

TAMESIDE HEALTH AND WELLBEING BOARD

28 June 2018

Commenced: 10.00 am

Terminated: 11.25 am

PRESENT: Councillor Brenda Warrington – Executive Leader
Councillor Oliver Ryan – Executive Member, Children and Families
Councillor Yvonne Cartey – Assistant Executive Member, Adult Social Care and Wellbeing
Trish Cavanagh – Director of Operations
Gayle Brister – Greater Manchester Police
Tony Powell – Deputy Chief Executive, Jigsaw
Liz Windsor-Welsh – Action Together
David Swift – Lay Member for Governance, CCG

IN ATTENDANCE: Debbie Watson – Interim Assistant Director of Population Health
Jessica Williams – Interim Director of Commissioning
Tom Wilkinson – Assistant Executive Director, Finance
Dr Anna Moloney – Consultant Public Health
Jacqui Dorman – Public Health Intelligence Manager

APOLOGIES: Councillor Gerald P Cooney – Executive Member, Economic Growth and Housing
Alan Dow – Chair, Clinical Commissioning Group
Steven Pleasant – Chief Executive, Tameside MBC, and Accountable Officer for Tameside and Glossop CC
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
Gill Frame – Chair, Tameside Children’s Safeguarding Board

1. DECLARATIONS OF INTEREST

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

2. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 7 March 2018 were approved as a correct record.

3. TAMESIDE VCFSE AND PUBLIC SECTOR PARTNERS – OUR PACT TO A BETTER FUTURE FOR TAMESIDE

Consideration was given to a report of the Chief Executive, Action Together, detailing the final version of the PACT agreement set out in section 5 of the report. The new PACT agreement was formerly known as the ‘Compact’. The PACT outlined a new working relationship between the communities and the voluntary, community, faith and social enterprise sectors (VCFSE) with public sector services.

The report provided a background to the Greater Manchester context and how working together locally had been achieved with the Health and Wellbeing Board providing oversight. The PACT agreement consisted of 3 core principles and 9 commitments. It was based on the principles of equal partnership and co-production which had implications on how everyday work with the FCFSE

was conducted, especially in the areas of commissioning, contracting and strategic/policy development. There were no immediate policy implications but as the work progressed with the Health and Wellbeing Board's approval there was likely to be an impact on approaches to:

- Citizen and Patient engagement;
- VCFSE involvement in commissioning strategies and plans; and
- Sustainability and investment strategies.

RESOLVED

- (i) That the PACT agreement be agreed and signed off;**
- (ii) That the PACT Leadership Group, with Health and Wellbeing Board's oversight, continue to have a role in providing system assurance that the new relationship is being honoured; and the benefits of parity between the sectors being experienced, with the production of an annual report;**
- (iii) That named officers be sought from each Health and Wellbeing partner agency to advise on promotion and implementation of the PACT agreement.**

4. TAMESIDE AND GLOSSOP CARE TOGETHER ECONOMY 2017/18 – CONSOLIDATED FINANCIAL MONITORING STATEMENT/BETTER CARE FUND MONITORING REPORT AS AT 31 MARCH 2018

Consideration was given to a report of the Director of Finance providing the 2017/18 financial year end position. The report included the details of the Integrated Commissioning Fund (ICF) and the progress made in closing the financial gap for the 2017/18 financial year. The total Integrated Commissioning Fund was £485.47m in value.

The report also included details of the financial position of the Tameside and Glossop Integrated Care NHS Foundation Trust. This was to ensure members had an awareness of the overall Tameside and Glossop Care Together economy position.

It was noted that the outturn net expenditure details for the three Council services within the ICF (Adult Services, Children's Social Care, Public Health) were provisional at this stage and were subject to external audit validation.

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 Health and Wellbeing Board noted that there were a number of significant pressures within the economy during the financial year, the key ones being:

- Following transaction of the ICF risk share the CCG was able to show a balanced financial position in 2017/18. However this ignored significant underlying pressures in individualised commissioning of approximately £6.393 million compared to the opening budget.
- Children's Services within the Council was managing unprecedented levels of service demand which was currently projected to result in additional expenditure of £8.609 million when compared to the available budget.

Details of the risk share arrangements in place for 2017/2018 were 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 £35.07m to deliver of which £24.67m was a requirement of the Strategic Commissioner. Supporting analysis of the delivery against this requirement for the whole economy was provided at Appendix 1 to the report. It was noted that there was a £0.360m under achievement of this efficiency sum at the end of the financial year and the Control Totals were delivered. It was therefore essential that additional proposals were considered and implemented urgently to address this gap on a recurrent basis thereafter.

With regard to the Better Care Fund, supporting details of the 2017/18 quarter four (1 April 2017 to 31 March 2018) Better Care Fund monitoring statement recently submitted to NHS England, were provided at Appendix B to the report.

RESOLVED

- (i) That the 2017/18 financial year end position, as detailed in Appendix A to the report, be noted;**
- (ii) That the significant level of savings required to achieve control totals and the financial sustainability of the economy on a recurrent basis, be acknowledged;**
- (iii) That the significant amount of financial risk associated with the achievement of the associated financial control totals, be acknowledged; and**
- (iv) That the 2017/2018 Better Care Fund monitoring report for the period ending 31 March 2018 as detailed in Appendix B to the report, be noted.**

5. 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 March 2018 covering the following areas:

- Care Together Programme Assurance;
- Care Together Transition Fund;
- Care Together Transformation Fund;
- Tameside and Glossop Updates to GM health and Social Care Partnership;
- Strategic Commissioning Fund Assurance;
- Care Together Commissioning Update; and
- Care Together Adult Social Care.

RESOLVED

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

6. HEALTH PROTECTION UPDATE: SEASONAL FLU IMMUNISATION PROGRAMME AND OUTBREAK CAPABILITIES PLAN

The Director of Quality and Safeguarding and the Consultant Public Health submitted a report giving details of:

- the annual seasonal flu programme performance update; and
- Outbreak Capabilities Plan.

In respect of the annual seasonal flu programme, the report highlighted arrangements for next year's flue immunisation programme in response to national guidance with the aim of maximising uptake in targeted populations. The prevention of seasonal flue was one of the factors that was considered part of NHS winter preparedness plans.

It was explained that a National guidance letter was issued in March 2018 for the 2018/19 flu immunisation programme and they key elements were highlighted in the report.

National targets and interim ambitions were the unchanged for 2018/19 with the exception of the preschool programme where it was now set at 48% and for the school programme it was also increased to 65%; both targets having been increased from a 40% limit that was set during the 2017/18 season.

Comparative National/GM ranking and flu vaccination uptake for 2016/17 and 2017/18 were displayed in the report. It was explained that Tameside and Glossop achieved higher uptake in all risk groups compared to the GM and national average. The performance position locally for the over 65 age group and 2 and 3 year olds had improved, the latter group was a key focus of the campaign. The local position in 2017/18 had dipped for pregnant women and under 65 clinical at risk groups and this had been discussed with stakeholders.

Tameside's local performance for the school based programme compared favourably to the GM and national average. There had been a significant improvement in 2017/18 especially with children of reception age where the setting for delivery changed to schools.

Information with regard to the proactive campaign for staff vaccination for front line health care workers undertaken by the ICFT was also provided and it was reported that the 70% target for 2017/18 had not been reached. ICFT had reflected on the outcome and were using the learning from the 2017/18 campaign to devise their implementation plan for 2018/19.

With regard to performance improvement, Board members were informed that an annual flu debrief occurred at the conclusion of the season when Public Health England performance reports were released to localities. The essence of action for all stakeholders involved was effective continuous communication to promote awareness of the vaccination among at risk groups, their carers and frontline health and social care staff. Primary care colleagues had received information on performance at a practice, neighbourhood and locality level. A key strategy was to continue to improve the uptake in children as this would not only protect them but reduce the circulation of flu in families and the wider community. The earlier the vaccinations for children were delivered would facilitate a reduced risk of flue spreading. It was noted that denominator populations were increasing for adults hence providers were working harder to deliver more vaccinations for an equivalent uptake. The National Institute for Clinical Effectiveness was working on guidance for increasing uptake and was expected to be published in July 2018. The local Flu Working Group would use the guidance to assess local arrangements.

In respect of the Outbreak Capabilities Plan, it was explained that the Plan had been developed to ensure clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. It was intended to act as a companion to the GM Multi-agency Outbreak Plan, providing operational detail helping responders quickly provide an effective and co-ordinated approach to outbreaks of communicable disease. It was important for participating organisations to support staff to engage in appropriate exercising to embed the multi-agency response to an outbreak and create familiarity over key tasks.

Responsibility for managing outbreaks was shared by all the organisations who were members of the Outbreak Control Team. This responsibility included the provision of sufficient and financial and other resources necessary to bring the outbreak to a successful conclusion. The great majority of incidents and outbreaks were dealt with as part of normal service provision, and may not impact greatly on routine services or require an Outbreak Control Team to be convened. ON occasion, outbreaks were of such magnitude that there may be significant implications for routine services and additional resources were required. In this instance the Director of Public Health may declare a major outbreak/incident and therefore the major incident plans of organisations affected would be invoked as appropriate.

Detailed discussion ensued with regard the information contained within the report and the Chair was pleased to note the outperformance of the Tameside and Glossop CCG in exceeding National and Greater Manchester targets and thanked everyone for their hard work.

Concerns were raised, however, in respect of the level of take up of the vaccination by front line health care workers and the possible reasons for this. Dr Moloney, Consultant Public Health concurred with comments made and explained that the communication around the vaccination had been extensive, however further education was required and myth busting needed to be addressed.

Members sought further information with regard to the collection of data from pharmacists and private provision and Dr Moloney agreed to investigate further.

RESOLVED

- (i) **That the local performance for the 2017/18 seasonal flu programme plus the arrangements for the 2018/19 flu immunisation programme and the relationship between programme success and winter preparedness planning, be noted; and**
- (ii) **That the Outbreak Capabilities Plan, produced by local stakeholders working collaboratively, detailing the response to a range of outbreak scenarios, be noted. Including the importance for participating organisations to support staff to engage in appropriate exercising to embed the multi-response to an outbreak and create familiarity over key tasks.**

7. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Consideration was given to a report of the Public Health Intelligence Manager, which gave information about the new 'Life in Tameside and Glossop' website and the summary Joint Strategic Needs Assessment 2017/18.

It was explained that the Joint Strategic Needs Assessment website would bring data, intelligence and evidence from all health and social care partners into one easily accessible and useable website. The home page had the key headliners for the borough and the most frequently asked for statistics, latest news, document releases and statistics for the area. The web portal would also have a complete directory of data sets covering the whole life course and geodemographic information and more. The website also included a 'Find Support' directory that would enable commissioners to audit current provision across the Borough and support social prescribing for residents that was appropriate to their needs.

A demonstration of the website was provided.

The report summarised that, in view of reduced capacity across Tameside and Glossop health and social care economy, ensuring data and information was available to those who needed it at the point of need was more important than ever. Holding the information in one place and creating a portal that was easy to use and accessible to all was a cost effective way of enabling everyone across Tameside and Glossop to access the knowledge and information they needed. The website also supported the statutory responsibility to produce a JSNA.

The public's ability to engage depended on finding and using information to increase their understanding and being supported to develop the motivation, confidence and care skills needed to actively manage and improve their own health. There was clear evidence that more knowledgeable residents enjoyed better health outcomes and incurred lower costs. Investing in high quality consumer health information and support, therefore, it was not only the right thing to do from an ethical standpoint as a crucial element of patient centred care; it was also a financial and clinical imperative.

A copy of the Joint Strategic Needs Assessment for Tameside 2017/18 was also appended to the report.

The Chair and members thanked the Public Health Intelligence Manager for a very informative report and demonstration of the website.

RESOLVED

That the content of the website be noted and the Joint Strategic Needs Assessment process be supported.

8. HEALTH AND WELLBEING BOARD FORWARD PLAN 2018/19

The Interim Assistant Director, Population Health, submitted a report providing an outline forward plan for consideration by the Board.

RESOLVED

That the draft Forward Plan for 2018/19 be agreed.

9. URGENT ITEMS

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

10. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board would take place on Thursday 20 September 2018 commencing at 10.00 am.

CHAIR