GREATER MANCHESTER POPULATION HEALTH PLAN STOCKTAKE - TAMESIDE

STARTING WELL				
Objective	**Current Activity/ Services/ Provision**	**Commentary**	**What are the delivery mechanisms, partnerships:**	**What are the gaps and challenges:**
To support localities to implement the core elements of the Greater Manchester Early Years model, including the development of an IMT proposition to improve data to track processes progress and allow earlier intervention	We have full implementation of the Early Years Delivery Model (EYDM) • Social marketing and Communications: 'Grow' brand identity development and implementation, Vloging with wider partners. • Communications pathway: baby babble, toddler talk, small talk, welcomm. • Parenting pathway: Solihull, Incredible Years, Mellow Bumps, Mellow Parents, under 3s course, PEEP, Parent Infant Relationship Tool, Brazelton NBO, Brazelton NBAS. • Gross and Fine Motor Skills pathway: Move and play up to 3 years. • Full ASQ Roll Out including PVI and Schools and Health visiting team. • Workforce Development	Our Early Years Delivery Model ambition in Tameside is to make sure that children are given the best start in life so they can be school ready and flourish during their school years and succeed as adults and contribute to the economy. The EYDM has at its heart improving outcomes for children and their families and reducing inequalities in child development, school readiness, aspirations and life chances. The model includes assessments in 8 stages, pre-birth to 5yrs and is implemented through integrated working through the early year's system. Where ASQ Assessment indicate the need for additional targeted support, wide range evidence base interventions are available.	There is a robust governance structure that sets the ambition and vision of the overall early years programme delivery. It includes: Early Years Steering Group, Early Years Operational Group, Pathway Groups including communication, motor skills and physical activity and parenting, Family Nurse Partnership Advisory Board, Children Centre Advisory Groups x4, Maternity Service Liaison Committee. The on-going development, implementation and evaluation of the programme operationally is	Areas of focus needed: • Extend Pathway for all vulnerable parents • Domestic Violence pathway • Primary care model for Incredible Years • Developing home learning environment, • active participation and engagement of parents in the planning and development of the programme

	Programme: ASQ training, Solihull, Incredible Years, NBO and NBAS, speech and language training, ELKLAN, Every Child a Talker. • Early Attachment Service and PIMH Pathway • Family Nurse Partnership • 3rd sector small grant scheme	Latest school readiness figures (63%) show an improving position, with improvements increasing at a faster rate than the Greater Manchester or England average, closing the gap.	underpinned by collaborative and integrated working across every element of the early years system and building partnerships with the community and school settings. Children and Young People's Outcome Framework in development	
To develop a sustainable, resilient and consistent Greater Manchester approach to stopping smoking in pregnancy	All pregnant women are offered the carbon monoxide reading at their first maternity booking. Women who smoke are referred to Be Well Tameside for Stop Smoking Support on an opt out basis. Pregnant women are also tested for carbon monoxide at 36 weeks. The Health & Wellbeing Advisors and the Specialist Maternity Stop Smoking Advisor arrange to see the pregnant women to assist them on a stop smoking programme. If women do not respond to invitations of support from Be Well, the referral is passed to the Midwife-led smoking cessation service to follow-up. The Midwife sees the majority of pregnant women who smoke and who agree to discuss	All community and hospital Midwives have received training on how to use the carbon monoxide monitor and how to assess and explain what carbon monoxide is. Alongside this they are trained to offer brief advice in smoking cessation and second-hand smoke advice to partners and family members. Smoking status at time of delivery in 2015/16 for Tameside was 15.8%	'Opt Out' referral pathway at the Maternity Unit; Be Well Tameside receive an electronic referral from from Euroking. Be Well Tameside receive the referral, the Health & Wellbeing Advisors attempt to make contact. After 3 contacts if there is no response, the referral is passed to the Specialist Stop Smoking Midwife to follow-up. The smokefree pregnancy work contributes to the action plan of the	Challenges include all Midwives being asked carry out carbon monoxide reading at each contact particularly at 36 weeks. To ensure brief advice is given systematically. As there is often a gap of more than a week between referral to Be Well and a subsequent referral to the Midwife-led service, the Public Health commissioner will be discussing the feasibility of a change to the referral pathway so that all pregnant women who smoke see the Stop Smoking Midwife in the first instance. The Midwife would then triage and refer women who are more motivated on to Be Well. This would present a need for admin support at the hospital which would need to be identified before this could be piloted. Should a GM approach to reducing smoking in pregnancy be adopted, for

	support for quitting.		Tameside Tobacco Alliance, which aims to work towards a smokefree Tameside and to make smoking history for children. The Tameside public health lead for tobacco control is a member of the GM tobacco commissioners group, and at times has been involved in GM partnership initiatives. A GM tobacco strategy is in development and activity on this will be co-ordinated via the GM commissioners group.	example by adopting the Babyclear approach, capacity could be an issue and there may be a need to invest in additional staff resource for the midwife-led service.
To implement evidence-informed interventions at scale in a targeted and consistent manner across Greater Manchester to improve oral health and	Oral Health Improvement, Brief Intervention & Dental Access training provided for- • Health staff (incl. Health visitors, family nurse partnership programme nurse's school nursing and assistants, health mentors, dental students/practitioners. • Early year's educational professionals' incl.	The latest survey of 5 year old children (2015-2016) in Tameside states that almost a third of children aged five (31.4%) had decayed, missing or filled teeth with an average of 1.2 teeth being affected. This is much higher than the England average of 24.7%. Tameside's levels of Early Childhood Caries	The core element of the service is to provide training using a capacity building model to increase evidence based oral health messages to the public in a range of health, social care, educational settings, voluntary and	Gaps in provision are: • Early Years - 2 year old specific oral health intervention at 24 month development check • Increase children's expose to fluoride Sugar Reduction Programme EY settings • Increase the uptake of fluoride varnish programmes by encouraging dental visiting

reduce treatment costs within 3-5 years.	children's centres, private and voluntary preschools, nurseries, child minders. • Voluntary organisations incl. Homestart • Housing providers working with vulnerable people. • Universal resources, (brush, paste and information on brushing/healthy start/weaning/detail access) posted to the families of all children 24 weeks old. • Universal resources (brush, paste and information on brushing/dental access) provided at the 9-12 month development check via Community Nursery Nurses. • To increase the uptake of fluoride use, all children's centres sell affordable quality brushes and paste.	stand at 8.8% in comparison to the England average of 5.6%. Dental extractions are the most common reason for hospital admissions in young children aged 5-9 years in England. In Tameside 194 children aged 0-19 years were admitted to hospital for dental extractions which is of substantive cost to NHS services at on average a general anaesthetic costing around £1000 per episode.	housing sector. The service is reliant on partners to distribute both evidenced based advice/information along with fluoride paste and brushes. Oral Health is a key priority across Tameside and delivery is enhanced through participation in the CYP Partnership Forum, PA and Healthy Eating Special Interest Group and the developing INT's	and targeted fluoride varnish programmes for three and above. • Provide targeted toothbrushing programmes in early year's settings and pre-schools and reception aged children. Challenges • Extra Cost of resources • Ability to deliver on a larger scale

LIVING WELL				
Objective	**Current Activity/ Services/ Provision**	**Commentary**	**What are the delivery mechanisms, partnerships:**	**What are the gaps and challenges:**
To build and test an approach to work and health that improves the integration and alignment of health, employment and other services	Current activity includes: • Healthy Hattersley Service Provision • Enhancing and integrating Governance to improve future commissioning (Prosperous Board/Health and Wellbeing Board/Working Well Steering Group) • Building Skills for Business initiative	Tameside has implemented the Healthy Hattersley Pilot to test and learn how health and employment/skills services can integrate. The Pilot is based in the Hyde neighbourhood working with 4 GP practices. The pilot takes referrals from the GP practices and engages the patients in employment and skills support either with a local provider (Adullam) or the Working Well provider (Ingeus). Our approach has been designed to prepare Tameside for the Work and Health Programme in 2018. Working towards integrated commissioning we have ensured Public Health and Work and Skills representatives including Jobcentre Plus are engaged active members on our key decision making and	Work and Health is an identified priority for the Health and Wellbeing Board, Prosperous Board, implemented via the Working Well Steering Group	The main challenge is continuing a programme of work that begins to deliver public service reform by impacting on the culture and commissioning intentions of all organisations to ensure that work and health are not silo areas. Over the last 12 months we have implemented the Healthy Hattersley Pilot to ensure we have a significant piece of work on which to continue to build improved governance, strategy and policy making and support increased commissioning of joint projects.

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		strategy partnerships. The Council has designed an initiative that can be delivered via Children's Centres to improve access to self-employment; this will have significant health impacts around early years.		
To develop a comprehensive Greater Manchester Tobacco Control Plan that is fully aligned to the Population Health Plan priority themes and wider reform agenda.	The Tameside Tobacco Alliance (TTA) is working towards a smokefree Tameside and also to make smoking history for children. The TTAs current objectives are: 1. Increase the numbers who seek support to quit (from the approx. 40,000 smokers in Tameside), particularly from higher prevalence groups such as the LGBT community. 2. Increase proportion of women who have a smoke free pregnancy 3. Increase the proportion of young people who choose not to smoke	The Tameside Tobacco Alliance is well established and has evolved and developed its approach to the agenda.	The TTA is led by the Public Health lead and includes members from Early Years, Healthy Child Programme, Be Well (integrated health and wellbeing service), environmental health, trading standards, New Charter Housing, Midwife-led stop smoking service, GMFRS, youth service, adult social care and Healthwatch.	Smoking prevalence in young women drives the smoking in pregnancy rates. The TTA youth service rep delivered a 'smoke and mirrors' project with young people in 2015-16, though further work needs to be done to target young women, and young men who are more at risk of taking up smoking. Capacity of the midwife-led service is limited to one part-time midwife. Additional funding for staff resource could increase the number of women who receive support to quit during pregnancy. Tobacco control in the hospital (including in mental health provision) is under-developed and new

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	4. Increase the number of households signed up to 7 steps out (smoke free homes) 5. Review the smoke free playgrounds initiative in TMBC parks and greenspaces 6. Increase the number of smoke free events in the Borough 7. Review of tobacco control in the hospital 8. Continued action against illicit and illegal tobacco 9. Continued monitoring of e-cigarette evidence and legislation		The TTA links with other local partnerships such as the Children's and Young People's Forum and the Dementia Action Alliance. The Chair of the TTA is linked with the GM tobacco commissioners group, Healthier Futures (formerly Tobacco Free Futures) and the PHE NW lead for tobacco. The TTA has participated in a number of GM tobacco initiatives, e.g. Smokefree Summer, Smoke and Mirrors and the smokefree pregnancy incentive scheme.	partnership working will be explored during 2017-18.

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Objective	**Current Activity/ Services/ Provision**	**Commentary**	**What are the delivery mechanisms, partnerships:**	**What are the gaps and challenges:**
To support the development and implementation of a refreshed and integrated GMCA Substance Misuse Strategy.	Tameside Alcohol Strategy consistent with GM agenda. Tameside have signed up for GM Communities in Charge of Alcohol programme, with commitment from Lifeline and Be Well to work together to support. Good local arrangements for licencing, including public health risk assessment tool. Recovery and treatment service commissioned from Lifeline incorporating ten year transformation programme. Good links to Domestic Abuse Strategy.	Tameside Alcohol Strategy recently refreshed with increasing future focus on changing public attitudes to alcohol.	Tameside Strategic Alcohol and Drugs Group. Lifeline service. GM Communities in Charge of Alcohol coordination group.	Service transformation is in progress, but only second year of ten year programme. Work focussed on public attitudes requires development.
To develop a comprehensive plan to reduce inactivity and increase participation in physical activity and sport that is aligned to the Population Health Plan priority themes and wider reform agenda.	Current programmes to reduce inactivity are delivered across the whole lifecourse examples including: • Early Years programme Move and play • School Sports Partnership • Education/ Coaching in schools/ youth services • Fit4Life family weight management • Active Travel – walking and cycling	Tameside has a physical activity strategy with leisure facilities delivered through Active Tameside. Active Tameside have worked with the Council to change the leisure offer in Tameside to promote health and community wellness. Locally we have ensured strong links to the developing work at GM	The Tameside Active Alliance drives the delivery of the Sport and Physical Activity Strategy. The governance arrangements are currently under review, with the proposal being that the Alliance meets quarterly but has an	Engagement of underrepresented groups and 40-65yr olds to impact life expectancy/ healthy life expectancy. Current governance and the strategic fit locally and at GM is a complex landscape and is currently being mapped led by a consultant Rob Young.

LIVING WELL				
Objective	**Current Activity/ Services/ Provision**	**Commentary**	**What are the delivery mechanisms, partnerships:**	**What are the gaps and challenges:**
	• Capital investment programme in top class facilities • Workplace progammes • Campaigns • Exercise Referral • Active Ageing • Falls Prevention exercise offer • Disability Sport • Programmes for women and girls – this girl can • MECC • Sports development • Support for Sports Clubs • Volunteers • Greenspaces/ Environmental Programmes • 2 x Parkrun and developing Junior Parkrun • Development of local plan/ spatial framework	through the MOU with Sport England, ensuring the Borough is engaged and contributing to transformation programmes and bids around inactivity and older people and Local Delivery Pilots.	implementation group which ensure delivery and progress against the action plan. Tameside also has representation on the GM Leisure Commissioners Group and the CEX of Active Tameside chairs GM ACTIVE a partnership of all the sport and leisure providers ion Greater Manchester.	
To develop a comprehensive plan for better nutrition and healthy weight that is fully	There are a wide range of services in Tameside that promote healthy eating and physical activity across the life courses. Healthy eating and good nutrition is promoted via:	Despite the wide ranging offer across the life courses, obesity rates in Tameside are not reducing.	The Healthy Weight Strategy Group has been working on the obesity agenda. However, with the	Bolder and more radical policies will be needed to address the obesogenic environment, particularly the food environment in order to support the population's efforts to maintain or achieve a healthy weight, and to

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aligned to the Population Health Plan priority themes and wider reform agenda.	breastfeeding and weaning support, nutrition and oral health awards for under 5's providers and schools, health mentors, Be Well lifestyle support for adults, GM Healthier Catering Award, weight management for children and adults. Physical activity is promoted by the early years integrated motor skill development pathway, school sports partnership, Active Tameside (including Activate, Let's Get Active Together and Live Active as well as the universal offer), parks and greenspaces. Tier 3 specialist weight management is provided by ABL. A small number of residents are referred to bariatric surgery (9 people in 2015-16).	It is estimated that commissioned weight management services engaged only 1-2% of the population that is obese, with little evidence of long-term efficacy.	development of the Tameside Active Alliance, the current governance structure for food and nutrition and obesity will be reviewed. A food partnership for Tameside is proposed. This will need a senior level steering group for it to succeed in tackling the obesogenic food environment and realising gains in related agendas (waste management, sustainability, economic development etc).	increase the potential health gains from a healthier diet. This will be a political, economic and social challenge and a change in approach to food as an agent for health and wellbeing across manifold health, social, environmental and economic development goals. Examples of areas that could be developed are public sector and provider food procurement and provision standards, healthy catering awards, vending policies, drinking water policies, workplace policies, event catering, catering training, small business support, community cooking skill development, community growing. A food partnership for Tameside will be developed in 2017-18 in order to co-ordinate and augment interest in and access to healthier food. The response to food poverty needs to be reviewed with increased investment in resources to minimise the impact of this serious problem.

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Objective	**Current Activity/ Services/ Provision**	**Commentary**	**What are the delivery mechanisms, partnerships:**	**What are the gaps and challenges:**
To develop a whole systems approach to lifestyle and wellness services, including innovative digital options for incentivising and supporting lifestyle behaviour change	Be Well Tameside provides a person-centred, holistic service which is flexible and responsive to the needs of local people. The service operates on 3 levels 1. support for multiple lifestyle issues (e.g. improving the quality of diet and nutrition, stopping smoking, reducing alcohol intake, increasing physical activity) 2. Community Liaison, outreach and capacity building. The service works with residents, groups and organisations to promote Health and Wellbeing and encourage greater access to Be Well Tameside services. 3. Training and Learning and Development . Be Well Tameside offers a health and wellbeing training programme to enhance and develop the competencies and skills of the wider public health workforce across organisations and the community. The training programme this year will include, Making Every Contact	All clients are given a holistic 'wellbeing' assessment will include: clients overall health, feeling connected to other people, affordable warmth concerns, money, emotional health and work/training. Clients are then supported to achieve their goals and to navigate the system and access appropriate services. The advisors will stay with the individual throughout their journey and ensure they access the services needed and don't fall through any referral gaps.	Be Well operates a referral service for professionals but also has an open door policy for self-referrals, anyone over the age of 16 years is welcomed into the programme. Clients can telephone, email, leave a message on social media or speak to an advisor in person at events to get referred. The service covers 6 days a week, working from 8.30am through to 7pm most evenings and a Saturday morning option for appointments. The service covers all of Tameside working from GP Practice, clinics, community venues and partner organisations. The service has a	Gaps for delivery of the service include hospital based care, long term and short stay, discharge planning for long term behaviour change and relationships within hospital services. Social care assessments for all age groups (lifestyle interventions that would impact positively on a family/individual) Youth and young adults 16+ (12 yrs + for smoking support) Challenges are our IT capability for innovative ideas to use Apps, software and website design for an interactive experience and a challenge for the service is to capitalise on the patient/client pathways throughout the borough

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	Count, Brief Advice/Intervention, Stop Smoking, Weight Management, Oral Health and other health related subjects.		number of onward referral mechanisms in place to support clients with partner agencies and gathers a vast amount of knowledge of 'what's on' in the community to signpost, navigate and refer onwards to give individualised support to residents. The service actively supports partnership and strategy meetings and is involved in the implementation of patient pathways such as Cardiac Rehabilitation, COPD, Obesity (Maternal and Adult), Physical Activity, Alcohol and Drug, Cancer, Hypertension, Health Checks and many others. The Be Well Service is a key	

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			partner in the developing Integrated Neighbourhood Teams's and the Care Together Self Care Programme.	
To deliver the cancer prevention workstream of the national cancer vanguard, testing innovative approaches to awareness and behaviour change, social movement, cancer screening uptake and lifestyle -based secondary prevention	Be Well Tameside provide a training package on cancer symptom awareness for staff and volunteers in Tameside. Be Well also recruit and support volunteers, including some who are trained in cancer symptom awareness.	The Be Well service is a legacy from the Macmillan funded Community Cancer Awareness Project.	The local Cancer Early Detection Network links local stakeholders including: public health, Be Well, Bowel Cancer Screening Team, Cancer Research UK, workplace health, Macmillan GP, CCG commissioner, Tameside Macmillan Centre.	Members of the Early Detection Network will be key to delivery. Once the model has been reviewed a local roll out plan can be developed. Will probably need a resource budget - although likely that Macmillan and CRUK will have contributions to make. Training capacity will need to be earmarked. A secondary prevention Cancer Pathway is being developed across Greater Manchester ensuring access to exercise referral. Many areas have standalone funded cancer rehab programmes – Tameside would look to align with the current Live Active service.
To roll out a lung health-check programme across Greater Manchester	This is currently a pilot lung cancer screening programme within Manchester Macmillan Cancer Improvement Partnership provided by	Plans for potential roll out awaited, and likely to require NICE and National Screening Committee approval.	GMHSCP plans awaited. May involve single provider across GM with links to local GP	Would be a new service. Likely to involve GP referral. Potential to involve additional surgical activity.

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	University Hospital of South Manchester.		practices.	
To help develop a Greater Manchester city-region approach to eradicating HIV within a generation	GM authorities are already working very closely on sexual and reproductive health in general and this agenda has a fairly high profile. All 10 GM authorities have contributed funding to the GMSHIP – Greater Manchester Sexual Health Improvement service which will replace the contracts currently held with George House Trust, LGBTF and Black Health Agency (BHA). TMBC have maintained funding levels for GMSHIP.	The service has recently gone out to tender, tender responses have been evaluated and Salford are now going through governance before the contract can be awarded in approx. 2 months' time for July commencement. The GMSHIP will focus on HIV prevention and supporting people living with HIV across GM with a focus on those most at risk taking a GM approach. It includes Point Of Care testing (POCT) to continue with the pilot project that LGBTF and BHA have been doing through PHE funding. Tameside is signed up to the national test HIV service provided by Preventx- a framework available to all LAs on behalf of PHE. The service	The GM Sexual Health Network have a HIV group – PAG5 on which Tameside has a representative. Locally sexual health issues are driven through a Tameside Sexual Health group.	There are current staffing shortages in Sexual Health services. The new service will eventually offer an online offer which should include the ability to order test kits etc. A more expansive online offer should be the approach – test more and test often, make the right choices easy, and promote self-care. The current model does not capitalise upon primary care/pharmacy. Both of these could be more central to the model and this is an expectation for 2019. Our figures for HIV testing and coverage are all red indicators – Men having Sex with Men (MSM) testing coverage is amber. Our HIV prevalence rate is rising, however the rise is much greater than the number of new diagnosis which may indicate that some of the increase is due to people moving into the Borough who are HIV positive already.

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		is fully funded by PHE during major campaigns and funded by signed up local authorities outside of these periods. Tameside have been signed up since December 2015. There is a Target education session for General Practice in March to specifically look at the issue of HIV late diagnosis. The session will cover a range of associated issues with the outcome being s a protocol for HIV testing in primary care and to increase the number of tests that are offered and done. GM Las have worked together to produce a common sexual health service specification and procure services in clusters in preparation for even closer working in 2019.		Condom distribution – we only have an adhoc condom distribution scheme. The GMSHIP will be distributing condoms for the Most At Risk Populations and be offering a mechanism for people to buy low cost condoms. Our main gap is for younger people and the need is probably more related to unplanned pregnancy and general sexual health. A review of condom distribution is needed. Currently we provide some condoms, distributed by Youthink, to General Practice and Pharmacies however we do not have a formal scheme. MECC – a MECC approach to sexual and reproductive health and HIV to increase the background knowledge in the wider PH workforce could be developed. To have any step change we need to change the culture and this would be a major foundation. Social marketing – we do not currently do any activity with regards to sexual health or HIV. For HIV the central issue is behaviour change and knowledge. Sex and Relationship Education in

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		Our provider CMFT also provides HIV treatment and care – although this is under subcontract from Stockport FT.		schools and colleges – the work being led by public health on the new spiral curriculum should have an impact in terms of the education of our young people. Substance Misuse services – the service has a core Blood Born Virus's (BBV). Lifeline would like to offer sexual health clinics but there is no resource available from CMFT at the moment.

AGEING WELL				
Objective	**Current Activity/ Services/ Provision**	**Commentary**	**What are the delivery mechanisms, partnerships:**	**What are the gaps and challenges:**
To facilitate the roll-out, testing and evaluation of an approach to tackling issues around poor quality housing.	Current provision is: • £1.9 million budget for Disabled Facilities Grants (DFG's) • 15/16 227 Adaptations Undertaken 173 For people over 60 • 16/17 230 Adaptations undertaken 187 for people over 60 • 15/16 253 Minor Works adaptation undertaken for people over 60 • 16/17 250 Minor Works adaptations undertaken • Currently joint commission with Oldham to deliver service maintenance of hoisting and lifting equipment – Exploring the possibility of Bury and Salford joining this commission to improve economies of scale. • Officers are exploring the possibility of creating a localised HIA that can link to Fuel Poverty, Welfare Rights Age UK to compliment the GM Position.	Local officers are aware of the GM HIA initiative via various GM Strategic and Private Sector Housing Groups that are attended.	We don't have a local partnership at this moment. The GM Housing Providers Group is working with GM Health to develop this initiative.	Staffing resources will be needed to deliver an enhanced service. Investment is needed in new Foundations Casework Management System that will improve reporting.

	• We also have a joint commission with Oldham to provide/ install lifting and hoisting equipment with a life of client warranty			
To facilitate the roll-out, testing and evaluation of an approach to tackle dehydration and malnutrition based on the nationally recognised work in Salford.	Each provider has a nutritional assessment tool in place. Many homes and most nursing homes use the MUST tool (Malnutrition Universal Screening Tool) as part of their admissions process. Care homes do implement food and fluid charts where they believe there is an issue, although this can present challenges. The contracts state that "*service users must be weighed at least monthly*", and that "*care plans must reflect reasons for losses above 3kgs within a 3-month rolling period and any action taken as a result of weight loss*". Appropriate action usually involves a referral to the dietician. Many homes do action weight loss accordingly The CQC Fundamental standards include nutrition in Regulation 9 (Person centred care) and Regulation 14 (Meeting nutritional and hydration needs). A full copy of the standards is at http://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf	Dieticians have disseminated to all the care homes a "First Line Nutrition Plan". This plan should be implemented if the staffs have weight loss concerns and the pack provided includes diet and fluid charts, a list of high calorie foods, snacks and drinks and a referral form to the service. The dieticians have given staff a pathway to follow when there is evidence of weight loss which includes early intervention to increase calorie intake, weight recording and intake monitoring and it indicates the criteria for referral. All residents with an identified nutrition or hydration need would be expected to have a care plan in place to identify the interventions required to meet their needs. Any resident who has been reviewed by the dietician and has been provided a nutritional action plan the nurses normally include	We have a nursing and residential Care Home Provider Forum.	One of the key challenges for care homes staff is increasing levels of dementia in care homes. Residents are requiring more direct input, i.e. time, to ensure they eat/drink appropriately. Some of the key issues presenting are more residents: • won't sit and eat meals, or will only sit for short periods before getting up and leaving the room refuse to eat meals • need a lot of assistance to eat meals, ranging from constant prompting to feeding the residents • are looked after in bed, meaning that more staff time is taken up feeding residents on a 1 to 1 basis • have swallowing difficulties • Completing food & fluid charts can sometimes be not as complete as it could be. There is also variability on the level of detail included in the food & fluid charts • Fluid intake is probably better during summer months, as the hot weather serves as a

		these actions in to the nutrition care plan. Some homes have copies of the dietician nutritional action plan in the dining area with the intake charts for each resident or their bedroom if the client is nursed in bed to remind care staff of the level of support required to meet the individual's nutrition needs. In nursing homes from a monitoring point of view at the clients scheduled NHS funding review our CCG commissioning nurses would review if all the current care plans and risk assessments were meeting the identified client's health needs. If the review evidence indicated the plan was not being implemented and there was further evidence of weight loss this would be feedback to the management team to investigate why nutrition plans were not being followed. If the plans were noted to being followed however there was evidence these interventions were not being effective in sustaining someone's weight the care home nurses would be advised to contact the		reminder to hydrate residents. This awareness may reduce during the colder months • More people (at end of life) are being cared for in care homes. The number of co-morbidities that this cohort of people has is increasing, which compromises their ability to keep nourished.

		dietician and discuss the individual if they hadn't already done so.		
To facilitate the roll-out, testing and evaluation of fracture liaison services (FLS), integrated with locally designed falls prevention services in a number of Greater Manchester boroughs.	There is not a fracture liaison service in Tameside & Glossop at the moment. The economy has an Integrated Falls Prevention Group led/Chaired by ICFT to ensure any pathways are integrated across both community and acute. This Group recently coordinated a Falls Awareness Event involving providers and referrers to promote integrated working to achieve better outcomes with the aim of developing an integrated falls pathway. All providers/services achieved a better understanding, and looking at a person centred approach to ensure patients are getting the right service at the right time. From a GM perspective we are awaiting further information from Theme 3 on MSK as to when localities will develop an FLS.	A Task and Finish Group has been formed, and produced a flowchart of services available through the pathway which is currently being developed and will be rolled out to all providers/services shortly. Through the Falls Group there are a number of pilots around falls prevention taking place within the hospital setting targeting hot spot areas. Falls prevention is also included in the CCG's priorities for NHS Right Care which will be reported via the Integrated Falls Group. Additionally, a Bone Health Pilot is shortly to commence in primary care.	See previous column re Integrated Falls Prevention Group. This Group feeds into the ICFT governance structure. Members who attend the Integrated Falls group, which is led by ICFT are providers and commissioners. The whole pathway process (which the Task and Finish sub-group) are developing will support the governance structure.	ICFT does not have a Fracture Liaison Service. ICFT have advised the locality needs to await the outcome discussion resulting from Theme 3. The integrated falls pathway is in development. The Single Commissioning Function are currently are liaising with providers to gain a better understanding of what they provide and how they will link into the integrated falls pathway and a seamless service including better patient experience.

PERSONAL and COMMUNITY CENTRED				
Objective	**Current Activity/ Services/ Provision**	**Commentary**	**What are the delivery mechanisms, partnerships:**	**What are the gaps and challenges:**
To build a Greater Manchester framework and support capacity and capability building for person and community centred approaches.	We have a developing Self care Offer: Social Prescribing: Community and hospital Social Prescribing Model Social Marketing: community culture change, behavioural change Asset based approaches: A range of programmes and grants to support the development of community groups that support and enhance the social prescribing model Workforce Education Programme: Development programme to support the culture change within clinical teams Self-Care IT development: Supporting the development of My life in Tameside website Innovative approaches to Personalised care planning Patient Activation Measure: Implementation of the Patient activation measure across neighbourhood teams Social Action Development of a primary care and community health and well being programme Support the hospital volunteering	Action Together are well linked with the work happening at a GM level to support the delivery of the Population Plan. Action Together provides a variety of services and activities as a local VCS infrastructure agency including: Development of new and existing groups in terms of their business planning, policies and procedures, training and accessing funds. Asset Based Approaches to community development including; volunteer brokerage, working with local people to do more in their community and to build the skills and confidence of individuals and organisation to take part in/host volunteers examples include our lottery Programme - Ambition for Aging, delivered with Age UK Tameside, working with local GP's to develop a project for isolated older people. We also host a range of projects that aim to influence panning	As well as the Supportive Neighbourhood Partnership Board there is also a System Wide Self care reference group who are leading on the implementation of the Care Together transformation programme. There are implementation groups under the reference group leading on the strands of the programme etc social prescribing, ABCD, PAM and Volunteering. The VCFS infrastructure also allows wide engagement with both the sector and local communities.	Identifying and navigating a ever changing landscape, and helping VCFS groups to identify and build relationships with key partners. Short termism, in terms of us supporting the work of the VCFS, both in terms of our own contracts, but also the availability of secured monies for VCFS provision. The VCFS sector is under increasing pressure in terms of demand for services, particularly in terms of information and advice, crisis support, and supporting the most marginalised in our communities.

	The entire Care Together Programme is built on the principle of person centred care; * Establishment of system wide self care model to include, social prescribing, asset based approaches, social action/volunteering, workforce development and social marketing/movement; * Embedding Patient Activation Measure for 12.5k patients with LTC; * Integrated Neighbourhood model emphasises person centred care approaches, including person centred care and support planning; * Risk stratification approach supports move to proactive management and prevention of LTCs; * Extensivists will deliver proactive, coordinated clinical care for people at greatest risk; * Tameside and Glossop, along with Stockport and Oldham are part of the NHS England, Health as a Social Movement Programme exploring how communities can come together to meet health and wellbeing challenges;	and delivery in the borough, linking local people and VCS groups to partners and other VCS groups through our partnerships service e.g. we are involved in the delivery of the Integrated Neighbourhood Service, Host Healthwatch Tameside, and have undertaken a raft of Community engagement on behalf of the Care Together programme. We are involved in the GM Devolution VCSE Reference group as well as a raft of local strategic partnerships. we administer a range of grants on behalf of our partners, and host a local VCFS consortium. We have been a delivery partner in local workforce development programmes including on behalf of Public Health Tameside and the ICO - particularly around asset based approaches.		
To work in partnership with VSCE sector to develop and test	Ben Gilchrist (Action Together DCEO) is seconded to GM Project focussing on Voluntary Sector support for this work.	In Tameside we will be: • Building a coalition of existing cancer champions through	The programme will be led through the VCFS networks and Self-Care Alliance	Programme also linked to public sector to engage 20,000 cancer champions.

an exemplar social movement focused on cancer prevention.	The aim of the programme is: • To catalyse and connect a grassroots, citizen-led social movement for cancer prevention by working through the voluntary sector. The two main objectives for this project are: • To develop a network of 20,000 cancer champions over the course of the three years. • To explore the use of digital technologies including social media to support the development of a social movement and mass involvement across the entire cancer prevention spectrum that is ultimately self-sustaining.	the legacy of our MacMillan programme • Recruiting new champions through the voluntary sector and partners • Focusing on building on local examples of good practice • Developing a menu of easy ways to get involved e.g. GM spoken word campaign for bowel screening	with Ben Gilchrist the GM Cancer Vanguard lead for social movement. Primary route through VSNW.org.uk for sign up.	Opportunity to bring together grass route community groups to deliver a unique programme with organisations. May need additional resource or alignment with local commissioning.