



**TRAFFORD**  
**COUNCIL**

**AGENDA PAPERS FOR  
HEALTH AND WELLBEING BOARD MEETING**

**Date: Monday, 15 September 2014**

**Time: 6.30 pm**

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford M32  
0TH**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1.	<b>ATTENDANCES</b>  To note attendances, including officers, and any apologies for absence.	
2.	<b>MINUTES</b>  To receive and if so determined, to approve as a correct record the Minutes of the meeting held on Tuesday 1st July, 2014.	1 - 4
3.	<b>DECLARATIONS OF INTEREST</b>  Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
4.	<b>ACTION LOG</b>  To receive an update from the Chairman.	5 - 8
5.	<b>BETTER CARE FUND (BCF)</b>  To receive a report from the Deputy Director of Children, Families and Wellbeing and the Associate Director of Commissioning, Trafford Clinical Commissioning Group.	To Follow
6.	<b>HEALTH FUND FOR SOCIAL CARE ACTIVITY FUND 2014/15</b>  To receive a report from the Corporate Director of Children, Families and Wellbeing.	To Follow

7. **WINTER PLANNING AND RESILIENCE** To Follow
- To receive a report from the Chief Operating Officer of the NHS Trafford Clinical Commissioning Group.
8. **TRAFFORD COUNCIL PUBLIC HEALTH AND NHS TRAFFORD CCG WORK PLAN** 9 - 58
- To receive a report from the Director of Public Health for NHS Trafford.
9. **TRAFFORD SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT PRESENTATION** 59 - 74
- To receive a report from the Chair of the Trafford Safeguarding Children Board.
10. **HEALTHIER TOGETHER CONSULTATION UPDATE** Verbal Report
- To receive an update from the Associate Director of Commissioning and the Associate Director of Corporate Services and Organisational Development of the NHS Trafford Clinical Commissioning Group.
11. **CCG UPDATE** Verbal Report
- To receive an update report from the Chairman.
12. **HEALTHWATCH UPDATE** 75 - 82
- To receive an update from the Chair of HealthWatch Trafford.
13. **TRAFFORD PARTNERSHIP UPDATE** To Follow
- To receive an update from the Partnership Officer.
14. **KEY MESSAGES**
- To consider the key messages from the meeting.

**15. URGENT BUSINESS (IF ANY)**

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

**16. EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

**THERESA GRANT**

Chief Executive

Membership of the Committee

Dr. N. Guest (Chairman), Cllr M. Young (Vice-Chairman), D. Banks, Cllr J. Bennett, D. Brownlee, Cllr M. Cornes, A. Day, B. Humphrey, G. Lawrence, Supt Liggett, M. McCourt, A. Razzaq, A. Vegh, S. Webster and C. Yarwood

Further Information

For help, advice and information about this meeting please contact:

Rhys Hughes

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This agenda was issued on **Thursday 4<sup>th</sup> September 2014** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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## HEALTH AND WELLBEING BOARD

Tuesday 1<sup>st</sup> July 2014

### PRESENT:

D. Brownlee (Corporate Director Children, Families & Wellbeing),  
M. Cornes (Executive Member for Children's Services),  
A. Day (Chair, Healthwatch Trafford),  
Dr. N. Guest (Chief Clinical Officer, NHS Trafford CCG),  
B. Humphrey (Chief Executive, Greater Manchester West Mental Health Foundation NHS Trust),  
G. Lawrence (Chief Operating Officer, NHS Trafford CCG),  
M. McCourt (Chief Executive Pennine Care NHS Foundation Trust),  
A. Razzaq (Director of Public Health),  
S. Webster (Bluesci),  
C. Yarwood (Director of Finance, NHS England),  
Councillor M. Young (Executive Member, Adult Social Services and Community Wellbeing).

### Also present:

J. Baker-Longshaw (Joint Service Director, Pennine Care),  
D. Eaton (Joint Director for Adults – Social Care),  
Councillor J. Harding (on behalf of Councillor J. Bennett),  
L. Harper (Deputy Corporate Director Children, Families and Wellbeing),  
P. Hulme (Associate Director, Corporate Services & Organisational Development, Trafford CCG),  
T. Zatman (Programme Manager ASC Commissioning & Service Development).

### In attendance:

R. Sheikh (Partnerships Officer),  
R. M. Worsley (Democratic Services Officer).

## APOLOGIES

Apologies for absence were received from Darren Banks (Director of Strategic Development, Central Manchester Foundation Trust NHS), Councillor J. Bennett, Superintendent J. Liggett (Greater Manchester Police) and Dr. A. Vegh (Chief Executive, University Hospital South Manchester NHS Trust)

### 69. MINUTES

RESOLVED: That the minutes of the Health and Wellbeing Board held on Tuesday 1<sup>st</sup> April 2014 be approved as a correct record.

### 70. MEMBERSHIP

RESOLVED: That the Membership of the Health and Wellbeing Board, including Chairman and Vice-Chairman for the Municipal Year 2014/15 be noted.

### 71. DECLARATIONS OF INTEREST

No interests were declared.

**72. ACTION LOG**

Board Members received a brief summary from the Chairman on the progress on the Action Log following the Board's meeting held on the 1<sup>st</sup> April 2014.

RESOLVED: That the content of the Action Log be noted.

**73. BETTER CARE FUND UPDATE**

Board Members received a report of the Deputy Director Children, Families and Wellbeing and the Associate Director of Commissioning, Trafford Clinical Commissioning Group, explaining the rationale behind the Better Care Fund and the intention to provide a single pooled budget to support health and social care services to work more closely together at a local level. Further information was provided concerning the development of an Early Intervention and Wellbeing Hub, the review of services for frail and older people, the re-design of End of Life Care and draft Governance Arrangements for the implementation of the Better Care Fund Plan.

RESOLVED:-

- (1) That the progress report be noted.
- (2) That, subject to the strengthening of the wording as now advised, the proposed governance arrangements in relation to the Better Care Fund be agreed.

**74. THE CARE ACT PROGRAMME**

Board Members received a report of the Programme Manager, Adult Social Care Commissioning and Service Development on the progress of the Care Act Programme. The report highlighted what the Care Act represented and the key themes included which would underpin any proposed changes. The report also outlined Trafford Council's current position and plans for the future to ensure the requirements of the Care Act were addressed.

Board Members were given an opportunity to ask questions and the Chairman of Healthwatch Trafford enquired about the 'thought chamber sessions' to be organised by Thrive Trafford.

RESOLVED: That the contents of the report and queries raised be noted.

**75. HEALTHWATCH TRAFFORD UPDATE**

The Chairman of Healthwatch Trafford submitted a report that outlined the recent activity of Healthwatch Trafford since the last meeting of the Board held in April 2014.

RESOLVED: That the update be noted.

**76. HEALTH AND WELLBEING STRATEGY ACTION PLAN**

The Deputy Corporate Director Children, Families and Wellbeing submitted a report, with 'highlight reports' included as appendices, updating the Board's Members on the progress made in relation to the Health and Wellbeing Strategy Action Plan.

RESOLVED:-

- (1) That the progress of the Health and Wellbeing Strategy Action Plan be noted.
- (2) That Board Members receive an update on the overarching Action Plan at the next Health and Wellbeing Board meeting.
- (3) That it be agreed that exception reports only would be received at any future meetings.
- (4) That one detailed report on a priority theme be received at each meeting, to enable a challenge session to take place between partner organisations.

**77. INTEGRATION OF COMMUNITY HEALTH AND SOCIAL CARE**

The Board received a presentation from the Joint Service Director Pennine Care NHS Foundation Trust and the Joint Director for Adults – Social Care on the subject of Trafford Integrated Health Social Care Services. The presentation identified the new vision of how to provide Health and Social Care Services to the population of Trafford by 2016 and how this could be achieved using the Service Delivery Model.

Board Members were given an opportunity to ask questions and discussions followed concerning patient profiles, possible outcomes following the consultation process, aligning mental health with integrated services and how the various partnerships could work successfully together.

RESOLVED: That the presentation be noted.

**78. HEALTHIER TOGETHER AND NHS SOUTH SECTOR LOCAL RECONFIGURATION**

The Board received an oral update from the Chief Operating Officer and Director of Commissioning, NHS Trafford Clinical Commissioning Group on the progress to date of Healthier Together. This was followed by a presentation on the NHS South Sector providing background information and setting out the objectives, which included a review of potential options of the southern sector, with a review of services within and how this could be aligned with Healthier Together.

Board Members had an opportunity to ask questions and discussions followed regarding the NHS South Sector Local Reconfiguration and the financial implications, consultation period and general timescales.

RESOLVED:-

- (1) That the Healthier Together oral update be noted.

- (2) That the NHS South Sector presentation be noted.
- (3) That the Chief Operating Officer be requested to provide further information regarding the NHS South Sector at the Board's next meeting.

**79. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE AND FIVE YEAR STRATEGIC PLAN**

The Board received a report of the Chief Clinical Officer, NHS Trafford CCG providing an update on the work of the NHS Trafford Clinical Commissioning Group and a presentation from the Associate Director for Corporate Services and Organisational Development, Trafford CCG outlining the five year strategic plan.

RESOLVED:-

- (1) That the report be noted.
- (2) That the presentation be noted.

**80. CLINICAL COMMISSIONING GROUP ESTATE STRATEGY**

RESOLVED: That this item be deferred to the next available meeting of the Health and Wellbeing Board

**81. TRAFFORD PARTNERSHIP UPDATE**

The Partnership Officer updated the Health and Wellbeing Board on the current activity of the Trafford Partnership.

RESOLVED: That the update be noted.

The meeting commenced at 6.30 p.m. and finished at 9.10 p.m.



## TRAFFORD COUNCIL

**Report to:** Health & Well Being Board  
**Date:** 15<sup>th</sup> September 2014  
**Report for:** Information  
**Report of:** Dr Nigel Guest, Chair of Health and Wellbeing Board

### Report Title

Health and Wellbeing Board Action Log 1<sup>st</sup> July 2014

### Purpose

The Action Log provides an update on the actions from the last Health and Wellbeing Board meeting on 1<sup>st</sup> July 2014

### Recommendations

That the Health and Well Being notes progress against the actions/

Contact person for access to background papers and further information:

Name: Robina Sheikh Partnerships Officer x1361

		Title	Relevance to the Board (please select):	What action is required from the Board	Presentation or Paper	Preparing the paper / presentation	Presenting the paper / presentation	Time required	Outcomes / Actions from Meeting
			1. JSNA 2. JHWS 3. Integration and Partnership 4. Governance, Accountability and Assurance	<ul style="list-style-type: none"> <li>• Endorsement</li> <li>• Decision</li> <li>• Approval / assurance</li> <li>• Discussion</li> <li>• Information</li> </ul>					
1 <sup>st</sup> July Page 6	1	Action Log		Information	Paper	Robina Sheikh	Nigel Guest	5 mins	Accepted
	2	Better Care Fund (BCF)	3	Decision	Paper	Linda Harper/Julie Crossley	Linda Harper/Julie Crossley	15 mins	Focus of 3 areas and the Board agreed the proposed Governance arrangements subject to being strengthened and coming back September 2014 with update.
	3	The Care Act 2014	4	Information	Paper	Tamara Zatman	Tamara Zatman	10 mins	The Board noted the progress and will be kept updated on developments
	4	Healthwatch update	4	Information	Paper	Ann Day	Ann Day	10 mins	Board noted the update
	5	Health and Wellbeing Strategy Action Plan	2	Information & Approval	Paper	Linda Harper	Linda Harper	5 mins	The Board note the progress The Board to receive exception reports only at future meetings The Board to receive one detailed report on a priority theme at each Board

Page 7									meeting <b>The Board to receive an update on the overarching Action Plan in September 2014</b>
	6	Integration of Community Health and Social Care	3	Information	Presentation	Carol Baker-Longshaw Diane Eaton	Carol Baker-Longshaw Diane Eaton	15 mins	Updated on the progress made
	7a	Healthier Together	3	Information	Presentation	Gina Lawrence	Gina Lawrence	10 mins	Update was noted by the Board
	7b	NHS South Sector Local Reconfiguration	3	Approval	Presentation	Gina Lawrence	Gina Lawrence	10 mins	Discussion on the impact of this reconfiguration and the impact on Healthier Together <b>Extraordinary meeting to take place</b>
	8a	Trafford CCG update	3/4	Information	Paper	Gina Lawrence	Gina Lawrence	10 mins	Updated Board
	8b	5 Year Strategic Plan	3/4	Information	Presentation or Paper	Gina Lawrence	Gina Lawrence	10 mins	On going
	9	CCG Estate Strategy	3	Information	Presentation	Gina Lawrence	Gina Lawrence	10 mins	<b>Deferred to September 2014</b>
	10	Trafford Partnership update	3/4	Information	Paper	Robina Sheikh	Robina Sheikh	5 mins	Board noted the update

**HW Board meeting dates 2014/15** (agenda send out in brackets)

- Tuesday 4th November (27<sup>th</sup> October)
- Tuesday 6th January (22<sup>nd</sup> December)
- Tuesday 3rd March (23<sup>rd</sup> February)

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## TRAFFORD COUNCIL

**Report to:** Health and Well Being Board  
**Date:** 15<sup>th</sup> September 2014  
**Report for:** Decision and Endorsement  
**Report of:** Abdul Razzaq – Director of Public Health

### Report Title

Trafford Council Public Health and NHS Trafford CCG Work Plan: 2014/15

### Purpose

The purpose of the Trafford Council Public Health and NHS Trafford CCG work plan 2014/15 is to highlight a joint programme of activity and synergies between the Local Authority and the CCG on meeting the strategic high level priorities for improving the health and population of Trafford. In addition the document provides a framework for the CCG to meet its internal audit and external NHS England assurance requirements on Public Health.

The aim of this document is to set the direction of Public Health in Trafford for the next five years, with particular focus on the actions and outcomes to be delivered in 2014/15.

This joint work is underpinned by a mandated Local Authority Public Health core offer on the provision of population healthcare advice to the CCG and a detail of work programmes.

### **Discussion history prior to the Health and Well Being Board**

Trafford Council Children, Families and Well Being SLT - 14<sup>th</sup> August 2014.  
NHS Trafford CCG Management Team – 19<sup>th</sup> August 2014.  
NHS Trafford CCG Governing Body – 26<sup>th</sup> August 2014. Approved by CCG Governing Body.

### Recommendations

The Health and Well Being Board is asked to endorse the Trafford Council Public Health and NHS Trafford CCG work plan 2014/15.

### Contact person for access to background papers and further information:

Name: Abdul Razzaq – Director of Public Health

Tel: 0161 912 1319

# **TRAFFORD COUNCIL PUBLIC HEALTH & NHS TRAFFORD CCG WORK PLAN 2014/15**

## **1.0 INTRODUCTION AND BACKGROUND**

- 1.1 The purpose of the Trafford Council Public Health and NHS Trafford CCG work plan 2014/15 is to highlight a joint programme of activity and synergies between the Local Authority and the CCG on meeting the strategic high level priorities for improving the health and population of Trafford. In addition the document provides a framework for the CCG to meet its internal audit and external NHS England assurance requirements on Public Health.

The aim of this document is to set the direction of Public Health in Trafford for the next five years, with particular focus on the actions and outcomes to be delivered in 2014/15.

## **2.0 LOCAL AUTHORITY CCG CORE OFFER – POPULATION HEALTHCARE ADVICE**

- 2.1 This joint work plan is underpinned by a mandated Local Authority Public Health core offer on the provision of population healthcare advice to the CCG and a number of work programmes.
- 2.2 The public health core offer to NHS Trafford CCG is intended to ensure that the CCG receives appropriate access to, and benefits from, local public health leadership, advice and specialist skills.

This supports the delivery of Trafford Council's and the CCG's shared public health corporate and strategic objectives.

These include areas such as public health intelligence, epidemiology, surveillance, needs assessment, skills to tackle health inequalities, effectiveness and efficiency assessments, evidence review, health protection, patient and public engagement and commissioning health improvement across clinical and other pathways.

This core offer is provided by input from the Director of Public Health and a named Consultant in Public Health.

## **3.0 MANAGEMENT OF COMMISSIONING INTER-DEPENDENCIES**

- 3.1 The core offer between Public Health and the CCG stipulates that in respect of the commissioning of the following services each party will consult with the other before making any changes to commissioning:

- Community Health services;
- Sexual health services;
- NHS Health Checks, secondary and tertiary prevention services for CVD;

- Drug and alcohol services;
- Obesity prevention and treatment;
- Cancer services, prevention and screening programmes.

Trafford Council Children, Families and Well Being Directorate has a commissioning structure and staff that support commissioning discussions covering Public Health, Adult Social Care and Children's and Young People services. There are regular discussions and meetings held between Trafford Council and CCG commissioning staff. There is also a detailed Directorate Improvement Plan for Public Health at Trafford Council.

The CCG has embedded the Public Health commissioning aspects of the work plan within its core programme and governance structures including the Board Assurance Framework (BAF), audit and risk.

#### **4.0 GOVERNANCE**

- 4.1 The Public Health programmes and activity is overseen by the Trafford Council Public Health Delivery Group which is chaired by the Director of Public Health that meets monthly. The Delivery Group monitors progress against the Public Health priorities outlined in this work plan together with the Adult Social Care and Children and Young People Delivery Groups.

**Annexe 1** illustrates a simplified version of the existing Public Health governance structures and the inter-dependencies between Trafford Council, CCG, Public Health England, NHS England and Commissioning Support Unit (CSU).

It is envisaged that this work plan will be overseen by the Public Health Delivery Group with exception reports to the CCG Governing Body.

#### **5.0 HEALTH PROTECTION ARRANGEMENTS**

- 5.1 The Health and Social Care Act (2012) made changes to the arrangements for health protection and for health emergency preparedness, resilience and response (EPRR).

Currently the existing local arrangements for emergency preparedness, resilience and response (EPRR) include:

- Trafford Council Resilience Forum – chaired by Emergency planning lead ;
- NHS Trafford CCG HERG (health resilience group) – chaired by the CCG Accountable Emergency Officer;
- Trafford Health Protection Forum – chaired by the Director of Public Health and meets bi-monthly. The Health Protection Forum has an oversight and assurance role with regard to infection control and healthcare associated

infections, screening programmes, immunisation and emergency planning, resilience and response.

The core offer ensures that Public Health team:

- works with the CCG to provide information and advice to promote the preparation of appropriate local health protection arrangements.
- draw upon the resource and expertise of PHE to advise the CCG of local health hazards and risks.

The core offer ensures that the CCG will:

- Participate in the Borough Trafford Council Resilience Forum.
- Participate in the Health Protection Forum which reports to the Trafford Health & Wellbeing Board.
- Appoint an Accountable Emergency Officer at Board level.
- Plan, prevent and prepare for health emergencies including training and testing.

## **6.0 PUBLIC HEALTH COMMUNICATIONS AND CAMPAIGNS**

- 6.1 A Public Health communications and campaigns plan has been developed with the involvement of Trafford Council and NHS Trafford CCG communications staff.

## **7.0 REVIEW AND REFRESH OF THE WORK PLAN**

- 7.1 The Trafford Council Public Health and NHS Trafford CCG work plan will be reviewed and refreshed in April 2015 and in line with the iterative CCG 5 year strategy and NHS England timeframes going forward.

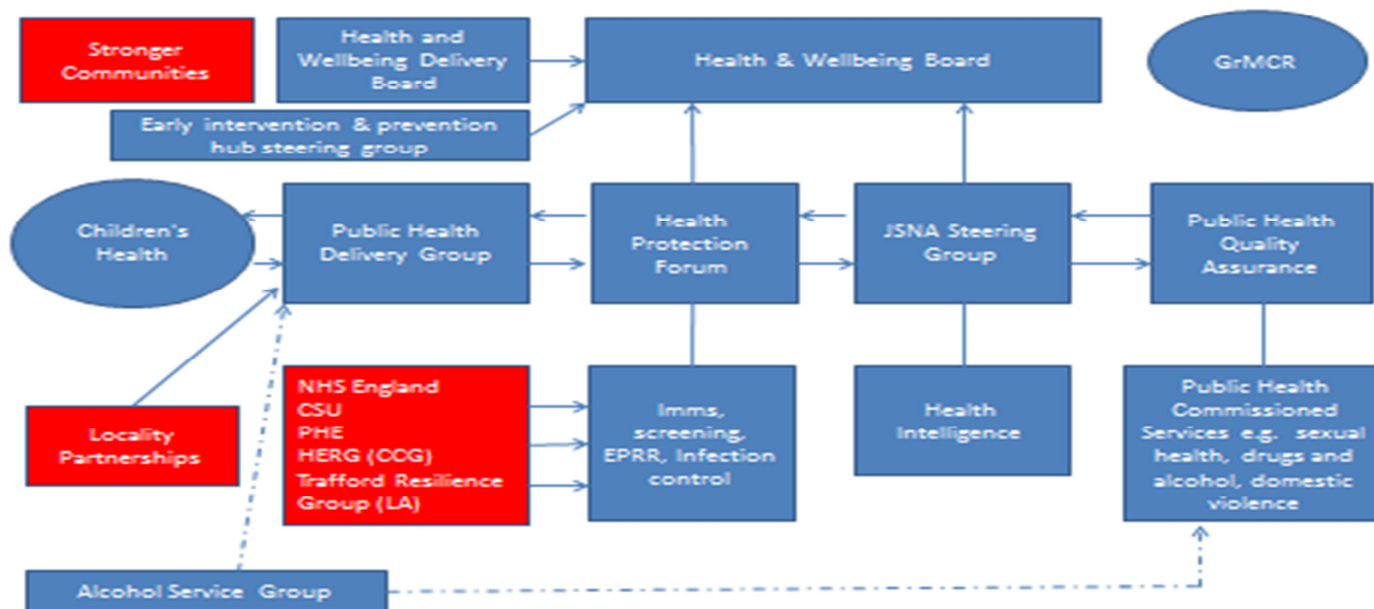
## **8.0 RECOMMENDATION**

- 8.1 The Health and Well Being Board is asked to endorse the Trafford Council Public Health and NHS Trafford CCG work plan 2014/15.



ANNEXE 1: PUBLIC HEALTH GOVERNANCE STRUCTURE

Public Health Governance Structure



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**TRAFFORD  
COUNCIL**

**NHS**

*Trafford*

*Clinical Commissioning Group*

# **TRAFFORD COUNCIL PUBLIC HEALTH AND NHS TRAFFORD CCG WORK PLAN: 2014/15**

**August 2014**

# Trafford Council Public Health & NHS Trafford CCG Work Plan: 2014-15

## Introduction

### The role of Public Health

Public Health is concerned with proactively improving the health and wellbeing of the whole population of Trafford rather than responding to individual clinical need. In order to deliver the greatest health gain for the population within the finite resources available, Public Health examines all possible interventions based on:

- Health need
- Equity
- Cost-effectiveness, and
- Evidence-base

Whilst much Public Health work does focus on prevention of ill health, Public Health is also concerned with improving outcomes and quality of life for the whole population, including those with acute and chronic conditions. For example, in tackling obesity Public Health is involved in; identifying the causes of childhood and adult obesity, assessing the evidence for and commissioning preventive and treatment interventions, and mapping the impact of changes in obesity levels on the future health of our population, for example the prevalence of diabetes.

The latest health profile for Trafford<sup>1</sup> shows that although the health of people in Trafford is generally better than the England average stark inequalities in health remain with life expectancy 10.1 years lower for men and 6.3 years lower for women in the most deprived areas of Trafford than in the least deprived areas.

### Purpose of the Public Health and NHS Trafford CCG Work Plan: 2014/15

The purpose of the Public Health and NHS Trafford CCG work plan 2014/15 is to highlight a joint programme of activity and synergies between the Local Authority and the CCG on meeting the strategic high level priorities for improving the health and population of Trafford. In addition the document provides a framework for the CCG to meet its internal audit and external NHS England assurance requirements on Public Health.

The aim of this document is to set the direction of Public Health in Trafford for the next five years, with particular focus on the actions and outcomes to be delivered in 2014/15.

This work is underpinned by a mandated Local Authority Public Health core offer on the provision of population healthcare advice to the CCG and a detail of work programmes.

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<sup>1</sup> APHO <http://www.apho.org.uk/resource/item.aspx?RID=142113>

## **Domains of Public Health**

The Trafford Public Health and CCG Work Plan 2014/15 has been divided into four areas of work to reflect the domains of Public Health. These are described below:

### **1. *Health Improvement***

This includes working with communities to prevent ill health and promote wellbeing by facilitating healthy lifestyles and increasing access to health promoting activities and information. We work with statutory and voluntary partners to increase health literacy and understanding in the general public. We commission and manage services that help people to improve their health such as; weight management, smoking cessation, drug and alcohol services, physical activity and mental wellbeing.

### **2. *Health Protection***

This includes ensuring that the public is protected from harm from communicable diseases, radiation and chemical exposure by responding to incidents and outbreaks swiftly and appropriately. We commission and manage open-access sexual health services and promote safe sexual health practice. We promote the uptake of cancer and non-cancer screening programmes targeted at the appropriate population group, and the uptake of the childhood and seasonal flu immunisation programmes.

### **3. *Health Care Quality***

As well as monitoring the quality and outcomes of the services we directly commission, public health has a role in promoting quality in health care delivery by ensuring that all services address appropriate health needs, are based on sound evidence of effectiveness and cost-effectiveness, and are delivered equitably.

### **4. *Health Inequalities***

The aim to reduce health inequalities runs through all the work of the Public Health team and is given specific focus because it is so important and a priority for Trafford. In developing the Joint Strategic Needs Assessment together and using it to identify gaps in provision and to inform commissioning we are able to ensure that we address the health needs of our deprived and vulnerable groups, and commission services according to need. The health improvement interventions mentioned above are targeted at our identified areas of greatest health need, and we have specific programmes of activity focussed on improving health outcomes for target groups such as men's health. This work provides return on investment for both the CCG and the council through preventing premature mortality and social care dependency.

The equity and quality of screening programmes across our primary care practices plays a significant role in reducing inequalities and improving survival. In Trafford, Public Health is working across the CCG, Council and wider partnership to improve screening uptake

across the population and between practices. For example cervical, breast and bowel screening:

- *Cervical Screening*

Improving Cervical screening uptake is a priority for the CCG in 2014/2015. An integrated improvement plan has been developed to support this and acknowledges the role of primary care and community engagement in increasing the numbers of women being screened. Public Health England and the NHS Local Area Team are involved in the implementation of this plan. Public Health will work with the CCG and primary care to ensure all initiatives linked to this plan are sustainable and become business as usual over the next five years.

- *Breast Screening*

The Public Health team will work alongside Public Health England to improve uptake of breast screening

- *Bowel Screening*

Although Trafford CCG has a high uptake of bowel screening compared to National uptake, the inequalities between practices are a concern. A pilot reviewing the impact of personalised GP letters on completion rates of bowel screening uptake was tested across six practices during early 2014. Learning from the pilot will be implemented across primary care. Public Health is committed to working with the CCG and practices to support the implementation of evidence based interventions to increase the uptake of bowel screening.

## **Mandatory Public Health services**

Trafford Council has, since 1 April 2013, a legal duty to improve the health of the local population and for Public Health services. This includes the delivery of statutory Public Health services:

- Sexual health services – ensure open, free at point of access and universal services;
- Health protection – including immunisation, screening and emergency planning;
- Working with the local Clinical Commissioning Group (CCG) to provide support for planning and delivering healthcare services that are effective and cost-effective;
- National Child Measurement Programme (NCMP) – ensure that the national programme is effectively implemented locally on an annual basis;
- NHS Health Checks – ensure that local residents are invited to have a health check with their GP or pharmacy and encourage uptake.

Plus the Local Authority is responsible for commissioning services in:

- Tobacco control and smoking cessation services.
- Alcohol and drug misuse services.

- Public Health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all Public Health services for children and young people).
- Interventions to tackle obesity such as community lifestyle and weight management services.
- Locally-led nutrition initiatives.
- Increasing levels of physical activity in the local population.
- Public mental health services.
- Dental Public Health services.
- Accidental injury prevention.
- Population level interventions to reduce and prevent birth defects.
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health.
- Supporting, reviewing and challenging delivery of key Public Health funded and NHS delivered services such as immunisation and screening programmes.
- Local initiatives to reduce excess deaths as a result of seasonal mortality.
- The local authority role in dealing with health protection incidents, outbreaks and emergencies.
- Public Health aspects of promotion of community safety, violence prevention and response.
- Public Health aspects of local initiatives to tackle social exclusion.
- Local initiatives that reduce Public Health impacts of environmental risks.

The responsibility for children's public health commissioning for 0-5 year olds will transfer from NHS England to local authorities on 1 October 2015. This will mark the final part of the public health transfer.

The Public Health Outcomes Framework (PHOF) sets out the key indicators the Department of Health expects local authorities to work towards.

There is a synergistic relationship between the Local Authority, CCG, NHS England and Public Health England in the new health and social care structure.

## **Working Together to Improve Health and Well Being in Trafford**

Ultimately the cost savings from reduced use of secondary and social care will not be realised unless we agree and support a robust integrated Public Health agenda. Trafford Council and NHS Trafford CCG will collaborate to deliver this Public Health plan. The priorities for the Public Health team in realising this during 2014/15 are to:

- Work effectively in partnership across the local authority and NHS;
- Reduce health inequalities in access and outcomes and;
- Ensure all health commissioning decisions are based on robust evidence of the impact on population health.

## ***Locality Partnerships and CCG Localities for Primary Care***

Trafford Council and Trafford CCG have adopted a locality partnership and locality footprint model for primary care that is synergistic. Trafford CCG Clinical Directors are represented on the Trafford Council Locality Partnership Boards.

Trafford Council has established Locality Partnerships, made up of Councillors, other public sector partners including the police, health and council services, and Community Ambassadors. There are four Locality Partnerships which are co-terminus with the CCG neighbourhoods and cover the following areas/wards:

- Old Trafford & Stretford (Gorse Hill, Longford, Stretford, Clifford);
- South Trafford (Altrincham, Bowdon, Broadheath, Hale Barns, Hale Central, Timperley, Village);
- Urmston & Partington (Bucklow St Martins (Partington), Davyhulme East, Davyhulme West, Flixton, Urmston);
- Sale (Bucklow St Martins (Sale), Ashton upon Mersey, Brooklands, Priory, Sale Moor, St Marys).

Their purpose is to:

- Increase resident and community involvement in local democracy and decision making, increasing service responsiveness and accountability;
- Increase involvement in local priority setting;
- Increase volunteering, increasing social cohesion, community capacity and resilience;
- Enable improved engagement with residents and communities.

They will do this by:

- Enabling the community to contribute to the solution to key challenges, ensuring improvements are more sustainable and more effective, whilst influencing public sector services to redeploy resources more effectively;
- Brokering engagement between strategic partner organisations and local residents and communities, utilising more effective methods of engagement.

Each partnership has set out its own vision and priorities listed below:

### **Old Trafford and Stretford**

- Child obesity and healthy eating.
- Education attainment and youth employment.



## **South Trafford**

- Feeling of isolation and loneliness in older people.

## **Urmston and Partington**

- Tackling obesity in children and families.
- Employment and skills.

## **Sale**

- Maximising the economic and health benefits of Sale Town.
- Establishing Sale town centre as being dementia friendly.

## **Trafford Strategies that Contribute towards Public Health Outcomes**

There are several strategies which Public Health contributes to, the public health elements of some of the main ones are detailed below:

### ***NHS Trafford CCG 5 year Strategy***

The Public Health section of the CCG 5 year Strategy details the strategic actions we have committed to across all four domains of Public Health including key actions to deliver the following:

- Reducing liver disease through reducing alcohol consumption;
- Reducing smoking prevalence;
- Reducing obesity;
- Picking up cardiovascular disease risk factors earlier;
- Screening for cancer and early detection of cancer;
- Reducing premature mortality in people with a learning disability;
- Maternal and neonatal interventions.

### ***Health and Wellbeing Strategy***

Together we have a duty to deliver the joint Health and Wellbeing Strategy priorities:

1. Reduce childhood obesity.
2. Improve the emotional health and wellbeing of children and young people.
3. Reduce alcohol and substance misuse and alcohol related harm.
4. Support people with long term health and disability needs to live healthier lives
5. Increase physical activity.
6. Reduce the number of early deaths from cardiovascular disease and cancer.
7. Support people with enduring mental health needs, including dementia to live healthier lives.

8. Reduce the occurrence of common mental health problems amongst adults.

### **Trafford Patient Care Co-ordination Centre (PCCC)**

The Trafford Patient Care Co-ordination Centre (PCCC) is an innovative and ground breaking development and will be responsible for the delivery of seamless, coordinated, quality care, and which ensures that a high quality solution to the coordination of care is developed. A high level vision of the deliverables for the PCCC have been developed, this is detailed below:

#### **Principles**

- Health and Social Care Proactive System;
- Patients always get the right care at the right time, in the right way through a journey which is seamless and smooth;
- A focus on complexity and vulnerability.

#### **Infrastructure**

- Single point of access;
- Single 'live' directory;
- Supported by IT infrastructure;
- Access to all records i.e. enabling patient/client care plans feeding into proactive planning;
- Alignment to NHS 111 and out of hours;
- The PCCC will have a robust interface and awareness of Trafford Council's Adult Social Care access and support model.

#### **Benefits**

- Proactive and coordinated care seamlessly around the patient;
- Delivery of the right care at the right time in the right place;
- The level of care will be delivered from the appropriate care setting;
- Provide the best possible patient experience;
- Greater focus on local issues i.e. health appointments and transport in Partington;
- Report on the performance of care across the system;
- Proactive Care Planning to meet health and social care needs;
- Improved health outcomes, wellbeing and quality of life.

Due to the nature of the software systems being developed which also includes the deployment of risk stratification tools in primary care, the CCG will for the first time be able to see patients within the span of health and social care system which will support future developments and commissioning of patient focused health and social care.

## ***NHS Trafford CCG's Integrated Primary Care Development and Improvement Strategy 2014-2018***

The Public Health team will support a reduction in health inequalities by maintaining and improving primary care quality through an integrated approach with Trafford CCG, Trafford Council, Locality Partnerships, Public Health England and Trafford's primary care practices.

This integrated approach will support primary care to:

- promote individual lifestyle changes by offering a choice of wellbeing services (e.g. NHS Health Checks, sexual health services, drugs and alcohol advice);
- engage with and encourage communities which are less likely to access services;
- ensure patients are engaged and make an informed decision about participation in national screening programmes, and ensure inequalities are addressed;
- promote wellbeing by treating patients holistically in terms of mental and physical illness;
- promote effective self-management for people with long-term conditions; and
- improve the management of comorbidities by tackling the causes of premature mortality<sup>i</sup>.

Public Health will support primary care to place their patients at the centre of a holistic care approach through the implementation of the Health and Wellbeing Hub. Public Health is working collaboratively with partners on the development and implementation of the Hub, which focusses on reducing the impact of the wider determinants of health such as housing, environment and lifestyle on the health and wellbeing of patients.

Public Health will provide evidence based solutions to identify inequality issues, and support practices to respond to the impact that social and cultural factors have on health status and uptake of Public Health initiatives.

Public Health will work with the CCG to improve the mental health resilience of Trafford's population. Primary care will be encouraged to recognise the early symptoms of mental ill-health and signpost patients appropriately. The mental health of children and young people's is an important determinant for future health and wellbeing.

Public Health will work with the Primary Care Interface Team to support practices to improve the quality of their disease registers and reduce the gap between modelled expected numbers and actual numbers. Ensuring patients with conditions such as diabetes and high blood pressure are identified and appropriately managed will prevent early disability and death and will reduce health inequalities.

Public Health will work with the CCG to improve uptake of screening initiatives. Cancer screening programmes identify changes early, early diagnosis often means treatment is more successful compared to those patients who present with symptomatic disease. The NHS Health Check screens patients aged 45-74 years for risk factors of cardio-vascular disease (CVD). Identifying people with risk factors and managing their care, reduces the risk of disability and death. Improving screening uptake across all our practices and reducing the gap in uptake between the poorest performing ones and the national uptake figures will have significant impact on the health of Trafford.

### ***Trafford Children and Young People's Strategy 2014-17<sup>ii</sup>***

Trafford's Children and Young people are our most valuable asset. Protecting and promoting their health and wellbeing will support them to grow into healthy and successful adults. Trafford's Children and Young People's Partnership encourages an environment that promotes a safe and healthy childhood, supports a good educational experience and protects against accidents and disease.

To improve the outcomes for our children and young people this strategy is underpinned by the Marmot review, Fair Society Healthy Lives<sup>iii</sup>. Its three strategic aims, A Positive Start, Here and Now and A Bright Future reflect the Marmot principles, which are:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.

By taking better care of children's and young people's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions.

Key themes for the preschool and school aged children to improve their health and wellbeing are:

- Nutrition, active play, physical activity and obesity prevention;
- Immunisation;
- Personal, social and emotional development;
- Keeping children safe.

The impact of the family environment on the health and wellbeing of children can be considerable<sup>iv</sup>. The transition from childhood to adulthood is a complex time with many challenges. Teenagers and young people can be the biggest risk takers e.g. misusing drugs and alcohol, and engaging in risky sexual behaviours. The teenage years are also a crucial time for health and wellbeing in later life. Half of lifetime mental illness starts by the age of 14. More than 8 out of 10 adults who have ever smoked regularly started smoking before the age of 19. One study has found that 8 in 10 teenagers who were obese went on to be obese adults<sup>v</sup>. Alcohol is a rising problem for young people and accidents due to alcohol, including drink driving, are a leading cause of death among 16-24 year olds<sup>vi</sup>.

Trafford's population is increasing. By 2030, the number of children and young people aged 0-17 years living in our borough is estimated to increase by 7,000 from 48,500 in 2011 to 55,400<sup>vii</sup>.

One of the greatest challenges for Trafford is the impact of health and social inequalities which can be masked by generally positive outcomes for children and young people in Trafford. 15% of Trafford's children live in poverty<sup>viii</sup>. Social inequalities have been shown to have a considerable impact on the life chances and outcomes of children and young people<sup>ix</sup>. 26.3% of Trafford's school children are from a minority ethnic group<sup>x</sup>. The communities with the highest proportion of people from black and minority ethnic (BME) groups are often those affected by deprivation. Addressing lifestyle factors, including smoking, obesity and alcohol is central to preventing early deaths and reducing health inequalities. For example, overweight and obese children are more likely to become obese adults, and have a higher risk of ill health, disability and premature death in adulthood. In Trafford, 21.4% of 4-5 year olds and 33% of 10-11 year olds are overweight or obese.

Mental health difficulties are increasing in children and young people, national evidence estimates 1 in 10 under 16s have a diagnosable mental health disorder. A child who experiences a physical illness is 2-5 times more likely to develop an emotional disorder and early onset mental disorders are more likely to persist in adult life<sup>xi</sup>.

Oral health, like general health, is linked with levels of material deprivation. In 2012, 28% of our 5 year olds had decayed teeth; this is marginally higher than the England percentage<sup>xii</sup>. Wide variation in hospital admission rates for dental caries between wards reflect levels of deprivation<sup>xiii</sup>.

Good sexual health is intrinsic to health and wellbeing. Preventing unplanned teenage pregnancies and sexually transmitted infections (STIs) is essential for reducing social inequalities. Although Trafford has lower rates of teenage pregnancy compared to regional or national rates<sup>xiv</sup>, it is important to recognise that it is young women and men in areas of economic deprivation who are more likely to become a teenage parent. Chlamydia, which is most prevalent in the 16-25 year olds, is a problematic sexually transmitted infection as there are often no symptoms but it can lead to infertility in later life, therefore active

engagement with young people in addition to the universal screening programme is essential. As part of the National Chlamydia Screening Programme (NCSP) we need to test and treat more young people to protect their future reproductive health.

Supporting children and young people to become healthy and successful adults requires collaborative energy from all partners and a purposeful focus on meaningful and effective interventions.

## **Trafford Public Health and NHS Trafford CCG Work Plan: 2014/15**

Details on the actions will take this year to address all the priorities and mandatory functions identified in this introduction are listed in **Appendix 1**. The Public Health budget schedule shows how the Public Health Grant is distributed across these area is shown in **Appendix 2**.

## Appendix 1- Trafford Public Health and CCG Work Plan: 2014-15

Key: NHS Trafford CCG Objectives

No.	Strategic Objective	System Objective
1	Consistently achieve local and national quality standards.	To reduce unplanned hospitalisation by 15% by 2019.
2	Deliver an increasing proportion of services from primary care and community services in an integrated way.	To reduce planned hospitalisation by 10% by 2019.
3	Reduce the gap in health outcomes between the most and least deprived communities in Trafford.	To improve patient experience by achieving a single point of access.
4	Ensure a financially sustainable health economy.	Demonstrate that all integrated care services are fully utilised and achieving targeted outcomes and improvements.
5		To ensure that the work of Public Health and Social Care are informed by and contribute to, the CCG's strategic objectives.
6		To continually review commissioned services to ensure they deliver value for money.

### 1. Health Improvement

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
1a.	<b>Early Years:</b> Early Years	In development with public health input	Agree the processes and services to be implemented for 15/16 roll out for 0-5 years  Continue to lead the Trafford	School readiness of 4-5 year olds	1. AGMA have developed clear quality standards for the new model 2. The new model is an integrated model of delivery 3. Reducing inequalities is a key aim	4, 5, 6	1.02 School Readiness	Integrated 2 – 2.5yr check – to be developed

\* See key above for description

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
			project team.  Evaluate the progress of the early adoption pilot area of the AGMA 8 stage model.		through implementing universal assessments and targeted support 4. Prevention and early intervention at this age aims to reduce high cost needs later in life			
1b.	<b>Early Years:</b> Health Visiting (HV) Commissioning	Effectively transfer HV commissioning to TMBC with public health input.	Work with NHS England to ensure the smooth transition and appropriate specification, and targets	NHS England and Local Authority to agree.	1. HVs area service with clear national quality standards including workforce numbers 2. HVs deliver a service as part of CYPS integrated service delivery	4. 5. 6	2.02 breastfeeding at 6/8 weeks	1.6 i Infant mortality (PHOF 4.1* ) ii Neonatal mortality and stillbirths iii Five year survival from all cancers in children
1c.	<b>Early Years:</b> Maternal Health	Ensure public health outcomes for included within CCG contracts for expectant mothers and babies	Ensure that maternity services are linked into the appropriate local community services.  Clarify pathways for Family Nurse Partnership.  Implement the new Perinatal and Infant Mental	Meet the national maternal and child health services requirements	2. Public health approach at maternity will reduce health inequalities from the start of life	1, 5, 6	2.01 Low Birth Weight of term babies  2.01 Smoking status at time of delivery  4.01 Infant Mortality	1.6 Infant mortality  4.5 Women's experience of maternity services



Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
			Health Pathway.					
1d.	<b>Early Years: Breastfeeding</b>	Promote the benefits of breastfeeding and provide support for families who wish to breastfeed	Refresh the local strategy and action plan to take breastfeeding promotion and support forward  Include Healthy Start in this work to ensure healthy breast milk and reduce vitamin D deficiency	Increase in numbers of women initiating breastfeeding and breastfeeding at 6/8 weeks  Increase in numbers of women breastfeeding from priority localities and groups	3. Breastfeeding levels are low in deprived areas in the borough	1, 5,	2.02 Breastfeeding initiation and at 6/8 weeks	1.6 i Infant mortality (PHOF 4.1* ) ii Neonatal mortality and stillbirths iii Five year survival from all cancers in children
1e.	<b>Early Years: Healthy Child Programme (HCP) for CYP</b>	Implement the School Nursing Model locally in line with additional investment to provide an increased emphasis on public health and supporting the delivery of the full HCP	Implement the new specification and monitor the service to ensure outcomes locally focusing on delivering a universal public health service for 5-19	Increased identification of needs and the provision of low tier support for a wide variety of health issues Increased education sessions and drop in within schools and	2. School Nurses deliver the service as part of CYPS integrated service delivery	4, 5, 6	A wide variety of indicators for 5-19s including obesity, chlamydia, under 18 conceptions, emotional health and wellbeing	1.6 i Infant mortality (PHOF 4.1* ) ii Neonatal mortality and stillbirths iii Five year survival from all cancers in children

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
				externally				
1f.	<b>Healthy Weight:</b> National Child Measurement Programme, (NCMP)*	National measurement programme for reception and year 6 children. The parent/carer receives written feedback, healthy weight support is provided where necessary.	Weigh all reception and year 6 children annually  Provide written results to all parents/ carers  Follow-up all overweight and obese children with a weight loss programme	Reduction in % school children in Year 6 (age 10-11) who are measured as obese	1. National standard of 85% participation rate  3. Childhood obesity rates are greatest in areas of socio-economic deprivation  4. Early intervention provided to children at risk of or who are obese, this prevents expensive treatment downstream.	4, 5	2.6 Excess weight in 4-5 and 10-11 year olds	4.8 Children and young people's experience of outpatient services
1g.	<b>Healthy Weight:</b> Childhood Obesity	To halt the rise in children and young people who are overweight or obese through an integrated and co-ordinated partnership	To implement the healthy weight pathway locally  To work as a partnership to develop an approach to reducing obesity and promoting a	Reduction in % school children in Year 6 (age 10-11) who are measured as obese	1. NCMP is a national programme.  2. The Healthy Weight Strategy and Healthy Weight Care Pathway incorporate primary and community services and wider	5	2.6 Excess weight in 4-5 and 10-11 year olds	1a PYLL <sup>2</sup> from causes considered amenable to healthcare  1b Life expectancy at 75

\* Mandatory Public Health Commissioned Service

<sup>2</sup> Potential Years of Life Lost

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
		response. Old Trafford and Stretford Locality Partnership are working closely with School Governors to promote healthy eating in schools	healthy weight		partners. 3. Childhood obesity rates are greatest in areas of socio-economic deprivation. 4. Evidence demonstrates early interventions reduce costs for health services.			1.1 Under 75 mortality rate from cardiovascular disease  1.4 Under 75 mortality rate from cancer
1h.	<b>Healthy Weight:</b> Adults obesity, malnutrition and dietetics	Ensuring that the Community Nutrition and Dietetic (CN&D) Service and Specialist Weight Management Service (SWMS) effectively meet the needs of overweight and obese adults	Prioritise the treatment of obese BME adults, and pregnant women to reduce diabetes and negative maternity outcomes respectively	Reduction in the BME of adults receiving treatment  Reduction in the negative maternity outcomes associated with obesity	3. The negative impact of excess weight is associated with deprivation  4. Reducing obesity in the two priority groups will prevent high cost interventions	5, 6	2.12 Excess weight in adults	2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*)
1i.	<b>Ageing Well:</b> NHS Health Checks*	The vast majority of NHS Health Checks	Invitation of 20% of eligible population	10% of eligible population to	1. National standard of 20% of eligible population to be	1, 2, 5, 6	2.17 Recorded diabetes  2.22 Take up	1a PYLL from causes considered

\* Mandatory Public Health Commissioned Service

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
		delivered by general practice. A pilot programme offering NHS Health Checks in pharmacy has been put into place for 2014/15.	annually Appropriate follow-up of patients identified as high risk of CVD	have received a NHS Health Check annually	<p>invited each year and 10% of eligible population to receive NHS Health Check each year.</p> <p>2. Use of pharmacy pilot. Exploring alternative venues. Delivery of NHS Health checks at Pride to access people who may be less likely to attend GP.</p> <p>3. CVD deaths and risk factors are greatest in areas of socio-economic deprivation- appropriate advice and follow-up after the NHS Health Check will reduce this</p> <p>4. Early identification of risk enables risk reduction with subsequent reduction in development of diabetes, stroke,</p>		<p>of NHS Health Check</p> <p>4.3 Mortality rate from causes considered preventable</p> <p>4.4 Under 75 mortality rate from cardiovascular disease</p> <p>4.5 Under 75 mortality rate from cancer</p> <p>4.6 Under 75 mortality rate from liver disease</p> <p>4.7 Under 75 mortality rate from respiratory disease</p>	<p>amenable to healthcare</p> <p>1b Life expectancy at 75</p> <p>1.1 Under 75 mortality rate from cardiovascular disease</p> <p>1.2 Under 75 mortality rate from respiratory disease</p> <p>1.3 Under 75 mortality rate from liver disease</p> <p>1.4 Under 75 mortality rate from cancer</p>

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
					CHD.			
1j.	<b>Ageing Well:</b> Falls reduction and bone health	The development and implementation of a strategy to improve bone health and reduce the number of falls across Trafford. A pathway will be a key output.	For all fallers:  Single point of access for falls assessment  Community based falls team reducing future risk of falls	Reduction in rate of admission for fragility fracture per 1000 population aged over 65  Reduction in rate of admission of older people into long term nursing care due to falls	1. Injurious falls is a national indicator and NICE has several guidance documents.  2. Services and initiatives will be community based and incorporate a wider range of local stakeholders.  4. Reduces the impact of falls, the consequences of which are expensive for health, rehabilitation and social care services.	1, 2, 3, 5, 6	2.24 Injuries due to falls in people aged 65 and over  4.11 Emergency readmissions within 30 days of discharge  4.13 Health-related quality of life for older people  4.14 Hip fractures in people aged 65 and over	2 Health-related quality of life for people with long-term conditions  2.3 Reducing time spent in hospital by people with long-term conditions  3b Emergency readmissions within 30 days of discharge  3.5 Improving recovery from fragility fractures  3.6 Helping older people to recover their independenc

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
								e after illness or injury
1k.	<b>Smoking and Tobacco Control</b>	<p>Locally commissioned service from GP and pharmacy.</p> <p>Monitoring of specialist NHS Stop Smoking Service provided by Pennine Care NHS Foundation Trust.</p> <p>Campaigns and awareness raising.</p>	PH Campaigns to link in with national campaigns and NHS services	<p>Smoking status at time of delivery to be lower than England average</p> <p>Decrease in proportion of adults who smoke</p>	<ol style="list-style-type: none"> <li>1. Stop smoking compliance with NICE quality standards</li> <li>2. Strong links between stop smoking service and other wellbeing and behaviour change services</li> <li>3. Smoking rates are greatest in areas of socio-economic deprivation.</li> <li>4. Every 4-week quit achieved directly saves the NHS costs of £250 of secondary care activity<sup>xv</sup>.</li> </ol>	1, 2, 5	<p>2.3 Smoking status at time of delivery</p> <p>2.9 Smoking prevalence - 15 year olds</p> <p>2.14 Smoking prevalence of adults</p> <p>4.3 mortality rate from causes considered preventable</p> <p>4.4 Under 75 mortality rate from cardiovascular disease</p> <p>4.5 Under 75 mortality rate from cancer</p> <p>4.7 Under 75</p>	<p>1a PYLL from causes considered amenable to healthcare</p> <p>1b Life expectancy at 75</p> <p>1.1 Under 75 mortality rate from cardiovascular disease</p> <p>1.2 Under 75 mortality rate from respiratory disease</p> <p>1.4 Under 75 mortality rate from cancer</p> <p>1.6 Infant mortality</p>

\* Mandatory Public Health Commissioned Service

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
							mortality rate from respiratory disease	
11.	<b>Alcohol*</b>	<p>Commission and monitor a full range of services from increasing awareness, locally commissioned services from GPs to inpatient rehab.</p> <p>Work closely with specialist community providers Phoenix Futures and Greater Manchester West. This includes expanding family support, and employment</p>	<p>Awareness raising with public and frontline staff</p> <p>Targeting high risk drinkers for intervention</p> <p>Target women for prevention messages</p> <p>Diversion of alcohol-related admissions</p>	<p>Reduction in alcohol-related hospital admission</p> <p>Reduction in binge drinking rates</p> <p>Reduction in % of drinkers that are higher risk drinking</p> <p>Reduction in % of drinkers that are increasing risk drinking</p>	<p>1. NICE alcohol dependence and harmful alcohol use quality standard</p> <p>2. Early intervention and wellbeing hub will integrate health and social care needs</p> <p>3. Alcohol misuse is associated with unemployment.</p> <p>4. NICE calculates that opportunistic screening and brief advice for alcohol use is cost saving.</p>	1, 2, 4, 5	<p>1.12 Violent crime</p> <p>1.13 Re-offending levels</p> <p>2.18 Alcohol-related admissions</p> <p>4.4 Under 75 mortality rate from cardiovascular disease</p> <p>4.5 Under 75 mortality rate from cancer</p> <p>4.6 Under 75 mortality rate from liver</p>	<p>1a PYLL from causes considered amenable to healthcare</p> <p>1b Life expectancy at 75</p> <p>1.3 Under 75 mortality rate from liver disease</p> <p>1.4 Under 75 mortality rate from cancer</p>

\* Mandatory Public Health Commissioned Service

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
		and training support.  All license applications are reviewed by public health.  Close working with police on public safety issues due to binge drinking and identification and referral from custody suite.					disease	
1m.	<b>Drug Misuse*</b>	Commission and monitor a full range of services from increasing awareness to inpatient rehab.  Work with police on identification and referral of vulnerable people.	Increase number of drug users discharged from treatment within 6 months  Increase awareness of HIV screening and hepatitis prevention  Increase Hep C screening uptake	Increase proportion of drug users that complete treatment successfully  Increase proportion of IV drug users screened for HIV  Increase	1. NICE Quality standard for drug use disorders  2. Early intervention and wellbeing hub will integrate health and social care needs  3. Drug misuse is associated with loss of work, homelessness and	1, 2, 4, 5	1.12 Violent crime  1.13 Re-offending levels  2.15 Successful completion of drug treatment  2.16 People entering prison	1a PYLL from causes considered amenable to healthcare  1b Life expectancy at 75  1.3 Under 75 mortality rate from liver

\* Mandatory Public Health Commissioned Service



Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
		<p>Expand use of peer mentors and volunteers in substance misuse services</p> <p>Increase use of recovery coaching to empower individuals to make positive lifestyle choices</p>	among intravenous drug users	<p>proportion of IV drug users vaccinated for Hep B</p> <p>Increase in number of peer mentors and/or volunteers in services</p> <p>Number of recovery coaches increases</p> <p>Those returning to Trafford from prison are supported to access appropriate community services</p> <p>Individuals within BME communities in Trafford are aware of Trafford support services and</p>	<p>family breakdown</p> <p>4. Every £1 spent on drug misuse saves £8.</p>		<p>with substance misuse dependence not previous known to community treatment</p> <p>3.4 People presenting with HIV at a late stage</p> <p>4.3 Mortality rates from causes considered preventable</p> <p>4.6 Under 75 mortality rate from liver disease</p> <p>4.8 Mortality rate from communicable diseases</p>	disease

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
				how to access them				
1n.	<b>Physical Activity</b>	Increase levels of physical activity across Trafford and reduce inequalities by 2021 by increasing awareness and increasing participation.	<p>Maximising opportunities for use of the physical infrastructure</p> <p>Encouraging workplace activity</p> <p>Increase volunteering opportunities in sport and physical activity</p> <p>Support links between school sport and sport in the community</p> <p>Ensure that strategic planning processes contribute to creating a local environment, including facilities for outdoor recreation, physical activity and play that supports an active</p>	<p>Increase in the percentage of the adult population participating in sport, at moderate intensity, for at least 30 minutes on at least four days out of the last four weeks (equivalent to 30 minutes on one or more day a week).</p> <p>Increase proportion of children who exercise for 1 hour daily</p> <p>Increase proportion of BME women who are physically</p>	<p>1. LA levels of physical activity levels are reported nationally.</p> <p>3. Actions include gap analysis of current provision to reduce inequities.</p> <p>4. There is substantial evidence about the positive effects of physical activity on health, including improvements in mental health, reduction of obesity and diabetes risk.</p>	1, 2, 4, 5	<p>1.16 Utilisation of outdoor space for exercise/health</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active adults</p> <p>4.3 Mortality rates from causes considered preventable</p> <p>4.4 Unde5 mortality rate from cardiovascular disease</p>	<p>1a PYLL from causes considered amenable to healthcare</p> <p>1b Life expectancy at 75</p> <p>1.1 Under 75 mortality rate from cardiovascular disease</p>

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
			lifestyle  Develop and extend/promote the Active Trafford and Junior Active Trafford Scheme to communities in most need	active				
1o.	<b>Oral Public Health</b>	Contract review of promotion initiatives  Strong links with nutrition promotion activities  Review the provision and guidance on oral health promotion for children	Work as a partnership to strategically review the provision and contributions to oral health  To implement the new commissioning guidance	Levels of tooth decay in children	1. Health visitor workforce deliver integrated care  2. Dental caries are commonest in children from deprived families  3. Prevention of expensive treatment	1, 5	4.2 Tooth decay in children aged 5	3a Emergency admissions for acute conditions that should not usually require hospital admission
1p.	<b>Mental Health and Wellbeing: Adults</b>	A number of 3rd sector agencies are commissioned to deliver projects across Trafford which address Mental	Reduce the occurrence of common mental health problems amongst adults  Support people with enduring	Suicide rate  Number of people with mental illnesses who feel well	1. National 5 ways to wellbeing  2. Early intervention health and wellbeing hub will address many mental health	1, 5	1.6 Adults with a learning disability in stable and appropriate accommodation	1.5 Excess under 75 mortality rate in adults with serious mental illness

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
		Health and Wellbeing: <ul style="list-style-type: none"> <li>• BlueSCI</li> <li>• Re-Think</li> <li>• Trafford Age UK</li> <li>• Trafford CIL</li> <li>• LMCP Care Link</li> <li>• United Response</li> <li>• 42nd Street</li> <li>• Alzheimer's Society Trafford</li> <li>• Autistic Society</li> <li>• New Way Forward</li> </ul>	mental health needs, including dementia to live healthier lives  South Trafford Locality Partnership has successfully bid for funding from Our Place to develop a project to reduce social isolation in older people.	supported	issues  Implementation of Lester tool by mental health providers to improve physical health outcomes  3. Mental health ill health is associated with loss of employment and family breakdown  4. Early intervention to save treatment costs long-term		1.7 People in prison who have a mental illness  1.18 Social isolation  2.8 Emotional wellbeing of looked after children  2.23 Self-reported wellbeing  4.9 Excess under 75 mortality in people with serious mental illness  4.10 Suicide rate  4.16 Estimated diagnosis rate for people with dementia	1.7 Excess under 60 mortality rate in adults with a learning disability  2.6 Estimated diagnosis rate for people with dementia
1q.	<b>Mental Health and Wellbeing:</b> Children and	Public Health Investment in CAMHS	Implement CAMHS plan.	LA ADP outcomes.	1. National 5 ways to wellbeing	1, 5	1.7 People in prison who have a mental	2.5 Employment of people

Ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National Outcomes Framework indicators	
					Strategic Objectives (1,2,3,4)*	System Objectives*	Public Health	NHS
	Young People	Provision			3. Mental health ill health is associated with loss of employment and family breakdown		illness 1.18 Social isolation 2.8 Emotional wellbeing of looked after children 2.23 Self-reported wellbeing	with mental illness (ASCOF 1F** & PHOF 1.8**)  4.8 <i>Children and young people's experience of outpatient services</i>

## Health Protection

ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
2a.	<b>Sexual Health Services *</b>	<p>Commission and monitor the mandatory requirement of open access community based services are provided by Bridgewater across the borough.</p> <p>LGF are undertaking work identifying and offering MSM screening, including the roll of Point of Care testing for HIV from National Testing Week in November.</p> <p>Talkshop offers specific holistic services for young people.</p> <p>New Greater Manchester</p>	<p>Equitable access to sexual health services for all ages</p> <p>Efficient contact tracing of sexually transmitted infections</p> <p>Full range of contraceptive choices, including long-acting reversible methods, to be offered to all women at all clinics and practices</p> <p>Increase in the number of HIV screens performed on MSM and Black African people</p>	1.	<p>2. National standard for universal open access service</p> <p>3. Talkshop provides a holistic integrated service to young people.</p> <p>Development of integration sexual health with alcohol, drugs and wider health issues on-going.</p> <p>4. Teenage pregnancy rates are greatest in areas of socio-economic deprivation-accessible services reduce this gap</p> <p>5. Impact of tariff on cost of sexual health provision in Trafford being examined.</p>	5, 6	<p>2.4 Under 18 conceptions</p> <p>3.2 Chlamydia diagnoses (15-24 year olds)</p> <p>3.4 People presenting with HIV at a late stage</p>	<p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>i Adults ii Children and young people</p>

\* Mandatory Public Health Commissioned Service

ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
		Service Specification for the RUClear service is being written, Trafford are directly participating in this process. The service will be tendered in December.						
2b.	<b>Domestic Abuse and Violence</b>	Implement a multiagency, integrated approach to halting and reducing the prevalence of domestic abuse and violence across Trafford outlined in the domestic abuse strategy	<p>Identification of collaborative funding stream to support the commissioning process beyond 2015</p> <p>Implementation of recs from GrMCR Public Health Network Service Led Improvement review.</p> <p>BME, Young People, Male and Repeat Victims are priority groups due to under reporting</p> <p>Establishment of IRIS programme</p>	Increased number of reported cases of DA&V	<p>1. National Indicator</p> <p>4.DA&amp;V results in considerable costs for both health and social care.</p>	1, 5	<p>1.11 Domestic Violence</p> <p>1.12i. Sexual Violence.</p>	3a Emergency admissions for acute conditions that should not usually require hospital admission

ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
			to establish training for primary and secondary care alongside bespoke referral route					
ren 2c.	<b>Outbreak control and incident management*</b>	Mandatory function to provide assurance of; emergency planning, resilience and response, (EPRR), infection control and health care acquired infections.	Oversight and assurance of mandated health protection Public Health function through Health Protection Forum and HERG.  Commissioning of Community Infection Control Team	Emergency plans in place  Incidents responded to and controlled appropriately  Number of health care acquired infections	1. Mandatory function of public health. National standards from vaccination and screening uptake. Cervical screening is CCG Quality Premium indicator.  3. Influenza and cervical screening plan both identify areas of high deprivation and inequality.  4. Immunisation programmes prevent disease and disability. Screening results in early treatment and prevents complex	1, 2, 5	3.1 Fraction of mortality attributable to particulate air pollution  3.5 Treatment completion for TB  3.6 Public sector organisations with broad approved sustainable development management plan  3.7 Comprehensive, agreed inter-agency plans for responding	1a PYLL from causes considered amenable to healthcare  1b Life expectancy at 75  5a Patient safety incidents reported  5b Safety incidents involving sever harm or death  5c Hospital deaths attributable to problems

\* Mandatory Public Health Commissioned Service



ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
					disease.		to health protection incidents and emergencies  4.8 Mortality rate from communicable diseases	in care  5.2 Incidents of HCAI
2d.	<b>Influenza</b>	Assurance of delivery of National immunisation campaign.	Advice on reaching low uptake groups such as under 65s at risk and pregnant women  Joint communications to the public	Uptake rates of flu immunisation	1, National target of 70% uptake  3, Ensure increased uptake in most deprived populations  4, Flu immunisation delivers efficiencies by preventing consultations and admissions	1	3.3 Population vaccination coverage  4.8 Mortality rate from communicable diseases	1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)  3.2 Emergency admissions for children with LRTI
2e.	<b>Cancer Prevention and Screening</b>	Improve early diagnosis of cancer through improved uptake of National cancer screening programmes.	Improve uptake of cervical screening.  Reduce inequalities in screening rates across primary care practices and amongst inequality groups by implementing the integrated	Achievement of the CCG Quality Premium- 80% uptake of cervical screening indicator.	1, National and local Standards  3. Cancer deaths impact disproportionately on the more deprived communities.  4. Early diagnosis and treatment saves costs further up the system.	2, 5	2.20 Cancer screening coverage  4.5 Under 75 mortality from cancer	1.4 Under 75 mortality rate from cancer (PHOF 4.5*) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung

ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
			cervical screening action plan. This has a population approach to improving uptake but also focuses on more vulnerable groups.					and colorectal cancer
2f.	<b>Non-cancer screening programmes (NHS Health Checks)</b>	Improve uptake of non-cancer screening programmes.	See 1i. Ageing Well: NHS Health Checks.	See 1i. Ageing Well: NHS Health Checks.	<ol style="list-style-type: none"> <li>1. National standard of 20% of eligible population to be invited each year and 10% of eligible population to receive NHS Health Check each year.</li> <li>2. Use of pharmacy pilot. Exploring alternative venues. Delivery of NHS Health checks at Pride to access people who may be less likely to attend GP.</li> <li>3. CVD deaths and risk factors are greatest in areas of socio-economic deprivation- appropriate advice and follow-up after the NHS Health</li> </ol>	1,2,5,6	2.21 Access to non-cancer screening programmes	<ol style="list-style-type: none"> <li>1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)</li> <li>1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)</li> <li>1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)</li> </ol>

ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
					Check will reduce this 4. Early identification of risk enables risk reduction with subsequent reduction in development of diabetes, stroke, CHD.			
2g.	<b>Childhood Immunisation Programmes</b>	Ensure that local children are effectively immunised in line with the national immunisation policy including childhood vaccinations and HPV  Support the implementation of the national roll out of the flu vaccine to all 2,3 and 4 year olds	Work with NHS England and local services to ensure that this occurs effectively  Work with local services to deliver immunisations including school nursing	Childhood immunisation programme coverage rates	4. Immunisation from flu prevents the ill effects of disease.	5, 6	3.3 Population vaccination coverage  4.8 Mortality rate from communicable diseases	3.2 Emergency admissions for children with LRTI

## 5. Health Care Quality

ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objectives (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
3a.	<b>Outbreak control and incident management*</b>	Mandatory function to provide assurance of; emergency planning, resilience and response, (EPRR), infection control and health care acquired infections.	Oversight and assurance through Health Protection Forum and HERG	Appropriate control measures taken in response to incidents, outbreaks and health care acquired infections.	<p>1. Mandatory function of public health. National standards from vaccination and screening uptake. Cervical screening is CCG Quality Premium indicator.</p> <p>3. Influenza and cervical screening plan both identify areas of high deprivation and inequality.</p> <p>4. Immunisation programmes prevent disease and disability. Screening results in early treatment and prevents complex disease.</p>	1, 2, 5	<p>2.20 Cancer screening coverage</p> <p>2.21 Access to non-cancer screening programmes</p> <p>2.22 Take up of NHS health checks</p> <p>3.3 Population vaccine coverage</p> <p>3.5 Treatment completion for TB</p> <p>4.5 Under 75 mortality rate for cancer</p> <p>4.6 Under 75 mortality rate for liver disease</p> <p>4.8 Mortality rate from communicable diseases</p>	<p>1a PYLL from causes considered amenable to healthcare</p> <p>1b Life expectancy at 75</p> <p>5a Patient safety incidents reported</p> <p>5b Safety incidents involving sever harm or death</p> <p>5c Hospital deaths attributable to problems in care</p> <p>5.2 Incidents of HCAI</p>

ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objectives (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
3b.	<b>Cancer Screening</b>	See Health Protection	To provide advice on quality assurance of cancer screening programmes in partnership with CCG and NHS England	Number of serious and untoward incidents	1, Assurance that services meet National quality standards  3, Ensure consistency of quality across Trafford	1	2.20 Cancer screening coverage  4.5 Under 75 mortality from cancer	1.4 Under 75 mortality rate from cancer (PHOF 4.5*) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer
3c.	<b>Childhood Immunisation Programmes</b>	See Health Protection	To provide advice on quality assurance of childhood immunisation programmes in partnership with CCG, PHE and NHS England	Number of serious and untoward incidents	1, Assurance that services meet National quality standards  3, Ensure consistency of quality across Trafford	1	3.3 Population vaccination coverage  4.8 Mortality rate from communicable diseases	3.2 Emergency admissions for children with LRTI
3d.	<b>Ageing Well:</b> Falls reduction and bone health	The development and implementation of a strategy to improve bone health and reduce the number of falls	Implement the local Trafford Falls and Bone Health strategy and action plan.	Reduction in the number and severity of falls.	1. Injurious falls is a national indicator and NICE has several guidance documents.  2. Services and initiatives will be community based	1, 2, 3, 5, 6	2.24 Injuries due to falls in people aged 65 and over  4.11 Emergency readmissions	3b Emergency readmissions  3.1 Improving outcomes from planned

ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objectives (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
		across Trafford. A pathway will be a key output.			and incorporate a wider range of local stakeholders.  4. Reduces the impact of falls, the consequences of which are expensive for health, rehabilitation and social care services.		within 30 days  4.13 Health-related quality of life for older people  4.14 Hip fractures in people aged 65 and over	treatments  3.5 Improving recovery from fragility fractures  3.6 Helping older recover independence after injury
3e.	<b>CCG core offer</b>	Public Health support to CCG in priority setting and commissioning of equitable, evidence based services in line with the memorandum of understanding which outlines the core offer of public health to the CCG from the Trafford public health team	Membership of the individual funding requests panel  Support the CCG in reviewing existing and developing new evidence based care pathways, service specifications and quality indicators  Design monitoring and evaluation frameworks, and interpret results for specific projects and/or services as per mutual	Service redesign based on robust evidence base of health outcomes, quality of care and return on investment	1, Ensure service delivery meets National Quality Standards  2, Advice on achieving integration  3, Ensure services designed equitably and able to deliver reductions in health inequalities  4, Advice on return on investment	1, 2, 4, 5, 6	Reducing premature mortality from the major causes of death 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*) 1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)	1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people 1b Life expectancy at 75 i Males ii Females

ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objectives (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
			agreement.				1.4 Under 75 mortality rate from cancer (PHOF 4.5*)	

#### 4. Health Inequalities

ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
4a.	<b>Joint Strategic Needs Assessment</b>	Coordination of annual updates to JSNA pages published on Info Trafford	Production of template for staff at CCG and council to complete annually	JSNA updated annually	1. The JSNA shows our joint performance against national standards	4, 5, 6	Shows our performance against all national standards	Shows our performance against all standards
4b.	<b>CCG core offer:</b>	<p>Support the CCG in workforce planning including undertaking needs assessments of localities and vulnerable populations as required</p> <p>Support the CCG to embed public health interventions into the frontline clinical services of their constituent practices especially in relation to prevention</p>	<p>Input into CCG Health Inequalities document</p> <p>Collaborative work with CCG on identifying and implementing interventions proven to reduce health inequalities</p> <p>Support the CCG to develop new/refreshed strategies around critical areas such as mental health, smoking, alcohol consumption and obesity, and the reduction of health inequalities; and</p>	Reduction in inequalities in delivery of care and health outcomes	3, Public Health advice to address health inequalities	1, 2	<p>Reducing premature mortality from the major causes of death</p> <p>1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*)</p> <p>1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*)</p> <p>1.3 Under 75 mortality rate from liver disease (PHOF 4.6*)</p> <p>1.4 Under 75</p>	<p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>i Adults ii Children and young people</p> <p>1b Life expectancy at 75</p> <p>i Males ii Females</p>



ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
		programmes; primary and secondary prevention; behaviour change; and patient and community empowerment	advise on appropriate metrics for progress and outcomes to be monitored.				mortality rate from cancer (PHOF 4.5*)	
4c.	<b>Childhood Accident Prevention</b>	Undertake accident needs assessment using GM framework  Develop Trafford accident prevention strategy	Implement the actions from the Trafford sector led improvement (SLI) review.	Childhood accidents and deaths.	2. Early intervention health and wellbeing hub and stronger families integrate childhood accident prevention to other issues.  3. Attendances at A&E due to accidents are highest for children from areas of socio-economic deprivation.  4. Prevention of A&E attendances and admissions	1, 5	1.10 Killed and seriously injured on the road  2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people	1b Life expectancy at 75
4d.	<b>Cancer Screening</b>	See Health Protection	Increase uptake in deprived and	Cervical screening uptake rates	3, Inequalities currently exist with lowest uptake of cervical screening in	1	2.20 Cancer screening	1.4 Under 75 mortality rate from

ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
			BME communities	in BME women	BME women		coverage 4.5 Under 75 mortality from cancer	cancer (PHOF 4.5*) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer
4e.	<b>Teenage Pregnancy:</b> Under 18yrs conceptions	Mandatory requirement of open access community based services are provided by Bridgewater across the borough and this includes specific provision for young people  Talkshop offers specific holistic services for young people	Full range of contraceptive choices, including long-acting reversible methods, to be offered to young women	Further reductions in conceptions and terminations for the under 18 cohort	1. National standard for universal open access service  2. Talkshop provides a holistic integrated service to young people.  3. Teenage pregnancy rates are greatest in areas of socio-economic deprivation- accessible services reduce this gap	5, 6	2.4 Under 18 conceptions	4.5 Women's experience of maternity services

ref	Public Health Programme	Programme Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
4f.	<b>Employment and skills</b>	Public health input to the Health for Work Programme	Assurance of programme delivery in Trafford via Work Programme Leavers Steering Group  Support to Locality Partnerships	Reduction in number of people in long term unemployment	3, Unemployment is associated with poor health outcomes	4,6	1.05 16-18 year olds not in education, employment or training  1.08 Gap in employment rate between those with long-term conditions and overall employment rate	2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*)

## Appendix 2 - Public Health Grant Budget Schedule: 2014-15

Public Health Category	Public Health Programme	14/15 Budget £
Health Weight	Childhood Obesity & NCMP	23,640
Health Weight	Breastfeeding	24,600
Health Checks	NHS Health Checks	268,000
Smoking & Tobacco Control	Smoking Cessation	144,601
Smoking & Tobacco Control	NRT Vouchers	100,400
Smoking & Tobacco Control	Locally Commissioned Service	43,000
Alcohol	Locally Commissioned Service	40,000
Alcohol	Treatment	1,078,501
Alcohol	Prevention	119,500
Alcohol	Community	37,500
Alcohol	Drugs	23,500
Alcohol	Other	4,585
Drug Misuse	Locally Commissioned Service	18,000
Drug Misuse	Treatment	1,091,728
Drug Misuse	Prevention	19,500
Drug Misuse	Community	37,500
Drug Misuse	Drugs	186,000
Drug Misuse	Other	58,126
Nutrition, Obesity & Physical Activity	Nutrition, Obesity & Physical Activity	380,380
Oral Public Health	Oral Public Health	49,413
CAMHS	CAMHS	137,826
Local voluntary services contributing to wellbeing	Local voluntary services contributing to wellbeing	850,000
Mental Health & Wellbeing	Mental Health & Wellbeing	295,754
Sexual Health Services	Locally Commissioned Service	675,000
Sexual Health Services	Integrated	1,612,249
Sexual Health Services	Drugs	350,072
Sexual Health Services	Additional	89,763
Sexual Health Services	HIV	158,452
Commissioning Support Unit	Commissioning Support Unit	43,161
Outbreak control and incident management	Outbreak control and incident management	116,000
School Health	School Health	586,847
Staffing	Public Health Leadership	318,278
Staffing	Health Improvement	210,709
Staffing	Commissioning and Support	280,451
Other	Other	982,764
		<b>10,455,800</b>
	Public Health Grant	10,455,800

## References

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- <sup>ii</sup> <http://www.traffordpartnership.org/documents/thematicpartnerships/childrensboard/CYPS-Strategy-2014-17.pdf>
- <sup>iii</sup> Marmot, M. (2010) Fair Society, Healthy Lives, Strategic Review of Health Inequalities in England post-2010, [www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review)
- <sup>iv</sup> Trafford Council, (2012) JSNA Children's Introduction 2012, [www.infotrafford.org.uk/custom/resources/4.1Childrenintroduction2012.pdf](http://www.infotrafford.org.uk/custom/resources/4.1Childrenintroduction2012.pdf)
- <sup>v</sup> Trafford Council, (2012) JSNA Young People's Introduction 2012, [www.infotrafford.org.uk/custom/resources/5.1IntroductionYoungPeople2012.pdf](http://www.infotrafford.org.uk/custom/resources/5.1IntroductionYoungPeople2012.pdf)
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- <sup>x</sup> Public Health England, (2014) Child Health Profile, March 2014. Public Health England.
- <sup>xi</sup> Royal College of Psychiatrists, (2010), Children and Young People's Mental Health, [www.rcpsych.ac.uk/pdf/Children and Young People's Mental Health-joint statement.pdf](http://www.rcpsych.ac.uk/pdf/Children%20and%20Young%20People's%20Mental%20Health-joint%20statement.pdf)
- <sup>xii</sup> Public Health England, (2014) National Dental Epidemiology Programme for England; oral health survey of five year old children 2012. A report on the prevalence and severity of dental decay. [www.nwph.net/dentalhealth/survey-results](http://www.nwph.net/dentalhealth/survey-results)
- <sup>xiii</sup> Trafford Council, (2013), Dental Health, [www.infotrafford.org.uk](http://www.infotrafford.org.uk)
- <sup>xiv</sup> PHE Trafford Health Profile 2014 <http://www.apho.org.uk/resource/item.aspx?RID=50305>
- <sup>xv</sup> NICE costing template for PCTs and providers <http://guidance.nice.org.uk/PH5/CostingTemplate/PCT/xls/English>

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# Safeguarding the Children of Trafford



T S C B

Annual Report 2013/14

Business Plan 2014/15

# How does TSCB fulfil its Statutory Responsibilities?

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- p Co-ordinating Local work to Safeguard and Promote the Welfare of Children
  - n Business Plan
  - n Work of committees and working groups
- p Ensuring the Effectiveness of Safeguarding
  - n Child Protection Conferences, Statistics
  - n Cycle of reports
  - n Case File Audits
  - n Multiagency Audits
  - n Critical Friend Reviews



# Learning and Improvement Framework (Working Together 2013)

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- p Local Safeguarding Children Boards (LSCBs) should maintain a local learning and improvement framework which is shared across local organisations who work with children and families (WT 2013).
- p Establishment of Learning and Improvement Committee
- p CDOP

# Lessons Learnt Summary

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## p Sources of Learning

- n Serious case reviews both National and Local
- n Local cases not reaching the criteria for a Serious Case Review but from which it is likely lessons can be learned
- n Multiagency audits
- n Critical Friend Reviews
- n Child Death Reviews
- n Quality Assurance & Performance Management activities (audits, surveys, data analysis, performance indicators)
- n Audits of training both single agency and multi-agency
- n TSCB conferences, seminars, courses and briefings
- n Government Guidance and Policy

## p Circulated every 6 months

## p How can HWB make maximum use of this?

# Outstanding Issues from GM Safeguarding Q A Framework

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- p Poverty and socio-demographic risk factors in the local area
- p Outcomes for all children in the local area
- p Homelessness
- p Child or young person substance /drug and alcohol misuse (HWB Priority 3)
- p Children and young people are physically health and enjoy good emotional and mental health (HWB Priority 2)

# TSCB Business Plan 2013/14 and 14/15

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p **Theme 1:** Reduce the impact of parental factors leading to safeguarding issues

p **Theme 2:** Improve Early Intervention, Promoting Health, Wellbeing and Development

p **Theme 3:** Support engagement of children and young people

p **Theme 4:** Ensure core TSCB Responsibilities

p **Priority 1:** Effective responses to parental mental health problems, drug and alcohol abuse and domestic abuse

p **Priority 2:** Specific safeguarding situations that national or local information suggests require particular attention

p **Priority 3:** Effective early help and safeguarding

p **Priority 4:** Communication and engagement

p **Priority 5:** Learning/Assurance

# Number of referrals going to Child Protection

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	Education	Police	Health
March 2014	70	84	33
March 2013	46	58	34
% change	+52%	+45%	-3%

# Safeguarding Context: Balance of Levels

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	<b>2012/13</b>	<b>2013/14</b>	<b>% Increase</b>
<b>CAFs</b>	50.6	68.8	<b>36%</b>
<b>CIN Plans</b>	175.7	94.2	
<b>CPP</b>	41.7	54.1	<b>30%</b>
<b>Safeguarding Statistics (rates per 10,000 children)</b>			

# Safeguarding Context: Parental Factors

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	<b>Trafford CP Conferences</b>	<b>National SCRs</b>
<b>Domestic Abuse</b>	29%	63%
<b>Parental Mental Ill Health</b>	30%	58%
<b>Parental Drug Abuse</b>	27%	29%
<b>Parental Alcohol Misuse</b>	36%	27%
<b>None of these factors</b>	-	14%

## TSCB Priority 1: Effective responses to parental mental health problems, drug and alcohol abuse and domestic abuse

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- p Priority 3: Reduce alcohol and substance misuse
- p Priority 8: Reduce the occurrence of common mental health problems amongst adults
- p Priority 7: Support people with enduring mental health needs...to live healthier lives



## CAFs where Parental Factors identified.

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<b>Number of CPPs</b>	283
<b>Number of Domestic Abuse CAFs</b>	12
<b>Number of CAFS Parental Drug or Alcohol Abuse</b>	53
<b>Number of CAFs Parental Mental Health</b>	114
<b>Numbers of CAFs where adult facing services contributed</b>	9

# Priority 1 Challenges and Questions

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- p Ensure that children and their needs are not overlooked in these circumstances
- p Ensure that all commissioned adult services have robust safeguarding data collection frameworks in place to ensure safeguarding children is transparent and a priority
- p To reduce the number of cases that come to child protection conferences where parental factors are an issue and increase the number of child in need plans and CAFs where parental factors are an issue.
- p Increase the number of CAFs initiated by commissioned adult services
- p Child or young person substance /drug and alcohol misuse
- p Should there be some reference to Domestic Abuse given its importance?

## Priority 2 Specific safeguarding situations

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- p Girls are effectively safeguarded from Female Genital Mutilation
- p That Children and Young People who are at risk of sexual exploitation receive effective help and those who are being sexually exploited are safeguarded
- p That children who go missing are effectively safeguarded and early indicators of risk, including CSE, are responded to effectively
- p That Disabled Children are effectively protected from abuse (HWB Priority 4)
- p Ensure all agencies, including adult mental health/drug/alcohol services, police and social work working with DA and services for adults with learning disabilities work effectively, assess and agree plans for children who experience neglect (HWB Priority 3 and 4)

# Arrangements for cross-Board scrutiny and challenge

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- TSCB is represented on the HWB by the Director of Children's Services
- Director of Children's Services as TSCB representative on TSCB will ensure that Safeguarding Children issues are addressed in all HWB Business
- HWB Action Plan will be reviewed by TSCB
- HWB will ensure TSCB has opportunity to input into JNSA
- HWB will present an annual progress report to TSCB
- TSCB Annual report will be presented to HWB
- There will be a standing invitation to TSCB to raise any Safeguarding concern with the HWB

# In conclusion

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- p There is good synergy between the TSCB Business Plan and the Health and Wellbeing Strategy
- p Progress on the linked priorities would have a major impact on safeguarding children
- p This will take time to be fully achieved and in the meanwhile recognising and responding to the children's needs is essential
- p Hopefully this overview will have suggested some ways in which the safeguarding implications of the HWB Strategy can be made more explicit and embedded in the action plan

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## Healthwatch Trafford Update September 2014

The staff and Board of Healthwatch Trafford (HWT) continue to meet with local groups and residents of Trafford as well as having our scheduled meetings with stakeholders, local commissioners and providers of services.

Below is a review of our engagement activities in the first 6 months of 2014.

### ***Healthwatch Trafford Engagement Activities***

*Engagements are classified as:*

- *Face to face encounters for a range of purposes including Healthwatch Trafford promotion, listening to patient experiences and working in partnership with community groups and volunteers to develop promotional resources / create volunteer roles*
- *Emails networking and promoting Healthwatch Trafford*
- *Telephone conversations promoting Healthwatch Trafford*

There have been 461 engagement activities in the first 6 months of 2014. Approximately 50 of these have been repeat engagements with people.

88 of these engagements have been with young people, aged 11 – 18.

52 patient opinion experiences have been listened to, recorded and inputted onto Patient Opinion online.

28 comments / service ratings have been listened to and recorded. 25 of these have been from young people aged 11 – 18 years old.

### **Qualitative Data**

#### **Face to Face Engagement with Practitioners / Trafford Services**

Staff team meetings where presentations have been given regarding the purpose and vision of Healthwatch Trafford include

- Future Visions Board, Trafford Centre for Independent Living
- Trafford Compass staff team
- Greenbank Supported Housing staff team
- Trafford Youth Council members
- Trafford Participation & Engagement team
- The Stroke Association team lead

- Uprising (My Voice, My Vote programme co-ordinator)
- VCAT Third Sector Assembly (100 practitioners from Trafford third sector organisations present)
- Trafford GP Education Event (GPs and GP Practice Managers present)
- United Response service manager
- Stockdales service manager & Lifeskills Manager
- Trafford College (Placement Officer & PR Team members)

Multi-agency meetings attended include:

- BME Sip
- Sale Moor Health and Wellbeing Board
- Ageing Well Partnership Board
- Learning Disability Partnership Board
- Diverse Communities Board

Each of these groups has been attended to support the aim of Healthwatch Trafford to give a voice to people from communities that are often not listened to or given the chance to have a say, including the elderly, carers and young people.

### **Face to Face Engagement with adult members of the public**

A range of community groups / events attended in order to promote Healthwatch, listen to and record patient experiences. These include:

- Trafford Carers Fun Day, Old Trafford
- Step Out for Stroke event at Worthington Park, Sale
- Lostock Library (coffee morning & beading group)
- Davyhulme Library (knitting group)
- Timperley Library (reading group)
- Woodsend Library (beading group)
- Stretford Library (parent & toddlers group)
- Dementia Awareness week event, Urmston Library
- Age UK Dementia Awareness week event, Davyhulme Church
- Stockdales Open Day
- Parkinson's Support Group—August Fair
- Association of Associations event Sale Locality Partnership -- July



***Regular, monthly drop-in's have been established at:***

- Broomwood Wellbeing & Community Centre
- Trafford Centre for Independent Living
- LMCP drop in (Trafford Community Centre, Shrewsbury St)

**Face to Face Engagement with young people**

Work to promote Healthwatch Trafford and gain young people's experiences of using services has taken place with:

- Members of Trafford Youth Council (consulted for guidance on engaging young people as young volunteers)
- Young women attending Sale Moor Young Women's Project
- Young people with special educational needs and disabilities attending Trafford Council "Let's Talk SEN" event.
- Young adults with learning disabilities at Stockdales Open Day
- Members of Trafford Children in Care Council

**Multi-Agency Partnership Work**

- Worked in partnership with the Trafford SEN Pathfinder Team, Transitions Team Workers, Trafford Advocacy and Engagement Worker, Ashton on Mersey School and Trafford Youth Service to plan and deliver a conference for young people with Special Educational Needs.
- Work is ongoing with the **Stroke Association** to develop Healthwatch Trafford aphasia friendly patient opinion form allowing those who have experienced stroke to share their experiences of health & social care.  
After initial consultation by the Stroke Association with their service users and speech and language therapists on a draft patient opinion form developed by Engagement Worker, valuable feedback was obtained for Healthwatch Trafford. A second draft has been developed and we are awaiting further feedback on this to ensure that it meets the needs of those suffering aphasia.
- Working relationship developed with Uprising, a young people's social action charity, based in Manchester to engage young people in creating digital media resources for Healthwatch Trafford. The young people's work will be presented to us in August.
- Working relationships developed with Trafford College Health & Social Care lecturers to increase awareness of our service and Work Placement Co-ordinator and Volunteer Co-ordinator to engage college students in volunteering / taking on work placements at Healthwatch Trafford
- Working relationship developed with United Response re volunteer placements for adults with learning disabilities at Healthwatch Trafford.

## Communication

All 12 libraries across Trafford were visited to set up pop up banners with attachable leaflet pouch. This was completed in May 2014.

We regularly visit GP Practices (who are willing to have them in the waiting rooms) with Ten Top Tips leaflets and Comments, Compliments and Concerns leaflets.

### Twitter

Tweets	280 (1080 in total)
Followers	885 (up by 73 in last 2 months)

### Website

Visits	1249
Av. Visit duration	3:19
Av. Pages per visit	4.89
Page views	6104

Downloads of Annual report from website --58

### Emails sent

Special enquiry	131
Healthier together	140
Newsletter	130

### Posted

Newsletter	128
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## Publicity Materials

Healthwatch staff and volunteers distributed the following publicity materials within the last 6 months

### Ashton-on-Mersey

Woodheys Park area/Kenmore Road/Woodhouse Lane in Sale  
Ten Top Tips when Visiting Your GP Leaflet (TTT) & HWT info postcards 250

**Altrincham area** – New Street, The Downs, St John's Street, Stamford Road, Richmond Rd, East Downs Rd, South Rd, Norman Place, Lyme Gardens, Groby Road up to Regent Street, The Firs, Church Brow & Dunham Rd, to Regent Street

### Ashton-on-Mersey

Woodheys Park area/Kenmore Road/Woodhouse Lane in Sale  
250 TTT leaflets and 300 HWT info postcards

### Lostock Library and Stretford Library

400 leaflets (TTT & How to Comment Compliment Complaint leaflet, Newsletters)

### Urmston Library/ Woodsend Library

200 leaflets (TTT & How to Comment Compliment Complaint leaflet Newsletters)

## **Healthwatch staff and volunteers have attended the following events, meetings and forums:**

### **Ongoing Events**

- CCG Locally Commissioned Services Review Group (Previously Enhanced Services Review Group )
- CMFT Liaison Meeting
- Moorside MH Unit liaison meetings
- Safeguarding Adults Operational Board
- Safeguarding Adults Strategic Board
- CCG Public Reference and Advisory Panel (PRAP)
- HW Information & Signposting Group
- Personalisation Co-Production Group
- Locality Partnership Board (North)
- CYPS Meeting
- Greater Manchester Healthwatch Meeting
- North West Healthwatch Meeting
- External Reference Group of Healthier Together
- Youth Cabinet meeting
- Integrated Care Redesign Board
- PCCC Project Group
- Early Intervention and Wellbeing Program Board.
- Citizens Reference Board
- Trafford Information network
- Diabetes Network
- Health & Well Being Board
- Healthier Together Comms meeting
- Integrated Patient Reference Group
- Information & Signposting Meeting
- Market Management, CQC & Safeguarding Trafford Meeting
- Trafford Signposting and Accessibility Delivery Group
- Diverse Communities Board
- Health Overview & Scrutiny Meeting
- HW Chairs & Chief Officers Briefing
- Ageing Well partnership Board
- Sale West Health Group Meeting
- Quality Surveillance Group ( NHS England LAT)

### **Single Instance Events:**

- Trafford Partnership Event

- Trafford Advice partnership launch
- EU Funding Briefing
- Equality Into Action Event
- Haelo Meeting
- AQUA Patient & Family Experience Event
- Healthier Together Event (Salford RFC)
- Sale Moor Community partnership
- CQC Redesign Conference
- Healthwatch Tameside
- VCAT Voluntary Sector Assembly
- Special Educational Needs Conference
- Stretford Parent & Toddlers Group
- Timperley Library reading Group
- Trafford Compass
- Human Library Event Urmston
- Age UK Event
- Stroke Association Meeting
- Centre for Independent Living
- Davyhulme Knitting Group
- LD Partnership Board
- Greenbank Supported Housing Team Meeting
- ICA (Trafford Advocate)
- Step Out for Stroke Event
- Fun Days at Lostock Park and Woodsend.

**Below is a more in depth update on specific areas of work and involvement since the last CCG update in June 2014.**

### ***Healthier Together***

We continue our involvement with the Healthier Together Program. We continue to attend the External Reference Group meetings and the Communications workshops.

We are continually promoting the Healthier Together Consultation and have distributed over 1000 consultation documents since we received them in end of July weeks. We have a HT briefing on our website and “Tweet “regularly.

We also promote at our drop-ins and have attended several community and voluntary groups.

The Chair also attends public and staff meetings in other areas of Greater Manchester for the External Reference Group.

### ***Care Act Consultation***

Healthwatch Trafford has responded to the Care Act Consultation after discussion with Board and volunteers.

### ***Shrewsbury Street Project***

The North Locality Partnership have asked Healthwatch to participate in engagement activities with residents in the Old Trafford area to see which health and wellbeing services they would like to see in the Shrewsbury Street Development.

This is ongoing work and we have so far attended the North Area Voluntary Sector Grants Event where we spoke to 31 residents and 2 drop-ins in Old Trafford Library (20 residents)

### ***GM Healthwatch Network***

We continue to attend the monthly meetings of the GM Network.

### ***Healthwatch England***

Healthwatch England has launched a special enquiry into unsafe discharge which will report in September 2014. Healthwatch Trafford has contributed several incidences of unsafe discharge as reported by patients and partner agencies.

Chair and Chief Officer attended the Healthwatch Conference in July and found it to be a stimulating two days with good opportunities to network with other Local Healthwatch Organisations.

The Greater Manchester Network won the award for best collaborative project for the work we did on the Arriva Patient Transport Survey.

### ***Enter and View***

A visit to the Urgent Care Centre at Trafford General took place on the 11<sup>th</sup> August. This was not classed as an Enter and View visit. Once the report has been seen and commented on by CMFT staff it will be shared with the CCG.

A program for Enter and View visits of both health and social care services is planned for 2014 /15. We will inform the LA and CCG Patient Experience team of services we plan to visit.

### ***Information and Signposting Function***

Since the last update there have been 11 instances of signposting or information requests from the public.

There have been 13 concerns / complaints in this time.

10 have been referred to other support/ advocacy providers.

A more detailed account of complaints/ concerns received is shared with the Patient experience team at the CCG and the Local Authority as appropriate.

### ***Healthwatch Trafford Web site***

We have continued to develop the Healthwatch website throughout the year and recognise that for many people it is the first point of contact with HWT and therefore need to make it as clear and interesting as possible. HWT leaflets and newsletters can be down loaded from the website.

An update of the website is due to take place in September which will include the implementation of the Patient Experience Platform to enhance and improve the public's ability to engage with Healthwatch and to gather far more intuitive data than is currently available.

***Healthwatch Trafford Annual Report***

Healthwatch Trafford produced its first annual report on the 30<sup>th</sup> June.

Copies of the report have been distributed to all agencies as required by the Department of Health. Copies are available to download on the Healthwatch website.

**Healthwatch Trafford AGM**

Healthwatch Trafford AGM will take place on 17<sup>th</sup> September at St Matthews Hall Stretford 10-12md.

*Ann Day*

Chair Healthwatch Trafford.

August 2014