

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Day: Thursday
Date: 22 September 2022
Time: 6.00 pm
Place: Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from members of the Scrutiny Panel.	
3.	MINUTES The Panel to receive minutes of the meeting of the Health and Adult Social Care Scrutiny Panel held on 28 July 2022.	1 - 4
4.	POPULATION HEALTH The Panel to meet Debbie Watson, Director of Population Health; and James Mallion, Assistant Director, to receive an overview of strategic priorities for local health outcomes and inequalities, considering aspects of rising cost of living, poverty, future priorities and work streams.	5 - 32
5.	CHAIR'S UPDATE The Chair to provide a verbal update on activity and future priorities for the Panel.	
6.	DATE OF NEXT MEETING To note that the next meeting of the Health and Adult Social Care Scrutiny Panel will take place on Thursday 3 November 2022.	
7.	URGENT ITEMS To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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Health and Adult Social Care Scrutiny Panel 26 July 2022

Commenced: 6.00pm

Terminated: 7.20pm

Present: Councillors N Sharif (Chair), Owen (Deputy Chair), Affleck, Bowden, Cooper, Patrick, Warrington

Apologies: Councillors Drennan, Newton, Pearce

1. DECLARATIONS OF INTEREST

There were no declarations of interest submitted by members of the Scrutiny Panel.

2. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 10 March 2022 were approved as a correct record.

3. ADULT SOCIAL CARE REFORM WHITE PAPER

The Panel welcomed Councillor John Taylor, Executive Member (Adult Social Care); and Tracey Harrison, Assistant Director, to receive an update on proposals and implications set within the White Paper - Integration and innovation: working together to improve health and social care for all.

Members received an overview of the Adult Social Care Reform White Paper and detail on key messages and implications for adult services and the wider care sector. The paper sets out a 10-year vision that includes three objectives.

- People have choice, control and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find adult social care fair and accessible

The panel heard that there is an extended emphasis within the paper on the role of the social care workforce and recognition for unpaid carers. A new Health and Social Care Levy supports the proposals, with a 3-year funding settlement to progress the implementation programme at a local level.

The package of measures over next 3 years to include three key principles:

- Everyone should be aware of basic information about adult social care and upcoming reforms to the system – national website underway
- People should have access to personalised advice about adult social care when they need it
- There should be oversight and accountability of information and advice services

It was reported that a priority for Tameside is to invest in preventative services and to ensure care is assessed and provided in the right place at the right time. The paper introduces the use of outcome driven 'I' statements and provides an outline for the council to assess impacts for individuals. In addition, 'We' statements will also consider how care is offered and accessed.

The initial 3-year programme will focus heavily on integration, housing and digitisation. Whilst not directly prescribed, the paper provides measures to which the council will now need to direct the necessary amount of attention and resource. This includes a priority to embed housing within health and care strategies, to boost supply of supported housing and increase local expenditure on supported living.

The panel heard that an early priority is to protect the 20% most vulnerable in care homes with falls technology by March 2024 and to ensure at least 80% of care providers have a digitised care record in place that connects to a shared care record.

Ms Harrison informed members that the reform provides the council will an opportunity to kick-start a change in the services provided to unpaid carers. This will include a new action plan and strategy, most importantly informed by carers.

The Executive Member and Assistant Director responded to a number of questions on:

- Workforce pressures and career pathways across the adult social care sector including commissioned providers.
- Funding available and the ability of the Council to deliver on such programmes beyond the 3-year package.
- Local needs assessment and future projections regarding impacts of the fair cost of care for providers and cap on care costs for individuals.

4. LGSCO LEARNING REPORT

The Panel welcomed Councillor John Taylor, Executive Member (Adult Social Care); and Tracey Harrison, Assistant Director, to receive a service response to the Local Government and Social Care Ombudsman learning report – Unprecedented Pressure: Learning from complaints about council and care provider actions during the Covid-19 pandemic, published in February 2022.

The Executive provided a detailed and structured response to questions and learning points identified from case studies within the report. Such questions help to ensure learning is shared within the authority and informs scrutiny oversight. The response focuses directly on areas relevant to Adult Services.

Councillor Taylor and Ms Harrison were thanked for attending the meeting

5. CORPORATE PLAN SCORECARD

The Panel received the Corporate Plan Scorecard for information.

6. ANNUAL WORK PROGRAMME

Tameside Scrutiny Panels are required to publish an Annual Work Programme of planned activity. Scrutiny will continue to adopt a combination of approaches to review service and performance updates, respond to formal consultations, focus reports of the Local Government and Social Care Ombudsman and areas in need of more in-depth review.

The Chair presented the agreed Annual Work Programme for the Health and Adult Social Care Scrutiny Panel. Discussion followed on the priority of topics and the timetable for future meetings. The Chair confirmed that the following topics will now be explored to inform future updates and review:

- Health outcomes and inequality, to include poverty and cost of living (Population Health)
- Health system recovery and pressures (T&G ICFT)
- Next steps for health integration - GMICS

The Chair also advised members that certain aspects of activity would continue to take place outside of the formal meetings.

7. CHAIR'S UPDATE

The Chair updated members on the following matters.

- Scrutiny and Overview Chairs received role specific training, delivered by the Local Government Association (LGA) on 20 July 2022.
- Scrutiny reports received at Overview Panel on 25 July 2022, this included a paper providing a summary of work completed during the 2021/22 municipal year.
- All Scrutiny members were invited to attend a training session delivered by the Centre for Governance and Scrutiny on 5 September 2022. A choice of two training sessions at 1pm and 6pm were offered.

8. DATE OF NEXT MEETING

To note that the next meeting of the Health and Adult Social Care Scrutiny Panel will take place on Thursday 4 November 2022.

9. URGENT ITEMS

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

CHAIR

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HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

22 SEPTEMBER 2022

POPULATION HEALTH UPDATE

Debbie Watson – Director of Population Health
James Mallion – Assistant Director of Population Health

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Agenda Item 4



Agenda

- 1. Introduction – Health Challenges in Tameside**
- 2. Wider Determinants of Health & Inequalities**
- 3. GM Population Health Characteristics Framework**
- 4. Poverty & Cost of Living Crisis**
- 5. Role of Tameside Health & Wellbeing Board**
- 6. Tameside MBC Population Health Service – Priorities**
- 7. Questions / Areas for future discussion**

Introduction: Health Challenges in Tameside



Healthy Life Expectancy in Tameside

The average number of **years** a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health

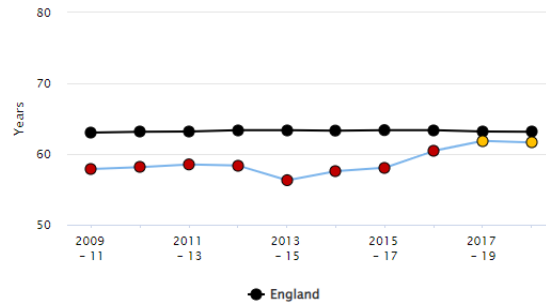
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A01a - Healthy life expectancy at birth (Male)

Life expectancy - Years

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Count	Value	Tameside		North West	England
			95% Lower CI	95% Upper CI		
2009 - 11	-	57.9	56.2	59.5	60.8	63.0
2010 - 12	-	58.2	56.4	59.9	61.0	63.2
2011 - 13	-	58.5	56.8	60.3	61.2	63.2
2012 - 14	-	58.4	56.6	60.1	61.0	63.4
2013 - 15	-	56.3	54.5	58.1	61.1	63.4
2014 - 16	-	57.6	55.8	59.3	60.9	63.3
2015 - 17	-	58.1	56.4	59.7	61.2	63.4
2016 - 18	-	60.4	58.7	62.2	61.6	63.4
2017 - 19	-	61.9	60.2	63.5	61.7	63.2
2018 - 20	-	61.6	59.8	63.5	61.5	63.1

Inequality of Healthy Life Expectancy at Birth – For Males and Females



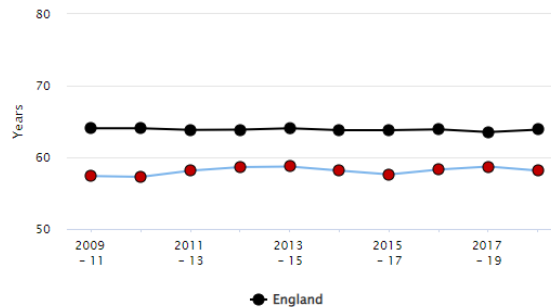
	Male	Female
2009 - 13	13.7	13.4

A01a - Healthy life expectancy at birth (Female)

Life expectancy - Years

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Count	Value	Tameside		North West	England
			95% Lower CI	95% Upper CI		
2009 - 11	-	57.4	55.6	59.2	61.6	64.0
2010 - 12	-	57.3	55.4	59.1	61.7	64.0
2011 - 13	-	58.1	56.3	60.0	62.0	63.8
2012 - 14	-	58.6	56.8	60.5	61.7	63.9
2013 - 15	-	58.7	56.9	60.5	61.9	64.1
2014 - 16	-	58.1	56.3	60.0	61.9	63.8
2015 - 17	-	57.6	55.8	59.4	62.3	63.8
2016 - 18	-	58.3	56.5	60.1	62.5	63.9
2017 - 19	-	58.7	56.9	60.5	62.2	63.5
2018 - 20	-	58.2	56.0	60.3	62.4	63.9

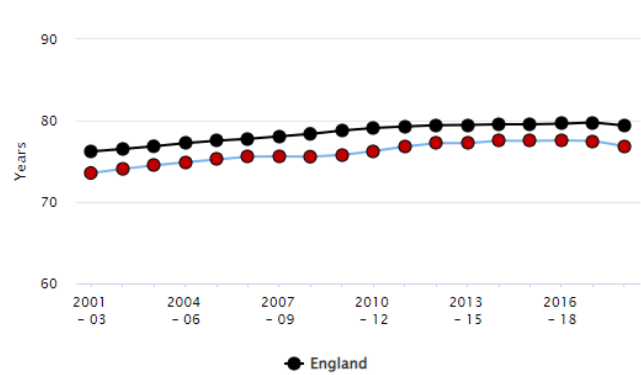
Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatellifeexpectancyallagesuk>

Life Expectancy in Tameside

The average number of years a person would expect to live based on contemporary mortality rates.

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A01b - Life expectancy at birth (Male, 3 year range)

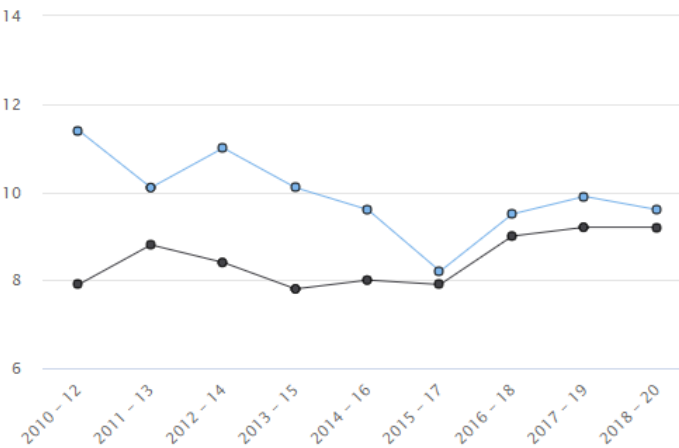


Recent trend: Could not be calculated

Period	Count	Tameside			North West	England
		Value	95% Lower CI	95% Upper CI		
2001 - 03	-	73.6	73.1	74.1	74.8	76.2
2002 - 04	-	74.1	73.6	74.5	75.1	76.5
2003 - 05	-	74.5	74.0	75.0	75.4	76.8
2004 - 06	-	74.9	74.4	75.4	75.7	77.2
2005 - 07	-	75.2	74.8	75.7	76.0	77.5
2006 - 08	-	75.6	75.1	76.0	76.3	77.8
2007 - 09	-	75.6	75.2	76.1	76.6	78.1
2008 - 10	-	75.6	75.1	76.1	76.9	78.4
2009 - 11	-	75.8	75.3	76.3	77.3	78.8
2010 - 12	-	76.3	75.8	76.7	77.6	79.1
2011 - 13	-	76.8	76.4	77.3	77.9	79.3
2012 - 14	-	77.2	76.8	77.7	78.0	79.4
2013 - 15	-	77.2	76.8	77.7	78.1	79.5
2014 - 16	-	77.5	77.1	78.0	78.2	79.5
2015 - 17	-	77.5	77.1	77.9	78.2	79.6
2016 - 18	-	77.6	77.1	78.0	78.3	79.6
2017 - 19	-	77.5	77.1	77.9	78.4	79.8
2018 - 20	-	76.9	76.4	77.3	77.9	79.4

Source: 3 year values calculated by ONS, single year trend calculated by OHID

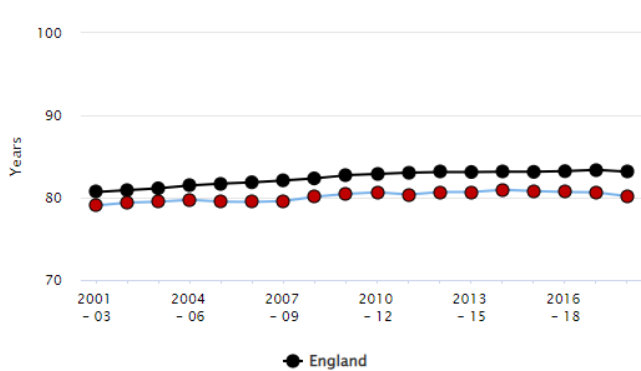
Inequality of Life Expectancy at Birth – For Males and Females



Male
Female

	Male	Female
2010 - 12	11.4	7.9
2011 - 13	10.1	8.8
2012 - 14	11.0	8.4
2013 - 15	10.1	7.8
2014 - 16	9.6	8.0
2015 - 17	8.2	7.9
2016 - 18	9.5	9.0
2017 - 19	9.9	9.2
2018 - 20	9.6	9.2

A01b - Life expectancy at birth (Female, 3 year range)



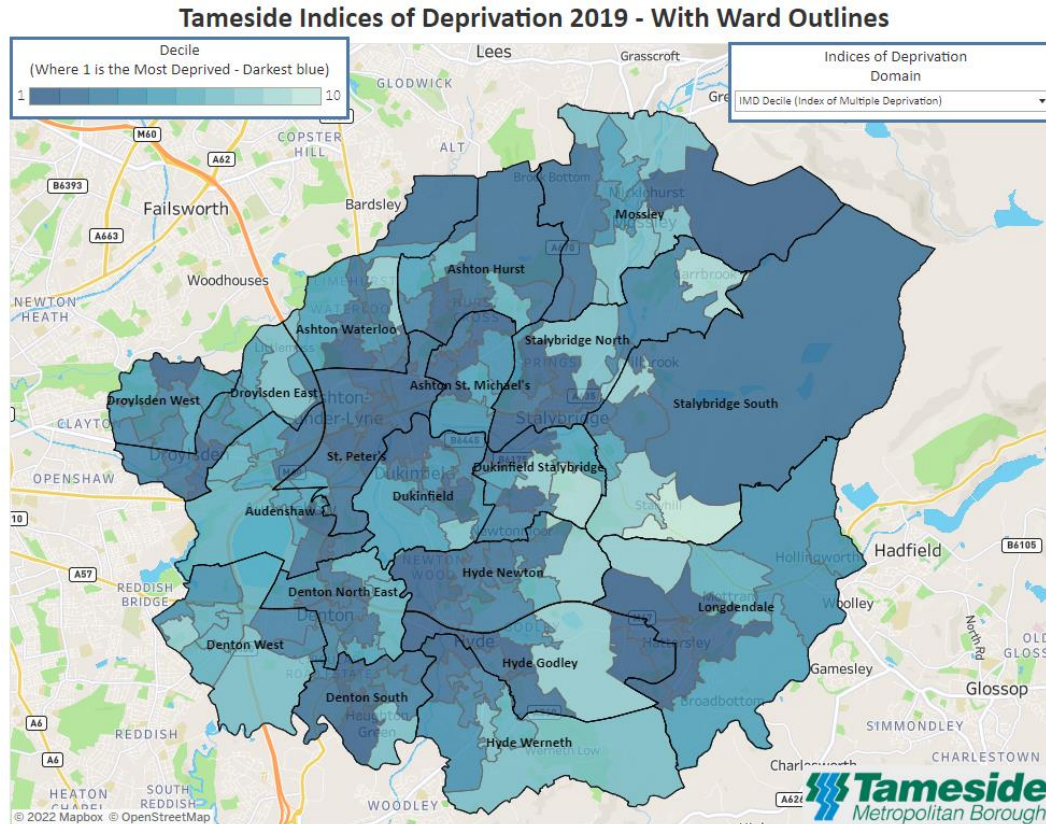
Recent trend: Could not be calculated

Period	Count	Tameside			North West	England
		Value	95% Lower CI	95% Upper CI		
2001 - 03	-	79.1	78.6	79.5	79.5	80.7
2002 - 04	-	79.4	79.0	79.8	79.7	80.9
2003 - 05	-	79.5	79.1	79.9	79.9	81.1
2004 - 06	-	79.7	79.3	80.2	80.2	81.5
2005 - 07	-	79.5	79.1	79.9	80.4	81.7
2006 - 08	-	79.5	79.0	79.9	80.5	81.9
2007 - 09	-	79.6	79.1	80.0	80.7	82.1
2008 - 10	-	80.1	79.7	80.5	81.0	82.3
2009 - 11	-	80.4	80.0	80.9	81.4	82.7
2010 - 12	-	80.6	80.2	81.1	81.6	82.9
2011 - 13	-	80.4	79.9	80.8	81.7	83.0
2012 - 14	-	80.7	80.3	81.1	81.8	83.1
2013 - 15	-	80.7	80.3	81.1	81.8	83.1
2014 - 16	-	81.0	80.5	81.4	81.7	83.1
2015 - 17	-	80.8	80.4	81.2	81.8	83.1
2016 - 18	-	80.7	80.3	81.1	81.9	83.2
2017 - 19	-	80.6	80.2	81.1	82.1	83.4
2018 - 20	-	80.1	79.7	80.6	81.7	83.1

Source: 3 year values calculated by ONS, single year trend calculated by OHID

Deprivation in Tameside

The English indices of deprivation measure relative deprivation in small areas in England called lower-layer super output areas. The index of multiple deprivation is the most widely used of these indices.



Deprivation Decile	Number of Lower Super Output Areas (LSOAs) in Tameside	% Of LSOA's
1 (Most Deprived)	29	21%
2	31	22%
3	17	12%
4	15	11%
5	17	12%
6	12	9%
7	10	7%
8	7	5%
9	2	1%
10 (Least Deprived)	1	1%

Wider Determinants

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health.

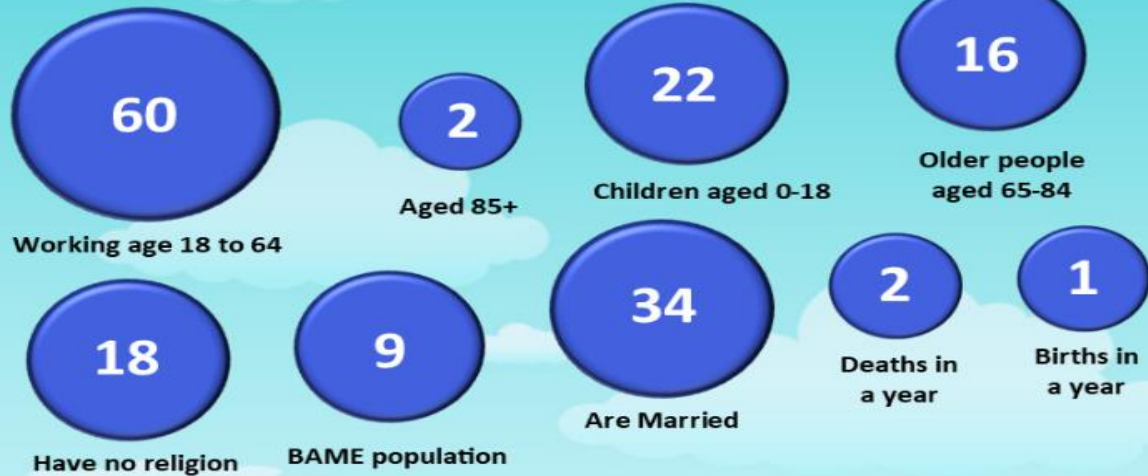
Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B01b - Children in absolute low income families (under 16s)	<16 yrs	Persons	2020/21	17.6	15.1	%	→	↓
B01b - Children in relative low income families (under 16s)	<16 yrs	Persons	2020/21	22.3	18.5	%	→	↓
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception	5 yrs	Persons	2018/19	66.9	71.8	%	↑	→
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	5 yrs	Persons	2018/19	54.4	56.5	%	↑	→
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2018/19	78.3	81.8	%	↑	→
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	6 yrs	Persons	2018/19	66.6	70.1	%	→	→
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	5 yrs	Persons	2018/19	77.9	82.2	%	↑	→
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	5 yrs	Persons	2018/19	67.5	72.6	%	↑	→
B03 - Pupil absence	5-15 yrs	Persons	2020/21	4.18	4.62	%	→	→
B04 - First time entrants to the youth justice system	10-17 yrs	Persons	2021	151.6	146.9	per 100,000	↓	→
B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	16-17 yrs	Persons	2020	4.75	5.48	%	↓	→
B06a - Adults with a learning disability who live in stable and appropriate accommodation	18-64 yrs	Persons	2020/21	95.8	78.3	%	→	→
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	18-69 yrs	Persons	2020/21	62.0	58.0	%	—	→
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	16-64 yrs	Persons	2020/21	12.7	10.7	Percentage points	—	→
B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	16-64 yrs	Persons	2020/21	59.3	64.4	%	—	—
B08b - Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	18-64 yrs	Persons	2020/21	64.9	70.0	Percentage points	—	→
B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	18-64 yrs	Persons	2020/21	7.12	5.14	%	—	—
B08c - Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	18-69 yrs	Persons	2020/21	66.0	66.1	Percentage points	—	→

Wider Determinants Continued

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health.

Indicator	Age	Sex	Period	Value	Value (England)	Unit	Recent trend	Change from previous
B08c - The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)	18-69 yrs	Persons	2020/21	6.00	9.00	%	—	—
B08d - Percentage of people in employment	16-64 yrs	Persons	2020/21	72.0	75.1	%	→	→
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	16+ yrs	Persons	2018 - 20	2.28	1.92	%	—	→
B09b - Sickness absence - the percentage of working days lost due to sickness absence	16+ yrs	Persons	2018 - 20	1.10	1.02	%	—	→
B10 - Killed and seriously injured (KSI) casualties on England's roads	All ages	Persons	2020	71.9 \$	86.1 \$	per billion vehicle miles	—	—
B11 - Domestic abuse-related incidents and crimes	16+ yrs	Persons	2020/21	34.3 @	30.3	per 1,000	—	—
B12a - Violent crime - hospital admissions for violence (including sexual violence)	All ages	Persons	2018/19 - 20/21	52.9	41.9	per 100,000	—	→
B12b - Violent crime - violence offences per 1,000 population	All ages	Persons	2020/21	~	29.5 [a]	per 1,000	—	—
B12c - Violent crime - sexual offences per 1,000 population	All ages	Persons	2020/21	~	2.29 [a]	per 1,000	—	—
B13a - Re-offending levels - percentage of offenders who re-offend	All ages	Persons	2019/20	18.7	25.4	%	—	—
B13b - Re-offending levels - average number of re-offences per re-offender	All ages	Persons	2019/20	3.45	3.74	per re-offender	—	—
B13c - First time offenders	10+ yrs	Persons	2021	160.2	166.3	per 100,000	↓	→
B14a - The rate of complaints about noise	All ages	Persons	2019/20	4.70 \$	6.37 \$	per 1,000	—	→
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	All ages	Persons	2016	5.54	5.50	%	—	—
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	All ages	Persons	2016	8.33	8.48	%	—	—
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	2020/21	11.4	11.3	per 1,000	—	↓
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	2020/21	1.59	4.03	per 1,000	—	→
B16 - Utilisation of outdoor space for exercise/health reasons	16+ yrs	Persons	Mar 2015 - Feb 2016	14.5	17.9	%	—	→
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	2020	14.1	13.2	%	—	—
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	18+ yrs	Persons	2019/20	46.8	45.9	%	—	→
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	18+ yrs	Persons	2018/19	29.4	32.5	%	—	→
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	16+ yrs	Persons	2019/20	23.5	22.3	%	—	—
1.01i - Children in low income families (all dependent children under 20)	0-19 yrs	Persons	2016	19.0	17.0	%	↓	→

Population



Wider determinants



If Tameside was a village of just 100 people...



Lifestyle

Health & Wellbeing

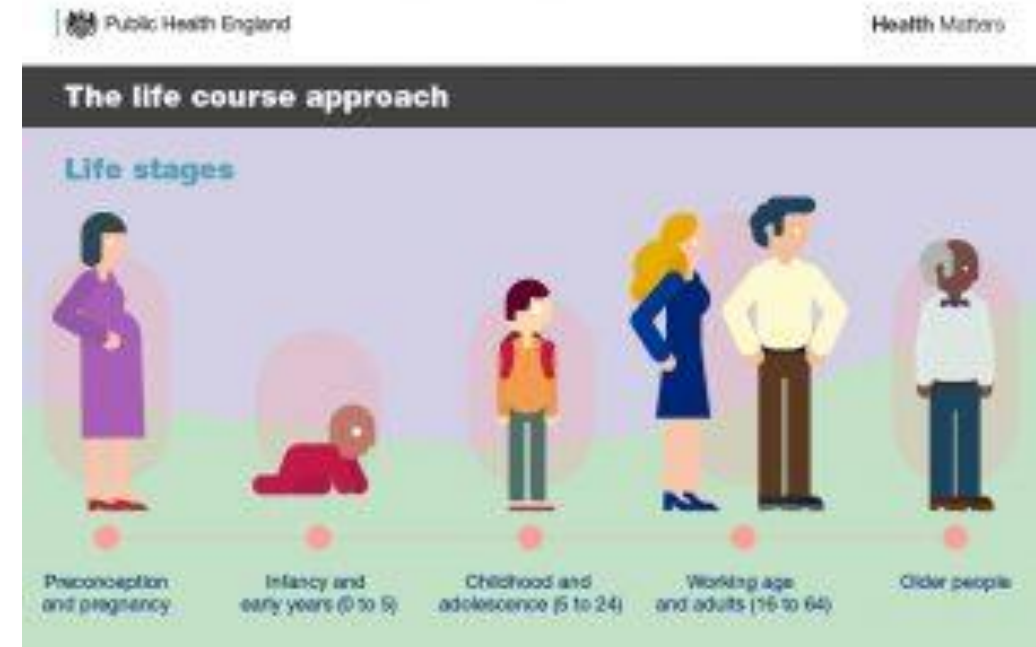
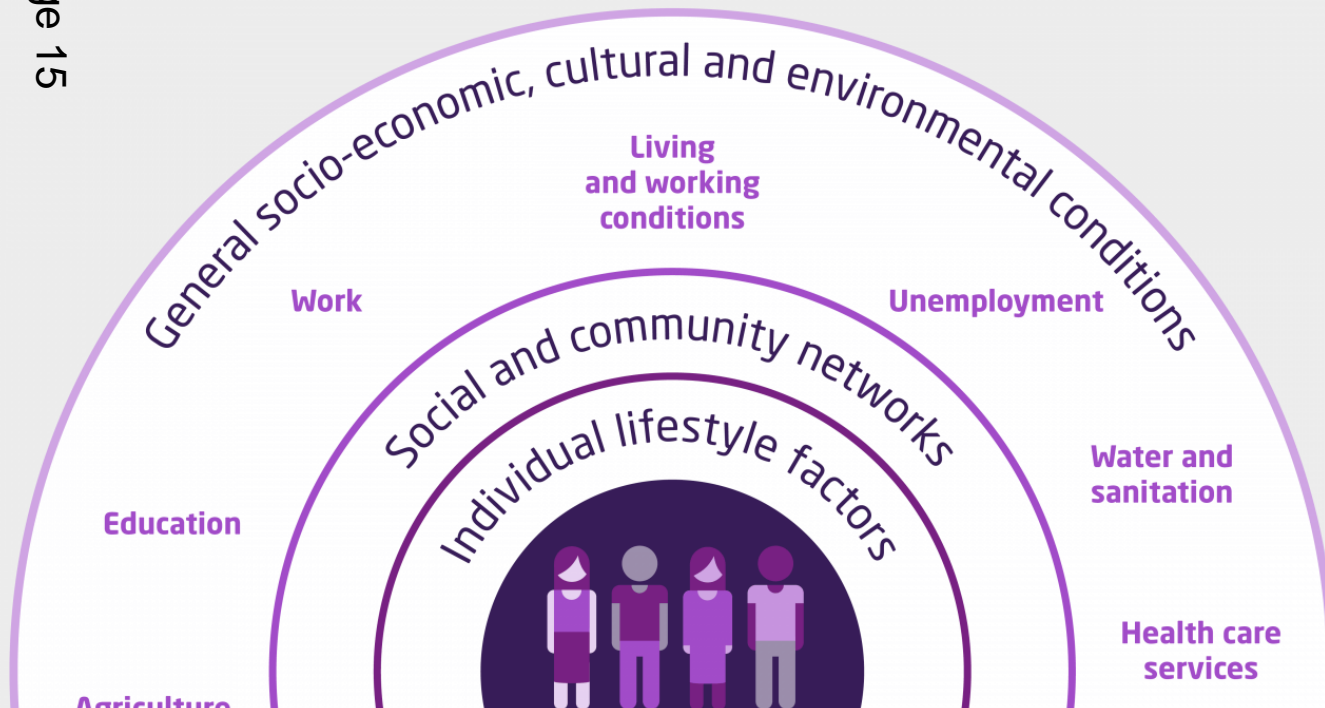
Wider Determinants & Health Inequalities



The Complex Nature of Life Expectancy and Population Health

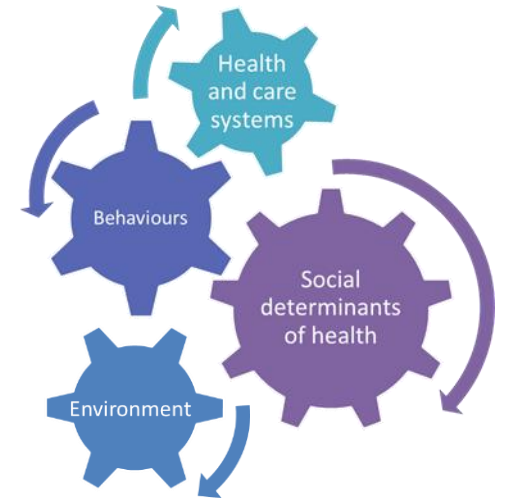
- Influenced throughout the lifecycle
- Lots of different factors throughout life contribute to your long-term health and life expectancy
- The health and care system is important, but only contributes about 25% to our health
- The majority of our health is impacted by other factors of our lives, including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

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Health Inequalities

- Avoidable, unfair, systematic; about power and resources;
 - About 1 in 4 deaths 'avoidable'
- Inequalities in:
 - health status, eg life expectancy, Long Term Conditions, mental health
 - access to care; quality and experience of care
 - behavioural risks to health eg smoking
 - wider determinants of health eg education, jobs, housing, green space
- Between who?
 - socio-economic factors, eg income
 - geography, eg north - south
 - specific characteristics incl. protected in law, eg race, sex, age, disability
 - socially excluded groups, eg homelessness.
- Our health is shaped by a complex interaction between many inter-related factors.
 - Disadvantages are concentrated in particular parts of the population and can be mutually reinforcing.



Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

Early years,
children and
young people

- Indicator 1: School readiness
- Indicator 2: Low wellbeing in secondary school children (#Beewell)
- Indicator 3: Pupil absences
- Indicator 4: Educational attainment by FSM eligibility

Work and
employment

- Indicator 5: NEETs at ages 18 to 24
- Indicator 6: Unemployment rate
- Indicator 7: Low earning key workers
- Indicator 8: Proportion of employed in non-permanent employment

Income
poverty and
debt

- Indicator 9: Children in low income households
- Indicator 10: Proportion of households with low income
- Indicator 11: Debt data from Citizens Advice

Housing,
transport
and the
environment

- Indicator 12: Ratio of house price to earnings
- Indicator 13: Households/persons/children in temporary accommodation
- Indicator 14: Average public transport payments per mile travelled
- Indicator 15: Air quality breaches

Communities
and place

- Indicator 16: Feelings of safety in local area
- Indicator 17: People with different backgrounds get on well together
- Indicator 18: Antisocial behaviour

Public health

- Indicator 19: Low self-reported health
- Indicator 20: Low wellbeing in adults
- Indicator 21: Numbers on NHS waiting list for 18 weeks
- Indicator 22: Emergency readmissions for ambulatory sensitive conditions
- Indicator 23: Adults/children obese
- Indicator 24: Smoking prevalence

Michael Marmot – *Build Back Fairer in Greater Manchester (2021)*

- How we can reduce health inequities and ‘build back fairer’ from the Covid-19 pandemic
- GM was disproportionately affected – 25% higher deaths than England
- Many recommendations around supporting children; better employment; increasing income; improving housing and transport; and investing in public health

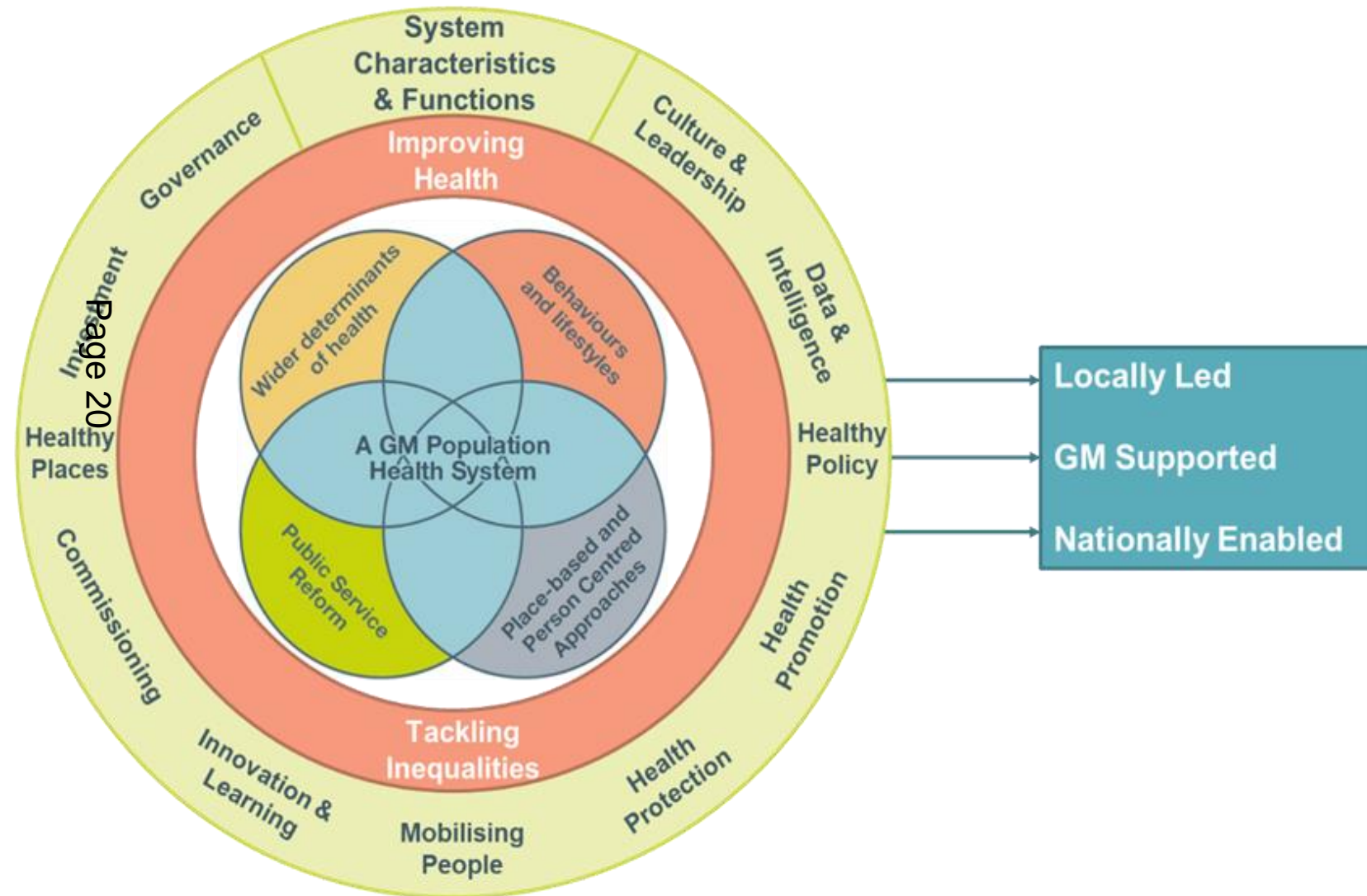


For everyone every day

GM Population Health Characteristics Framework



Population Health Framework



- In order to meet our ambitions, and tackle challenges in a different way, our local system must be designed to incorporate characteristics which make up a population health system.
- The GM Population Health Framework details the **Core System Characteristics** and the locality/neighbourhood conditions and functions required to deliver these characteristics
- The intention is for more of the work done across the system in Tameside to follow these Population Health principles, which will help better tackle inequalities and address the wider determinants of health

Population Health Framework – Priorities

Culture	Governance
Mobilising and Involving People & Communities	Leadership
Sustainable Investment in Population Health	Data, Intelligence, Research & Evaluation
Shaping Healthy Policy & Strategy	Health Protection
Taking Action to Improve Health	Tackling Inequalities
Commissioning for Health & Outcomes	Shaping Healthier Environments by Optimising the use of regulatory & legislative levers and powers
Promoting Innovation & Learning	

- Some of these we are already doing, but some are challenging and will take time, resource and concerted effort:
- *“involve people living in neighbourhoods in co-design and delivery”*
- *“commitment to shift the balance of spend towards prevention and early intervention”*
- *“capacity and specialist capabilities are in place”* (Data Intelligence)



Poverty & Cost of Living Crisis

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Poverty - Pen Portrait

Poverty is a particular challenge in Tameside - falling into the top 20% most income-deprived areas nationally; 1 in 3 children living in poverty; immediate situation of cost-of-living increases

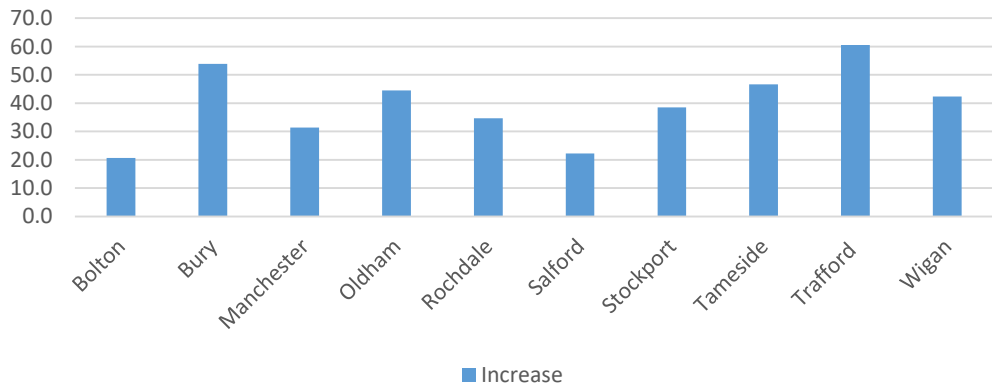
Key areas of focus:

Benefits; Debt; Low Incomes; Mental Health; Disability; Food & Fuel

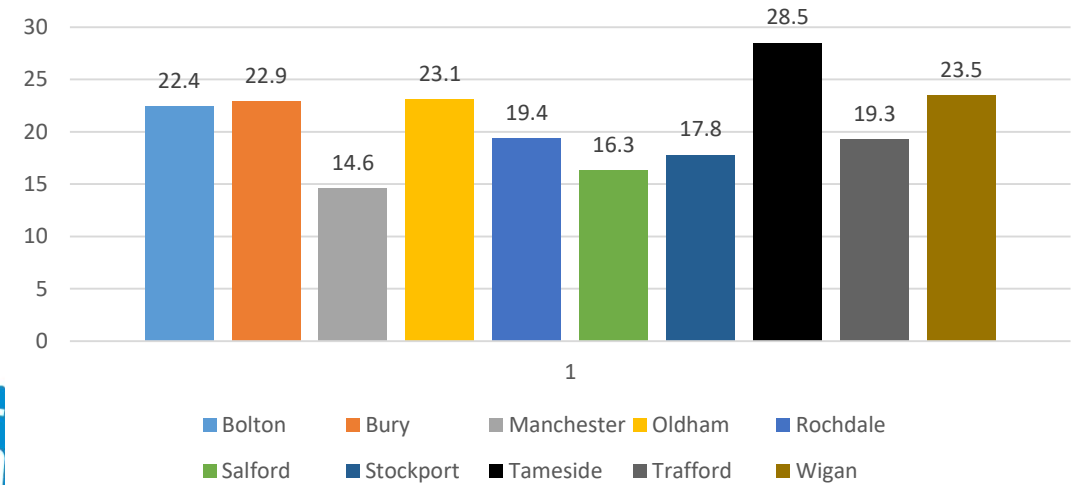
Poverty; Access to Services; Employment; Housing; Child Poverty

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% increase in gap between LHA and average rent
2020 to 2021



Proportion of jobs paid below the Real Living Wage



Current Activity to Tackle Poverty

- Poverty Strategy: Autumn needs assessment followed by full Strategy setting out approach and priorities (TMBC Policy)
- Socio-economic Duty
- Review of Locality working
- Poverty Truth Commission – people with lived experience of poverty
- Helping Hand Tameside Website
- Health & Wellbeing Board – poverty as a key priority (inc. working group)
- Short term support to tackle cost of living increases

Role of Tameside Health & Wellbeing Board



Health & Wellbeing Boards

- The Health & Wellbeing Board continues to be a statutory committee of the Council under the Health & Social Care Act (2012)
- Building strong and effective partnerships to improve the delivery of services and the health and wellbeing of local people
- Produce Joint Strategic Needs Assessments (JSNA) and Joint Health & Wellbeing Strategies
- Statutory Membership – elected member, local Healthwatch, local CCG, Directors of Adults services, Children’s services and Public Health
- **HWBs should address the wider social, environmental and economic factors that impact on health** and should work closely with other partners, such as housing providers, DWP, police and crime commissioners, the voluntary and community sector and many others
- Building on the core membership of Local Healthwatch, HWBs should identify ways to engage with a wide range of people from local communities.



The Shifting Role of the Health & Wellbeing Board

- The current TOR still stands with functions around JSNA; joint H&WB strategy; resident choice; sign-off of relevant policy such as Better Care Fund and Pharmaceutical Needs Assessment
- Stronger focus on how HWB links with the new Integrated Care System (ICS), making joint decisions and developing the population health system and tackling the wider determinants of health and inequalities.
- Importance of decisions being made as close as possible to local communities and building from the bottom up
- The ICS will rely on information from the HWB such as the JSNA – and must provide information to the HWB such as capital resource plan and forward plans
- NHS England and CQC will scrutinise how the ICS works with the HWB

Setting Priorities

- It has been agreed that the role of the HWB will be focussed around the wider determinants of health and tackling inequalities
- Based on in-depth work with partners, 3 priorities have been selected for the Tameside HWB to drive forwards:
 1. Poverty
 2. Work & Skills
 3. Healthy Places

HWB Charter

- Development session – support for a ‘Charter’ that holds members of the HWB to account for how we work and what we aim to achieve
- Draft Charter - what Board members will do:
 - Evidence based leadership
 - Focus on wider determinants and agreed priorities
 - Transparency in decision making
 - Prevention focused
 - Involve public in decision making
 - Critical self-assessment of partners
 - Work with VCSFE sector and Tameside PACT
 - Advocate approaches that tackle inequalities
- Draft Charter – outcomes the HWB will deliver:
 - Reduce the impact of poverty
 - Reduction in inequalities
 - People live in healthy, safe, sustainable places
 - Improved life expectancy and healthy life expectancy
 - Access to good employment and lifelong learning
 - Reduce levels of air pollution
 - Work programme on key cross-cutting issues

Tameside MBC Population Health Service: Priorities



Population Health Service Plan: Key Areas

- System Leadership & Wider Determinants of Health
- Starting Well (0-19)
- Sexual Health
- Substance Misuse
- Domestic Abuse
- Mental Health
- Health Improvement
- Healthcare Public Health
- Health Protection
- Ageing Well
- Team Development

QUESTIONS & AREAS FOR FUTURE DISCUSSION?

