

HEALTH AND WELLBEING BOARD

15 September 2022

Commenced: 10.00 am

Terminated: 11.05 am

Present:	Councillor Wills (Chair) Councillor Fairfoull Councillor Sweeton Sandra Stewart Alison Stathers-Tracey Debbie Watson Anna Hynes	Executive Member for Population Health and Wellbeing Deputy Leader (Children and Families) Executive Member for Inclusive Growth, Business and Employment Chief Executive Director of Children's Services Director of Population Health Action Together
In Attendance:	Shaun Higgins Diane Burke Andrew Searle Dilraj Sandher	Active Tameside DWP Tameside Adult's Safeguarding Board Tameside and Glossop ICFT
Officers In Attendance:	Martin Ashton Tracey Harrison James Mallion Michelle Foxcroft Tom Hoghton Amanda Fox	Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care Assistant Director of Adult Services Assistant Director of Population Health Public Health Intelligence Manager Policy and Strategy Service Manager NHS Greater Manchester Integrated Care

Apologies for Absence: Councillor Taylor, Stephanie Butterworth and Liz Windsor-Welsh

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 17 March 2022 were agreed as a correct record.

3. THE ROLE OF THE HEALTH AND WELLBEING BOARD

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Director of Population Health, which provided an update on the role of Tameside's Health and Wellbeing Board and the government's new draft guidance on Health and Wellbeing Boards in the context of the newly established Integrated Care System (ICS). It also set out three key priorities, based on extensive discussion across Health and Wellbeing Board members, which the Board would work to address going forward.

It was reported that Health and Wellbeing Boards were created with the introduction of the Health and Social Care Act (2012). The ambition was to build strong and effective partnerships to improve the commissioning and delivery of services across the NHS and local government, leading to improved health and wellbeing for local people. The Health and Wellbeing Board in Tameside continued to be a statutory committee of the Council with statutory membership and functions including oversight of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS), which up to now has been the Tameside Corporate Plan. The

introduction of the Health and Care Act (2022) introduced new architecture to the health and care system, establishing Integrated Care Systems and ending Clinical Commissioning Groups (CCG). New draft guidance from the government set out the continued role that Health and Wellbeing Boards have in this system to set the strategic direction to improve health and wellbeing.

The latest updated guidance for Health and Wellbeing Boards on the back of the Health and Care Act (2022) was outlined and the important role that Health and Wellbeing Boards would play in instilling mechanisms for joint working across health and care organisations; and setting strategic direction to improve the health and wellbeing of people locally was emphasised. The new guidance placed a focus on greater integration between local partners across the health and social care sector, specifically, but also the wider system. This also included working with a range of partners who could address the wider determinants of health. Some of the areas in which joint working should be explored include removing barriers to data-sharing; and enabling joint decision making.

The Board was informed that Health and Wellbeing Boards should continue to provide a forum where political, clinical, professional and community leaders from across the system come together to improve the health and wellbeing of their local population, and look to reduce health inequalities. The Health and Wellbeing Board would retain its separate statutory duty to develop a Pharmaceutical Needs Assessment for the area and the JHWS should directly inform the development of joint commissioning arrangements in each local area.

The Health and Wellbeing Board should have a clear relationship with the ICS building on the following set of principles:-

- building from the bottom up
- subsidiarity
- clear governance
- collaborative leadership
- avoid duplication of existing governance mechanisms.

The Board was notified that there would continue to be accountability to the Health and Wellbeing Board of the wider health and care system, which now sits with the ICS. Previous forward plans, annual reports and performance assessments that sat with the CCG, would now be the responsibility of the ICS and would report to the Health and Wellbeing Board. These should also be produced in conjunction with the Health and Wellbeing Board. NHS England would also liaise with the Health and Wellbeing Board to determine if the local ICS was meeting its duty to have regard for the JSNA and JHWBS. The Health and Wellbeing Board would also receive a copy of the ICSs capital resource plan, which would provide an opportunity to align local priorities and resource commitments.

It was highlighted that the proposals were part of the draft guidance and further changes or clarifications could be introduced. There was also further work to determine what level of input would come from the wider Integrated Care Board (ICB) at GM level, and how much of the relationship with the Health and Wellbeing Board would be at the local Tameside ICS system level.

With the changes in the guidance and the wider system and the introduction of the ICS in Tameside, a development session was held in June 2022 to focus what the priorities of the Tameside Health and Wellbeing Board should be over the next 12 months. A face-to-face session was held with a series of workshops to gather views from the members of the Health and Wellbeing Board. Tameside MBC Policy team presented 'pen portraits' on a range of issues, which were prevalent in communities across Tameside. These included poverty; environment emergency; children and young people; community wealth building; transition into adulthood; work and skills; neighbourhood working; and mental health. The key points and insights for these were drawn from wider data and soft intelligence from engagement sessions, partly via the Tameside Partnership Engagement Network (PEN). These PEN portraits guided discussions around the key principles of how the Health and Wellbeing Board could influence and tackle the issues. The workshop discussions had a particular focus on tackling inequalities and considering where there was currently a lack of system-wide leadership on certain issues.

The discussions in the workshops highlighted a number of themes and recurring issues including:-

- The importance of having an asset-based approach
- Need to help people navigate public systems, particularly while in crisis
- Measuring the impact of work already happening and capturing learning
- Better use of the existing PACT agreement to support the third sector
- Need core policies in place to be reviewed (e.g. cumulative impact)
- Need a balanced town centre offer to deliver healthier places
- Development of good work and skills is also rooted in education
- Businesses have a key role in addressing the wider determinants of health

From these discussions, three clear priorities were identified which were broad, cross-cutting issues that had an impact on inequalities and long-term health outcomes within the borough, and which could benefit from additional support and leadership driven by the Health and Wellbeing Board.

These priorities were:

1. Poverty
2. Work and Skills
3. Healthy Places

Further discussions took place on each of these priorities in initial Task and Finish groups, which were held throughout August 2022 to further explore these issues and how Health and Wellbeing Board members could influence to improve outcomes. A series of further steps and key work was identified through these discussions and the proposed Charter for the Health and Wellbeing Board was also discussed, which was detailed in a further report to the Health and Wellbeing Board.

There was further work identified at each of the initial Task and Finish groups to help move forward some of the practical steps that came forward in the discussions, as well as further defining the asks of Health and Wellbeing Board members and how the Board could continue to lead these agendas going forward. Particularly for the Poverty work, there were some immediate actions around the current work that Policy were doing on the Poverty Needs Assessment, which would be finalised and shared during September 2022. There were also practical suggestions as to how partners coordinate front line support for those struggling and in poverty in the short term, in the context of the cost of living increases. Into the medium-term, work would be ongoing within Policy to develop a Poverty Strategy for Tameside. With this ongoing work, it was agreed that the Task and Finish groups would continue to meet, potentially in a combined format. Further discussions would be held around establishing a Health and Wellbeing Board Executive group where officer leadership of this work could sit to ensure there was oversight and the work continued to deliver. Membership of the Health and Wellbeing Board Executive group would need to be agreed.

Work would continue to ensure that the role of the Health and Wellbeing Board linked closely with the new ICS structure, including that the Health and Wellbeing Board had good oversight of the JSNA and JHWBS and work would be ongoing and brought back to the Board on these to ensure they were fit for purpose. An important next step would be to identify the policy priorities. Some policy and strategy already exists, which was a key opportunity to address some of the issues identified, including the Tameside Housing Strategy and Tameside Inclusive Growth Strategy. While there were some areas, which needed to be revisited, such as the borough's cumulative impact policies for licensing.

RESOLVED:

- (i) **That the report be noted;**
- (ii) **That the proposed priorities for the Board to tackle and deliver Poverty; Work and Skills; and Healthy Places be noted;**
- (iii) **That the proposed next steps be noted; and**
- (iv) **The Tameside Joint Strategic Needs Assessment be circulated to members of the Health and Wellbeing Board.**

4. TAMESIDE HEALTH AND WELLBEING BOARD CHARTER

Consideration was given to a report of the Executive Member for Population Health and Wellbeing and Assistant Director of Population Health, which outlined a new Charter for Tameside's Health and Wellbeing Board. This set of principles would accompany the existing formal terms of reference for the group and set out the expectations of and commitments from Board members and their organisations, as well as the outcomes that the Tameside Health and Wellbeing Board would strive to achieve.

It was reported that the Charter would hold members of the Health and Wellbeing Board to account to achieve improvements in overarching health outcomes across the population and to work in ways that prioritised prevention and addressed inequalities in improving the health outcomes of Tameside communities. While some of the intended outcomes were ambitious, such as increasing life expectancy and healthy life expectancy, they were supported by a wide range of individual strategies across the system.

Members were informed that the Charter contained specific outcomes that the Board would strive to achieve, which looked to directly improve the health of the population in Tameside. The Charter also sought to commit to and address wider determinants of health across the life course. Having the commitment of members and partners through the Charter would help to support the Health and Wellbeing Board to deliver on its statutory duties. The areas covered in the Charter would also link in with wider policies and strategies across the local authority and wider system. It was expected that the Charter would further strengthen the role of the Health and Wellbeing Board and the delivery of good outcomes by all of the partners.

The Charter was appended to the report and considered by members of the Health and Wellbeing Board. Through the Charter Health and Wellbeing Board members would:-

- Provide strategic leadership based on evidence, focusing on areas where the Board could make the biggest difference to health and wellbeing.
- Focus on the wider determinants of health, with particular priority around tackling poverty, alongside other priorities of employment and skills and delivering healthy places.
- Promote transparency in decision making so that the public could understand the decisions being taken and the rationale behind them.
- Be 'Prevention Focused': Developing a system-wide shared understanding and commitment to prevention and early intervention.
- Involve the public in decision-making allowing people to have their say and an opportunity to influence decisions, with a 'bottom-up' approach.
- Acting with courage and conviction to ensure that decisions were taken in the long-term interests of the whole population.
- Have collaborative leadership across all members and partners on the Board and encourage critical self-assessment of work across all Partners on the Board.
- Pursue a strengths-based approach where discussion was encouraged in a positive way that valued health but recognised that it took effort to retain and improve it.
- Work in tandem with the Voluntary, Community, Faith and Social Enterprise Sector using the principles of the Tameside PACT as a guide.
- Advocate for preventative approaches, which tackled inequalities and addressed the key priorities of poverty, employment and skills and creating healthy places in members' individual organisations across the borough.

The Board would deliver the following outcomes for the people of Tameside:-

- Improved life-expectancy and healthy life-expectancy and self-reported wellbeing for everyone.
- Reduction in inequalities around life-expectancy, healthy life-expectancy and self-reported wellbeing and reduced inequalities across all measures.
- Everyone in Tameside be given the opportunity to thrive and lead meaningful, enriching lives.
- People live in healthy, safe and sustainable places.

- All people in Tameside to access good quality employment and lifelong learning.
- Reduce the impact of poverty including access to benefits, enough healthy food and a warm home.
- Reduce levels of air pollution.
- Identify a work programme on key cross-cutting issues that drive long term socio-economic and health inequalities.

RESOLVED

That the Health and Wellbeing Board accept and adopt the Charter for the Board and members of the Board sign up and commit to the Charter.

5. PHARMACY NEEDS ASSESSMENT 2022-25

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Public Health Intelligence Manager that included a copy of the 2022-25 Pharmacy Needs Assessment, which outlined the current pharmaceutical provision within the Borough.

It was reported that the Health and Social Act (2012) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 stated that every Health and Wellbeing Board in England had a statutory responsibility to produce and publish a Pharmacy Needs Assessment. The local Pharmacy Needs Assessment provided vital information that helped local areas plan the provision of community pharmacies for their local population. The Pharmacy Needs Assessment 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 conclusion of Tameside's Pharmacy Needs Assessment 2022-25 was that there was sufficient pharmacy provision with no identified gaps, which was evidenced by the following points:-

- There were a higher number of pharmacies per 100,000 population (24) compared with the England average (22).
- Since 2012, the number of community pharmacies had increased across Tameside from 47 to 53, which included five distance selling or internet pharmacies who did not exclusively serve the Tameside population as they were a service with an England wide footprint.
- This was an increase of six face-to-face pharmacies across Tameside since the 2011 Pharmacy Needs Assessment. There had been no increases in pharmacy provision since the last Pharmacy Needs Assessment in 2018.
- Public consultation results indicated high levels of satisfaction with current pharmacy services in Tameside.
- There was good access to a range of pharmacies with almost all the population (90%) able to access pharmacies within one mile of their home.
- There was a good location of pharmacies in relation to GP Practices across all four Tameside neighbourhoods.
- Choice of pharmacy was good for the majority of local residents as most people tended to prefer to use a familiar or 'usual' pharmacy that they stayed with for a relatively long period. This was to be encouraged as it promoted continuity of care.
- Analysis of opening hours and trading days showed there was adequate provision for out of hour's services across Tameside.
- The maps and data contained in the document clearly showed that services met identified health and care needs in Tameside.

Due to COVID-19 there had been an allowance from the government to suspend production of a Pharmacy Needs Assessment, however Health and Wellbeing Boards had to publish their latest Pharmacy Needs Assessment by 1 October 2022.

RESOLVED

That the Pharmacy Needs Assessment be approved and released in the public domain by the deadline date of the 1 October 2022.

6. DESIGN, DELIVERY AND ASSURANCE: THE TAMESIDE INTEGRATED CARE SYSTEM

Consideration was given to a report of the Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care, which gave an overview of the local response to the Health and Care Bill and formation of an Integrated Care System.

It was reported that over the years, partners in Tameside and Glossop had made significant progress towards establishing a comprehensive integrated Health and Social Care system. The next stage of this transformation would be to respond to the White Paper and subsequent Health and Care Bill to develop Integrated Care Systems (ICS). The White Paper built on the ambition of the NHS Long Term Plan and intended to remove the barriers that stopped the system from being truly integrated. It sought to drive increased NHS Provider collaboration alongside increased partnership between wider systems including NHS, local authority, social care, public health and the voluntary sector.

A significant change outlined in the Health and Care Bill was the abolition of Clinical Commissioning Groups (CCGs) from June 2022 alongside the intention for ICS boundaries to align with Local Authority boundaries to support integration. In July 2021, the Secretary of State confirmed the decision to change the existing boundary and incorporate the Glossop area into the Derbyshire ICS. Following the closure of Tameside and Glossop CCG, all statutory functions for Tameside transferred to Greater Manchester Integrated Care (GMIC) with Glossop functions transferring to 'Joined Up Care Derbyshire'. Delegated responsibilities from GMIC were passed to the Place Based Lead for Tameside who was also the Chief Executive of Tameside Council.

The operating model for Greater Manchester was outlined and incorporated three main elements as follows:-

- 1) **The Locality Approach** – establishing place based integrated care at the neighbourhood and district level supported through strong partnership governance to jointly plan and deliver health, social care and public health services alongside other services that promoted health and wellbeing in a defined place.
- 2) **GM Provider Collaboratives** – providers working at scale across multiple places, with a shared purpose and effective decision-making arrangements to: Reduce unwarranted variation and inequality in health outcomes, access to services and experience; improve resilience by, for example, providing mutual aid; and ensure that specialisation and consolidation occurred where this would provide better outcomes and value.
- 3) The establishment of **GM Integrated Care and the GM Integrated Care Partnership** – bringing the contributions together through effective system working, planning and governance.

The integrated care principles were also outlined as follows:-

- Partnership
- Powered by people
- Person-centred
- Productive
- Progressive

Partners in Tameside continued to work across the system to design and implement changes needed locally in response to the formation of the GMICS. Local delivery models, following several years of integrated working, were strong and the system remained committed to retaining these where they continued to add value. Partners would work to the place-based principles outlined above to support integration and collaboration at all levels.

A diagram showing how Tameside would link into NHS Greater Manchester Integrated Care was shown and explained to the Board. In summary, there would be three principle components to the proposed local integrated care system; design, delivery and assurance at every level. Integrated governance built around a Tameside Strategic Partnership Board, a Tameside Provider Partnership, with subgroups and partnership groups, and four neighbourhood partnerships, would support this.

Working together, system partners would deliver the triple aim of the NHS, which were better health and wellbeing for everyone with a system-level focus on reducing inequalities, better quality of health services and sustainable use of NHS resources

With regards to the governance arrangements, the Tameside Strategic Partnership Board (TSPB) would provide a single strategic entity, which provided a forum for decisions and investment in Tameside within delegated limits. Tameside had operated a joint Strategic Commissioning Board for many years and the TSPB would take the learning from that approach and apply it to the formation of the new locality board. The final Strategic Commissioning Board was held in June 2022. Membership of the TSPB would include Councillors, Tameside GMIC, executives, the Tameside Provider Partnership Chair and representatives from the core health, care and voluntary, community, faith and social enterprise providers within Tameside. The aims of the TSPB were highlighted in the report and shared with Board members.

Secondly, the Tameside Provider Partnership (TPP) would be a collaborative partnership formed from the core health, care and voluntary, community, faith and social enterprise providers within the Tameside locality. The TPP would design, oversee, deliver and transform health and care services, which met the strategic priorities agreed with the TSPB. Working together the TPP would be stronger, more efficient and more resilient providing improved outcomes for Tameside residents. The aims of the TPP were highlighted in the report and shared with Board members.

Integrated neighbourhood working provided the biggest opportunity to improve the lives of residents and remained the principal building block for the delivery model with the primary objective to integrate services around local people, create a system of multi-agency professionals from all public services working together as one integrated public service neighbourhood team. Delivery would remain person-centred and take a proactive and preventative approach, intervening early and responding to the person in the context of their community. The Tameside and Glossop Provider collaborative would be accountable for integrated neighbourhood delivery, which would drive public service reform. The neighbourhood partnership would support the interface with wider public sector and partners from the core health, care and voluntary, community, faith and social enterprise providers.

Finally, the Tameside System Quality Group (TSQG), which would be a subgroup of the Tameside Strategic Partnership Board, would provide the TSPB, TPP and wider partners within the ICS with a strategic mechanism to routinely and systematically share and triangulate intelligence, insight and learning on quality matters across Tameside. The group would identify quality concerns and opportunities for improvement and learning, test new ideas and celebrate best practice. The group would also support the strategic priorities of Tameside regarding quality.

The Chair thanked the Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care, for attending the meeting and providing an update on the Tameside Integrated Care System, stating that communication and information sharing was key. They requested that a further update was delivered to the Board early in the new year.

RESOLVED:

- (i) That the report be noted; and**
- (ii) That a further report be brought to the Health and Wellbeing Board meeting scheduled for 19 January 2023.**

7. BETTER CARE FUND 2022-23 PLAN

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 / Director of Finance, which provided an update on the Better Care Fund for 2022/23.

The report set out the current situation for the Better Care Fund and the 2022/23 Better Care Fund Plan Position. The Government had described 2022/23 as a transitional year for the Better Care

Fund and a national engagement exercise would take place on the future of the Better Care Fund later in the year. In Greater Manchester, a case had been made to national government over several years that the depth and breadth of integrated arrangements, including pooled budgets, had gone beyond the policy intent of the Better Care Fund. This position was reaffirmed as part of the response to the Integration White Paper earlier in the year.

It was reported that the Better Care Fund was one of the government's national vehicles for driving health and social care integration. It required Integrated Care Boards 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). Given the ongoing pressures in systems, there had been minimal change made to the Better Care Fund this year. The 2022/23 Better Care Fund policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic. The response to the COVID-19 pandemic had demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector, can be effective even in the most difficult circumstances.

The non-elective admissions metric had been replaced by a metric on avoidable admissions. This reflected better the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the Better Care Fund programme would continue during the year to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme. As in previous years, the NHS contribution to the Better Care Fund included funding to support the implementation of the Care Act 2014, which was set out via the Local Authority Social Services Letter. Funding previously earmarked for reablement and for the provision of carers' breaks also remained in the NHS contribution.

The national conditions for the Better Care Fund in 2022/23 were outlined as follows:-

- a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
- invest in NHS commissioned out-of-hospital services
- a plan for improving outcomes for people being discharged from hospital
- implementing the Better Care Fund policy objectives.

The Board were notified that following the 2021 spending round the national Integrated Care Board contribution to the Better Care Fund had risen in actual terms by 5.66%. Minimum contributions to social care had also increased by 5.66%. A return needed to be completed by 26 September 2022 setting out a detailed breakdown of the schemes being funded by the Integrated Care Board contribution in 2022/23. A timetable for agreeing Better Care Fund plans was detailed in the report and outlined to Board members. A summary of the income and expenditure for the Better Care Fund for Tameside was appended to the report along with the key metrics and a breakdown of the individual schemes.

RESOLVED

That the Better Care Fund 2022/23 Plan be approved.

8. DATE OF NEXT MEETING

RESOLVED:

- (i) **That the next meeting of the Health and Wellbeing Board scheduled for 17 November 2022 be noted; and**
- (ii) **A Development Session for Health and Wellbeing Board members be held in private immediately after the meeting on 17 November 2022 in order to explore one of the**

Board's three priorities 'Poverty'.

9. URGENT ITEMS

There were no urgent items.

CHAIR