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TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD MEETING

Date: Thursday, 5 October 2017

Time: 3.30 p.m.

Place: Thomas De Trafford Conference Room B, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including officers, and any apologies for absence.		
2. MINUTES		1 - 8
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 21 July 2017.		
3. DECLARATIONS OF INTEREST		
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. TRANSFORMATION FUND BID - IMPLEMENTATION PLAN		Presentation on the day.
To receive a presentation from the Change Director for Trafford Council and Trafford CCG.		
5. NEW STRUCTURES TO SUPPORT THE WORK OF THE HEALTH AND WELLBEING BOARD		9 - 12
To receive a report from the Interim Director for Public Health.		
6. SINGLE HOSPITAL SERVICE - HOSPITALS MERGER		13 - 28
To receive a presentation from the Director of the SHS Programme.		

7. **WORK AND HEALTH/EARLY HELP PROGRAMME UPDATE** 29 - 34
To receive a report from the Head of Partnerships and Communities.
8. **HEALTH AND WELLBEING PRIORITIES UPDATE** Presentation on the day.
To receive a presentation from the Interim Director of Public Health.
9. **PROMOTING HEALTHY AGING IN TRAFFORD** 35 - 38
To receive a report from the Interim Director for Public Health.
10. **BETTER CARE FUND** To Follow
To receive a report from the Director of All Age Commissioning.
11. **KEY MESSAGES**
To consider the key messages from the meeting.
12. **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.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors Nelson, J. Lamb (Chairman), M. Colledge (Vice-Chairman), S.K. Anstee, J. Lloyd, M. Whetton, Fairfield, J. Colbert, Daly, Darlington, Heaton, Jarvis, Nicholls, Roaf, Savill and Worthington

Further Information

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

Alexander Murray, Democratic and Scrutiny Officer,
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Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Wednesday 27 September 2017** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

Public Document Pack Agenda Item 2

HEALTH AND WELLBEING BOARD

21 JULY 2017

PRESENT

Councillors J. Lamb (in the Chair), S.K. Anstee, J. Lloyd and M. Whetton.
Other Members M. Colledge , H. Fairfield, J. Colbert, H. Darlington, M. Jarvis, C. Meakin, E. Roaf, M. Roe, C. Ward and A. Worthington.

In attendance

Caroline Davidson	CMFT
Karen Ahmed	Director of All Age Commissioning
Phil Nelson	GMFRS
Kerry Purnell	Head of Partnerships and Communities
Lindsay Dabbs	Partnership Officer
Louise Wright	Sport and Physical Activity Relationship Manager
Phil Broad	Infection Control Lead
Alexander Murray	Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillor Joanne Harding, Silas Nichols and Gill Heaton.

1. MEMBERSHIP OF THE BOARD 2017/18 MUNICIPAL YEAR

RESOLVED: That the membership of the Board be agreed for the 2017/18 municipal year.

2. APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN OF THE COMMITTEE

Prior to the meeting the representatives of Trafford Council and Trafford CCG had met and decided that Trafford Council would retain the Chairmanship of the Board. Trafford Council nominated Councillor Lamb for Chairman and the Board members agreed unanimously. Trafford CCG nominated Matthew Colledge for the position of Vice-Chairman and the Board members agreed unanimously.

RESOLVED:

- 1) That Trafford Council retain Chairmanship of the Board for the 2017/18 municipal year.
- 2) That Councillor Lamb be formally appointed as Chairman of the Board for the 2017/18 municipal year.
- 3) That Matthew Colledge be formally appointed as Vice-Chairman of the Board for the 2017/18.

3. TERMS OF REFERENCE

RESOLVED: That the Terms of Reference of the Board be agreed for the 2017/18 municipal year.

4. MINUTES

RESOLVED: That the minutes of the meeting held 21 April 2017 be agreed as an accurate record and signed by the Chairman.

5. DECLARATIONS OF INTEREST

RESOLVED: That the following declarations of interest were declared and noted by the Board;

- Councillor Lloyd in relation to her position on the Board of Trafford Domestic Abuse Service.

6. VISION FOR TRAFFORD

The Interim Accountable Officer, Trafford CCG (IAO) delivered a presentation to the Board on the Trafford Transformation Fund bid update and next steps. The presentation detailed the Trafford vision and map for the delivery of health and social care services across the borough. The presentation contained details of the various pieces of work which would form part of the Transformation of services across Trafford including; the new model of primary care, the care complex and the integration of health and social care. The integration of health and social care was to be a key element of the Transformation plan and the IAO informed the board of the six work streams that would deliver it.

The presentation concluded with a breakdown of the £31.4 million of Transformation funds requested, the strategic governance for the programme, the Transformation Programme Structure and the GM approvals process. The final slide asked the Board to sign off the Transformation bid and for board members to suggest where they would have the greatest influence, to help the design and support delivery of the programme.

After the presentation the Corporate Director of Children, Families and Wellbeing (CDCFW) informed Board members that a piece of work was to be conducted at a GM level to understand the role that Health and Wellbeing Boards were to play in the transformation process of local authorities across GM. Board members then discussed various aspects of the programme including; funding for physical activity and prevention services, the role of one Trafford response and the one Trafford Partnership, consultation of the public, and taking a holistic approach to health and social care.

Following the discussions the Board agreed the Transformation bid and the CDCFW told Board members that the outcome of the bid would be known by the time of their next meeting. As such, the full timetable, including a timeline for consultation, and plan for the Transformation programme were to be brought to the next meeting of the Board.

RESOLVED:

- 1) That the Transformation bid be signed off by the Board.
- 2) That the full timetable and plan for the Transformation programme be on the agenda for the next meeting of the Board.

7. PUBLIC HEALTH ANNUAL REPORT

The Interim Director Public Health (IDPH) delivered the Public Health Annual report to the Board. The IDPH explained that the annual report had a different focus each year and this year the focus was on young people. The report opened with an overview of childhood health within Trafford before looking at a number of key factors in improving children's health in the borough going forward. The IDPH drew Board Members' attention to the importance of making staff aware of the impacts of Adverse Childhood Experience (ACE), the attainment gap between children who received free school meals and those that didn't, and the levels of childhood obesity across Trafford.

A Board Member stated that national figures showed that 1 in 8 children suffered from mental health problems which increased to 1 in 4 for adults, whether there was a reason for the discrepancy, and asked whether preventative work with young people would reduce these figures. The IDPH responded that she felt that mental health issues in children might be under diagnosed, especially amongst teenagers, and that the number would be closer to 1 in 4 as children got older. Work with young people around mental health was extremely important in order to reduce the impact of poor mental health. The Chairman of HealthWatch Trafford then asked how the recommendations laid out within the report would be delivered. IDPH said that the Board would have a large role to play in ensuring the delivery of the recommendations of the report through partnership working and by holding those with tasks to fulfil to account.

RESOLVED: That the report be noted.

8. INCREASING THE IMPACT OF THE HEALTH AND WELLBEING BOARD

The IDPH gave a brief overview of the report and update against the 5 public health priorities that had been circulated with the agenda prior to the meeting. The IDPH then outlined her view on what the Board should be focused upon going forward. The report recommended that a sub group be established to look at the future role of the Board in detail and to bring their findings back to the next meeting of the Board in October.

The Board members discussed the role of the board in respect to health priorities, commissioning activity and how it was important that the board should drive activity. Following their discussions the Board agreed the recommendation to form a sub group which would report back to the Board at the meeting in October.

RESOLVED: That a subgroup of the Board be established to discuss the future role and remit of the Board, including proposals for any changes in membership or reporting structures, and that this group reports back at the October meeting.

9. HEALTH AND WELLBEING PRIORITIES UPDATE

The IDPH went through the outcomes frame work that had been distributed with the agenda and the statistics for Trafford. The framework included comparisons with a number of similar Councils from across the country and analysis of performance and performance over time. The IDPH explained that the analysis of performance against a peer group would enable further analysis of possible changes that Trafford could implement in order to achieve improvements in line with the top performing Councils within their peer group.

The Board Members discussed the performance indicators that had been chosen and how this approach could evolve over time. The CDCFW noted that there were a couple of areas for concern for Trafford but also that Trafford excelled in other areas and that the majority of the trends in Trafford were positive. Members asked who the peer group for the council was made up of and were told that it was statistical neighbours of Councils such as Stockport MBC and City of York Council.

RESOLVED: That the update be noted.

10. PHYSICAL ACTIVITY VISION - VISION STRATEGY AND IMPLEMENTATION

The Sports Relationship Manager (SRM) gave a presentation to the Board on the Physical Activity Vision. The Board were informed that the vision had been drafted over the last year ongoing for the last three years and had brought together a vast number of partners from across the borough. The strategy was under development, looking at the levels of activity within Trafford and would seek to try to support and tie into the work that was being done by the Trafford Transformation and GM plans. The SRM highlighted to the Board the work that had been done between Trafford Leisure and GPs which had led to 649 referrals being made 64% of which had resulted in individuals receiving the £20 reward fee.

The presentation showed that within Trafford 43% of adults “do walking” at least five times per week and that Trafford now had 24 walking champions. The presentation ended looking at the 43000 people that are classed as inactive within Trafford and the ways in which the Vision 2031 programme was aiming to engage the inactive population in making life changes. The Chairman of the Sports and Physical Activity Partnership (CSPAP) noted that the success of the partnership and the improvements that had been seen across the borough were in large part due to the buy in of the Council.

Board members discussed the issues surrounding activity amongst young people. One Member raised the issue around the change of activities becoming competitive when children reach the age of 10 and the importance of keeping activity fun. Another Member noted the impact of increasing awareness of the many schemes and activities that are on offer in the borough.

RESOLVED: That the update be noted.

11. INFECTION CONTROL ANNUAL REPORT

The Infection Control Lead gave a presentation to the Board supporting the annual report that had been distributed with the agenda. The presentation gave an overview of the work that the infection control team do within Trafford and the performance of the borough regarding levels of infection. The ICL informed the Board that there had been no cases of MRSA assigned to the CCG in the previous year, that the borough was meeting all targets for reducing levels of C Difficile infection, and that Trafford is seen as having the gold standard in terms of infection control. The ICL requested that infection control be on a future agenda with a longer time slot so that the work of the team could be covered in more detail.

Board members asked a number of questions relating to the work of the infection control team in relation to prevention and community work. The ICL stated that whilst the team do some work within the community they were always looking to increase the level of awareness regarding reducing infection risks. The CSPAP stated that he would ask the Chief Executive of the Partnership about having a presentation by infection control at one of their meetings.

RESOLVED:

- 1) That the report be noted.
- 2) That the ICL be invited back to a later meeting.
- 3) That the CSPAP ask the Chief Executive of the Physical Activity Partnership about infection control presenting at a meeting.

12. SAFEGUARDING TRANSFORMATION PROPOSAL

The CDCFW gave a brief summary of the report that had been distributed to the Board on the proposed amalgamation of Trafford's safeguarding boards. The Clinical Director, Trafford CCG (CD) explained that it had been a slow and cautious evolution from the standard approach into the new joint functioning board. It was expressed that process had been so cautious in order to ensure that all functionality of the separate boards was maintained throughout the change.

A Board Member asked whether there was a risk that the joint board would be over loaded. The CD responded that as there was such a large crossover between the two boards that the efficiencies achieved through reduction of duplication would negate a lot of the additional work load from having a single board. In response to another question the CD informed the Board that a review of the joint safeguarding board would be conducted in 6 months' time.

RESOLVED: That the report be noted.

13. ONE TRAFFORD RESPONSE

The Head of Partnerships and Communities (HPC) gave a brief summary of the report that the Board had received with the agenda. The HPC explained the public service reform programme to the Board and detailed the trial that had been running within Stretford. The Board were informed that a number of blockages had been identified by the trial which would prevent the upscaling of the model to be conducted successfully. The next steps in this work were to tackle those blockages. The HCP invited Board members to visit the trial in Stretford in order to see for themselves how it worked.

RESOLVED:

- 1) That the report be noted.
- 2) That Board members be encouraged to take up the offer to visit the trial in Stretford.

14. WORK AND HEALTH EARLY HELP PROGRAMME

The HPC gave a brief presentation to the Board on the work and early help programme. The presentation detailed the Health impact of being unemployed, the whole population approach of the programme across GM, the programmes objectives, the considerations for Trafford and the priorities for Trafford. The HCP informed the Board that a further update on the programme would be brought to a later meeting once the Trafford position was clear.

RESOLVED:

- 1) That the update be noted.
- 2) That a further update come to the Board once the Trafford position is clear.

15. PHARMACEUTICAL NEEDS ASSESSMENT

The IDPH informed the Board that following the agreement of a Chairman's action at the previous meeting the final changes had been made to the Pharmaceutical Needs Assessment and it was available on the intranet.

RESOLVED: That the update be noted.

16. REGIONAL ADOPTION AGENCY

The CDCFW gave a brief overview of the report on the regional adoptions agency. The Board were told that Trafford had entered into a partnership with a number of other Councils to form a single adoption agency. The Board were assured that although the targets that had been set for the new agency may have seemed large Stockport Council, who were leading the agency, had already achieved many of these targets in their own area. Councillor Whetton stated that an annual report on the performance of the new agency would come to the Board in July 2018.

RESOLVED:

- 1) That the report be noted.

- 2) That the annual report of the regional adoption agency comes to the Board in July 2018.

17. KEY MESSAGES

The two key messages for board members were to consider the following;

- 1) The Trafford Transformation bid its wider impact and related collaboration.
- 2) Adverse Childhood Events (ACEs) and the recommendations from the Public Health Annual Report.
- 3) The one Trafford Response & Partnership engagement.

18. URGENT BUSINESS (IF ANY)

The CDCFW informed the Board that the national government had announced additional adult social care funding of £1m per year for 2 years for Trafford. On condition of that funding the CQC were to perform reviews on 12 areas which had very poor performance in relation to delayed transfers of care including Trafford and Manchester. Trafford were to be notified by the CQC 3 weeks in advance of the review which would take a week to conduct.

The Board were made aware that there was a financial risk relating to this as if the CQC review found that targets had not been met or progress had not been made then the additional funding was to be taken away retrospectively.

RESOLVED: That the update be noted.

The meeting commenced at 9.30 am and finished at 12.00 pm

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Proposals for the future role and structure of Trafford's Health and Wellbeing Board

1. Introduction and Background

Since the inception of the Health and Wellbeing Board (HWBB) in 2012, the business of the Board has evolved. For Trafford's Board to be effective it is important that there is robust infrastructure to support the achievement of the Board's objectives of improving the health and wellbeing of the local population through partnership working.

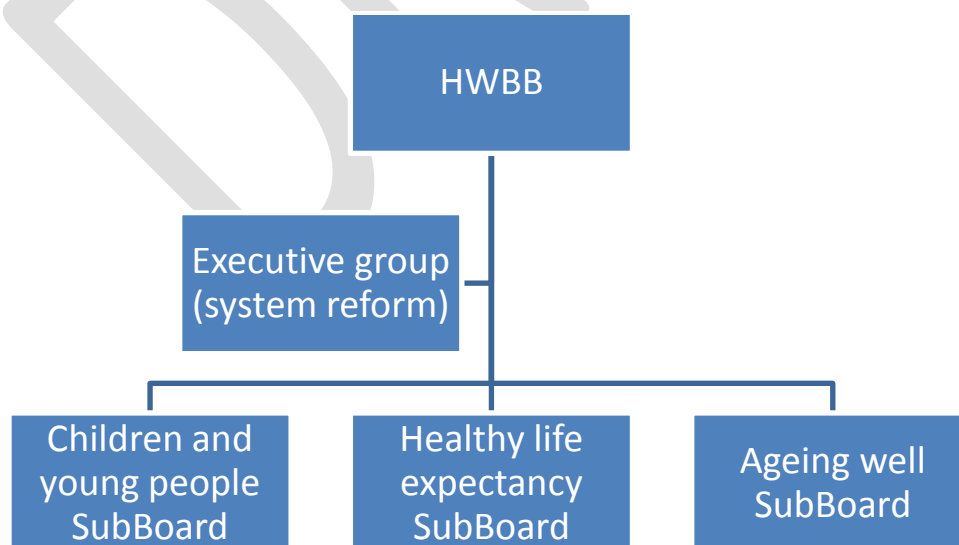
On 21st July 2017, Trafford's HWBB, noted that its focus on improving healthy life expectancy had raised the profile of this issue across the Borough, but there was a need for the Board to extend its reach and influence, providing greater borough wide leadership, direction and advice in three further areas. These are:

- achieving best outcomes from health and social care integration and reform
- strategic leadership for children's health and wellbeing,
- strategic leadership for healthy ageing and maintaining independence.

Furthermore, it is suggested that there be a focus on the impact of wider determinants (living and working conditions) on health, and the added value the HWBB can bring to bear to these issues and to the work of Trafford's Vision 2031.

It was agreed that a sub group of the HWBB would be established to discuss the future role and remit of the Board, including proposals for any changes in membership or reporting structures. This paper provides proposals to support the expanded scope and structure of the Board.

2. Proposed Structure and Sub Boards of the HWBB



It is proposed that the existing Public Health Delivery Group develops into the Healthy Life Expectancy Board, which will oversee progress on the five healthy life expectancy priority areas, (tobacco, alcohol, physical inactivity, improving the physical health of people with

severe mental illness and cancer screening and prevention). Two further topic based subgroups will be established, one to provide leadership on issues relating to children and young people and one on healthy ageing. These three groups will be expected to provide strategic leadership and oversight, while also managing specific programmes, aimed at short and medium term improvement in key areas.

It is further proposed that the format of the HWBB is changed, with quarterly 'business' meetings supplemented by additional, in-depth, topic based workshop style meetings, allowing Board members to get a better understanding of particular issues. These could include sessions on topics such as Adverse Childhood Experiences, Frailty, or Air Quality, allowing the Board to develop system wide actions and priorities in such areas.

3. HWBB Executive (System Reform)

The role of the HWBB in relation to system reform is one for further deliberation. In some areas, Executive groups of the HWBB have been established, comprising a sub group of senior leaders, and aimed at ensuring that the system reform and transformation programmes deliver the required positive impact on population level health and wellbeing in their areas, improving health for all while reducing internal inequality. This could include oversight of the implementation of Trafford's Transformation Fund Bid, together with the proposals for further integration of health and social care teams, the development of the Locality Care Organisation / Integrated Care Organisation. Additionally, it could be charged with monitoring the impact of Manchester's Single Hospital system as well as with overseeing the health and wellbeing impact of the Vision 2031 interventions.

The Executive, and the Health and Wellbeing Board as a whole, could also have a role in influencing 'wider determinants' of health such as housing, transport, education or employment, through its role within the wider Trafford Partnership. Influencing these wider determinants can make as much difference to health outcomes as the work on lifestyle and behaviours and health service quality put together.

Within Trafford, there are existing Boards and Partnerships that currently hold some parts of these responsibilities and accountabilities, and it is therefore proposed that further work is undertaken to consider the merits or otherwise of establishing an HWBB Executive.

The proposed membership of the discussion group for this work is as follows:

- Cllr John Lamb , Chair of the HWBB
- Matt Colledge, Chair of Trafford Clinical Commissioning Group
- Cameron Ward, Interim Accountable Officer of Trafford Clinical Commissioning Group
- Jill Colbert, Director, CFW, Trafford Council
- Eleanor Roaf, Interim Director of Public Health

4. Proposed Boards

Each of the three newly formed Boards will be chaired by the elected member for the most relevant subject matter/ life course period. Membership should reflect the partnership and include Public Health, Primary Care, Community Services, Commissioning, Safeguarding, Education/Workplace and voluntary sector. It would also be beneficial to have public /lay representation.

The objectives of each Board will be agreed by the HWBB, and be developed into an action plan, which can flex to account for pace of change at a regional and national level. Reporting against actions will agreed by the Executive Group.

The Boards will:

- support joined-up working with the Greater Manchester agenda.
- work programmes will be developed from the consolidation of current activity, supporting the progress of programmes, reducing barriers to success and identifying and addressing gaps. The Boards would also be informed on new and emerging issues.
- will ensure that all relevant systems and structures are used to deliver public health priorities with a joint strategic approach to commissioning reflecting local priorities and targets including the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Public Health Outcomes Framework.
- meet prior to the Health and Wellbeing Executive, which in turn will meet prior to the Health and Wellbeing Board, to provide relevant reports on progress, identifying issues which the Health and Wellbeing Board could support.

4.a. Children's and Young People Board

This Board will consolidate Trafford's strategic objectives and associated work programmes that involve children and young people aged 0-19 years, (up to 25 years for young people with special educational needs and disability.) Current arrangements for children and young people's governance are fragmented. The Board will unite current work programmes, support integration, and improve partnership working and communication.

The Board's aim would be to improve the health and wellbeing of Children and Young People in Trafford, evidenced by improvements in specific Public Health Outcomes. The Board would allow discussion and updates of Greater Manchester related priorities, ensuring a more effective way of engaging with the Health and Social Care Partnership's agenda.

4.b. Healthy Life Expectancy Delivery Board (HLEDG)

The Board's aim would be to improve the health and well-being of the people of Trafford, with a particular emphasis on increasing the years spent in good health.

The Board's work programme would be developed from the consolidation of current activity, supporting the progress of programmes being undertaken by various health and social care partners, identifying and addressing gaps.

This Board would subsume the work programme and objectives of the Public Health Delivery Group, (PHDG). The existing PHDG is an officer-led group of council employees and staff from the operational delivery of Public Health services at Pennine Care. The HLEDG would clarify accountability for the delivery of national and local priorities for Public Health in relation to healthy life expectancy. The focus of the actions in this work stream is adults of working age.

4.c. Proposed Ageing Well Board

The role of the Health and Wellbeing Board in promoting healthy ageing in Trafford In order to reduce the negative impact of these demographic changes, we need to make sure that our population enters older age in the best possible health, and that they are able to maintain this for as long as possible. The Health and Wellbeing Board, as a multi-agency partnership, is well-placed to lead this work.

The outcomes that will be delivered through a structured approach to promoting healthy ageing are increased independence; reduced hospital and care home admissions; improved mental health; improved social cohesion; and lower health and social care costs.

The importance of this work is recognised through the inclusion of the Ageing Well strands within the GM Population Health Plan.

The specific health and social care issues that give particular risks to older people being able to maintain their independence are frailty; falls; and dementia. Addressing these will involve a multi-agency and multi-professional approach, including advice on the identification of higher risk individuals and the relative merits of different interventions, for example advice on physical activity, diet and hydration.

5. Next Steps

- HWBB agrees the proposed new structure.
- Terms of Reference and membership are determined by the Executive Group for the three newly established boards.

Trafford Health and Wellbeing Board

Single Hospital Service Progress and Next Steps

Peter Blythin
Director SHS Programme



Why we started this journey....



Hospital Services in Manchester and Trafford are facing a number of challenges:

- **Fragmented Care** – unacceptable variation across for the people of Manchester.
- **Staffing challenges** and the need to move to consistent seven day services.
- **Increased demand for services** – poor population health.
- **Financial deficits.**
- **Missed opportunities to improve services for patients in the past.**

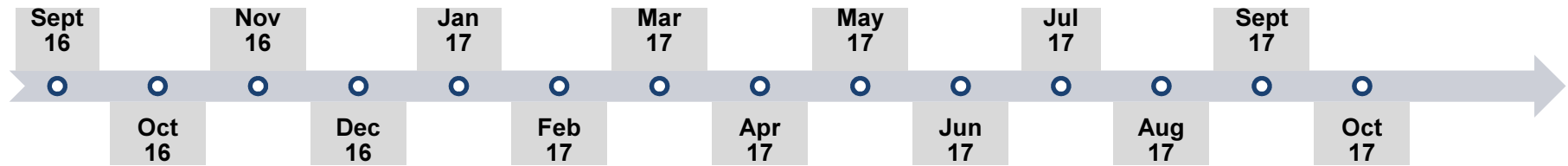


In June 2016.... findings of the Single Hospital Service Review were approved by all local stakeholders:

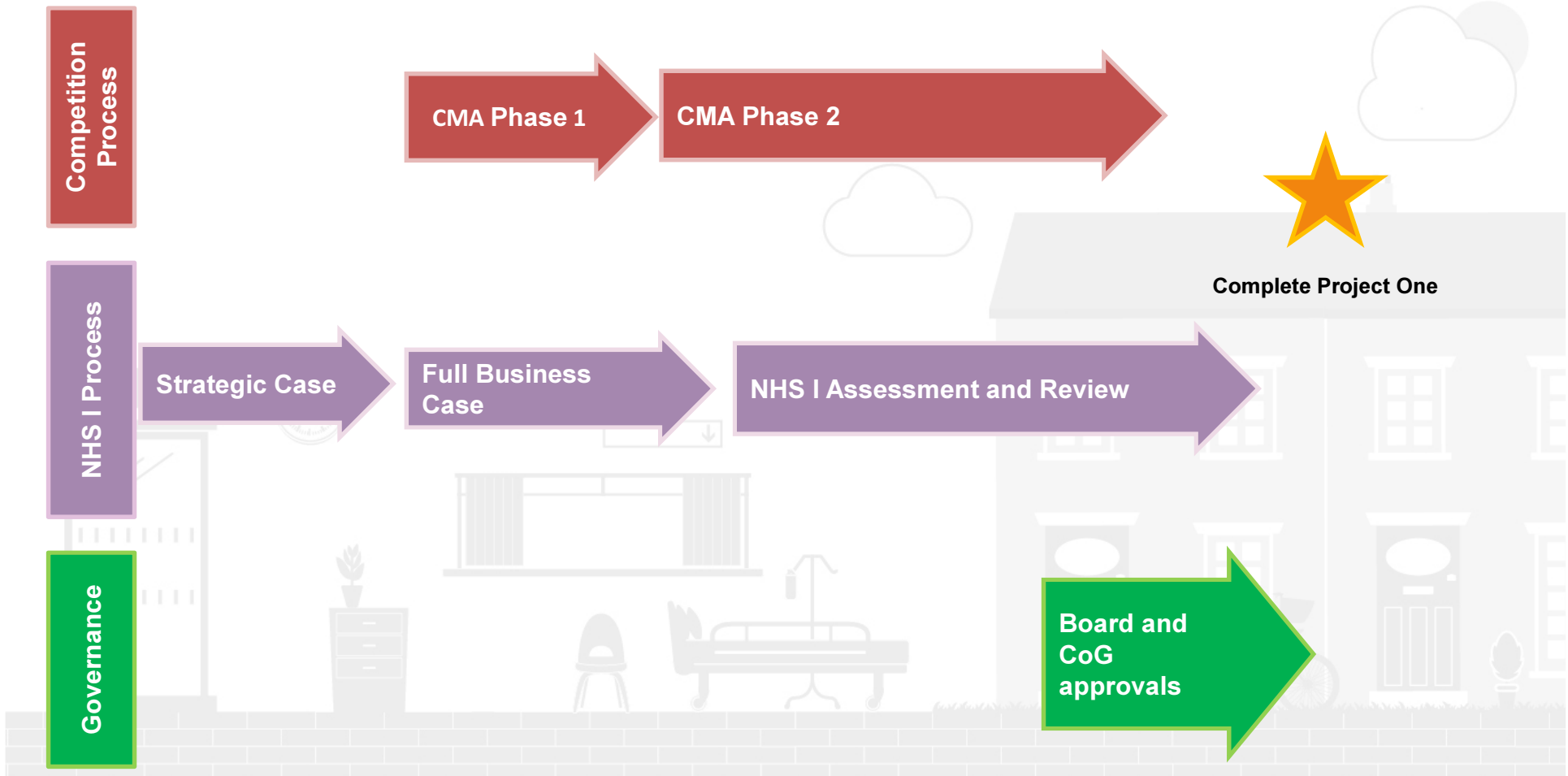
- § A Single Hospital Service would deliver real benefits for patients and the local population.
- § The best way to deliver these benefits was through the creation of a new FT incorporating CMFT, UHSM and NMGH.



Achieved heroic timeline for merger.....



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What have we achieved in less than 12 months?



Competition Case



Patient Benefits Case



Full Business Case



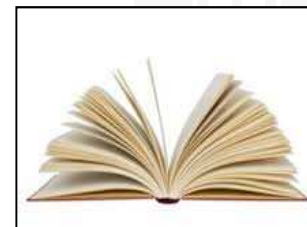
PTIP



Manchester University
NHS Foundation Trust



Interim Board



New Constitution



Board and
CoG approval



Unqualified
Reporting
Accountant

Communication and Engagement have been at the heart of our success. 

5

Dedicated
Clinical
Leads

600+

Clinicians Directly Engaged



3,000+
responses

Patient Benefits
Cases

15

Community Engagement

- Healthwatch
- Community Partnership Forum
- Health and Wellbeing Board
- Health Scrutiny Committees
- Foundation Trust Membership

Intense engagement
with Governors

12

sessions

New organisation will deliver a number of benefits

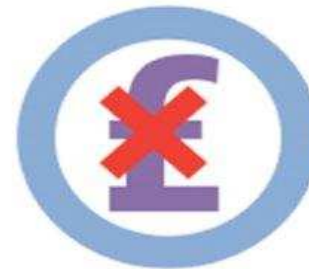
What are the benefits of the new city-wide Trust, Manchester University NHS Foundation Trust (MFT)?



Consistently high standards of services at all hospitals



More opportunity to attract and keep the best staff



Less duplication and waste across sites



Stronger teams sharing specialised skills 24/7



More joined up patient record and clinical systems



Increased opportunities to attract research funding



Better continuity of care wherever you are treated

MFT Vision



Excels in quality, safety and patient experience

Recognised internationally as a leading healthcare provider

Attracts, develops and retains great people

Plays its full part in the GM Health and Social Care Economy

Undertakes large scale research, innovation & teaching to benefit the NHS

Now entering a period of significant change – **NHS** MFT must focus on key objectives.

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Maintain safe and sustainable services
– focussed on business as usual

Continue to retain and support staff –
OD a priority

Achieve constitutional standards and retain financial control

However, our programme to create a truly Single Hospital Service will continue at pace.

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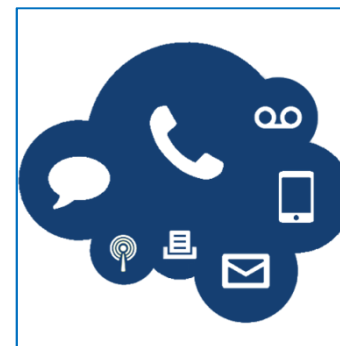
Governor elections and new structures



Deliver Integration Plans



Realise benefits and enact Investment Agreement



Maintain and enhance communication / engagement

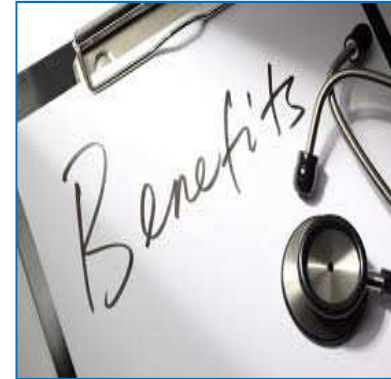


Deliver Project Two

Key to delivering the benefits is the development of our Service Strategy

Strategy must:

- Be based on achieving SHS benefits for patients and staff
- Contribute towards addressing the financial challenge
- Recognise that not all decisions are entirely within our gift
- Recognise that we're not starting with a blank sheet of paper



Approach to developing our Service Strategy

Two levels

- Overarching Group Service Strategy
- A series of Clinical Service Strategies

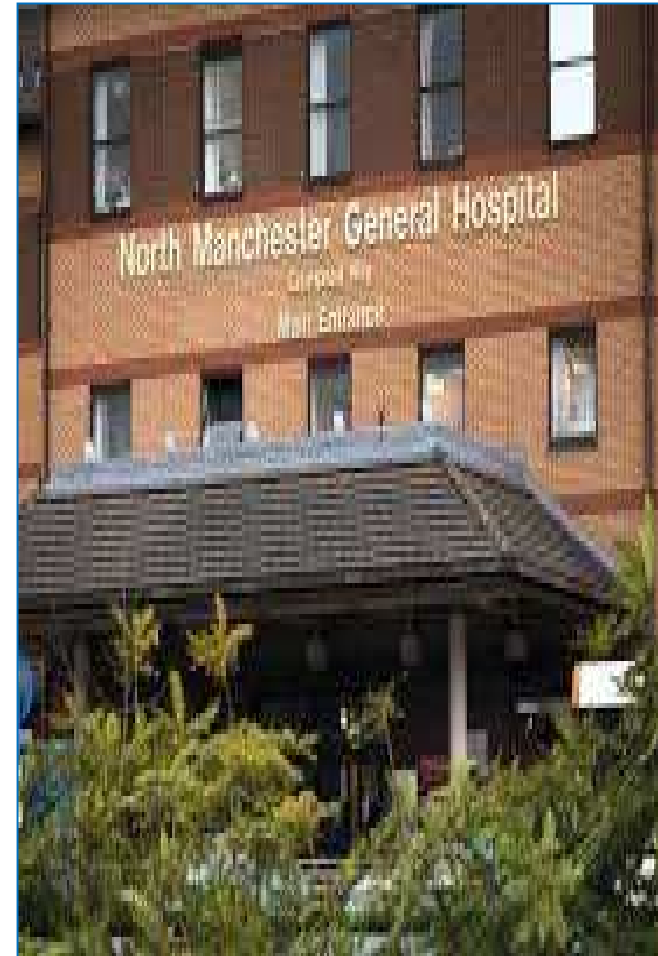


Approach will be based on the following

- Clinically driven
- Full engagement with internal and external stakeholders
- Aligned to other work streams, both internal and external, in particular GM theme 3
- Resourced appropriately

NMGH Future.....

- MFT prioritise Project Two
- Apply expertise gathered from the Merger of CMFT/UHSM
- Actively collaborate with stakeholders especially NHS I / GMH&SCP
- Optimise engagement opportunities



Post-Merger we will share learning....

- Ground breaking process – no precedent.
- Learning to inform national policy.
- Unrelenting engagement crucial.
- Dedicated, well resourced and highly skilled team key to success.
- Commitment to SHS Programme from across GM a key enabler.



A large blackboard with the text 'Any Questions?' written in white chalk. The blackboard is set against a background of a street scene with buildings, a bench, a bicycle, and a trash can.

Any Questions?

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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 5th October 2017
Report for: Information
Report of: Kerry Purnell, Head of Partnerships and Communities

Report Title

GM Working Well Early Help Programme

Purpose

This report provides updated information on the activity of the 'GM Working Well Early Help' Programme which is being developed.

Recommendations

To note the information in the report.

Contact person for access to background papers and further information:

Name: Kerry Purnell Phone: 0161 912 2115

1. Establishment of the Early Help Working Project

The GM Health and Employment Programme is a joint programme between the GM Health & Social Care Partnership and the GMCA. It aims to create a system that efficiently and effectively supports employees along the scale from 'in work' through to those in 'long-term worklessness'.

The first priority within the programme is to develop a 'GM Working Well Early Help Service' which will deliver an effective early intervention service to GM residents. The interventions will be aimed at helping prevent long term absences, stop people from becoming unemployed due to ill health and helping people return to work following an absence of sickness.

The programme aims to provide assistance for employers of small and micro business or individuals who are self-employed, and currently don't have access to any occupational health or employee health support, the programme will additionally

assist those employees who are experiencing long term health issues manage their conditions while still in work.

A GM specification will be produced and taken through a procurement process. Some elements of the programme may be piloted in some boroughs before full contract mobilisation in the autumn of 2018. The programme is reliant on Transformation funding so it is not necessarily about commissioning a new universal service at first, but to test new models out which will influence future service provision.

2. Key Facts

- It is estimated that 131million days are lost to sickness each year¹ in the UK which is an average of 4.4 days per employee.
- 85,000 businesses in Greater Manchester employ 50 or fewer people.
- 42% of employees experience at least one period of sickness within a year.
- Each year the estimated annual cost of occupational sick pay in Greater Manchester is £400million.
- Each year the annual cost of statutory sick pay to Greater Manchester is £90 million.
- 98% of GM employers have little or no access to Occupational Health or Employee Health & Wellbeing support.
- Jobcentre Plus has no integrated health response for anyone newly unemployed due to health conditions.
- 236,400 people in Greater Manchester are out of work and claiming benefits, of these 64% or 150,800 are claiming as a result of a health condition.

3. Project Task Group

A project task group who will ensure Trafford is ready for the new programme and help shape the GM specification was identified and operational by July 2017. The team comprises membership from a variety of services and specialists who are identified below:

Kerry Purnell	Head of Partnerships and Communities (Project Lead)
Karen Ahmed	Director of All Age Commissioning Trafford Council
Angela Beadsworth	Acting Head of Workforce and Core Strategy Trafford Council
Nidi Etim	Senior Economic Growth Office Trafford Council
Dr. Nigel Guest	Chief Clinical Officer for Trafford CCG
Jason Bamford-Swift	Primary Care Lead Officer for Trafford CCG
Julie Hotchkiss	Consultant in Public Health
Caroline Lewis	Thrive Trafford
Ian Mitchell	DWP

¹ Black & Frost 2011

Richard Spearing	Integrated Network Director at Trafford Council and Pennine Care NHS
Dave Litherland	Your Housing Group
Gareth Wilkinson	Manager Stretford Mall
Simon Francis	Greater Manchester Health Care & Social
Michelle Atkinson	Greater Manchester Health Care & Social
Mike Corfield	Trafford Housing Trust
Denise Mulligan	Business Support Trafford Council
Roger Cairns	Trafford Housing Trust
Rachel Crawshaw	GM Mental Health Team
Sue Wright	Partnerships and Communities Trafford Council

The task group meets on a monthly cycle to progress work; additional meetings have taken place with Trafford's CCG Primary Care and Chief Clinical Leads.

4. Work to Date

➤ GP Focus Group

The Chief Clinical Officer will take on the role of 'GP Champion'. To ensure we capture the views and cascade information from a wide range of medical professionals within the borough we will be holding a GP/ primary care focus group in October 2017. We will use the information from this group to help shape the programme going forward. It is anticipated GP's will become the primary referrers into the programme once the project becomes operational.

➤ Literature Review

A recent GM literature review which focused on collating information relevant to the topic was undertaken during the early stages of the project. This review examined:

- ❖ The evidence base developed by GMCA Research earlier on in the development of Working Well Early Help.
- ❖ The results of a November 2016 Idox Information Service search into helping people with health conditions back into work.
- ❖ A review of the publications of the Health at Work Policy Unit within the Work Foundation.

These sources of information consisted of over thirty reports, assessments, and policy statements, which provide supporting evidence for the implementation of a project which would seek to reduce sickness absence and encourage an early return to work following a period of sickness.

➤ GM Focus Groups

Two workshops for GM colleagues were held in September 2017, the workshops offered an opportunity to discuss the current plans for the project and gather views as part of the stakeholder engagement and co-design process.

➤ Stakeholder Engagement and Communication

The task group has developed a clear stakeholder engagement and communication plan. They have worked with service leads to establish where and when the communications will be tested and rolled out. Briefing materials produced by the GM programme team have been adapted for local use.

The main elements of the stakeholder engagement plan are shown here:

Target Audience	Method	When
Trafford Employment, Enterprise and Skills partnership	Meeting	Sept 2017
Health and Well Being Board	Update report Briefing Note and survey questions	Oct 2017
PSR Operations Group (multi-agency operational leaders)	Update to meeting	Oct 2017
Work & Skills providers and Stronger Families, MARAT, CRC	Meeting	Sept 2017
TMBC and Pennine staff (general)	Briefing note for the Intranet	Oct 2017
TMBC/Pennine Health and Social Care staff	Briefing note and survey questions to H&SC Directors for dissemination via team meetings	Oct 2017
VCSE- Strategic VCSE forum Blusci New Way Forward Phoenix Futures	Briefing note to VCSE forum members via Thrive Meetings with targeted VCSE providers	Oct 2017
CCG/GPS & CCG commissioned services	Focus group	Oct 2017
Trafford Co-ordination Centre	Meeting with Jason Bamford-Swift	Oct 2017
Professional Experts (HR)	General briefing note and questions	Sept 2017
Employers	Briefing note and survey Use Monthly employer's bulletin Trafford Park Business Network SME Business Advisor meetings Carrington Business Park Network Altrincham Unlimited Town Centre Partnerships	Sept – Oct 2017

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To date, two main communications have been developed, produced, published and distributed, each directed at a specific targeted audiences.

Trafford offered to develop a survey for employers on behalf of the rest of GM. This has now been sent out via our business networks and by our colleague across the other boroughs. The accompanying brief provides a detailed explanation of the early help project and it offers employers an opportunity to engage and co-design the elements of the service. The survey asks a series of questions regarding their business, their existing health related benefits for employees and latterly asks for their opinions to help shape the intervention programme.

Running concurrently is a brief designed for Trafford colleagues, the brief details the intentions of the programme, it offers colleagues an opportunity to complete a short survey and attend a workshop. The survey also provides an opportunity for colleagues to influence the design of the intervention programme.

Members of the task group will be actively promoting the communication and surveys at a number of relevant events in Trafford; electronically via email and websites and in written communications.

A general Trafford focus group may be held during October if required. Evaluation of the results of the surveys and focus groups will analysed with the results used to influence the specification of the project and interventions.

5. Next steps

The consultation phase of the project will run from September to the end of October 2017. Once the results of the consultation have been analysed and considered they will be reported to the GM programme team to help influence the new service.

A draft brief for the project will be completed by December 2017, and commissioning for the new service will take place in spring 2018 but there may be the opportunity to test out elements of the service prior to this date.

The Health and Wellbeing Board will be updated with further information relating to this project as it progresses.

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Promoting Healthy Ageing and Maintaining Independence in Trafford: a multi-agency approach

Background

Across Greater Manchester, there is a predicted 29 per cent increase in the proportion of people over 65 by 2032, and the proportion of over-85s is expected to double. We should celebrate the fact that more people are living longer and the opportunities that brings. However, for many people, older age brings with it increasing physical and mental multi-morbidities; Guzman-Castillo and colleagues¹ have recently estimated that between 2015- 2025 a quarter of the extra years gained after age 65 years will involve disability, with the largest relative increases in dementia cases. However, many long term conditions are preventable through modifiable risk factors, including up to 35% of dementia cases. This demonstrates the need for effective public health interventions to tackle the main risk factors for chronic disease and associated disability, including poor diets, smoking, high alcohol consumption, and physical inactivity.

The role of the Health and Wellbeing Board in promoting healthy ageing in Trafford

In order to reduce the negative impact of these demographic changes, we need to make sure that our population enters older age in the best possible health, and that they are able to maintain this for as long as possible. The Health and Wellbeing Board, as a multi agency partnership, is well placed to lead this work, linking in to the interventions outlined in the Vision 2031 plans.

The outcomes that will be delivered through a structured approach to promoting healthy ageing are **increased independence; reduced hospital and care home admissions; improved mental health; improved social cohesion; and lower health and social care costs.**

The importance of this work is recognised through the inclusion of the Ageing Well strands within the GM Population Health Plan, and through the development of the GM Ageing Hub, which includes the following key themes:

- Economy and Work
- Age-friendly Places
- Healthy Ageing
- Housing and Planning
- Transport
- Culture and Learning

Trafford, in common with all other GM boroughs, needs to be able to demonstrate the positive impact it is making in all these areas, if we are to bridge the projected funding deficits.

Overall, therefore, for Trafford to make the maximum difference to the health of its older people, interventions are required at three levels:

- Actions to promote healthy lifestyles in middle age
- Social, structural and environmental changes (as outlined by the GM Ageing Hub)
- Systematic identification of higher risk older people and promotion of evidence based interventions

The specific health and social care issues that give particular risks to older people being able to maintain their independence are **frailty; falls; and dementia**. Addressing these will involve a multi agency and multi professional approach, including advice on the identification of higher risk individuals and the relative merits of different interventions (which will include advice on physical activity, diet and hydration etc).

Proposal

For Trafford, this will involve a strengthened lifestyle and behaviour change offer, with a focus on reducing inequalities, as well as more attention to the impact of the built environment on healthy ageing (linking to the work of the GM Healthy Ageing Hub), and to the development of systematic approaches to the more clinical areas identified within the Health Ageing section of the GM Population Health Plan.

In order to progress this work, it is proposed that a Programme Manager for Healthy Ageing is appointed on an 18 month contract, to plan, co-ordinate and deliver the changes required in Trafford.

The role will include collation of local and national evidence to inform the development of a local strategy and action plan, assessment of relative priorities, and project management of the implementation of this. The post holder will report to the Director of Public Health, and will be accountable to the Healthy Ageing Strategy Group, a subgroup of the HWBB.

There will be a particular focus on understanding and addressing the impact of **falls, frailty and dementia** in Trafford. This will require public engagement with the prevention aspects of the work, as well as delivering systematic clinical and service engagement. Through the focus on Healthy Ageing, the post holder will be expected to take an asset based approach to delivery, while at the same time keeping the issues relating to frailty as a central theme. The post holder will use the evidence from NICE and guidance within the Five Year Forward View and other sources to

help inform their assessment of Trafford's current position and how to improve this both cost effectively and at pace.

Eleanor Roaf, Interim DPH

30.8.17

1. Guzman-Castillo, M, Ahmadi-Abhari, S, Bandosz, P et al. Forecasted trends in disability and life expectancy in England and Wales up to 2025: a modelling study. (published online May 23)*Lancet Public Health*. 201

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