

TAMESIDE HEALTH AND WELLBEING BOARD

10 November 2016

Commenced: 10.00 am

Terminated: 11.35 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
Christina Greenhough – Clinical Commissioning Group
Stephanie Butterworth – Tameside MBC
Anna Heinz – CVAT
Stan Boaler – Pennine Care NHS Trust
Angela Hardman – Tameside MBC
Karen James – Tameside Hospital NHS Foundation Trust
Steven Pleasant – Tameside MBC
Paul Starling – GM Fire and Rescue Service
Clare Watson – Clinical Commissioning Group

IN ATTENDANCE: Sandra Stewart – Director of Governance, Resources & Pensions (Statutory Monitoring Officer)
Jessica Williams – Programme Director - Care Together
Julie Price – DWP
Lisa Pomfret - DWP

APOLOGIES: Alan Dow – Chair Clinical Commissioning Group
Tony Powell – New Charter Group

67. DECLARATIONS OF INTEREST

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

68. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 22 September 2016 were approved as a correct record.

69. OVERVIEW OF THE DEPARTMENT OF WORK AND PENSIONS ACROSS GREATER MANCHESTER

The Chair welcomed Julie Price, Senior External Partnership Manager, and her colleague Lisa Pomfret, who provided an overview of the Department of Work and Pensions across Greater Manchester and including the new cluster configuration and rationale. Next steps for the DWP were outlined as follows:

- Build on UC rollout;
- Develop and resource the work coach role for health and disability;
- Work with employers – develop Disability Confident;
- Develop partnership working and joining up with local services;
- Engage with stakeholders on possible joint funding opportunities, and the Work and Health Programme.

RESOLVED

That the content of the presentation be noted.

70. DEVELOPING THE FUTURE ROLE AND PRIORITIES OF THE HEALTH AND WELLBEING BOARD / UPDATE ON HEALTH AND WELLBEING STRATEGY 2013/16

Consideration was given to a report of the Executive Member (Healthy and Working) and the Director of Public Health and Performance and accompanying presentation which explained that the Health and Wellbeing Board had recently held a development session to review its purpose as a place-based system-leader. The report brought forward the themes of the workshop with a set of recommendations around the future Forward Plan of the Board.

The key themes from the development session were outlined and Board Members felt that health and wellbeing boards provided a genuine opportunity to develop a place-based, preventative approach to commissioning health and care services, improving health and tackling health inequalities and the wider determinants of health. Systems leadership, clarity of purpose and function was the fundamental issue that arose from the session. Board Members felt that the primary role should be to provide macro-level system-leadership across the network of organisations and arrangements that made up the local health economy. A manageable number of issues should be explored, discussed and understood, for the purpose of the Board's time adding value to what happened in other parts of the system rather than to duplicate the efforts of partner organisations.

In terms of priority issues, although the priorities of the Joint Health and Wellbeing Strategy were upheld, there was a consensus that the Board should focus much more on public sector reform and the wider determinants of health.

The feedback from the development sessions were summarised in a number of key principles detailed in the report which would inform future Board priorities.

RESOLVED

- (i) That the principles outlined in the paper be agreed.**
- (ii) That the Director of Public Health and Performance present an outline of the wider determinant priority focus areas for collective action moving into next year for consideration at the next meeting of the Board.**

71. CARE TOGETHER UPDATE

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) and the Programme Director, Tameside and Glossop Care Together, providing an update on the progress and developments within the Care Together Programme since the last presentation in September 2016.

It was highlighted that on 30 September 2016, the Health and Social Care Partnership Strategic Partnership Board ratified the full transformational funding award of £23.226m to Tameside and Glossop economy over 4 financial years. Confirmation of the terms of the award was attached to the report at **Appendix 1**. The next step was to work with the Partnership to develop an investment agreement including implementation and delivery milestones to measure progress against the national 'must do's' and transformation priorities outlined in the Cost Benefit Analysis submission.

The operational progress relating to programme management, the Single Commissioning Function and the Integrated Care Organisation were highlighted.

In terms of next steps, the following work was highlighted:

- Finalisation of the Investment Agreement with the Partnership;
- Final implementation planning for the transformational schemes;

- Development of a comprehensive programme management plan to ensure delivery of schemes and the resulting improvements in healthy life expectancy and reductions in costs;
- Developing and implementing a measurement framework which accurately ensured planned transformational schemes were improving the healthy life expectancy of the Tameside and Glossop population;
- Finalising the financial sustainability plan for the economy;
- Developing the business case for the transaction of adult social care into the Integrated Care Organisation;
- Continued discussions to determine options for aligning primary care outcomes alongside those of the Integrated Care Organisation and therefore for the whole population.

RESOLVED

That the content of the update report be noted.

72. NORTH WEST SECTOR LED IMPROVEMENT: INFANT MORTALITY

Consideration was given to a report of the Executive Member (Children and Families) and the Director of Public Health and Performance which explained that this Sector Led Improvement review focused on child deaths aged under one year. This age range accounted for around two thirds of all child deaths both locally and nationally. In addition to the benchmark aspect of the review, the objective was to share evidence on actions, and assist each locality to adopt best practice, in order to reduce the number of child deaths under one year old.

In 2014/15 across the North West (23 local authorities) there were a total of 328 infant deaths that had been reviewed and closed. 37% were of infants from a BME background and 65% of deaths were of infants with a birth weight of less than 2500 grams. 43% of deaths were of infants whose mothers were from the most deprived quintile. Of the 328 infant deaths, 27 % had at least one modifiable issue implicated in the death. The most common modifiable issue identified across the North West was safeguarding consisting of abuse and neglect (62% of deaths with a modifiable issued identified). The next largest modifiable issue identified was smoking (59%). 33% of infant deaths where a modifiable issue had been identified were due to drugs or alcohol misuse and 23% through co-sleeping.

Although infant mortality both nationally and regionally had declined somewhat since 2002, it was important, if not essential, that work to reduce the number of modifiable factors in order to continue the downward trend in child mortality rates.

The report represented a significant amount of work undertaken over the past 12 months enabled with the support and contribution of a wide range of individuals with a passion for improving outcomes for children. The report brought together an important set of recommendations for improvements action across the North West and in individual localities. Delivery of this improvement would be reliant on the content of the report being firmly embedded within local improvement plans and delivery models.

RESOLVED

That the recommendations contained in the North West Sector Led Improvement Peer Review: Infant Mortality Report 2016 be endorsed and agreed.

73. TAMESIDE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Consideration was given to the annual report of the Executive Member (Children and Families) and the Chair of the Tameside Safeguarding Children Board providing an overview of the Board's safeguarding activity against its 2015/16 priorities. It identified particular vulnerable groups, outlined emerging themes and provided details of the strategic priorities and actions for 2016/17. It also detailed the Board's resources both staffing and financial, structure and membership.

Regionally, there had been considerable work undertaken to prepare for the devolution of Greater Manchester and how Safeguarding would look in 2017 was still being worked on but Tameside was determined to maintain a local voice and make the best arrangements to ensure that the protection of children remained a high priority. Working with colleagues in all disciplines remained as important as ever and a recent joint development day with the Adult Safeguarding Board illustrated how crucial it was to cooperate on the overlap areas such as mental health, domestic abuse and substance abuse. In particular reference was made to the following:

- The Tameside Safeguarding Children Board team had been fully staffed since October 2016;
- The Threshold Guidance, Child in Need Policy and Children's Needs Framework had been revised;
- The Barnado's CSE 'Real Love Rocks' and 'Love or Lies' resource was available to all schools and other youth settings;
- A Safeguarding Youth Forum had been established, contributing towards changes to the Tameside Safeguarding Children Board website, publicity materials and safer social media messages;
- The Board had responded quickly and effectively to new statutory guidance in relation to Female Genital Mutilation and Preventing Radicalisation by delivering a comprehensive package of training;
- The Board made challenges in respect of the Public Service Hub Safeguarding arrangements, CAF data and resources and continued to monitor these;
- Robust verification process of partner agencies Section 11 Audits had been completed to ensure compliance with safeguarding standards;
- Serious Case Review Action Plans for Child M and N were signed off and two further reviews for Child Q and R were completed.

The Health and Wellbeing Board welcomed the annual report which clearly evidenced the progress that had been made to ensure that the safeguarding of children and young people remained a high priority for the Tameside Safeguarding Children Board and partner agencies across the borough. In addition, it outlined how the Board had positively responded to the challenges it had set itself in 2015/16.

RESOLVED

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

74. HEALTH AND WELLBEING BOARD FORWARD PLAN 2016/17

Consideration was given to an outline forward plan designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects identified as priorities by the Board.

RESOLVED

That the forward plan be approved.

75. URGENT ITEMS

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

76. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 19 January 2017 commencing at 10.00 am.

CHAIR