

TAMESIDE HEALTH AND WELLBEING BOARD

10 March 2016

Commenced: 10.00 am

Terminated: 11.50 am

PRESENT: Councillor Kieran Quinn (Chair) – Tameside MBC
Councillor Brenda Warrington – Tameside MBC
Steve Allinson – Clinical Commissioning Group
Stephanie Butterworth – Tameside MBC
Judith Crosby – Pennine Care NHS Foundation Trust
Graham Curtis – Clinical Commissioning Group
Ben Gilchrist – CVAT
Angela Hardman – Tameside MBC
Karen James – Tameside Hospital NHS Foundation Trust
Penny King – Stockport NHS Foundation Trust
Steven Pleasant – Tameside MBC
Andy Searle – Chair, Adult Safeguarding Board
Dominic Tumelty – Tameside MBC

IN ATTENDANCE: Chris Mellor – Independent Chair, Care Together Programme Board
Sandra Stewart – Tameside MBC
Peter Timmins – Tameside MBC
Clare Powell – Stanley Powell Associates
Chris Rendell – Care Quality Commission
Jennifer Good – Care Quality Commission

APOLOGIES: Alan Dow – Clinical Commissioning Group
Councillor Gerald Cooney – Tameside MBC
Councillor Peter Robinson – Tameside MBC
Tony Powell – New Charter Housing Trust
Clare Watson – Clinical Commissioning Group

47. DECLARATIONS OF INTEREST

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

48. MINUTES OF PREVIOUS MEETING

The Minutes of the Health and Wellbeing Board held on 21 January 2016 were approved as a correct record.

49. QUALITY OF CARE IN A PLACE

The Chair welcomed Charles Rendell and Jennifer Good, Care Quality Commission (CQC), who gave a presentation on the work of Quality of Care in a Place and the pilot approach. Reporting on the quality of care in a place was the next step in understanding how the CQC could contribute to discussions about quality beyond individual providers. The health and care landscape was rapidly changing and the CQC was working hard to ensure that it was an enabler of progress. The prototype report for Tameside was one in a suite of three reports which aimed to inform an understanding of how CQC could build a picture of what care was like for people who used a range of different health and social care services in one area, rather than looking at individual care providers such as hospitals, care homes or GP services.

The presentation was accompanied by an initial data report and key findings using publically available information. Members of the Health and Wellbeing Board provided their initial views and observations on the recently provided data report and agreed to forward their detailed comments to the CQC.

RESOLVED

That Charles Rendell and Jennifer Good be thanked for their presentation and members would forward their comments directly to the CQC.

50. CARE TOGETHER PROGRAMME UPDATE

Consideration was given to a report of the Executive Member (Adult Social Care and Wellbeing) and the Programme Director, Tameside and Glossop Care Together, providing an update on the progress and developments within the Care Together programme since the last meeting.

It was explained that at the end of January a submission for GM Devolution transitional support was submitted to GM Devolution which set out the level of funding required over the next three years to transform the health and social care system across Tameside and Glossop. Further detail required regarding implementation plans and assurances around efficiency gains would be addressed by the next submission in March 2016.

A summary of operational progress in the following areas was also highlighted:

- Transfer of Community Services;
- Single Commissioning function and pooled budgets;
- Model of care; and
- Programme Support Office and Programme Development.

RESOLVED

- (i) **That the progress of the Care Together Programme including the strategic and operational aspects be noted.**
- (ii) **That a further update report be presented to the next meeting.**

51. DEVELOPING A SINGLE COMMISSIONING STRATEGY

The Chair welcomed Clare Powell, Consultant, Stanley Powell Associates, who gave a presentation providing an overview of the emerging commissioning strategy for the Tameside and Glossop single commission. It was based upon discussions with key members of staff from the single commission, Tameside Hospital Foundation Trust, councillors and GPs, two staff workshops and a review of existing plans and strategies.

It suggested an initial focus on 4 key commissioning priorities as follows:

- Wider determinants of health and wellbeing;
- Healthy lifestyle behaviours;
- Long term conditions; and
- Supporting positive mental health.

These had been identified as the areas that could have the biggest impact on improving health and wellbeing whilst reducing long term costs. It was a key component of the Care Together Programme and the local contribution to the GM Plan.

Members of the Health and Wellbeing Board noted the presentation and contributed comments / observations to the development of the emerging strategic aims.

RESOLVED

That the content of the presentation on the emerging commissioning strategy for the Tameside and Glossop single commission be noted.

52. IMPACT OF CUTS TO PUBLIC HEALTH GRANTS

The Executive Member (Healthy and Working) introduced a report which explained that on 4 November 2015, the Department of Health confirmed that it would reduce its spending on public health grants to local authorities by £200m this financial year, 2015-16. This 6.2% in year cut in public health grant for Tameside amounted to £942,928.

In the November 2015 Spending Review, additional cuts in the Public Health grant were announced, which would be an average real terms cut of 3.9% each year to 2020-21. This translated into a further cash reduction of 9.6% in addition to the £200m of savings announced early in the year. For Tameside Council this would mean a confirmed reduction of £363,180 for 2016-17 and another reduction of £387,000 in 2017-18 having a very significant impact on the commissioned Public Health services.

The Director of public Health made reference to the approach being taken to respond to the 2015-16 in year Public Health grant cut, and the reduction in grant funding that would continue to 2020-21. It was noted that 85% of the Public Health grant was commissioned through contracts and confirmation of these reductions would present enormous challenge to reduce, decommission or renegotiate contracts for April 2016/17. A prioritisation framework had been implemented and a review of the total budget available for 2015/16 had been undertaken. A set of proposals against current Public Health expenditure had been developed and a summary was detailed in the report relating to the following areas:

- Starting and Developing Well Programme – total saving £197,000;
- Living and Working Well Programme – total saving £441,000;
- Ageing Well Programme – total saving of £25,000;
- Reducing staff costs and IT consumables – total saving of £25,000;
- Review of all contracts commenced – target saving of £164,928; and
- Public Health staffing redesign – identified part year saving of £79,000.

A letter from the Director of Public Health was sent to all providers in November 2015 informing them of the proposed cuts to the Public Health budget and one to one meetings had taken place throughout November / December to start the process of consultation and possible renegotiation of contracts. In addition, Public Health commissioning leads had met with all providers to look at possible funding scenarios of reductions on current contracts.

Members of the Board heard that a public consultation on the Council's Big Conversation Website had taken place over a four week period commencing 4 December 2015 to 4 January 2016 where the proposals for the 2015/16 reductions were described and the public invited to comment. The structure of the consultation and responses were detailed in **Appendix 2** of the report.

In considering the proposals in the report, the Board expressed their deep concern and disappointment regarding the cuts to Public Health budgets and the detrimental impact these would have on many prevention and early intervention services. The Council had a statutory duty to provide mandatory functions such as tackling alcohol and drug misuse, smoking and obesity as well as generally promoting a healthier lifestyle. Investing in prevention ultimately saved money in other areas by reducing the demand for hospital, health and social care services. The Board also noted that the grant from 1 April 2016 would be included within the single commissioning pooled fund and would therefore be aligned and considered alongside the outcomes of the single commissioning strategy once the strategy was finalised and been approved.

RESOLVED

That the approach being adopted in the report and response to the funding situation described be noted.

53. CHILDREN'S SERVICES DEVOLUTION UPDATE AND THE REGIONAL ADOPTION AGENCY PROGRESS REPORT

Consideration was given to a report of the Executive Member (Children and Families) / Assistant Executive Director (Children Services), which explained that Devolution Manchester offered a number of opportunities for Children's Services to share resource and service transformation across Greater Manchester in order to maximise outcomes for children whilst potentially achieving significant savings for each Council.

Members were informed that there were seven work streams that had been set up and further detail of each was set out in the report. Each work stream was headed by a Director of Children's Services and there was evidence of significant and important buy-in from Councils, other Governmental departments and the Voluntary Sector. The Department for Education (DfE) was committed to three weekly meetings which would include other government departments as required.

In addition, following Central Government announcements regarding Regionalisation of Adoption, Tameside Children's Services had been collaborating extensively with colleagues and Tameside had joined a consortium bringing together several of the highest performers for Adoption which is proposed to be called the West Pennine Adoption Agency.

The Department of Education was keen for Health and Wellbeing Boards and Clinical Commissioning Group colleagues to be invited to consider the offer to the adoption service, both pre adoption (health assessments, CAMHS and support to planning) and for adoption support services.

It was explained that for all of the above there would be a need to bring more detail through Governance processes as that detail was developed and the implications for Tameside were better understood. As such, the report remained an update report rather than seeking permission for specific actions at this stage but in 2016/2017 there would be a number of reports coming to Board requesting authority to progress.

There had to date been some presentation to AGMA leaders of the work to date, dialogue had been started with the Departments of Education and Communities and partners from KPMG (management and accountant consultants) were assisting the process as commissioned.

RESOLVED

- (i) That the content of the report be noted and Tameside's involvement in the Devolution and Regional Adoption agendas continue to be supported.**
- (ii) That the views of the Department of Education that partners in the CCG were crucial to successful pre adoption planning and post adoption support be noted.**
- (iii) That it be noted that service progression on the 0-25 offer would not wait for devolution decisions to be made but would be progressed in order to avoid duplication and delay.**

54. OVERVIEW OF GREENSPACE ACTIVITIES AND POTENTIAL HEALTH AND WELLBEING OPPORTUNITIES

The Chief Executive introduced Nick Sayers, Head of Environmental Operations and Greenspace, and his colleague Nicola Marshall, Greenspace Development Manager, who gave a presentation

on the health benefits of greenspace supporting the improvement of health and wellbeing of the Borough's residents.

The health benefits of greenspace were well documented and evidence demonstrated a clear positive relationship between greenspace activities and health. The focus of the presentation was on additional opportunities available including volunteering undertaking operational tasks and walks, a partnership with Tameside College offering a horticultural course to students, Routes to Work with individuals working across operational teams, community growing plots and conservation days.

Members of the Board commented favourably on the content of the overview of greenspace activities and links which could be developed with Active Tameside and the healthy lives work stream. Consideration would also be given to how the activities could be communicated / promoted within primary care and other elements of the service as there was potential cost avoidance within the economy if greenspace opportunities were maximised.

RESOLVED

That the content of the presentation and the possible benefits and opportunities that the Borough's greenspace could offer in terms of health and wellbeing of communities be noted.

55. UNLOCKING TAMESIDE'S COMMUNITY ASSETS

Consideration was given to a report of the Chief Executive, Community and Voluntary Action Tameside (CVAT), which outlined proposals for how CVAT, Healthwatch and local voluntary and community organisations could be full and effective partners in Care Together and contribute to the Locality Plan's aim of transforming the relationship between the population and the health and social care system.

He stated that thanks to Care Together, Tameside was the perfect place to develop this innovation and showcase new approaches to demand reduction that also fostered community resilience and achieved better outcomes for patients. This was not intended as a fully costed proposal but to outline the areas that had the greatest potential to be enhanced through Care Together.

The proposals set out examples of how that could be achieved with investment focused on the following themes:

- Reducing demand and supporting empowerment;
- Improving health outcomes through co-production; and
- Connecting with the business sector.

CVAT and Healthwatch were keen to scale up the offer from the voluntary sector and develop its strategic role within Care Together to unlock the potential within Tameside's communities.

Board members commented favourably on the proposition and the practical examples provided to develop new approaches that would contribute to reducing demands on the health and social care system whilst also empowering local people to find their own solutions to their health and care needs.

RESOLVED

That the proposals set out in the document be endorsed and developed further via the Care Together work streams.

56. URGENT ITEMS

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

57. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board will take place on Thursday 30 June 2016 commencing at 10.00 am.

CHAIR