

TAMESIDE HEALTH AND WELLBEING BOARD

22 September 2016

Commenced: 10.00 am

Terminated: 11.50 am

PRESENT: Councillor Kieran Quinn (Chair) – Tameside MBC
Councillor Brenda Warrington – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Councillor Gerald P Cooney – Tameside MBC
Graham Curtis – Clinical Commissioning Group
Ben Gilchrist – CVAT
Angela Hardman – Tameside MBC
Karen James – Tameside Hospital NHS Foundation Trust
Steven Pleasant – Tameside MBC
Tony Powell – New Charter Housing Trust
Andy Searle – Chair, Adult Safeguarding Board
Paul Starling – GM Fire and Rescue Service
Clare Watson – Clinical Commissioning Group

IN ATTENDANCE: Ian Duncan – Tameside MBC
Debbie Watson – Tameside MBC
Gideon Smith – Tameside MBC
David Berry – Tameside MBC
Jessica Williams – Tameside MBC / Clinical Commissioning Group

APOLOGIES: Alan Dow – Clinical Commissioning Group
Stephanie Butterworth – Tameside MBC

58. DECLARATIONS OF INTEREST

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

59. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 10 March 2016 were approved as a correct record.

60. CARE TOGETHER ECONOMY MONITORING STATEMENT

The Director of Finance, Single Commissioning Team, presented a jointly prepared report of the Tameside and Glossop Care Together constituent organisations on the revenue financial position of the economy. It provided a 2016/17 financial year update on the month 4 financial position at 31 July 2016 and the projected outturn at 31 March 2017.

It was explained that the report included components of the Integrated Commissioning Fund and the progress made in closing the financial gap for the 2016/17 financial year. The total Integrated Commissioning Fund was £447.5m in value, detailed in **Appendix C** to the report, but this value was subject to change throughout the year as new Inter Authority Transfers were actioned and allocations amended.

The 2016/17 financial year was particularly challenging due to the significant financial gap and the risk of CCG QIPP schemes not being sufficiently developed to deliver the required level of

efficiencies in the year. A financial recovery plan was submitted to NHS England on 9 September following consideration by an extraordinary meeting of the Governing Body on 7 September 2016.

Members of the Board noted that section 2 of the report included details of the financial position of the Tameside Hospital NHS Foundation Trust which provided members of the Board with an awareness of the overall financial position of the whole Care Together economy and highlighted the increased risk of achieving financial sustainability in the short term whilst also acknowledging the value required to bridge the financial gap next year and through to 2020/21.

In terms of a financial summary, reference was made to Table 1 detailing the 2016/17 budgets, expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside Hospital NHS Foundation Trust. However, there were a number of key risks that had to be managed within the economy during the financial year:

- Achievement of the original £21.5m projected commissioner financial gap (£13.5m Tameside and Glossop CCG and £8.0m Tameside MBC);
- Delivery of the £17.3m projected financial deficit of Tameside Hospital NHS Foundation Trust;
- Management of any potential overspend within Acute services as any overspend would be an additional pressure over and above the financial gap stated above;
- Ensure Parity of Esteem was achieved in relation to Mental Health Services;
- Financial pressures as a result of national changes to the health contribution of funded nursing care payments (40% increase) generating an estimated increased liability to the CCG of approximately £0.6m but this would be confirmed and reported at month 5;
- Management of Care Home placements due to volatility in this area;
- Unexpected and complex dependency placements within Children's Services;
- Emergency in-year reductions to Central Government resource allocations;
- Proactive management of Continuing Healthcare and Prescribing, both of which were subject to volatility;
- Remaining within the running cost allocation for 2016/17.

RESOLVED

- (i) That the 2016/17 financial year update on the month 4 financial position at 31 July 2016 and the projected outturn at 31 March 2017 be noted.**
- (ii) That the significant level of savings required during the period 2016/17 to 2020/21 to deliver a balanced recurrent economy budget be acknowledged.**
- (iii) That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be acknowledged.**
- (iv) That the 2016/17 quarter one Better Care Fund monitoring statement attached at Appendix D be noted.**

61. CARE TOGETHER PROGRAMME UPDATE

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) and the Programme Director providing an update on the developments within the Care Together Programme since the last meeting relating to operational progress and next steps.

She also advised that an official announcement was expected on the application to secure transformational funding recently approved by the Greater Manchester Health and Social Care Partnership. The process for determining the milestones and key performance indicators against which the investment would be assessed would now commence.

RESOLVED

- (i) That the progress of the Care Together Programme, including the strategic and operational aspects be noted.**
- (ii) That an update be received at the next meeting.**

62. WORK, SKILLS AND HEALTH INTEGRATION

Consideration was given to a report of the Deputy Chief Executive, New Charter Housing, and the Project Lead (Employment and Skills), which explained that Devolution had presented Greater Manchester with the opportunity and ability to deliver improved health outcomes by supporting people to contribute and connect to growth. The Tameside Partnership had endeavoured to create and maximise opportunities to integrate work and health services. This work was captured in the report alongside intentions to shape existing and future service models and commissioning strategies.

Outline details were provided as a guide to the major work and skills initiatives taking place to increase employment, earnings and skill levels. Efforts had focused on integrating these initiatives with health services to maximise the use of resources. Discussions ensued on several innovative pieces of work being developed from this approach including the Healthy Hattersley GP Pilot and a joint Mental Health Employment Post within Working Well.

The Deputy Chief Executive, New Charter Group, was pleased to advise the Board that £9.7m from the Building Better Opportunities project had been awarded to Motiv8 programme, led by New Charter Group, to improve the lives of the most vulnerable people aged 25+ who were homeless, long-term unemployed, living with disabilities and health conditions, or drug and alcohol dependent. Its aim was to tackle the barriers that prevented these groups of people from accessing support with more opportunities for education and training, improved health and wellbeing services, better financial help and new programmes to build confidence. The project would be delivered according to local priorities and therefore provided an opportunity to dovetail with the work, skills and health integration programme priorities.

The Board welcomed the report and the outline of the major employment initiatives in Tameside and the current progress and opportunities to integrate with health services. It was now a key priority for the Board to reflect on this programme of work and focus on what this means moving forward in commissioning services and doing things differently to meet local needs.

RESOLVED

- (i) That the employment initiatives taking place in GM and Tameside recognising the work that had taken place to date to integrate work, skills and health services be noted.**
- (ii) That the development and success of pilots, programmes and approaches detailed in the report be actively promoted and supported to deliver work, skills and health integration in Tameside developed alongside GM models.**
- (iii) That the progress of work, skills and health integration on a six monthly basis to inform Policy and Commissioning decision-making be reviewed.**

63. SAFE AND WELL EVALUATION

The Borough Commander, Greater Manchester Fire and Rescue Authority, presented a report informing the Health and Wellbeing Board of the new economy's initial cost benefit analysis of the Service's primary early intervention and prevention tool – Safe and Well visits – and seeking support to further develop closer working to improve fire and health and social care outcomes.

He explained that the service had a long and successful history of prevention and early intervention and by working in partnership with other organisations, the expertise and experience

of GM Fire and Rescue Service in early intervention and prevention could contribute to GM aspirations for a radical uplift in population health. In discussions with colleagues in health and social care it was clarified that many of the underlying risk factors for fire were also the determinants of health and that any approach to early intervention, prevention and behaviour change relating to them, delivered by the Fire and Rescue Service could also assist in reducing current and future demand for health and social care services. Details of the Safe and Well visits undertaken by community safety teams trained to deliver all aspects of the visit were provided. The service aimed to deliver 30,000 targeted Safe and Well visits annually.

In conclusion, he stated that along with health, social care and voluntary groups, the Fire Service was at the heart of their communities and there was potential to maximise the prevention capability of the service at locality level.

The Board welcomed the opportunities outlined in the report which would assist further in realising the contribution the Fire Service could make and potentially lead of reduced demand on health and social care services. This would therefore contribute towards the delivery of future year efficiency savings alongside reduced resource allocations within the economy.

RESOLVED

- (i) **That the content of the report be noted.**
- (ii) **That closer joint working with the GM Fire and Rescue Service would improve the opportunity for more collaboration and improved outcomes as detailed in the report.**

64. PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health and Performance submitted her Annual Report 2015/16 themed around self-care. The report emphasised that focusing on self-care would help people to increase their confidence to live well, improve their quality of life and improve the patient experience. The report highlighted existing programmes of work and showed where real opportunities existed as a result of the restructure brought about by Care Together and Greater Manchester Devolution.

Members of the Board commented favourably on the Annual Report and accompanying video presentation.

RESOLVED

That the content of the Annual Report 2015/16 be noted.

65. URGENT ITEMS

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

66. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 10 November 2016 commencing at 10.00 am.

CHAIR