

## **TAMESIDE HEALTH AND WELLBEING BOARD**

**8 March 2018**

**Commenced: 10.00 am**

**Terminated: 12.00 pm**

- PRESENT:** Dr Alan Dow (Chair) – Chair, Clinical Commissioning Group  
Councillor Gerald P Cooney – Executive Member (Healthy and Working)  
Councillor Jim Fitzpatrick – Executive Member (Children's Services)  
James Thomas – Interim Director of Children's Services  
Trish Cavanagh – Director of Operations  
Phil Nelson – Greater Manchester Fire and Rescue Service  
Andrew Searle – Independent Chair, Tameside Adult Safeguarding Partnership Board  
Tony Powell – Deputy Chief Executive, New Charter Group  
Mark Tweedie – Chief Executive, Active Tameside  
Liz Windsor-Welsh – Action Together
- IN ATTENDANCE:** Debbie Watson – Interim Assistant Director of Population Health  
Jessica Williams – Interim Director of Commissioning  
Stephen Wilde – Financial Business Partner
- APOLOGIES:** Councillor Brenda Warrington – Executive Leader  
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer for Tameside and Glossop CC  
David Swift – Lay Member for Governance, CCG  
Stephanie Butterworth – Director (Adults), Tameside MBC  
Superintendent Neil Evans - Greater Manchester Police  
Sian Schofield – Pennine Care FT  
Karen James – Chief Executive, Tameside and Glossop ICFT  
Julie Price – Department of Work and Pensions

### **42. DECLARATIONS OF INTEREST**

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

### **43. MINUTES OF PREVIOUS MEETING**

The Minutes of the Health and Wellbeing Board held on 25 January 2018 were approved as a correct record.

### **44. TAMESIDE AND GLOSSOP CARE TOGETHER ECONOMY 2017/18 – CONSOLIDATED FINANCIAL MONITORING STATEMENT**

Consideration was given to a report of the Director of Finance providing a 2017/18 financial year update on the month 9 financial position at 31 December 2017 and the projected outturn at 31 March 2018. The total Integrated Commissioning Fund was £486m in value. However, it was noted that this was subject to change as new inter authority transfers were actions and allocations amended.

Particular reference was made to details of the summary 2017/18 budgets, net expenditure and forecast outturn of the Integrated Commissioning Fund and Tameside and Glossop Integrated Care NHS Foundation Trust. Supporting details of the forecast outturn variances were explained within Appendix A to the report. Members of the Strategic Commissioning Board noted that there

were a number of risks that needed to be managed within the economy during the current financial year, the key risks being:

- Significant budget pressures for the Clinical Commissioning Group relating to Continuing Care related expenditure of £4.3m.
- Children's Services within the Council was managing unprecedented levels of service demand currently projected to result in additional expenditure of £7.8m when compared to the available budget.
- The Integrated Care Foundation Trust was working to a planned deficit of £24.5m for 2017/18 and that efficiencies of £10.4m were required in order to meet this sum.

A summary of the financial position of the Integrated Commissioning Fund broken down by directorate was provided in Table 2 and outlined in more detail at section 2.

In terms of the 2017/18 efficiency plan, the economy had an efficiency sum of £35.1m to deliver of which £24.7m was a requirement of the Strategic Commissioner. Supporting analysis of the delivery against this requirement for the whole economy was provided at Appendix A to the report. It was noted that there was a forecast £4.1m under achievement of this efficiency sum by the end of the financial year, £3.6m of which related to the Strategic Commissioner. It was therefore essential that additional proposals were considered and implemented urgently to address this gap on a recurrent basis thereafter.

The Strategic Commission risk share arrangements in place for 2017/18 were also outlined.

#### **RESOLVED**

- That the 2017/18 financial year update on the month 9 financial position at 31 December 2017 and the projected outturn at 31 March 2018 be noted.**
- That the significant level of savings required during the period 2017/18 to 2020/21 to deliver a balanced recurrent economy budget be noted.**
- That the significant amount of financial risk in relation to achieving an economy balanced budget across this period be noted.**

#### **45. CARE TOGETHER UPDATE**

The Interim Director of Commissioning presented a report providing the Board with progress on the implementation of the Care Together Programme including developments since the last presentation in January 2018 covering the following areas:

- Care Together Programme Assurance;
- Care Together Structure and Objectives 2018/19;
- Care Together Funding; and
- Greater Manchester Health and Social Care Partnership reporting.

Particular reference was made the Care Together Programme Board approving the latest version of the Care Together Principles and also the objectives for delivery 2018/19. These were included as Appendix A and Appendix B to the report.

The January monthly highlight report submitted to the Greater Manchester Health and Social Care Partnership was attached at Appendix C to the report. The programme continued to make progress, however, there were risks including the lack of expected capital funding being made available to support Estates and IM&T schemes and ongoing concern over information governance and the potential General Data Protection Regulations.

#### **RESOLVED**

- That the update be noted.**
- That a further update be received at the next meeting of the Board.**

## **46. INTEGRATED NEIGHBOURHOOD MODEL FOR CHILDREN AND FAMILIES**

Consideration was given to a report of the Interim Director of Children's Services setting out proposals for steps to improve support to vulnerable families and how to engage with a wide range of core partners to develop and deliver the proposals. Recent service mapping and needs assessment had confirmed the need to maximise capacity to support vulnerable families in the borough, both through better use of existing resources and through increasing resources where that was possible.

The core objectives of an Integrated Neighbourhood model were to build more effective partnership working at the local level and thereby deliver effective help to families at the point they needed it. There was a need to be clear about three tiers of need and of service in conceptualising a joined up system, although this did over simplify some of the complexities of need and service straddling the tiers as follows:

- Universal Services – working with all children and families;
- Targeted Early Help Services – working with vulnerable families;
- Social Care or Specialist Services – working with risk and high need.

The opportunity that an Integrated Model provided was to find ways of working joining up all three tiers of services to support and enable strong relationships between professionals, new joined up systems considering children's needs at earlier stages and prioritising relationship based work with families. It was proposed that there would be four neighbourhoods and new key ways of working within each neighbourhood would include:

- Joint workforce development – providing the underpinning foundations of effective partnership working both by bringing partners together to foster good working relationships by introducing a shared framework of how work was undertaken with families to either a Restorative Practice or a Sign of Safety model.
- Team Around Approach – finding the effective way of building multi-agency Team Around the core universal services for Early Years, Primary and Secondary Schools and Colleges – characterised by Early Help and Specialist / Social Care services going to the universal provider systematically to consider children causing concern at an earlier stage.
- Joint Allocation Approach – finding the effective Tameside model of multi-agency consideration of families with significant additional needs which would then agree the most appropriate response and which partner would take the lead. This approach was about to be piloted within the Hub for referrals where an Early Help response was appropriate, whilst the Youth Engagement Panel was another existing example of such an approach based at the Youth Offending Team.

Whilst the overall context remained one in which resources were reducing, there was an opportunity in the medium term to seek additional funding from the next round of Troubled Families investment. The proposed timeline and opportunities to engage were also detailed in the report.

### **RESOLVED**

**That the content of the report and proposed timeline for the development of the model be noted.**

## **47. PHARMACY NEEDS ASSESSMENT**

Consideration was given to a report of the Public Health Intelligence Manager which explained that the Pharmaceutical Needs Assessment was an important strategic document produced on behalf of the Tameside Health and Wellbeing Board. It reviewed the current provision of pharmaceutical services across the Borough, examined whether the pattern of services provided met identified health needs of local communities and assessed if there were any gaps or any over provision in both place and type of services available.

The Pharmaceutical Needs Assessment was an important reference for the NHS England Local Area Team to use in their determination of applications to join the pharmaceutical list under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Each new pharmacy places and new and very significant cost to the NHS and more pharmacies did not necessarily mean a better service for local people as the resource to fund new pharmacies would need to be diverted from other health services, plus there were further risks in creating over-provision and unhealthy competition.

The Board discussed the review of low value prescription items being undertaken by NHS England and the introduction of new guidance for Clinical Commissioning Groups (CCGs), with a view to substantially saving NHS expenditure in this area. It followed extensive work by NHS Clinical Commissioners which identified significant areas where potential savings could be made, up to potentially £400m per year. Whilst it was understood that the NHS was under significant pressures, it was important that there was appropriate scrutiny and understanding of the implications of this proposal on patients and their wellbeing, particularly for those on low incomes.

**RESOLVED:**

**That the Joint Strategic Needs Assessment be approved and released in the public domain by 1 April 2018.**

**48. SYSTEM WIDE SELF-CARE PROGRAMME UPDATE – STRENGTHENING COMMUNITIES**

Consideration was given to a report of the Head of Strategy Development, Tameside and Glossop Integrated Care Foundation Trust providing an update on the System Wide Self Care Programme established as part of the Care Together Transformation Programme and accounted for around £4.9m of the budget across the three years of delivery. It was based upon the principle that in order to transform health and care to the extent that a financially and clinically sustainable health economy was delivered, as part of that transformation the system's relationship with the public must be reshaped. Although this principle applied to the whole of the Tameside and Glossop population, the issue was particularly pronounced amongst people with long term conditions or ongoing care and support needs. It was also important to note that this programme of work connected directly both with national policy in relation to personalisation, choice and self-care and also Greater Manchester's Person and Community Centred Approaches Programme.

The System Wide Self-Care Programme was broken down into a series of streams of work and a brief overview and progress to date along with key plans for 2018/19 and 2019/20 was highlighted for the following:

- Social prescribing;
- Asset based approaches;
- Volunteering in primary care;
- Self-management, education and support;
- Person centred Care and Support Planning and Patient Activation;
- Workforce Development and Culture Change;
- Public Behaviour Change and Communications;
- Infrastructure and Systems;
- Commissioning.

The Board welcomed the update report providing an introduction to some of the activity taking place under the banner of the System Wide Self-Care Programme alongside highlighting some of the scale, complexity and challenge associated with a magnitude of transformation required to make these approaches a reality. It was expected that this programme of work would deliver significant rewards in terms of outcomes, experience, satisfaction and utilisation, but in order to do so it was important to emphasise the sum of the parts and a system wide view of change.

## **RESOLVED**

**That the update on progress on the System Wide Self-Care Programme be noted.**

### **49. INCREASING PHYSICAL ACTIVITY IN TAMESIDE**

Consideration was given to a joint report of the Interim Assistant Director of Population Health and the Chief Executive of Active Tameside explaining that the evidence base for the preventative effects of physical activity on ill health, disease and premature mortality was exceptionally strong. Presently 32.7% of people in Tameside undertook no physical activity whatsoever.

The Interim Assistant Director of Population Health reported that around 170+ lives were lost in Tameside annually as a result of inactivity. Tameside consistently ranked amongst the lowest performing for outcomes of cancer, heart disease and stroke. The current picture of premature mortality showed action on physical activity was an absolute must.

The biggest gains and best value for public investment was found in addressing the people who were least active. For the remaining majority of residents who met the Chief Medical Officer's guidelines for physical activity and there was an onus and responsibility to ensure the opportunities for physical activity continued to be improved and expanded upon. The local challenge, context and potential key actions for physical activity in Tameside were outlined.

The Greater Manchester Moving blueprint for Physical Activity and Sport in Greater Manchester set out 10 priorities for Greater Manchester. The objectives of Tameside had been set out to align closely with the wider aims for the city region, thus contributing to the overall vision and local deliverables under the plan were detailed in the report.

The Tameside Active Alliance had responsibility for ensuring delivery against local objectives and provided a formal collaborative leadership network for representatives of key Tameside stakeholders to optimise their endeavours to increase the physical activity levels of the Tameside population. The Alliance provided the environment for effective strategic planning, and the design, implementation and further development of a broad, balanced, accessible and sustainable physical activity offer in Tameside.

The Chief Executive, Active Tameside, continued by advising that the Live Active scheme was an exercise on referral programme for those with long term conditions, for whom physical activity must commence with an element of caution / supervision. The scheme was integral to the overarching objective to get those who were inactive active and support those who perceived that they were unable to exercise safely. In addition, the proposed Active Ageing project would work with older people to seek out and address barriers to adopting healthier behaviours. The Active Ageing project would also be aligned with strategically with Greater Manchester's and Tameside's developing health and care system transformational plans.

The Board discussed Tameside's strong existing asset base of sports and social clubs, attractive greenspaces, a network of canals and cycle ways, and excellent sporting facilities both indoor and outdoor. A call to action to those in the latter stages of behaviour change would encourage prospective 'new movers' to connect with any number of groups already in operation within Tameside.

## **RESOLVED**

- (i) That progress to date with regard to the establishment of Active Alliance, the development of strategic priorities under the Greater Manchester Moving Blueprint, and the vision of a physically active Tameside be noted.**
- (ii) That strategic support be offered to the Active Alliance to ensure physical activity remained a priority.**
- (iii) That the Greater Manchester Moving blueprint local priorities and related key activities be endorsed.**

## **50. TOUR OF TAMESIDE**

The Interim Assistant Director of Population Health presented a report updating the Board on the successes of the Tour of Tameside and requesting collaborative support from the Health and Wellbeing Board to grow the event to promote and increase physical activity in the Borough and raise funds for local charity.

She introduced Graham Jackson, Race Director, Sports Tours International, who outlined the work undertaken with local communities to enable a wide audience participating in the Tour. Furthermore, Sports Tours International worked alongside local charities giving the opportunity to fund raise at these events with the arrangement to providing volunteer support.

Mr Jackson explained that the Tour of Tameside was founded by Dr Ron Hill MBE in 1983 and after a 14 year absence was reborn in 2015 by Sports Tours International and since 2016 had returned as a 4 day-long event. Particular reference was made to the success of the 2017 Tour of Tameside, the number of partners across Tameside who had supported the event, engagement with local businesses, community and charity groups. The 2018 was projected to grow and there would be engagement with schools via a Schools Challenge regarding the history of the Tour and involvement of the Tameside Youth Football League.

In conclusion, Mr Jackson outlined the positive outcomes of the Tour of Tameside for the Borough, firstly as an attraction and increasing the use of trails and building on community assets such as community groups, schools and local charities and promoting inclusion.

### **RESOLVED**

- (i) That the success of the Tour of Tameside to date be noted.**
- (ii) That to sustain and build on the legacy of the Tour of Tameside the proposals for future working alongside Sports Tours International for future events be supported.**
- (iii) That thanks be extended to Graham Jackson for his attendance and informative presentation.**

## **51. DEVELOPMENT OF NEW RELATIONSHIP BETWEEN THE VOLUNTARY, COMMUNITY AND FAITH SECTOR**

The Chief Executive of Action Together, provided an update on progress to date with developing a new relationship between the communities and the voluntary, community, faith and social enterprise (VFSCE) sectors with public sector services. This was formerly known as Compact and had now been developed into three Commitment Pledges. The draft Commitment Pledges were included and set within the context of current Greater Manchester partnership agreements between these sectors. In addition, the relationship of this work with the developing Population Health Investment Plan was referenced. The draft Commitments were based on the principles of equal partnership and co-production and SMART objectives were in the process of being jointly developed by the VFSCE and public sector colleagues. It was envisaged that there would be 2 to 3 measurable ambitions implemented for each Commitment Pledge. Discussions were also beginning with Derbyshire County Council and potential alignment with their Compact agreement.

Members of the Board welcomed the report and indicated their support for the approach outlined.

### **RESOLVED**

- (i) That the content of the report be noted.**
- (ii) That the approach outlined and the development of objectives for each Commitment Pledge and consultation with colleagues across the economy to ensure a robust means of promoting system enablers and a mechanism for resolving blocks be supported.**

**52. URGENT ITEMS**

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

**53. DATE OF NEXT MEETING**

To note that the next meeting of the Health and Wellbeing Board would take place on Thursday 28 June 2018 commencing at 10.00 am.

**CHAIR**