

HEALTH AND WELLBEING BOARD

18 November 2021

Commenced: 10.00 am

Terminated: 11.35 am

Present:

Councillor Warrington (Chair)	Executive Leader
Councillor Fairfoul	Deputy Executive Leader (Children and Families)
Councillor Wills	Executive Member for Health, Social Care and Population Health
Debbie Watson	Interim Director of Population Health
Liz Windsor-Welsh	Chief Executive, Action Together

In Attendance:

Shaun Higgins	Active Tameside
Chris Rushton	Active Tameside
Peter Marland	Ashton Pioneer Homes
Berny Hussey	DWP
Chris Foster	GMP
Donna Kelly	Jigsaw Homes
Andrew Searle	Tameside Adult's Safeguarding Board
David Swift	Tameside and Glossop CCG
Brendan Ryan	Tameside and Glossop ICFT

Officers In Attendance:

Tracy Morris	Interim Director of Children's Services
Debbie Watson	Interim Director of Population Health
Sarah Threlfall	Director of Transformation
Caroline Barlow	Assistant Director of Finance
James Mallion	Interim Assistant Director of Population Health
Simon Brunet	Head of Policy, Performance and Intelligence
Jordanna Rawlinson	Head of Communications
Jacqui Dorman	Public Health Intelligence Manager
Samantha Jury-Dada	Strategic Domestic Abuse Manager

Apologies for Absence: Councillor Cooney, Steven Pleasant and Stephanie Butterworth

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 17 June 2021 were agreed as a correct record.

7. COVID-19 UPDATE

The Interim Assistant Director of Population Health delivered a presentation that provided an update on the situation in Tameside in respect of Covid-19.

The Board were shown a graph detailing the new positive cases per 100,000 people each week,

which indicated that the current rate of new cases in Tameside was 384 per 100,000 people in the past seven days – a 6% increase compared to the previous week. This placed Tameside as the second highest Borough in Greater Manchester and 60th highest nationally. Over one quarter of over 12s in Tameside were not yet fully vaccinated and the highest rates of new positive cases remained amongst younger people with the fastest increases in primary school aged children. There were lower numbers in over 65s and Tameside currently had the lowest number of care home outbreaks in Greater Manchester.

It was reported that the R had reduced slightly across Greater Manchester and it was estimated to be in-between 0.8 and 1.0. There were higher case rates in population groups with lower vaccination coverage and a large number of cases in schools. Although there had been excess deaths in recent weeks, with an increase in Covid-19 deaths, numbers fluctuated and remained low.

The Board were notified that there was high pressure in the hospital with gradual increases in inpatients with covid and non-covid pressures heading into winter and disruption remained in some settings that were experiencing high case rates. There was evidence of enduring transmission in Tameside driven by wider determinants of health such as employment patterns; poverty and people living in poor health.

In terms of next steps and local actions, it was reported that there was an ongoing focus on reducing transmission through the vaccination programme and other basic measures. Schools continued to be a key area of transmission and support for outbreak management was prioritised. Support also remained in place for care homes with mandatory vaccination and status checks. Preparations were underway for a 'Plan B' scenario such as the reintroduction of mandatory face coverings and the possible implementation of certification in certain settings and / or gatherings, which could have enforcement implications.

Members enquired if further restrictions were inevitable in the UK given the rise in transmission and increase in restrictions in some European countries. The Interim Assistant Director of Population Health responded that it was not a foregone conclusion and based on experience since the start of the pandemic, a large increase in transmission was usually associated with the introduction of a new variant. It was stated that Europe did not have the high levels of infection that the UK, in particular the North West and Greater Manchester, experienced during the summer and early autumn. In addition, Europe did not have the same high levels of vaccination uptake, which demonstrated the importance of a population to receive their vaccination as soon as they were eligible as it helped to prevent serious illness, hospitalisation and also helped to reduce transmission.

The Interim Assistant Director of Population Health also responded to questions on vaccination inequality. It was reported that the main area of inequality at the start of the vaccination programme was observed geographically. In order to address this inequality, a targeted approach was adopted through communications, pop up vaccination clinics and the vaccine bus. The biggest challenge now was age related, in particular amongst the younger cohorts of the population, where there was a large drop off in vaccination uptake. This was being addressed through promoting accurate information, dispelling myths, promoting the benefits of vaccination and making information as accessible as possible.

Members enquired about the impact of care home staff needing to be fully vaccinated had on care home residents. The Interim Director of Population Health replied that the work that had already been undertaken with the borough's care homes had meant that the impact had been minimal and had not affected the care that residents experienced. Care home staff continued to manage the effects of the virus in an exemplary way and previous assurances were still relevant.

RESOLVED

That the content of the presentation be noted.

8. DOMESTIC ABUSE STRATEGY

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Interim Director of Population Health, which detailed the 2021-2026 Tameside Domestic Abuse Strategy.

It was reported that the strategy outlined the strategic ambition for the local authority, multi-agency partners and wider Tameside community on identifying, responding to and preventing domestic abuse. The development of the strategy included direct consultation with a diverse range of victim-survivors of domestic abuse, frontline professionals across public services, specialist domestic abuse providers and a Domestic Abuse Needs Assessment. The strategy prioritised:-

- Making domestic abuse everybody's business
- Creating safe spaces for disclosures
- Meeting the needs of victims through local services
- Helping victim-survivors stay safe at home
- Better outcomes for children impacted by domestic abuse
- Identifying problem behaviours early
- Holding perpetrators accountable

Appended to the document was a Support in Safe Accommodation Strategy 2021-2023 and it was explained that local authorities had a duty to provide support within safe accommodation for victim-survivors of domestic abuse and their children. There was a tiered response to supporting victim-survivors of domestic abuse and their children within the new duties:-

- 1) Better support for victim-survivors to stay in their own homes with support and safety measures in place
- 2) Improve outcomes for those who approach our homelessness service as victims of domestic abuse
- 3) Strengthen and diversify our offer for those who require specialist domestic abuse accommodation.

It was reported that progress of the strategy would be monitored through the creation of two new domestic abuse dashboards that identified outcomes for adults and children, separately and through structured engagement with victim-survivors through a Lived Experience Advisory Panel. The local Domestic Abuse Partnership Board would be responsible for monitoring the delivery of this strategy

Members of the Board commended the multi-agency approach and the ambitious priority of the strategy. The housing provider representatives on the Board offered their support and the Chair encouraged everyone to report and signpost domestic abuse victims via the appropriate channels.

RESOLVED

That the report be noted.

9. TAMESIDE AND GLOSSOP INEQUALITIES REFERENCE GROUP: THEMATIC REPORTS

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Director of Transformation, which explained that Tameside & Glossop Inequalities Reference Group (IRG) was established in November 2020 and aimed to reduce inequality in Tameside and Glossop by providing advisory recommendations on tackling key issues within the community. Two of the initial work streams had concluded and had produced advisory reports, which were the subject of the report.

It was reported that Councillor Leanne Feeley, in her role as Tameside Council Executive Member with lead responsibility for equalities, chaired the IRG and other members included NHS Tameside & Glossop CCG; Tameside & Glossop Integrated Care NHS Foundation Trust; Voluntary, Community, Faith and Social Enterprise sector and Tameside Independent Advisory Group. A complete list of organisations and groups represented on the IRG was appended to the report. The group made recommendations and steered overarching action to address inequalities, providing constructive challenge in an advisory role to providers. Delivery, achievement and management of inequality objectives lay with relevant organisations and services.

The IRG had met virtually on a quarterly basis since its inception in November 2020 and had received presentations on a range of issues such as the Impact of Covid-19, Equality Impact Assessments, Tameside Poverty Truth Commission, Census 2021 and Greater Manchester Independent Inequalities Commission. The group had developed a work programme that was centred on a number of 'Areas of Focus' based upon feedback received from members of the public across a range of engagement activities, that also reflected the expertise of members of the group. Work within each Area of Focus consisted of involving the voices of people with lived experience of the issue, the use of data and evidence, and benchmarking against other areas. This work had taken the form of assurance updates, rapid pieces of research, and in-depth reviews. The current Areas of Focus were detailed in the report and included:-

- Barriers to accessing information
- Community cohesion
- Digital inclusion
- Voice of people with learning disabilities
- Young people
- Emotional Wellbeing – isolation / loneliness

The Board were informed that the IRG had achieved a range of outputs in its first year, including good progress in each of the Areas of Focus. Two reports had been published, Community Cohesion and Digital Inclusion, which were appended to the report.

The Community Cohesion report provided an overview of the concept of community cohesion in the UK, and detailed its development within Tameside. Insight and evidence of community cohesion issues – at a national, regional, and local scale – were explored. Current projects and work programmes that promoted community cohesion in Tameside were detailed and best practice approaches to community cohesion in other local authority areas were also explored.

The report provided a basis for the development of a community cohesion strategy in Tameside, and outlined the need to gather more lived experience of community cohesion issues in the area. The full set of recommendations were:-

- Commit to developing a 5 year Community Cohesion strategy
- Develop a set of local community cohesion indicators
- Ensure that insight and engagement work was conducted on an ongoing basis
- Establish and commit to a 'Charter of Belonging'
- Identify full scope of community cohesion work done by the Voluntary, Community, Faith and Social Enterprise sector
- Invest in and continue to develop the pioneering model of the Independent Advisory Group in Tameside
- Ensure that all groups, committees and networks that were led by the range of public sector partner organisations in Tameside were representative
- Use appropriate and consistent language when describing different groups.

The Digital Inclusion report explored the scale of digital exclusion in the UK and the factors that drive it. This was complemented by the inclusion of insight from people with lived experience, gathered through a range of engagement activities. An overview of the work currently being

undertaken to tackle the issue in Tameside and Glossop was provided, alongside approaches taken in other local authorities.

The report provided a basis for the implementation of a shared place-based Digital Inclusion strategy for the borough. The full set of recommendations were:-

- Identify a Strategic Lead for Digital Exclusion in Tameside and Glossop and establish a digital exclusion working group
- Develop a place-based strategy and action plan to tackle digital exclusion
- Develop an investment plan
- Build a strong evidence base

The Chair asked for thanks to be extended to the IRG for the work that was undertaken.

RESOLVED

That the report be noted.

10. PHARMACY NEEDS ASSESSMENT 2022-2025

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Director of Transformation, which detailed the schedule for the delivery of the Pharmaceutical Needs Assessment (PNA) 2022-2025 and Terms of Reference for the steering group that had been created, which was appended to the report.

It was reported that the Health and Social Act (2013) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 stated that all Health and Wellbeing Board's working through Local Authorities and Clinical Commissioning Group's had a statutory responsibility to produce a Pharmacy Needs Assessment (PNA) every three years. The local PNA provided vital information that helped local areas plan the provision of community pharmacies for their local population. The PNA was a way of making sure that pharmacies across the borough were providing the right services in the right locations to support its residents.

The Board was informed that the PNA was used by NHS England in its determination to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant NHS England Area Team then reviewed the application and decided if the application met the regulatory criteria for approval. When making the decision NHS England was required to refer to the local PNA. The Health and Wellbeing Board needed to ensure the delivery of the PNA, which was robust enough to inform local commissioning plans.

The Board was notified that the PNA was due to be renewed and published by Local Authority Health and Wellbeing Boards in April 2022. However, due to ongoing pressures across all sectors in response to the COVID-19 pandemic, the requirement to publish renewed PNAs was suspended until October 2022. Work on the revised needs assessment began in September 2021 with an expected publication date of October 2022. The schedule for the delivery of the PNA 2022-2025 was as follows:-

1. Planning for the 2022/2025 PNA - September 2021
2. PNA steering group meetings commenced in September 2021, which would be held approximately every 2-3 months until sign off of the PNA
3. Pharmacy public consultation to take place between mid-May and mid-June 2022
4. First Draft of the PNA to be available for consideration from July 2022
5. Stakeholder consultation to take place for 60 days in July and August 2022
6. Final draft to be completed by mid-September 2022
7. Sign off of the PNA 2022/2025 to go to the local Health and Wellbeing Board in September 2022 (date to be confirmed)

8. PNA 2022/2025 would be published on the 1 October 2022

A Steering Group had been established to lead the work that would provide clear recommendations on the pharmaceutical requirements across Tameside. The Terms of Reference for the group was appended to the report. In addition, public and stakeholder engagement would also be carried out to assist the process of producing the PNA.

RESOLVED

That the report be noted.

11. THE FAMILY HUBS: LOCAL TRANSFORMATION FUND

Consideration was given to a report of the Deputy Executive Leader, Children and Families / Executive Member for Health, Social Care and Population Health / Interim Director of Population Health / Interim Director of Children's Services that outlined Tameside's approach and intention to make a bid application to the national Family Hubs: Local Transformation Fund.

It was reported that following on from the initial August 2021 manifesto commitment, the Government announced in the October 2021 Spending Review, £82 million to create a new network of Family Hubs in 75 Local Authorities across England through a Family Hubs: Local Transformation Fund ('The Fund'). The Fund was a venture from the Department of Education (DfE) and was open to Local Authorities to apply for help in opening Family Hubs in local areas by March 2024.

The Board was informed that Family Hubs were a way of joining up local family help services to improve access, connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs brought services together for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. The following principles were key to the family hub model:-

- **More accessible** – through clearly branded and communicated hub buildings, virtual offers and outreach.
- **Better connected** – family hubs drive progress on joining up professionals, services and providers (state, private, voluntary) – through co-location, data sharing, shared outcomes and governance. Moving from services organised for under-fives, to families with children of all ages, reduces fragmentation (even though an emphasis on early years and the 'Start for Life' offer will remain).
- **Relationship-centred** – practice in a family hub builds on family strengths and looks to improve family relationships to address underlying issues.

The Board was notified that in order to support the development and implementation of Family Hubs, the Government would provide funding to at least 12 Local Authorities that did not currently have Family Hubs and currently provided the six core services for the conception to age 2 period that made up the Start for Life 'Universal Offer'. The Fund would pay for the change process only, supporting Local Authorities to move to a family hub model through programme and capital funding. Local Authorities could apply for up to £1 million transformation funding, which could fund a local transformation team, development of a digital / data strategy, minor adaptations to existing buildings and IT upgrades or furniture / equipment. It was noted that any monies did not cover the costs of family hub services and Local Authorities should continue to fund these from existing funding streams.

The key dates and deadlines for the application process were outlined, as detailed in the report, and successful Local Authorities would have approximately two years (over the financial years 2022-2023 and 2023-2024) to transition to a family hub model and open family hubs by March 2024. Applications would need to outline how projects would be delivered and costed and set objectives, which fit within the family hub framework, alongside utilising existing guidance and tools

to help transform their services. Tameside was well placed for this transition having already adopted a neighbourhood approach that was established with external partners. This would provide a strong foundation to develop the Family Hubs approach, which was integral in the development of the Children and Young People's Borough Plan that was currently in development. If the application into the Fund was successful the pre-existing programme of work would accelerate at scale and pace. The bid application would also include an ask for funding to build a transformation team who's objective would be to facilitate the development and launch of the Family Hubs.

The Board fully supported the bid application and commented that it would accelerate the existing vision for Tameside.

RESOLVED

That the Health and Wellbeing Board:-

- (i) Support a bid application to the Family Hubs: Local Transformation Fund; and**
- (ii) Recommend to the Strategic Commissioning Board to support the bid application and approve detail for the full bid application.**

12. URGENT ITEMS

There were no urgent items.

CHAIR