be corporate parenting base with Care Leaver Hub.
- Refreshed and launched the Quality Assurance Framework aligned to the Signs of Safety Model.
- Established a multi-agency subgroup focusing on Multi agency attendance at safeguarding meetings. I.e. Strategy, meetings.
- Worked with Partners in practice to strengthen service delivery in keys areas, such as, Child in Need, The development of a front-line Management Development programme.
- Refreshed the Supervision Policy.

What has gone well?

- Established Signs of Safety delivery Team
- Developed a Children's Social Care Staff Development Resource Manual
- Embedded a rolling programme of quarterly practice week events
- The development of a robust internal and partnership training programme
- Reduced social work case loads
- Improved timeliness across a range of key indicators

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- Induction for new starters to Tameside to develop their knowledge and understanding of the processes and how the Local Authority responds to domestic abuse. Specific training is available around all aspects of domestic abuse, including processes, people, risk management, Toxic Trio, joined up working, and effective safety plans.
- Monthly audits across services, themed audits, Multi agency audits in the MASH have taken place to consider improved practice. Many these include an element of Domestic Abuse. Recommendations are made to link to services and process' to improve safety planning for victims and their children.

- Learning from audits links to a better understanding of a range of services available and a more specific and targeted approach. For example, a general theme for children experienced and affected by Domestic abuse / alcohol/ mental health would be for workers to refer to Childrens Independent Domestic Violence Advisor. (CHIDVA)
- Work is ongoing to support agencies to make appropriate referrals to reduce the CHIDVA waiting list to ensure it is accessible to those that need it. There are agencies such as Change Grow Live (CGL), Talk, Listen, Change (TLC), Tameside Families Together (TFT), and others that can support children experienced by domestic abuse. The Multi-Agency Safeguarding Hub (MASH) have contributed to this to gather evidence to support what level of awareness there is across Tameside in terms of services available. This will link to further training and development, as well as promoting the wider range of services available.
- **Caring Dads – Perpetrator course;**
Tameside domestic abuse strategy focussed on the most common theme linked to repeat incidents of abuse. This is generally, the lack of perpetrator support and assessment. This links with alcohol misuse, mental health, and other factors. A perpetrator needs assessment with feedback from survivors has been completed and as an outcome there is funding agreed for several staff to take part in the caring dad’s course to deliver this to perpetrators, in the hope that this can reduce impact, and allow people to live safely within the family home. ‘Caring Dads’ exists to change current practice to improve the inclusion of fathers in efforts to enhance the safety and well-being of their children.
- Police response officers: All police referrals specifically record the toxic trio with a level of rationale as to how these impact on the children. Police responses to this are better than they have ever been.
- Voice of the child is also gained from the Police and passed directly to MASH within the referrals to allow insight into impact. This is embedded into Police practice when responding to domestic incidents.
- Change Grow Live (CGL) - Joint working with MASH/CGL is ongoing and works well. MASH include CGL in as many referrals as possible when the toxic trio is an identified risk factor. CGL have a wealth of knowledge, experience, training and development, which is on offer for all agencies in Tameside.
- Development of practice is promoted in many ways, via partnership training and development, specific half day training course ‘Domestic Abuse – Understanding Risk and Response’.
- Specific work with Early Help workers and social workers about toolkits available regarding voice of the child and lived experience.
- Risk management: daily risk management meetings take place to discuss all high-risk incidents. This allows immediate safety planning between agencies.
- MASH Police have an improved understanding of the early help offer, as well as vital agencies such as CGL, Adults SW teams, and a range of services for victims and their children, to offer proportionate support. This will continue with work around thresholds, targeted support etc.
- Tameside’s Targeted support offer includes expertise to deliver programmes to children and victims exposed and impacted by domestic abuse. Targeted support on duty will have access to risk management meeting as well as MASH police for improved joined up working and safety planning. The early help offer includes work with parents struggling with Mental Health and substance misuse.

Transitions

Organisation Response:

- There has been extensive work undertaken as part of the Early Help transformation strategy and Threshold framework to ensure that movement through the continuum of need is seamless, removing the 'step down' term and replacing it with 'change of worker' ensures support is given at the right level to families. Confidence has grown within the Early Help offer, to provide targeted family support to vulnerable families whilst maintaining a relationship-based approach.
- The network and communication between Early Help and Children's Social Care Teams has been strengthened through daily communication to ensure timely 'change of worker' happens for families. This includes a 10-day transition where joint visits are undertaken with Early Help and Children's Social Care. The child's plan is updated to reflect the progress and change, ready for a smooth transition.
- A task and finish group has been established to prepare for the implementation of the Liberty Protection Safeguards (LPS) Framework – which will include 16- and 17-year-olds. A strategy is being developed to ensure early identification of young people that may need support from adult services as part of their transition to adulthood, or who meet the threshold of the LPS framework as adults requiring ongoing services.

Complex & Contextual Safeguarding

Organisation Response:

- Children's Social Care continue to work alongside the Complex Safeguarding team in their delivery of services as part of the adolescent offer to the young people of Tameside. We recently held a practice week focused on Children and young people who have been identified as hard to reach. A range of partners engaged in the work of practice week, during which there was a range of practice learning circles to promote and develop specialist knowledge in this area. These included Learning from Local Safeguarding Child Practice Reviews (LSCPR's) and 7-minute briefings. The work of the SHiFT Programme and the complex safeguarding team, Child Criminal Exploitation (CCE) and Missing.
- All new Children's Service workers are offered a full induction programme, which includes a dedicated session around the Local Authorities' offer around Adolescents and Complex Safeguarding.
- All staff also have access to training available via Greater Manchester networks and Research in Practice.

Trauma Informed Professional practice

Organisation Response:

- Tameside Children's Social Care is part of a wider Greater Manchester initiative to deliver a 'trauma informed' service to the children and young people who we care for. 'Trauma-informed' approaches have become increasingly applied as a means for reducing the negative impact of childhood adversities and supporting/improving child and adult mental health outcomes. These approaches are informed by a set of principles that recognise the experiences of trauma are prevalent and can negatively affect the daily lives of children and young people. As part of this initiative, we have access to training to support those directly involved in supporting and caring for children and young people. The training is online and delivered by Beyond Psychology. The course is set out over 6 x 20-minute modules and each session comes with a tip sheet / resource to be printed and completed independently.

- Since the beginning of March 2023, we have distributed 250 licences to our workers in the cared for children, fostering, leaving care, residential and edge of care services. Additionally, our foster carers who are looking after school aged children have been included in this training offer. Our plan is to review the training to explore how the training is affecting practice, and what difference it is making to children and young people's daily lives. Going forward there will be further opportunities for Level 2 training and consultation with Greater Manchester Partners to ensure that we are progressing effectively with our 'trauma informed' journey in Tameside.

Early Help offer and Thresholds

Organisation Response:

- MASH and EHASH have been integral in the development and training of the new Tameside Threshold Document for internal and external agencies. MASH, Early Help & Safeguarding Hub (EHASH) and Emergency Duty Team (EDT) co-produced the training.
- A Multi-agency audit programme is in place to focus on thresholds and the application. This is an ongoing programme, which continues to support practice development and learning.
- There has been extensive work through the Early Help transformation strategy and Threshold framework to ensure that movement through the continuum of need is seamless as outlined in the work being undertaken around transitions.

What were the major challenges?

- Significant pressures on recruitment and retention of suitably qualified social workers.
- High Levels of newly qualified Social Workers
- Sufficiency of placements including residential therapeutic placements for adolescents with significant and complex mental health needs.
- Reliance on agency social workers, who can leave at short notice – creating a 'start again' approach.

What areas have been identified for improvements in 2023/24?

- To relocate Children's Social Work Teams to neighbourhood Localities, implementing service re-design, creating direct line of sight to practice.
- Development and transition from MASH to EHASH
- Focus on 'back to basics' ensuring all children/YP have an up to-date assessment, plan and review
- Child In Need (CIN)/Core Group/Care Planning, alongside purposeful visits, and voice of the child.
- Permanent recruitment; to reduce the reliance on agency social workers

Predicted Demand and Challenges for 23/24?

- Recruitment & Retention of qualified and experienced social workers
- Placement sufficiency
- A rising trend in the complexity of Children's mental health.

Early Years, Early Help and Neighbourhoods

Key issues that have been the focus for 22/23

- Implementation of Family Hubs
- Mental Health
- Domestic abuse
- Implementation of Tameside Neglect Action Plan (TNAP)
- Developing intervention champions across EHASH. L2 and L3 teams
- Completion of transformation work to include the Restructure and new delivery model

What has gone well?

- Launch of Threshold framework
- Refresh of the Early Help strategy
- Investment through family hubs
- Confidence in Early Help offer at L2 and L3
- Confidence in Early Help offer case management within L2 and L3
- Impact of new step up/down procedures
- Investment in Early Help
- Take up of Team around the School and increase in numbers of Early Help Assessments completed by partners

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- Education is represented at the domestic abuse steering group
- GMCA commissioned their productions for schools and a number of Tameside schools have been involved and taken up this offer
- CGL work closely with our schools and have provided training in relation to both parent and young person substance misuse

Transitions

Organisation Response:

- New platform for transition from primary to secondary school implemented – SixintoSeven – with a focus on vulnerabilities and face to face transition around vulnerable pupils. Virtual School focused on ensuring transition support when children move placements acting as a conduit between placement and school.

Complex & Contextual Safeguarding

Organisation Response:

- To ensure we identify and provide interventions at the earliest opportunity to keep young people safe, we have developed the following:
 - Tameside Early Help Child at Risk of Exploitation practice standards
 - Tameside Child at Risk of exploitation Guidance
 - Tameside Pre-screening tool
 - Tameside Child at Risk of exploitation tool kit
- This tool kit has been devised for professionals to use with young people to help open up and have discussions around safety and risky situations whilst also giving some hints to some safer situations. Risk is an essential component of a balanced childhood; young people need to understand what risk means and that being in risky situations can lead to something unpleasant that could occur. The idea behind this toolkit is that it gives young people information about risky situations. It also provides some hints as to what might constitute safer situations. It also allows professionals to raise issues of safety with young people in a way, which is non-accusatory. Completing an ecomap alongside the tool kit would offer more understanding of the young person's family, friendship and community relationships. The different coloured sections address different areas. Historic concerns are considered as it has noted within rapid reviews the importance of taking into consideration past concerns.
- Due to the development of adolescent hubs and the children and young people plan, this now includes Misper, contextual safeguarding to include a partnership response, the turnaround and SHiFT programme to ensure identification, planning and positive outcomes for children's and young people.

Trauma Informed Professional practice

Organisation Response:

- We now have the FITS team co-located with Early Help providing consultation and training to enhance the existing skills of the workforce to become trauma informed with the aim of embedding trauma informed practice across children's services.
- All teams use eco maps and cultural genograms to understand past history and the TNAP includes parenting capacity to understand previous trauma and ACEs of the parent.
- Trauma informed practice is a golden thread through all area of our service.
- We continue to work using the THRIVE model and have the Single Point of Access to Mental Health (SPOA) co located within EHASH with regular meeting and discussion on referrals to ensure all YP receive a service appropriate for their need.
- We are part of the integrated care partnership working on Tameside's Mental Health strategy for all.

Early Help offer and Thresholds

Organisation Response:

- Tameside uses a graduated response model when looking at universal, early help, targeted early help and specialist/safeguarding services.
- This model closely aligns to the THRIVE model of getting advice, getting help, getting more help and getting risk support.

- Early help follows the same approach and processes for working with families. When additional need is identified which is beyond the universal support available to everyone, the early help process is started. An Early Help Assessment is completed with the family and the lead professional will work alongside the family to develop a plan of action and co-ordinate support. Support begins as soon as the early help process starts. The progress made and any ongoing needs of the family at Level 2 are reviewed through the 'Team Around the Family/ Setting' approach.
- Family Help Services within our four neighbourhoods (North, South, East and West) work closely with Early Years, Child and Adolescent Mental Health Services (CAMHS), Job Centre plus and Active Tameside to support families 0-19 (25 with SEND).
- Tameside council have established targeted family help at Level 3 where more complex early help cases will be held by Family Help Lead Practitioners who will work with a family as long as needed, provided they are making progress. Where needs escalate, cases can be safely and quickly stepped up to statutory services using clearly defined, systematic approaches. Engagement with all members of the family is crucial to the success of this approach and the child's voice must be heard strongly within the assessment and plan to ensure it is meeting their needs. Targeted family help follows the same approach but is provided when issues have become multiple or complex and stronger coordination of support is needed.
- To underpin Tameside's Early Help Offer, the Signs of Safety framework has been adopted as part of the Early Help Assessment to strengthen safety and wellbeing planning with families. This is a strength and relationships based, solution focused model that looks to assess risk and concerns, identifying solutions with the family.

What were the major challenges?

- FITS team staffing numbers
- Cost of living in relation to housing, food and fuel poverty
- Building maintenance i.e. family time centre furniture
- Capacity of partners
- Lack of business support
- Health waiting lists

What areas have been identified for improvements in 2023/24?

- SEND/Written Statement of Action (WSOA)
- Data dashboard
- Data Protection Impact Assessment
- Timeliness of changes on the system – too many hurdles

Predicted Demand and Challenges for 23/24?

- Cost of living
- Capacity/verses demand across L2 and L3
- Health waiting lists
- Co-location

Education

Key issues that have been the focus for 22/23

- Attendance
- Embedding new Threshold documents
- Joining up Education with Children's Social Care and Early Help and involvement of schools in Improvement Board
- Redesign of the Front Door - EHASH
- Separating Schools Safeguarding Advice from the LADO function
- Developing and widening the role of the Virtual School

What has gone well?

- Practice Week in June focused on school attendance, conference in June around Attendance and council-wide pledge. Strong comparative attendance data but nationally too many children are persistently absent from school
- Good attendance at Threshold and EHASH redesign briefings by schools
- Improved ownership and collaboration between education and social needs services. Strong engagement by school representatives at Improvement Board; improved engagement across the system with Children's Services.
- Improved capacity to support schools with safeguarding advice from the Schools Advisor
- Virtual School having an impact more widely than cared for children
- Continual good attendance from safeguarding staff in schools at the CP network for schools and also multi agency practitioner forums
- 100% return of section 175 audits to TSCP
- A safeguarding area has been set up on the "support for schools" website. This is being used to give safeguarding leads in schools easy access to local information and guidance pertinent to their role. All DSL and deputies have been assigned password access

Response To Strategic Priorities And Emerging Need

Trio of Risk & Vulnerability

Organisation Response:

- Education is represented at the domestic abuse steering group
- GMCA commissioned their productions for schools and a number of Tameside schools have been involved and taken up this offer
- CGL work closely with our schools and have provided training in relation to both parent and young person substance misuse

Transitions

Organisation Response:

- New platform for transition from primary to secondary school implemented – SixintoSeven – with a focus on vulnerabilities and face to face transition around vulnerable pupils. Virtual School focused on ensuring transition support when children move placements acting as a conduit between placement and school.

Complex & Contextual Safeguarding

Organisation Response:

- A new Workstream has been developed for Education settings which will support partnership working and two-way feedback and collaborative working. This will be chaired by the AD for Education.

Trauma Informed Professional practice

Organisation Response:

- The Executive Headteacher of the Tameside PRU is leading initiatives across the Borough on Trauma Informed Practice. He provides briefings at all Headteacher meetings and led the Primary Headteacher's Conference in March 2023 which will be followed up by further training at whole school level in September. In addition, the Exec Head leads on a pilot with five secondary schools and is working with the Council to review pupil services to improve inclusion and outcomes for children around inclusion. Schools have responded extremely well to this approach and the work is having a positive impact on exclusions.

Early Help offer and Thresholds

Organisation Response:

- Briefings with schools have taken place and been well attended. Teams have worked with schools to understand their needs and have found ways to support schools. There is still more work to do to develop consistency, but schools are on board with the rationale for redesign and keen to work collaboratively.

What were the major challenges?

- The main challenges have been around school capacity especially in smaller schools of which Tameside has a large number. The enormous social and mental health needs seen in the aftermath of the pandemic and are present in the low levels of resilience, high needs of children and families, the cost-of-living crisis, and financial cuts in schools. This has made it a challenging context for everyone to drive change and to meet needs effectively. The shortage of clinical mental health support for children and families is also have a significant impact.

What areas have been identified for improvement for 23/24?

- Ensure new thresholds guidance has been understood, implemented and embedded in practice

Predicted Demand and Challenges for 23/24?

- The high levels of post-pandemic needs are likely to continue to present difficulties to all services as will the continued economic challenges.

Complex Safeguarding

Key issues that have been the focus for 22/23

- Stabilising the team and ensuring consistent management
- Staff recruitment and team cohesion.
- Refresh processes and clarify practice standards.
- Ensure consistent partner working with health and GMP
- Ensure close working relationships with allocated CSC SW

What has gone well?

- Recruitment of permanent Team Manager
- Recruitment of permanent Senior Practitioner
- Return Interview Missing Service brought under CST management
- Missing procedures written and missing panel launched
- CST Action plan written and Operational Group relaunched
- MACE panel launched and WISE implemented
- 3 way audit of all open CST cases

Response To Strategic Priorities And Emerging Need

Trio of Risk & Vulnerability

Organisation Response:

- Multi agency response to risk for young people via the Daily Briefing with GMP, Health, YJS and SHIFT representative.
- Co working with allocated Social Workers and launch of the Planning meeting upon allocation to the CST Social Worker. CST WISE model implemented providing a more holistic assessment of risk and this is shared with allocated SW to inform Child and Family Assessment.
- CST SWs have an understanding of trauma impact upon young people and their interventions are influenced by an acute sensitivity to the young persons lived experience and how this has affected them.
- CST SWs attend Child Protection Conferences, Child in Need and CLA reviews to ensure that information is shared and the risks to young people is understood in the round.

Transitions

Organisation Response:

- CST team involved in the transition planning for young people and engage in the pathway planning process.
- Joint working with GMP, Health and Education partners to plan for transition in understanding the unique needs of this cohort of young people.
- Links with Housing are developing in working towards joint planning.
- Joint working with Childrens Social Care in supporting newly looked after young people with a clear focus on corporate responsibility and ensuring that the service meets the needs of the young person and respond flexibly.

Complex & Contextual Safeguarding

Organisation Response:

- Child Exploitation Protocol refreshed – July 2023
- Missing protocol written – July 2023. Return Interview service brought under the operational and strategic management of the Complex Safeguarding Team. The links between our missing young people and the risk of exploitation to be better understood and the response to our missing young people to be viewed through an exploitation lens. Missing Panel launched.
- CST action plan written and will form the agenda of the Operational CST group to be launched September 2023.
- MACE panel launched September 2023.
- Team Manager and Senior Practitioner recruited to provide stability and ensure management oversight and drive.
- Tripartite audit of all currently open cases to CST.
- Psychologist secured via the GM Resilience Hub.
- Daily Briefing Meetings now established with GMP, Health, Education and SHIFT.
- WISE model implemented to provide a rounded and holistic assessment.
- Contextual offer in development with GMP, CSP and other partners to address risk at place.
- Adolescent Offer in development. External review by Athena Strategy has been completed.

Trauma Informed Professional practice

Organisation Response:

- CST team have a commitment in practice to trauma informed approaches in understanding and contextualising risk and presentations. This is evident in assessments and direct work completed.
- Resilience Hub psychologist to offer support to staff in managing trauma and providing a consultative service in their work with young people who have experienced significant trauma in early childhood.
- All staff access specialist training in Trauma Informed Practice and evidence this in their advocacy with young people and when working with partners to ensure that approaches by all professionals accord with these principles.

Early Help offer and Thresholds

Organisation Response:

- Close working relationship with Early Help Services. The Complex safeguarding Team is part of Early Help and Partnerships Directorate and shares the same governance and management structure.
- Development of the CRE model is clearly articulated in Early Help.
- The focus of the Complex Safeguarding Team is becoming increasingly preventative in ensuring that interventions take place at the earliest, most appropriate stage to ensure that intensive work can take place to avoid escalation in risk and allow for the development of trusting relationships with young people.

What were the major challenges?

- Recruitment and retention of staff
- History of instability in management has impacted the team and their understanding of practice standards.
- Under development of the Missing Service and the need to align with CST.

What areas have been identified for improvements for 23/24?

- Improve preventative response to missing- better links with residential sector to provide strategic response. Improve understanding of our missing cohort and ensure consistency in risk response.
- Develop better understanding of top 10 high risk young people across the service and ensure corporate responsibility.
- Develop practice standards for Complex Safeguarding service to ensure excellence in practice and added value in co working relationship with allocated Social Worker.
- Develop contextual response to risk which focuses on risk linked to place. This is a joint piece of work with GMP,CSP and internal partners.

Predicted Demand and Challenges for 23/24?

- High risk cohort of young people in an ever-changing landscape which requires a dynamic response to risk at pace.
- Ongoing pressures on partner agencies in respect of resource and demand.

Key issues that have been the focus for 22/23

- Continue to promote, create, and ensure safeguarding is our everyday business, culture and whole organisational approach that is firmly embedded within the wider duties and all areas and activities of the Trust
- A significant, continued focus and drive across the Trust to recover Safeguarding Children Level 3 compliance.
- A continued focus on Domestic Abuse and introduction of the IDVA (Independent Domestic Violence Advocate) service in the hospital.
- Continue to actively engage and work collaboratively with partners in responding to the multi-agency improvement plan (specifically following SEND inspection and Ofsted monitoring visits of Tameside Children's Services) to improve outcomes for children, young people, and their families.
- Continue to work in collaboration with partners to deliver against multi-agency priorities and work plans.

What has gone well?

- The Integrated safeguarding team, built capacity to deliver level 3 single agency safeguarding children training that has exceeded the demand for recovery and ongoing compliance trajectory and has resulted in compliance increasing and a continued focus to assertively manage compliance in collaboration with the divisions and managers.
- The Trust successfully hosted their Inaugural Integrated Safeguarding Conference in November 2022, focused on Safeguarding as 'Our Everyday Business', attended by operational staff, system partners, and several Executive and Non-Executive Director colleagues. The conference was attended by the National Associate Director of Safeguarding NHS England, and nationally acclaimed guest speakers who delivered thought provoking and engaging presentations on exploitation, adverse childhood experiences and about our local work in Tameside, demonstrating how we make safeguarding our everyday business. The day also included the premier of a play by Pluto Play Productions, commissioned by the Deputy Director of Nursing for Professional Standards, Safeguarding and Assurance on behalf of the Trust, called "Everyone Matters." This play was commissioned in response to the learning from a complex case following an inquest, comprehensive investigation, and subsequent Domestic Homicide Review. This provided a unique and impactful way of sharing learning.
- The conference provided time and a space to reflect and focus on safeguarding, supporting, and enabling staff to understand how to make safeguarding their everyday business and consistently discharge their safeguarding responsibilities. The play functioned as a vehicle for sharing learning, encouraging professional curiosity, which echoed themes explored during conference. Excellent feedback was received, and the conference evaluated extremely positive.

"Listen to people with lived experience"

"Become a Safeguarding Champion"

"How important Professional curiosity is"

"An excellent day, powerful and thought provoking. The voice of the person came through loud and clear and the work that is going on to support both children young people and adults at risk in our community is inspirational"

"Such an important event – Thankyou"

- Improvement outcomes and developments following 2021 SEND Inspection. The ISCAN service (Integrated Services for Children with Additional Needs) and Community paediatric team have received investment equating to 31.2 additional WTE staff we have successfully recruited to 93.58% of posts. Waiting time for 1st appointment to therapy services has reduced with an average of 92.03% of ISCAN therapy and community paediatric referrals being seen for first appointment within 18 weeks.
- The ISCAN Reception area has been redeveloped to ensure the environment is child friendly with future development plans to improve the outside space for CYP accessing the services.
- There have been developments of a dedicated website to allow for CYPF to access additional information and content to enhance appointments and continued content in-between appointments.
- ISCAN & paediatric clinicians are working closely to develop pathways with social care and education to ensure the education health care plans (EHCP) are co-produced across the system ensuring the voice of the child is at the centre of each plan. Preparation is underway responding to the new inspection framework.
- The Child Health and Protection (CHAP) Team is a new team in the Trust that provides additional capacity to the Health Visiting and School Nursing services (Healthy Child Programme -0-19 years (HCP)), to meet statutory safeguarding requirements and to enhance the capacity of these services to contribute to the health and wellbeing of children and young people in Tameside. The Team aims to improve efficiency in multi-agency partnership working through better communication and identifying any areas for system improvement. The team provides a single point of contact into the HCP (0-19 years) service for Children's Social Care and Conference and Review services, for all multi-agency safeguarding and early help meetings. The team and its operating procedures were developed during the latter part of this reporting year and the team will be launched on 1st April 2023.

Response To Strategic Priorities And Emerging Need

Trio of Risk & Vulnerability

Organisation Response:

- The Deputy Director of Nursing Professional Standards, Safeguarding and Assurance and the Head of Nursing for Integrated Safeguarding are representing the Trust at the Tameside Domestic Abuse Steering Group, contributing to the implementation of the Domestic Abuse Strategy.
- The Trust continues to be an active member of the fortnightly MARAC meetings
- The Head of Nursing for Integrated Safeguarding and Named Midwife are contributing to the Tameside MARAC workstream.
- The Trust has contributed to Domestic Homicide Review processes and ensured lessons were learned from Domestic Homicide Reviews (DHRs).
- The Independent Domestic Violence Advocate (IDVA) fixed term funded role was extended and continues to work in the Trusts Emergency Department and Maternity Services. We continue to embed the role of the IDVA in the hospital aiming to; Improve identification of victims of interpersonal violence; provide an effective, consistent presence in A&E to advocate for the service and improve the response to victims of interpersonal violence, by supporting, empowering and training clinical staff to identify signs of abuse and ask screening questions; work collectively as a team with our staff, to offer a safe space where support is provided and choices are offered for immediate safeguarding and provide on-the-spot advice, support and safety planning to victims of abuse and violence at the point of crisis.

- Since November 2022, the Integrated Safeguarding portfolio has included mental health with a strategic objective, to drive and develop an enhanced offer of Mental Health, Mental Capacity Act, support, advice and expertise to hospital and community-based services. “As specialist nurses we are here to professionally challenge and address health inequalities in Mental Health” with a view to maximising people’s potential for better outcomes and quality of care provided.
- The Trust ambitions are to improve service delivery, in line with statutory legislation, progress seamless pathways, improve partnership working to ensure parity of esteem, increasing better health outcomes & quality of care. The Lead Nurse for Mental Health is aiming to ensure appropriate oversight is in place and offer support to review incidents, contribute to relevant investigations and provide appropriate challenge where/if necessary to trust services and ensure safeguarding is a golden thread.
- A focused development session was held with the quality & governance committee in December 2022 on Mental Health and ‘vulnerabilities’. The Lead Nurse for Mental Health who commenced in post on 19th September 2022, presented her work to date at this session and has been engaging with a wide range of colleagues across the system.
- The lead nurse for Mental Health is the Co-Chair for the Urgent and Emergency Care Workstream relating to the system wide MHLDA (Mental Health, learning Disabilities and Autism) offer, and although in its infancy reports to the boards relating to the development of structures that support meaningful engagement and reduce duplication across the system. To ensure there is a collective understanding of what provision is currently hard to reach for some of our population to ensure inclusivity for all minority and underrepresented groups this is in conjunction with other organisations across Tameside in which an alliance agreement across all partners will be formulated. It is hoped that this will improve a strengthened approach in relation to health outcomes for adults experiencing multi disadvantage that are responsive, able to meet the needs and provide seamless journeys for the people of Tameside. The system wide Key priorities for Tameside are to focus on outcome measures that will support:
 1. The Development of an all-age Mental health and wellbeing strategy for the borough with a relentless focus on reducing health inequalities
 2. Transformation and service development to achieve our Starting Well, Living Well and Aging Well ambitions and delivery of the NHS Long Term Plan
 3. Reducing Health Inequalities for individuals with a Learning Disability and Autistic People.
- The Trust has continued to promote, create, and ensure safeguarding is our everyday business, culture and whole organisational approach that is firmly embedded within the wider duties and all areas and activities of the Trust
- The Integrated Safeguarding Team continue to triage incidents daily and ‘think family’, effective collaboration with Mental Health professionals sat within the team has proved positive, contact is frequent with professionals in neighbouring organisations where patients are known which is supporting to develop seamless, timely interventions to the population served with the hope of better outcomes and focus where identified on safeguarding children.
- The Trust supported National Safeguarding Adult Week 2022, that aimed to create a time where we could all focus on the importance of safeguarding adults and ‘Think Family’.
- The Trust has promoted and engaged with/attended training sessions delivered by ‘Change Grow Live’ (My Recovery Tameside, drug and alcohol service for adults, young people, families, carers and affected others). to improve our knowledge and skills with regards to substance misuse and to inform our safeguarding practice.

Transitions

Organisation Response:

- The Trust has a focus on improving transitions for children and young people into adult services.
- Assessment and gap analysis progressing against NICE transition guidance NG43 & QS140 and together for short lives pathways. This will inform action plans for development and implementation of a Transition Policy 23/24.
- The Trust were successful funding a Roald Dahl epilepsy transition post increasing clinical time with nurses and dedicated support for transition. There has also been an increase of Diabetes transition clinics with representation of adult clinicians following concerns raised during Diabetes peer review June 2022 due to the lack of Diabetes transition clinics provided with adult presence, the concern has now been graded.
- Trust teams input to dynamic support, A Care, Education & Treatment Reviews, and work alongside wider partners transitioning for SEND.
- Trust recognises that Transitional Safeguarding is not simply transition planning for young people moving from children to adult services. It is about activity that often falls outside of traditional practice of both 'transitions and 'safeguarding' and is more about a needs-led and personalised approach. It requires practitioners, leaders and all involved in services for children and adults, to consider how they might work together and think beyond child/adult silos for the benefit of young people at a key life stage.
- A strength of the integrated safeguarding team in the Trust is its focus on all age safeguarding and its ability to provide advice and leadership from a transitional perspective.
- The Cared for Childrens team attends and contributes to the monthly multi-agency transitions panel that proactively focuses on safeguarding and transitioning to adult services.

Complex & Contextual Safeguarding

Organisation Response:

- The Trust continues to have a focus, with ongoing development of the Complex Safeguarding Agenda across the Trust in response to emerging themes and priorities.
- The Trusts Complex Safeguarding Specialist Nurse:
 - » Is embedded in the multi-agency complex safeguarding team and is a key co-located member.
 - » Attended two training events focused on neurodiversity, applying this learning to enhance practice as several of the open cases, the young people are neurodiverse.
 - » Completed a peer review of the Manchester Complex Safeguarding Team and was able to contribute to a peer discussion and take away learning which will be used to enhance the offer in Tameside.
 - » Is contributing to the design group that will focus on driving the adolescent framework forward in Tameside.
 - » Submits quarterly data to the GM Complex Safeguarding Hub to inform the insights and impacts framework for Tameside.
 - » Provides learning opportunities in the Trust to raise awareness of complex safeguarding and contributes to the safeguarding level 3 children's training.
 - » Continues to share information regarding current trends, updates and learning opportunities with the Trusts Complex Safeguarding Training group email with over 200 staff.
- The Named Nurse for Cared for Children has oversight of the Complex Safeguarding Caseload due to our cared for children being overrepresented in this cohort.

Trauma Informed Professional practice

Organisation Response:

- The Trust continues to promote 'Adverse Childhood Experiences' (ACEs) as strong predictors of health risks and disease, and the most leading determinant of the health and social wellbeing.
- Trust vision is to improve health outcomes for the population and influence the wider determinants of health, through collaboration with the people of Tameside and Glossop and our health and care partners. Safeguarding thus underpins this and is the golden thread.
- The Integrated Safeguarding Team promote trauma informed practice and share training and learning opportunities with our staff, for example, a well-received session attends by our staff, delivered by 'Lads Like Us', " The Million Pieces Experience "an NHS safeguarding award winning Trauma Informed package that has proven to inform the practice of professionals commissioned by NHS England.
- The Trust commissioned Kendra Houseman, (Co-Founder of Out of the Shadows, a trainer, and consultancy advisor for all aspects of safeguarding, specialising in exploitation, CCE, CSE and County lines) who was presented at the Inaugural Safeguarding Conference as keynote speaker, who is a survivor of many adverse childhood experiences and brought a unique perspective in understanding how this impacts children, how professionals can make a difference and how the system needs to change to meet the ever changing and increasing risks facing our children.
- The Trust has pockets of good practice with regards to trauma informed practice within our Family Nurse Partnership Service, Cared for Childrens Service, and the Integrated Safeguarding Team, and is working towards a vision of trauma informed safeguarding practice in the Trust for the future.
- The theme for the 23/24 safeguarding conference is 'Trauma Informed Safeguarding Practice'.

Early Help offer and Thresholds

Organisation Response:

- The Tameside Neglect Action Plan (TNAP) has been created with consultation with all agencies within Tameside and Children and Young People. TNAP training has been delivered within the Trust by the Healthy Child Programme Neglect Champions, with excellent feedback on peer delivery model.
- Work was required to understand practitioners' perceptions and practice around thresholds and needs and support staff to increase confidence in making the right decisions. This work was reported to the Improvement Board and provided assurance that our staff are applying thresholds as expected. Work continues to ensure our staff are consistent in their application of thresholds, with a collaborative approach being taken with our local authority colleagues to ensure our staff understand their roles and responsibilities particularly with regards to early help.
- The Trust has contributed to single and multi-agency audits that demonstrate staff who have made referrals understand and are applying the thresholds as expected.

What were the major challenges?

- Ensuring the Trust remains compliant with the Safeguarding mandatory training requirements remains a key priority. Mandatory safeguarding training ensures that individuals have the right knowledge and skills to carry out their duties in the safest ways possible. Thus, ensuring our staff are trained in line with our regulatory requirements and are confident and competent in exercising their safeguarding duties has remained business critical.

- Targeted work has continued to increase training compliance for all elements of training, with additional resources allocated to face to face training level 3 safeguarding children training.
- Safeguarding Children level 3 compliance has increased, however remains below Trust, regulatory and contractual targets.
- The pace and progress of the integrated safeguarding work plan overall and action against our priorities has continued to be limited by the ongoing operational pressures and staffing challenges in the safeguarding team and across the organisation. However, in a context of significant pressures for the Integrated Safeguarding Team and the Trust, we continue to deliver significant output, maintain our business-as-usual activity, and ensure a continued focus and priority on safeguarding.
- Demand has continued to exceed the capacity of the commissioned health resource in the MASH. Volume of contacts for screening received by the MASH has ultimately affected the timeliness of a health response and the ability of the Nurse to provide a thorough analysis based on health information.

What areas have been identified for improvement for 22/23?

- Continued focus on improving safeguarding level 3 and achieving contractual, regulatory and trust targets.
- Continue to actively engage and work collaboratively with partners in responding to the multi-agency improvement plan to improve outcomes for children, young people, and their families.
- Take a 'Back to Basics' approach to support our front-line workforce in delivering safeguarding and to refocus on their roles and responsibilities in working together to 'think family', promote early help and intervention and safeguard unborn babies, children, young people, and their families.
- Have a continued focus on Domestic Abuse and re-launch the domestic abuse champion model
- Capacity and Demand work to review the health resource in the MASH/EHASH to understand and ensure that there is sufficient capacity to meet children's needs promptly.

Predicted Demand and Challenges for 23/24?

- The year ahead will be busy and exciting as the safeguarding system and processes continue to change and evolve to meet change in demand and vulnerabilities. Safeguarding is complex and challenging and there is an increasing complexity in working with children and their families combined with significant and ongoing operational pressures for the Integrated Safeguarding Team
- The Trust as a whole and the safeguarding system, will continue to be proactive in ensuring the safeguarding agenda is delivered and Trust staff are supported in providing safe and effective safeguarding.

Key issues that have been the focus for 22/23

- Review of all internal safeguarding processes.
- Named/training locality Director responsible for safeguarding in locality and across organisation.
- Representation at partnerships.

What has gone well?

- Our internal review has been completed and a new process for recording and reviewing safeguarding embedded.
- All senior managers have received training to an appropriate level.
- Named safeguarding leads in place and for the whole organisation

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- We work closely with other services – EH and all local agencies to make sure the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is aware and has access to the right agencies to support.
- We deliver the Tameside Social Prescribing service which ensures adults that come through the service get the support they need including escalation through commissioned services i.e. CGL, Living Well, Bridges etc when need is identified.

Transitions

Organisation Response:

- The above points are applicable to this area of work also.

Complex & Contextual Safeguarding

Organisation Response:

- We attend the Community Safety Partnership (CSP) and cascade learning as part of the delivery group with the VCFSE.
- We will take part in planned development workshops to increase our understanding and link the VCFSE sector into this as appropriate.

Trauma Informed Professional practice

Organisation Response:

- Action Together is committed to ACES and trauma informed practice, for example promoting and sharing resources and training across the VCFSE including ACES - Introduction to Adverse Childhood Experiences Early Trauma Online Learning, Home Office Early Intervention Fund and CGL training. Action Together will support the development of this work in 2023/24 across the VCFSE sector.

Early Help offer and Thresholds

Organisation Response:

- Action Together has worked with Early Help to support the sector to understand the Early Help Offer and Thresholds, for example the Early Help Strategy Voluntary Sector Consultation enabled strategic managers to consult with the VCFSE.
- Sessions will take place in 2023/24 at a neighbourhood level to further support effective multi-agency working to respond to early identified need across partners.

What were the major challenges?

- Language used in different professions and capacity of smaller organisations

What areas have been identified for improvement for 23/24?

- The main area of improvement is to support the VCFSE with the Out-of-school settings work. The Department for Education (DfE) published a voluntary code of safeguarding practice for out-of-school settings. The non-statutory code of practice is intended to support providers of Out of School Services, including advice on what policies and procedures providers should have in place for health and safety, safeguarding and child protection, staff suitability, and governance.

Predicted Demand and Challenges for 23/24?

- The VCFSE sector in Tameside constitutes 75% micro-organisations, our reach as an LIO is broad, but supporting practice within these groups is a capacity challenge.
- The groups themselves are often volunteer led and have extremely limited capacity. We approach this through low level training and development support 1:1 with organisations.
- We want to improve this offer and will continue to work closely with the LA to link the VCFSE to support on offer.

Key issues that have been the focus for 22/23

- Developing a Safeguarding Training Strategy and improving compliance with safeguarding level 3 training.
- Reviewing safeguarding supervision arrangements in the Trust.
- Development of Managing Allegations Guidance
- Review of Trust model for representation at local Multi-Agency Risk Assessment Conference (MARAC)

What has gone well?

- Safeguarding Training Strategy is completed, and compliance increased by 9% in Quarter 4 (2022/2023). The Trust is nearing compliance rates.
- The safeguarding supervision policy has been developed – work continues to embed this in the Trust.
- Managing Allegations Guidance has been released, alongside templates to support line managers and the safeguarding team to respond to staff allegations.
- The MARAC role has been developed in each borough of the Trust; recruitment is ongoing in Tameside.
- There have been new policies for patients who disengage/were not brought and for 16–17-year-olds in adult settings in light of the new Radcliffe Place, hospital avoidance service for young people with Learning Disabilities and Autism.
- There has been a 122% increase in internal safeguarding consultation.

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- Pennine Care NHS Foundation Trust continues to prioritise Domestic Abuse, as this is the highest safeguarding consultation theme in the Trust.
- There have been Domestic Abuse champions developed in some services.
- Parental mental health and the importance of the Think Family approach to this has continued in our Safeguarding Level 3 training and in all training packages, briefings and other information throughout the Trust.
- The Domestic Abuse awareness training has been made available through our learning platform.

Transitions

Organisation Response:

- PCFT has a clear policy around transition from children and young people services to adult services and this prioritises safeguarding and is linked with the Trust's safeguarding policy.

Complex & Contextual Safeguarding

Organisation Response:

- The Safeguarding Team facilitate supervision for CAMHS in the borough – where there have been concerns about complex and contextual safeguarding
- There have been positive links with social workers from the Complex Safeguarding Team.
- There is a worker in CAMHS linked to the Youth Justice Team and a specific lead for Looked After Children in the borough.

Trauma Informed Professional practice

Organisation Response:

- PCFT operates in a trauma informed way and have trauma informed approaches to the care and support that we offer to our patients, service users and their families and carers.

Early Help offer and Thresholds

Organisation Response:

- Referrals through the single point of access based with the Early Help team mean that relationships are in place from the point of initial referral to ensure that Early Help and thresholds are considered with a multi-agency view from the beginning.

What were the major challenges?

- PCFT compliance with level 3 training has been a challenge through 2022/23 but this has seen significant improvement.
- Staff acuity has been a major challenge, which is compounded by additional need both for mental health and learning disability services and for safeguarding support.

What areas have been identified for improvement for 23/24?

- Training compliance
- Embedding the safeguarding supervision policy
- Responses to safeguarding review themes and the learning and actions from such processes.
- Enhancing work in relation to domestic abuse.

Predicted Demand and Challenges for 23/24?

- The Safeguarding Team should be back at full capacity by July 2023, however many of our teams in Tameside are running below their staffing rates; workforce is one of the Trust's overarching strategic risks.

MASH / EHASH

Key issues that have been the focus for 22/23

- Multi Agency Audits
- Strategy Meetings
- Transition from MASH to EHASH

What has gone well?

- Multi Agency Audits: these are going well and received a positive response from Education, Early Help, Health, Police and the DfE improvement board. These are undertaken on a regular basis to consider the data at the front door, which allows agencies to have a greater understanding of the data i.e., repeat contacts, repeat referrals, step up / down process, outcome of contacts and screenings.
- Strategy Meetings are a priority / focus at the front door and the MASH /EHASH have continued to arrange, minute and chair the meetings within the multi-agency co-located MASH / EHASH. This has had a positive response as evidenced within the front door.
- Staff consultations have been undertaken and this has provided staff to step up into other roles for development. MASH / EHASH has implemented processes and pathways and developed the Social Work screening forms with EHM support. The MASH staff have embraced this change and will continue to work towards becoming an EHASH with a clear communication plan for internal and external agencies. The development of the threshold document with partner agencies and the training and development of this across Tameside.

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- The MASH/EHASH have regular 7-minute briefings on themes and topics such as the toxic trio which supports reflective thinking and allows professionals to use professional judgement in these cases. The MASH/EHASH have also undertaken briefing sessions around impact, lived experience of children and young people but also invisible males. This is embedded within Social Work screening and continues to be part of the audit/multi agency audit themes.
- The Team Manager of MASH/EHASH is part of the Domestic Violence strategy group, which is led by the Domestic Violence Strategic Lead for Tameside. This follows a comprehensive plan to improve responses to domestic abuse in Tameside. This looks at accommodation for victims, perpetrator needs assessments and many other agency responses to tackle domestic abuse. This forum also includes the development of the MARAC process and the High-risk management meeting and response held within the MASH/EHASH.
- MASH/EHASH are co-located with partner agencies to respond timely to these themes, topics, and risks. We are co-located with GMP MASH Police, Probation, Health, Education, Early Help, IDVA, Missing from Home Team. Triage daily of those Police referrals has had a positive impact for children, young people and families by reducing inappropriate referrals but being able to focus on those HIGH-risk victims and families.

Transitions

Organisation Response:

- Data informs us that we are meeting timescales for response and that those children and young people that are deemed at risk of significant harm is responded to within 24 hours.
- This has also been evidenced within multi-agency audits and feedback at various forums.

Complex & Contextual Safeguarding

Organisation Response:

- MASH/EHASH work closely with the Tameside Complex Safeguarding Team. Benefits of a MASH/EHASH is that there is a good understanding of the thresholds framework and identify complex safeguarding at the front door on those children and young people that are not open to services. It is a multi-agency, co-located EHASH and information is shared with partner agencies in line with the Working Together 2018 guidance.
- Training and development are always on the agenda and Social Worker's access both internal and external training around complex safeguarding. We also have reflective learning sessions and 7-minute briefings.

Trauma Informed Professional practice

Organisation Response:

- This practice continues to be applied within the MASH/EHASH and again this is used within social work screening regarding trauma informed practice to produce better outcomes for children and young people.
- Training and development have impacted effectively, and this will continue to influence the development of Social Work knowledge and Practice.

Early Help offer and Thresholds

Organisation Response:

- MASH/EHASH have been integral in the development and training of the new Tameside Threshold Document to internal and external agencies. MASH and EHASH and EDT have been part of the training and development and also encouraged Social Workers to be skilled and confident in delivery of the training.
- Multi-agency audits are routinely undertaken to look at thresholds and its application. We will continue to consider these and any learning from them but also identify any key themes or agencies where there are issues with applying the correct threshold.

What were the major challenges?

- Triage with GMP the biggest referrer into CSC Thresholds

What areas have been identified for improvement for 23/24?

- We are currently in the transition between MASH and EHASH

Predicted Demand and Challenges for 23/24?

- To be reviewed during 23/24

NHS Greater Manchester Integrated Care

Key issues that have been the focus for 22/23

- Strengthening information sharing between statutory partners and Primary Care - General Practice
- Improving attendance of health partners at statutory meetings
- Ensuring continuity of multi-agency working through transition from Clinical Care Groups (CCG) to Integrated Care Board (ICB) including funding for safeguarding boards
- Business as usual through organisational change

What has gone well?

Continuous Improvement of Service Delivery

- We continue to engage with safeguarding partnership boards through the work of the learning improvement and accountability groups to disseminate and embed learning from reviews and share good practice. NHS GM Tameside Safeguarding Team leads the co-ordination and contribution of health providers in reviews working with clinical areas to identify any learning, generating actions to strengthen practice and improvements.
- Learning is incorporated into training, awareness raising and communications.
- We have delivered Primary Care Safeguarding Snippet Sessions alongside longer GP leads meetings and increased the number of sessions over the year, topics include implementation of the Tameside Neglect Strategy, care for children, children leaving care, Kooth support for young people.
- Sharing of information with GPs – work has been ongoing to ensure that there is provision of information by GPs to initial and review case conferences and arrangements in place so that GPs are able to attend meetings. Work is now ongoing to identify ways that GP information can be available for sharing at MARAC conferences.

Ensuring Compliance and Quality of Safeguarding Arrangements

- Arrangements for safeguarding assurance for NHS commissioned services and providers includes annual self-assessment with compliance against the Greater Manchester Safeguarding Contractual Standards Tool, assurance visits and quality reports, Section 11 Audit, and attendance at provider safeguarding performance and operational committees
- Health practitioners have been co-located within the MASH team to ensure effective coordination and sharing of available health information. Work is ongoing to further develop capacity of this role.
- Full engagement from health partners with multi-agency audits and children services 'Practice Week' learning for Tameside.

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- Training has been delivered to GP services to ensure that the impact on all family members when a person presents with mental health concerns are considered.

- Training has been delivered to GP services to ensure understanding of parental substance misuse and the impact this has on children is fully understood.
- There is health safeguarding representation and support to the Deaths from Substances Panel so that learning from such reviews considers impact on all family including children.
- NHS GM Tameside have supported the work of the domestic abuse strategic plan. We have contributed to the strategic and operational groups to ensure health partners support the work to improve DA services in Tameside. Have we contributed to the DA workforce training offer and workforce.
- We have worked with commissioned providers to ensure procedures are in place to recognise and respond to support victims of domestic abuse.
- We continue to contribute to the Domestic Homicide Review (DHR) process by ensuring that individual management reviews are completed either as a direct author or through panel representation.
- The IRIS Programme, a local programme to offer help and support to both victims and perpetrators of Domestic Abuse, has been commissioned and an implementation steering group established with the aim of supporting victims of domestic abuse in general practice. The offer of service is for both male and female victims. Further work is intended to review service provision to perpetrators of violence.
- The need to share GP information for the purpose of MARAC has been identified and plans are underway to gather information.
- Parental Mental Health/Perinatal and Parent-Infant Mental Health (PPIMH) within family hubs, the focus is on mild to moderate mental health and including Dads, co-parents and underserved communities. Planning is moving forward relating to recruitment and mobilisation. This involves expansion of Early Attachment Service (EAS) capacity for mild to moderate need – to lead the programme, connecting with perinatal teams and parenting to ensure key messages are consistent. There is a training offer for family hub professionals around parent infant relationships, increase supervision to wider family hub professionals and a refresh and delivery of the Early Start Group. This is of note because this offers all bolsters and increases the prevention/early intervention focus which should, in the longer term, have positive benefits in relation to safeguarding.

Transitions

Organisation Response:

- CAMHS Pathways services are now extended to children and young people up to the age of 18.
- NHS GM (Tameside) have developed an internal transition process for all cases that are known to Individualised Commissioning. NHS GM IC (Tameside) provided an interim multi-agency transition process that was put in to place until the Local Authority established a transition tracker and transition panel meetings in January 2023.
- NHS GM (Tameside) facilitate multi-agency transition case discussion meetings for specific cases, ensuring that assessments and preparation for adulthood plans are put in place in a timely manner.
- Transitions Steering Group now in place Tameside Metropolitan Borough Council (TMBC) led group which addresses the strategic priorities linked to transition.
- Monthly Transitions panel now in place where cases pending transition to adult services are discussed – health and social care representation

- Transitions Tracker now live – information sharing in place and tracker is accessible to health and social care partners improving communication and reducing risk. There is active input from CYP and Adult health and social care providers as well as commissioners.

Complex & Contextual Safeguarding

Organisation Response:

- GM NHS Tameside commission a full time complex safeguarding nurse within the complex safeguarding team. This role is co-located with the Complex Safeguarding Team. The aim of the role is to coordinate effective health care provision to meet health needs. The role has made improvements to the communication between health professionals and providers.
- A focus has been to develop pathways and fast track to services for vulnerable young people. There are improved links with sexual health, universal services and primary care.
- GM NHS has recruited a health practitioner to support the GM complex safeguarding peer review schedule. We have been working with the GM hub to develop a health data set to contribute to the insights and impact framework.
- Snippet session provided for general practice on Complex Safeguarding

Trauma Informed Professional practice

Organisation Response:

- We have coordinated the GM Positive & Adverse childhood experiences and trauma responsive training plan to ensure Tameside workforce have access to GM wide training to support this priority. NHS GM Tameside have supported the development of a Trauma informed practice steering group to ensure Tameside practitioners receive appropriate training and implement a trauma response to the care delivered.
- Free GM developed trauma training has been offered and circulated widely to families across Tameside.
- The Mental Health in Education (MHIE) coordinator has worked extensively promoting trauma informed training and Hidden harm. Using network and Head Teacher meetings, schools are encouraged to engage with training around ACES to help understand children's behaviour, how to implement support in school and to help reduce referrals to services.

Early Help offer and Thresholds

Organisation Response:

- NHS GM Tameside have contributed to the revision of the Tameside thresholds document
- NHS GM Tameside have contributed to the revision of the Tameside Neglect Strategy and tools and have facilitated training to practitioners from key health services to ensure that there is a coordinated approach to the effective delivery of the strategy.
- Early help offer – The Health visiting and school nursing teams, employed by the Integrated Care
- Trust have adopted a joint approach to ensuring that the early help offer to children and families is delivered.
- Health services have contributed to ensuring that there is support for families who are affected by poverty and heating crisis.
- The ICON programme, a pre-birth and post-natal parenting programme, continues to be implemented by primary care and early help services to support families with young children.

- The Children and Young People’s Individual Care and Treatment Panel has been refreshed, with an updated term of reference. This is a health decision making panel that involves partners from the Local Authority and other partnership professionals. Referral routes into the Panel are now well established locally and this has increased referral numbers.
- NHS GM IC (Tameside) have increased contributions towards joint packages of care. Work is ongoing to ensure effective monitoring of jointly funded placements, working closely with the LA Placement Team.
- Our Dynamic Support Register (DSR) aims to prevent unnecessary hospital admissions for people with a learning disability and autistic people. Following new guidance issued in January 23 for the DSR we are developing an action plan to ensure appropriate implementation of the new guidance. This plan will include information and awareness raising in relation to the DSR. Following the development of the Greater Manchester Autism standards for April 2023 a session is planned in May 2023 to develop the locality implementation plan and ensure appropriate governance of this for CYP with a Learning Disability and or Autism.
- A partnership project across TMBC and Health to look at re developing the former Boyds Walk site into a new build ‘Children with Disabilities Hub’ offering long term care for the young people currently accommodated in Boyd’s Walk ; transition accommodation for preparation for adulthood and short break therapeutic accommodation for use by children and their families, step down/step up support, crisis support to prevent admission to inpatient beds and a route to discharge from hospital (4 short term care units). The development will offer co-located wrap around services and a comprehensive outreach offer into family settings.

What were the major challenges?

- To ensure that the multi-agency approach from health services to deliver effective safeguarding services for children and young people have been effectively transferred to the new organisation.
- Increasing numbers of Children attending hospital in mental health crisis in line with national reporting
- Multiple meetings taking place for the same child with different professionals attending and the meetings being called different names. A mapping exercise is planned, and ways forward will be looked at via the learning and improvement group
- Significant pressure in workforce across all agencies, impact of cost of living has affected individuals.
- Impact of industrial action.

What areas have been identified for improvement for 23/24?

- Improved information sharing and participation by primary care services so that care and support offered to families can be improved
- Increased commitment from health services to the development of more effective data collection.
- Review Non mobile babies and children pathway
- Crisis care pathway development and awareness raising
- Improving escalation pathways

Predicted Demand and Challenges for 23/24?

- The capacity of the current workforce in several health services to undertake increasing amount of safeguarding work which is of good quality to support children and families continues to be reviewed.
- The ability of universal services ability to meet need.
- The lack of Residential placements for Cared for Children who are presenting with trauma and not a diagnosed mental health issue continues to place young people in hospital cubicles for long period of times.
- Increased number of home educated children particularly since the Covid pandemic. Tameside has experienced this as well as other local authorities.



Key issues that have been the focus for 22/23

- Strategy meetings
- Case conferences
- Improving the quality of Referrals/contacts
- Colocation of police officers at Tameside One

What has gone well?

- Attendance at strategy meetings by most appropriate Police representative from dedicated child protection teams (Multi-Agency-Safeguarding-Hub/Child-Protection-Investigation-Unit/Complex Safeguarding Team) within permitted timescales has significantly improved. This is a priority and tracked weekly by Police to measure performance.
- In January 2023 a SMART action plan was formed by GMP with objectives to improve the quality of referrals into the front door including training of frontline staff and MASH officers, joint triaging and adopting the conversational model as a multiagency.
- Joint discussions of referrals are tracked by Police that have indicated a considerable improvement in the number of appropriate contacts being referred and a reduction in referrals being declined.
- Multiagency audits are now completed regularly allowing partners to have a greater understanding of repeat referrals, influxes, reductions, and outcomes
- Police officers moved to Tameside One in January 2023. This has received a positive response from the partnership; strengthening working relationships between partners evidenced in the improved quality of referrals from Police.

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- Front line staff and MASH Police officers regularly receive training on themes and topics such as 'Voice of a child' and toxic trio supporting informed decision making to improve outcomes for our children and families of Tameside. This includes 7-minute briefings and features in our new bespoke 15-week training programme known as the 'Tameside Academy' for Police recruits at Tameside. This ensures all opportunities for learning, coaching and mentoring on effective safeguarding policing response across the district.
- The Public Protection Governance Unit are regularly providing online Continuous Professional Development (CPD) events for all officers to improve their knowledge of the powers and procedures available to them including Police Protection Powers, Claire's, and Sarah's Laws.
- A 'Domestic Abuse Matters' 1 day training course has been provided to all officers and staff within GMP with mandatory attendance to improve our response to Domestic Abuse (DA) aligned with our force priorities.
- Locally Tameside district SLT have devised an improvement plan for DA that correlates with our business plan for 2023/2024.

- The 3 key priorities focus on:
 - » Building performance momentum
 - » Instilling pride and effectiveness in our work
 - » Overcoming inexperience with a learning environment
- The objectives include improving officers' understanding that rapid response and primary investigation increases the chances of positive outcomes through evidence led collection and victim confidence with prioritised arrests. Additionally embedding a process to identify DA serial perpetrators and repeat victims as a partnership to provide effective interventions and support to prevent further DA instances.
- The core role of the officers within the MASH is to triage any child or vulnerable adult concern recorded as a Care Plan (CAP) or high/medium risk domestic recorded as a Domestic Abuse Care Plan (DAB) generated from incidents, external referrals, intelligence reported to Police. The MASH officers will review the full circumstances of the CAP/DAB authored by the frontline attending officers (usually from the 24/7/365 Response Team) and review the overall history for the persons involved including previous CAPs/DABs recorded. This will include Toxic trio and RARA (Remove/Avoid/Reduce/Accept the risk) This assists the MASH officer with making a risk assessment and creating an investigation plan; checking that appropriate safeguarding has been implemented for the child, vulnerable person or family; and appropriate markers have been placed on the persons and associated addresses involved on GMP's record management system PoliceWorks. The MASH officer will assess whether referrals to other agencies are required and will share via email as per the local information sharing protocol in place.
- For high-risk cases of domestic abuse, daily risk management meetings are held by the partnership to address immediate safeguarding actions and the case will be discussed again at the next Multi-Agency Risk Assessment Conference (MARAC) meeting. MARAC meetings are held every fortnight to assess risk, actions taken, and longer-term work required. GMP are currently working with the TMBC to improve the effectiveness of the MARAC process and train all partners to share responsibility as chair. This will develop agencies understanding and the need to work in partnership to effectively problem solve.
- The colocation of Police Officers within the MASH at Tameside One has had a positive impact for our children and families, by improving the quality of our referrals into the front door resulting from joint triaging and understanding thresholds of children services.

Transitions

Organisation Response:

- The MASH officer make risk assessments and use GMP's triage expectations/children services threshold document to ensure appropriate safeguarding has been addressed and any necessary referrals made to partners.
- GMP track triage data daily to ensure we are prioritising and implementing safeguarding at the earliest opportunity. This is continually reviewed within our multiagency audits and various partnership forums.
- GMP staff within the Complex Safeguarding Team (CST) undertake daily checks of all Police incidents/intelligence/crimes recorded within the last 24-hour period endorsed with CSE/ exploitation codes and will share this information with CST partners in the daily meeting so a multiagency assessment can be made for any appropriate actions including whether the child requires opening to the team if not already and the threshold is met.
- GMP are working with TMBC to improve our adolescence offer and will be developing an adolescence hub.

Complex & Contextual Safeguarding

Organisation Response:

- The Complex Safeguarding Team are multi-agency and collocated at Ashton Police station. Police officers within the MASH have a good understanding of the threshold for CST and identify complex safeguarding at the front door on children and young people that are not open to services; ensuring appropriate information and referrals are shared with CST at the earliest opportunity.
- The CST hold 'weeks of actions' twice a year to raise awareness of exploitation of children throughout the partnership and the community to improve our approach and outcomes. In March 23 events included training from 'Out of the shadows' to all child protection officers and partners; communications and key messages were shared across the partners platforms and stalls held at key locations.
- The CST police offices dedicated to child criminal exploitation have been successful in obtaining GMP's first convictions for modern day slavery offences. The team have shared their procedures with other teams throughout the force and externally to improve our response to exploitation nationally.

Trauma Informed Professional practice

Organisation Response:

- As indicated training of front-line staff, MASH and child protection officers is a priority for GMP and is being embedded through bespoke training programmes, briefings, CPD and partnership events to enhance knowledge and learning to apply to their practice.

Early Help offer and Thresholds

Organisation Response:

- A new threshold document has recently been shared with all partners to increase awareness. Multi-agency audits of referrals are routinely undertaken to check understanding and knowledge of thresholds. Any learning identified is incorporated into training with officers within the MASH and front-line staff to enhance their capability.

What were the major challenges?

- The quality of Police referrals into CSC, GMP are the greatest contributor.

What areas have been identified for improvement for 23/24?

- Improve Police attendance at review case conferences.
- Adopt the conversational model at the front door for all referrals resulting in better informed decisions being made and most appropriate agency to take the lead.
- Improve the Complex Safeguarding offer for children reaching adolescence and leaving care.
- Improve our response to Domestic Abuse.

Predicted Demand and Challenges for 23/24?

- The Child Protection Investigation Unit (CPIU) is under stress and has been included in Tameside district's strategic risk register.

Community Safety

Key issues that have been the focus for 22/23

- Ensuring that the Community Safety Partnership Strategy is adopted through formal governance process.
- Ensuring that programmed works align to the key priorities contained within the strategy;
- **Priority 1** - Building stronger communities
- **Priority 2** - Preventing and reducing violent crime, knife crime & domestic abuse
- **Priority 3** - Preventing and reducing crime & anti-social behaviour
- **Priority 4** - Preventing and reducing the harm caused by drugs & alcohol
- **Priority 5** - Protecting vulnerable people and those at risk of exploitation

What has gone well?

- Implementation of the Community Safety Partnership Strategy 2022-25.
- The Community Safety Partnership Grant received from the GM Deputy Mayor has received positive feedback in terms of the Community Safety Partnership allocation to projects supporting both the priorities of the local CSP Strategy and the GM Police and Crime Plan.
- Comprehensive action plan for Serious Violence funding devised and delivered, receiving positive feedback from GM Serious Violence Reduction Unit.
- Work with voluntary community sector through small grants fund focussing on grass roots project delivery has been a success in the borough, again supporting local and GM priorities.

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

Preventing and reducing domestic abuse is a key priority.

Domestic Abuse and Parenting project commissioned to work with both survivors and perpetrators. The outcomes of this project are;

- Increased awareness of the impact of domestic abuse / environmental influences on children's wellbeing and long-term outcomes.
- Improved recognition of safe parenting and how parenting can be affected within the context of an abusive relationship.
- Strengthened knowledge of parenting strategies to support children after domestic abuse.

Transitions

Organisation Response:

- The Community Safety Partnership commissioned 'Theatre Tracks'; an innovative dance and drama project focusing on community safety themes, which supports Cared for Children in Tameside. The project was used as a case study for best practice by the Local Government Association [Tameside Metropolitan Borough Council: Theatre Tracks - a project for cared for children in Tameside | Local Government Association](#)

Complex & Contextual Safeguarding

Organisation Response:

Protecting vulnerable people and those at risk of exploitation is a key priority.

- As part of project delivery working collaboratively with schools and the Complex Safeguarding Team, a three phase (Listening, Preventing, and Responding) community led programme was delivered focusing on Child Criminal Exploitation: Listening to young people with lived experience.

Aims of the project:

- Increase awareness of child criminal exploitation (including county lines and grooming).
- Increase skills and assertiveness to recognise and disarm or avoid exploitation.
- Increase awareness of how to access support and help for self and others
- Reduce risk of exploitation and high-risk behaviours and relationships
- Increase understanding for Tameside schools and local authority; in young people's personal experiences & journeys of CCE.

Trauma Informed Professional practice

Organisation Response:

- Community Safety operate in trauma informed way and ensure there is a trauma informed approach to service delivery when working with young people.

What were the major challenges?

- Delivery, monitoring and reporting of CSP grants.

What areas have been identified for improvement for 23/24?

- Data collaboration amongst CSP partners.
- Early Help referrals by ASB Team where required, noting the pathway forward with newly formed EHASH

Predicted Demand and Challenges for 23/24?

- Serious Violence Duty implementation/Strategic Needs Assessment.
- Water Safety Strategy.
- Anti-social Behaviour Policy adoption through governance process.

Channel Panel

Key issues that have been the focus for 22/23

- Maintaining a consistent and pro-active Channel Panel with engagement from all partners
- Review of the GM Dovetail Pilot and the implications for GM authorities
- Ensuring mandatory training is undertaken to understand and implement the Prevent agenda within Tameside.

What has gone well?

- Consistent attendance and partner engagement within the Channel Panel
- The adoption and compliance of Prevent Training within the local authority
- Roll out of Prevent Briefings to safeguarding leads within Education
- Prevent Briefings and updates provided to the Independent Advisory Group

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- Risk of vulnerability has been a key marker and assessment as part of the Prevent duty and the acceptance of Channel cases.
- Of the cases adopted by the Channel Panel in 22-23 the 50% of cases have had a mental health vulnerability identified. Multi-agency partners are engaged as part of the Channel Panel to support individuals with their mental health and work with families to address the risk factors that lead to these vulnerabilities.

Transitions

Organisation Response:

- Both adults and child cases are heard and supported by the Channel Panel and there is a key review policy to ensure all cases move safely through transition and aligned with the Council's safeguarding policy.

Complex & Contextual Safeguarding

Organisation Response:

- As part of Channel Panel there are multi-agency partners who provide supervision for CAMHS, the hospital, primary care, education and children's safeguarding.
- The vulnerability needs of the individuals are considered and are referred back to children's safeguarding if they sit outside the Prevent Duty, which is a specific risk of exploitation.

Trauma Informed Professional practice

Organisation Response:

- Trauma Informed practice is considered as part of the Channel Panel considerations whilst remaining consistent to the Prevent Duty guidelines.

Early Help offer and Thresholds

Organisation Response:

- The Channel Panel and Channel members will ensure that they assess cases under the new Prevent framework, but also consider that the early help thresholds are abided by and consistently applied.

What were the major challenges?

- Within community safety, capacity is an issue to respond to the demand of early help incidents.
- With the phasing out of the GM Dovetail pilot, Tameside will lose its Channel Co-ordinator.

What areas have been identified for improvement for 23/24?

- Attendance at Prevent Strategy meetings.

Predicted Demand and Challenges for 23/24?

- The transition from the GM Dovetail Pilot with additional Channel Panel Co-ordinators with a return for Channel cases to be managed by the Police Counter Terrorism unit with co-ordination with the local authority through the Channel Panel
- The Shawcross independent review of Prevent was published on 8 February 2023 setting out 34 recommendations. The first recommendation and objective being to refocus Prevent and Channel in tackling causes of terrorism. The second recommendation is to move away for 'vulnerability' language within a Channel assessment towards susceptibility.
- The assessment framework will change to a Prevent Assessment framework.



Key issues that have been the focus for 22/23

- Increase in the number of safeguarding referrals
- Increase relating to self-neglect and domestic abuse
- Cost of living impacting on safeguarding
- Ongoing recovery from the pandemic
- Increase in complexity of cases

What has gone well?

- Developed a safeguarding working group
- Champions across organisation
- Internal safeguarding audit – significant assurance
- Attendance on Adult Safeguarding board

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- These are long standing risk factors and are addressed by 'living well' co-located in organisation buildings.
- Now funded is a well-being team to work with people with low level mental health.
- The organisation runs the 'bridges service' which has enhanced provision for adults, and children.
- Drop-in sessions at the refuge for drug and alcohol support.

Transitions

Organisation Response:

- Continued to support care leavers into accommodation and wrap around support – ensuring a seamless transition from adolescence to adult.

Complex & Contextual Safeguarding

Organisation Response:

- We attend both adults and children's safeguarding boards
- Attend strategic and operational domestic abuse meetings
- Attend the community safety partnerships
- Co located in the MASH
- Attend MARAC

- Feed into the TCG and organised crime group
- Attend all relevant meetings and working groups within the partnership

Trauma Informed Professional practice

Organisation Response:

- All relevant frontline staff have had Trauma informed training and ACEs training

Early Help offer and Thresholds

Organisation Response:

- Women's centre focuses on early interventions
- Clear pathways in place for appropriate referrals
- In house dedicated Anti-Social Behaviour and safeguarding teams

What were the major challenges?

- Number of cases
- Complexity of Cases
- Mental health significant issues
- Self-neglect has increased

What areas have been identified for improvement for 23/24?

- DAHA accreditation – currently going through this process
- Continuation of Working Group – more representation
- Coordinated approach to cuckooing with partners in the Borough
- Increased Training to all staff

Predicted Demand and Challenges for 23/24?

- Increased demand in 23/24 based on current figures
- Cost of living = challenging
- Mental Health issues
- Staff resilience - Challenge

TSCP Training

Key issues that have been the focus for 22/23

- Refreshing the existing training offer
- Increasing the training pool
- Developing new training based on learning from Local Children's Safeguarding Practice Reviews (LCSPRs)
- Supported partnership training around emerging needs (such as the new hub and bespoke model for teenagers) and key issues (such as Stalking and Harassment for the Police)

What has gone well?

- The training pool has increased from 9 to 30 partnership members.
- All training has been reviewed, revised, and relevant, containing information about the new thresholds and EHASH.
- The range of experience of the training pool has given the training a wide range of examples from across the partnership rather than being solely Children's Social Care focused.

Response To Strategic Priorities

Trio of Risk & Vulnerability

Organisation Response:

- We have rolled out a new commissioned Domestic Abuse course from Rockpool with a separate multi agency training pool. Police have also identified that Stalking and Harassment are the biggest cause of referrals to their service so ran a specific course on this.
- Substance Misuse has been covered by our colleges at My Recovery Tameside. They have completed courses;
 - » Introduction to My Recovery Tameside.
 - » Drug and Alcohol Awareness
 - » Introduction to Harm Reduction
- As part of the 'refresh' a course has been developed in conjunction with CAMHS, Parental Mental Health and the impact on Children.
- We have also hosted two awareness sessions from Kooth/Qwell about their early intervention offer for Children and Adults.

Transitions

Organisation Response:

- As part of the refresh of all courses a hub and bespoke model for adolescents has been agreed. The hub is an introduction to working with teenagers. One of the bespoke courses is around transitions for both children who are looked after and children open to Children's Services or receiving Early Help. This will be rolled out during 2023/2024.

Complex & Contextual Safeguarding

Organisation Response:

- As part of the Adolescent Hub and Spoke model Child Exploitation, both criminal, and sexual are a specific hub course to be delivered by the complex safeguarding team at the end of 2023.

Trauma Informed Professional practice

Organisation Response:

- TSCP will embrace this work to inform and contribute to the development of this area of work, to provide a workforce that is trauma informed and able to apply an ACEs lens to ensure their practice is informed by trauma.

Early Help offer and Thresholds

Organisation Response:

- TSCP has supported the Early Help Access Point and MASH to deliver new information about the Threshold Document to professionals across the partnership. These have been both virtual and face to face taking place at various times of the day and evening.
- SCP has also updated all training that focuses on Thresholds to incorporate the new Thresholds, ways of working and the EHASH.

What were the major challenges?

- Attendance at training courses.
- Prevent Courses have had to be cancelled on two separate occasions due to low numbers.
- Several courses in January and February around Foundation and Refreshers in Child Protection were cancelled.
- 1 session of 5 Training Work streams was quorate from September 2022- March 2023.

What areas have been identified for improvement for 23/24?

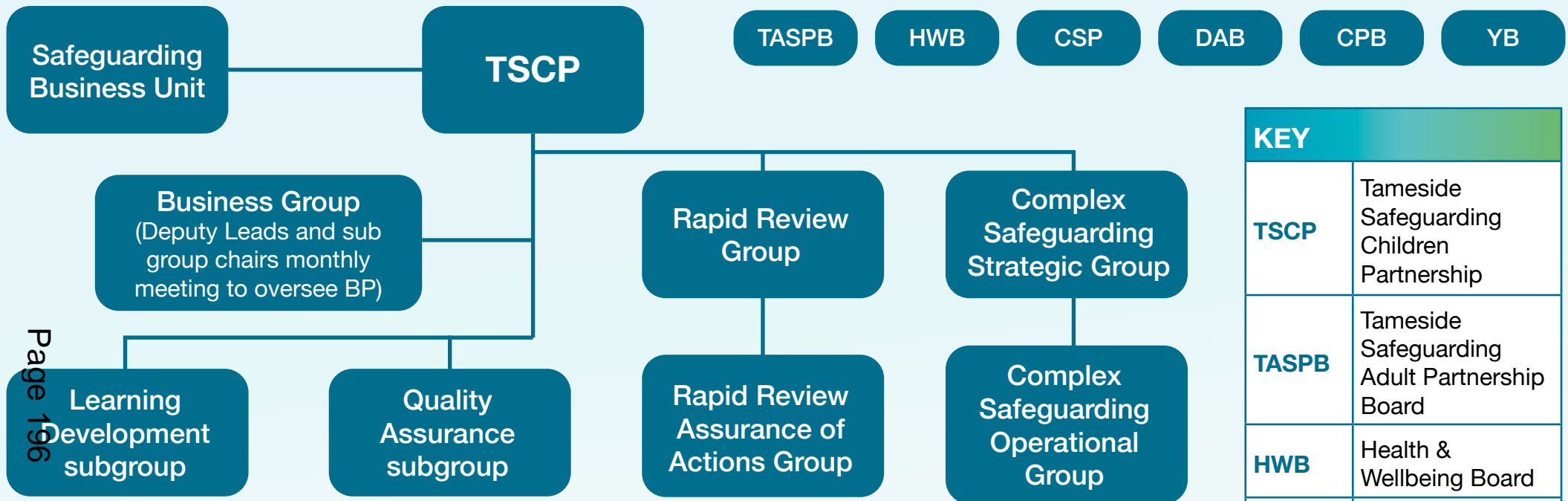
- To commence the hub training as part of the hub and spoke model for Adolescents. The spokes consist of
 - » Voice of the Child (Delivered by the Youth Council)
 - » Child Exploitation Online Protection (CEOP)
 - » CSE/CCE
 - » Transitions to adult services
 - » Substance Misuse in Young people.
- To commence the new courses around Managing Risk when working with Children and Families, Parental Mental Health and its impact on Children and to embed the developing positive relationships with families course.

Predicted Demand and Challenges for 23/24?

- The demand for courses will continue with a need to publish a training calendar in advance of July 2023.
- To be needs to be aligned with single agency delivered training to the partnership, such as the Tameside Neglect Action Plan, so that courses do not clash. and are planned well in advance.

Partnership Structure

Strategic Safeguarding Boards and Partnerships – Expectations that partners will take responsibility for reporting activity to the Partnership



Page 196

KEY	
TSCP	Tameside Safeguarding Children Partnership
TASPb	Tameside Safeguarding Adult Partnership Board
HWB	Health & Wellbeing Board
CSP	Community Safety Partnership
DAB	Domestic Abuse Board
CPB	Corporate Parenting Board
YB	Youth Board
BP	Business Plan

Work streams

The concept of the work streams is to involve the wider workforce in the development of the TSCP BP via various forums and may not necessarily be meetings. Quarterly updates will be presented to the Workforce subgroup

Communication	Policy and Procedures	Training	Neglect	Early Help
---------------	-----------------------	----------	---------	------------

These are areas of work that have an identified 'TSCP Champion' who is a representative at the workforce development subgroup and are supported by TSCP Safeguarding Business Unit to complete the actions in response to the Business Plan

The TSCP Executive Board meet quarterly and during 22/23 a Business Group met monthly to support TSCP to implement the Strategic Plan and Annual Business Plan and oversee the progress against and outputs of the relevant action plans. To aid and inform this work TSCP subgroups met periodically.

The Partnership are financed by contributions from Partners in Tameside:-

Contributions/Income 2022/23	Income Position £
LA	105,610
ICB	66,870
GMP	13,200
Jigsaw	1,382
NPS	3,569
Schools	64,820
Academies	49,060
Total Contributions	304,511

TSCP Subgroups

Learning & Development

Developed and embedded a multi-agency training programme supported by TSCP Training Strategy Framework aligned to TSCP Priorities. Strengthened multi-agency training pool. Communication Strategy & Group in place & established Safeguarding Practitioner Forum across Tameside. Local policy & procedures reviewed & revised in line with National legislative & policy changes. TSCP website revised.

Quality Assurance & Performance Management

Supports the implementation of TSCP Strategic & Annual Business Plan & Priorities. Conducts quarterly audit programme, questionnaires & assurance exercises. Monitors Key Performance Indicators to ensure promoting the welfare & safeguarding of children & young people. Identifies areas for partnership improvement. Disseminates learning across the partnership, arising from child practice learning reviews, audit findings & scrutiny of performance data.

Rapid Review

Has been established to receive and consider whether notifiable incidents meet the criteria for a local or national child safeguarding practice review.

Complex Safeguarding

Receives thematic strategies/plans, developments (statutory/practice) and provide a challenge and support role within the context of the respective operational delivery in the following work streams and provide reassurance to the Executive Partnership. It will include:

Child Sexual Exploitation (CSE)/Child Criminal Exploitation (CCE)/Contextual Safeguarding and extra-familial harm/Adult Safeguarding/Shared Priorities/Modern Slavery/Organised Crime

Child Safeguarding Practice Reviews

The partnership continues to cascade a monthly newsletter to improve communication and share key local and national safeguarding learning and best practice to upskill colleagues and support their professional development. The newsletter reaches a wide audience from all sectors across the partnership and the feedback continues to be positive. 7-minute briefings are communicated along with links to full reports of practice reviews. Practitioner learning events are provided to support engagement with front line practitioners.

There have been 4 reviews undertaken in 2022/2023, these have mainly identified the need for ongoing focus on complex safeguarding and identifying the needs of adolescents in Tameside.

TSCP programme of learning 2022/23

To support the Learning and Development subgroup in responding to the Annual Priorities to progress the TSCP Strategic Plan and Annual Business Plan.

To promote a culture of continuous multi-agency learning and development through the development and communication of training, guidance, resources and tools; based on the learning from child safeguarding practice reviews, performance management, national guidance and legislation.

To develop, co-ordinate, and evaluate the multi-agency training programme within the context of statutory guidance and legislation. The training work stream has overseen a revision of multiagency training that has been offered to the partnership, this includes the devising and delivery of a new training strategy.

The Training Pool has trebled in size with practitioners from across the safeguarding Partnership. This enables a wide range of experience and knowledge to be imparted to the participants. The vast majority of courses are now run face to face by the training pool.

Voice of the child is key within all training courses with the Voice of the Child having key activities in Safeguarding Foundation and Refresher as well as the Professional Challenge courses.

Scrutiny

During 22/23 a review of our Safeguarding Partnership was undertaken and a proposal implemented to work with our Partner in Practice to bring in some external rigour and challenge for the way we conduct business, deliver, record and track actions across the Partnership and feed in learning from the experience of children, families and the front line. This work included a review of the position and line management of the Safeguarding Business Unit Manager to bring the function in line with the Quality Assurance and training function of the Safeguarding Partnership to join up the expertise and resilience of the role and function in line with learning from any Rapid Reviews, Multi-Agency audit findings and inspections.

The desired outcome of the review was that as safeguarding partners and as a partnership we are satisfied that the arrangements in place provide regular assurance that partners are contributing appropriately to safeguard and promote the welfare of children and that we have oversight of where there are challenges/poor performance in the system so.

Scope of Peer Review

1. Is the current membership aligned to the needs of the business?
2. Are the terms of reference clear re purpose and accountability and in line with Working Together 2018?
3. Does the partnership have a clear methodology in place to establish the strategic direction and provide leadership to ensure the effective coordination of multi-agency work on early help and safeguarding within Tameside?
4. Is there clear governance in place to monitor and report on local safeguarding and child protection arrangements, holding agencies to account for the effectiveness of their arrangements and practice and the outcome for children and young people?
5. Does the Partnership through its structures routinely identify, respond and escalate ineffective safeguarding practices?
6. Does the Partnership have mechanisms in place to ensure that operational multi-agency safeguarding arrangements are effective and robust and keep children safe?
7. Are there clear arrangements and mechanisms in place to determine, progress and monitor the work of the Board and its sub- groups?
8. Is the business plan effective and reflective with clear objectives to address local need and monitored to ensure steps are being taken to implement the objectives and progress/impact is being made?
9. Does the Partnership robustly explore the need for development and of review multi-agency policies, procedures, protocols and publicity, and agree same?
10. Is there an agreed data set that informs the Partnership of safeguarding performance and activity in a way provides assurance of effective local safeguarding arrangements?
11. Is the executive partnership business routinely informed by the voice of children and young people and how does this inform strategic planning and partnership working.

Key Learning from this review demonstrated:-

- The monitoring and reporting model to provide assurance to TSCP is fit for purpose
- The Governance Arrangements require strengthening to aid the progress of the business and this informed a further service redesign

This work will inform the revised **Tameside-Safeguarding Arrangements**

TSCP Priorities 2023/2024

The Peer Review from our Partners in practice has been influential in the approach to business for 23/24. In response to this TSCP will continue to deliver their strategic priorities 2021-2024 in the knowledge that the strengthened governance arrangements will enhance the Partnership to ensure they act as a strategic leadership group in supporting and engaging others agreeing on ways to coordinate safeguarding services and implement local and national learning.

Priorities will also include;

- Training Strategy – continued implementation
- Development of Learning Hub
- Adolescent Framework Group to agree courses to support the Hub and Spoke Model. The Working with Teenagers course to provide the hub with targeted course providing the spokes to ensure the upskilling of the multi-agency workforce
- Case Review embedding and impact on professional practice
- Commencing 'Developing Relationships with Families for Managers and Practitioners courses
- Non-mobile injuries in babies
- Out-of-school provision