

HEALTH AND WELLBEING BOARD

23 January 2020

Commenced: 10.05 am

Terminated: 12.00 pm

Present:

Councillor Warrington (Chair) - Executive Leader
Councillor Wills – Executive Member
Shaun Higgins – Active Tameside
Kerrie Pryde – Jigsaw Homes
Jane Higham – Greater Manchester Police
Richard Hancock – Director of Children’s Services
Peter Denton – Action Together
Stephanie Butterworth – Director of Adult’s Services
Vivien Robinson – Department for Work and Pensions
Henri Giller – Independent Chair, Tameside Child Safeguarding
David Swift – CCG Governing Body Member
Phil Nelson – Greater Manchester Fire and Rescue Service
Andrew Searle – Independent Chair, Tameside Adult Safeguarding Partnership Board

In Attendance:

Debbie Watson – Assistant Director Population Health
Stephen Wilde – Finance Business Partner
Martin Ashton – Assistant Director of Commissioning, Living Well
Gill Gibson – Director of Quality and Safeguarding
James Mallion – Consultant Public Health
Jessica Williams – Director of Commissioning

Apologies for Absence:

Councillor Cooney – Executive Member for Housing, Planning and Employment
Councillor Fairfoull – Deputy Leader & Executive Member for Children’s Services
Steven Pleasant – Chief Executive Tameside MBC and Accountable Officer for Tameside and Glossop CCG
Liz Windsor-Welsh – Chief Executive, Action Together
Dr Ashwin Ramachandra – Tameside and Glossop CCG
Dr Asad Ali – Tameside and Glossop CCG
Karen James – Chief Executive, Tameside and Glossop ICFT
Jeanelle De Gruchy – Director of Population Health

14 DECLARATIONS OF INTEREST

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

15 MINUTES

RESOLVED

That the minutes of the meeting held on 19 September 2019 be approved as a correct record.

16 TAMESIDE AND GLOSSOP LOCALITY PLAN

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health/Associate Director of Commissioning, Living Well providing Members with an opportunity to review and discuss the Tameside and Glossop Locality Plan.

Members were informed that the Locality Plan had grown out of the Corporate Plan, which articulated how delivering the priorities of the Corporate Plan would support the people of Tameside and Glossop to live longer, healthier and happier lives.

RESOLVED

That the content of the report and presentation be noted.

17 DOMESTIC ABUSE IN TAMESIDE

Consideration was given to a report of the Executive Member Adult Social Care and Population Health / Director of Population Health, updating Members on the recent peer review focused on tackling domestic violence in Tameside.

Tackling domestic abuse in the Borough related to the Starting Well and Living Well aspects of the Corporate Plan, supporting residents to live healthy and happy lives. It was explained that whilst domestic abuse was often associated with domestic violence, it could also take the form of psychological, financial and emotional abuse. The effects of domestic abuse were therefore not merely physical but could have a significant impact upon an individual's mental health. Women were still much more likely than men to be the victims of high risk or severe domestic abuse and the impact upon children both as witnesses and victims was also highlighted.

The scale of the problem within Tameside was discussed and Members were informed about the increase in medium and high risk cases of domestic abuse and the high number of referrals to Children's Social Care relating to domestic abuse. In addition, the increase in referrals and repeat referrals to the Bridges Service was raised. Despite the increased prevalence of domestic abuse overall, there had been a reduction in domestic abuse reporting among BME, LGBT and disability groups.

Members were informed that a peer review was conducted during July 2019 which evaluated the systems in place at Tameside Council to tackle domestic abuse. The peer review highlighted four key priorities:

- Preventing domestic abuse
- Continuing to support victims/survivors
- Holding perpetrators to account
- Supporting a co-ordinated community response.

It was announced that a new lead on domestic abuse would be in post within the next two to three months and this would help to address the priorities identified during the peer review. It was explained that tackling abuse was not currently the responsibility of one individual officer and was often seen as an add-on to existing roles.

A discussion ensued regarding the multi-agency approach to tackling domestic abuse across the Borough. Some of the work highlighted included that with elderly residents at risk of financial abuse whereby the Council would take over the running of an individual's finances to prevent mismanagement by another party. The Board were also informed of the 'Take Control' campaign which highlighted particular forms of abuse prevalent within BME communities as well as the current campaign around men as victims of domestic abuse. It was agreed that Active Tameside would participate in future campaigns surrounding domestic abuse.

RESOLVED

- (i) That the content of the report and presentation be noted.**
- (ii) That the new domestic violence lead be invited to a meeting of the Health and Wellbeing Board at the earliest opportunity.**
- (iii) That Active Tameside be included in any future campaigns around domestic violence.**

18 SEXUAL & REPRODUCTIVE HEALTH IN GREATER MANCHESTER

Consideration was given to a report of the Executive Member Adult Social Care and Population Health / Director of Population Health, outlining the findings of a review of the sexual and reproductive health system across Greater Manchester. The implications for Tameside specifically were also highlighted.

Members were informed that an independent review of the sexual & reproductive health and HIV system was conducted across Greater Manchester during 2018/19 that identified significant risks and challenges as well as opportunities to redesign the system to ensure it addressed the needs of the population. One of the key issues raised was the fall in the use of contraceptive services which had fallen by 22% over the preceding 4 years. At the same time there had been a significant increase in the abortion rate which had increased by 11% over the same period. Particular concern was expressed about the abortion rate in Tameside which was particularly high and increasing leading to the Borough having the eighth highest rate in the country.

It was highlighted that a number of agencies were responsible for commissioning sexual & reproductive health and HIV services locally, including the Council, Tameside and Glossop Clinical Commissioning Group and NHS England. The funding for both the local authority and the CCG were now in the same pot. A number of Greater Manchester wide ambitions around sexual and reproductive health services were emphasised, particularly around the need to utilise digital technologies for online prescriptions and consultations.

A number of longer ambitions were raised around improving the sexual and reproductive health offer for Tameside residents. It was hoped that a women's health offer could be developed, along with a dissemination of support services away from a single hub, in order to improve access. An accelerated pathway was also discussed to ensure people could access services when they needed them rather than having to wait prolonged periods for an appointment.

RESOVLED

That the content of the report and presentation be noted.

19 HEALTHWATCH ANNUAL REPORT 2019

Consideration was given to a report of the of the Chief Executive, Action Together, outlining the 2019 activities and outcomes delivered by Tameside Healthwatch and future plans for 2020.

It was explained to Members that Healthwatch was a governmental statutory mechanism intended to strengthen the collective voice of users of health and social care services and members of the public. In order to carry out their work, the organisation was funded by the local authority receiving £136,000 of core funding annually.

The report presented the key highlights for Tameside Healthwatch over the 2018/19 period which included work with the Millgate Healthcare Partnership to improve mixed patient feedback. This work resulted in a 'Good' rating from the Care Quality Commission. In addition, Members were informed that the Strategic Commissioning Board had approved a business case for additional investment to roll out a new neighbourhood model for mental health care following concerns about a gap in mental health services in Tameside and Glossop. Funding from the Big Lottery had

supported the gradual roll out of a new adaptable model across the area to be completed by April 2020.

The priorities for 2019/20 were outlined and included building on the engagement with Tameside College, reviewing the impact of changes to local Mental Health services and improving the organisation's insight in terms of residential care and home care services.

RESOLVED

That the content of the HealthWatch Annual Report 2019 be noted.

20 CHILD SEXUAL EXPLOITATION (CSE)

Consideration was given to a report and accompanying presentation of the Director of Children's Service providing information in regards to the current landscape across Tameside and Greater Manchester concerning Child Sexual Exploitation (CSE).

It was reported that during any given quarter there were on average in excess of 30 active child exploitation cases across Tameside. In order to address the issues, a multi-agency CSE team was established in 2013 which included officers and staff from the Council and Greater Manchester Police. A Multi-Agency Safeguarding Hub opened in February 2019 had been responsible for referrals.

Members were informed that a peer review undertaken in July 2019 had identified areas for improvement and learning. Since the review a number of steps had been taken:

- Commissioned joint intelligence gathering, analysis and mapping across local authority and police based on vulnerability factors.
- Secured funding for independent therapeutic support.
- Planned Borough-wide awareness raising.
- Additional staff in place or coming online including an additional Police Constable, Detective Constable, Sergeant, Social Worker and Family Intervention Worker.
- Expanding Achieving Change Together (ACT) to work with young people at risk of CSE.

It was highlighted that CSE was a complex issue that did not respect geographical boundaries and was one that no agency could address in isolation. It was hoped that the integration of the Complex Safeguarding teams across Greater Manchester would establish standards of practice across the ten authorities.

RESOLVED:

That the content of the presentation be noted.

CHAIR