



**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 Trafford¹ 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.

¹ 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 mortalityⁱ.

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 2014-17ⁱⁱ

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 Livesⁱⁱⁱ. 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^{iv}. 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^v. 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^{vi}.

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^{vii}.

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^{viii}. Social inequalities have been shown to have a considerable impact on the life chances and outcomes of children and young people^{ix}. 26.3% of Trafford's school children are from a minority ethnic group^x. 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^{xi}.

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^{xii}. Wide variation in hospital admission rates for dental caries between wards reflect levels of deprivation^{xiii}.

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^{xiv}, 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.	Early Years: 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.	Early Years: 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.	Early Years: 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.	Early Years: Breastfeeding	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.	Early Years: Healthy Child Programme (HCP) for CYP	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.	Healthy Weight: 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.	Healthy Weight: 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 ² from causes considered amenable to healthcare 1b Life expectancy at 75

* Mandatory Public Health Commissioned Service

² 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.	Healthy Weight: 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.	Ageing Well: 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.	Ageing Well: 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
								Life expectancy after illness or injury
1k.	Smoking and Tobacco Control	<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"> 1. Stop smoking compliance with NICE quality standards 2. Strong links between stop smoking service and other wellbeing and behaviour change services 3. Smoking rates are greatest in areas of socio-economic deprivation. 4. Every 4-week quit achieved directly saves the NHS costs of £250 of secondary care activity^{xv}. 	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.	Alcohol*	<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.	Drug Misuse*	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.	Physical Activity	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.	Oral Public Health	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.	Mental Health and Wellbeing: Adults	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"> • BlueSCI • Re-Think • Trafford Age UK • Trafford CIL • LMCP Care Link • United Response • 42nd Street • Alzheimer's Society Trafford • Autistic Society • New Way Forward 	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.	Mental Health and Wellbeing: 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.	Sexual Health Services *	<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.	Domestic Abuse and Violence	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&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.	Outbreak control and incident management*	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.	Influenza	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.	Cancer Prevention and Screening	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.	Non-cancer screening programmes (NHS Health Checks)	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"> 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. 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. 3. CVD deaths and risk factors are greatest in areas of socio-economic deprivation- appropriate advice and follow-up after the NHS Health 	1,2,5,6	2.21 Access to non-cancer screening programmes	<ol style="list-style-type: none"> 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*)

ref	Programme	Description	Priority Actions	Measured Outcomes	Trafford CCG		National	
					Strategic Objs (1,2,3,4)	System Objs	PH Outcome	NHS Outcome
					<p>Check will reduce this</p> <p>4. Early identification of risk enables risk reduction with subsequent reduction in development of diabetes, stroke, CHD.</p>			
2g.	Childhood Immunisation Programmes	<p>Ensure that local children are effectively immunised in line with the national immunisation policy including childhood vaccinations and HPV</p> <p>Support the implementation of the national roll out of the flu vaccine to all 2,3 and 4 year olds</p>	<p>Work with NHS England and local services to ensure that this occurs effectively</p> <p>Work with local services to deliver immunisations including school nursing</p>	Childhood immunisation programme coverage rates	4. Immunisation from flu prevents the ill effects of disease.	5, 6	<p>3.3 Population vaccination coverage</p> <p>4.8 Mortality rate from communicable diseases</p>	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.	Outbreak control and incident management*	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.	Cancer Screening	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.	Childhood Immunisation Programmes	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.	Ageing Well: 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.	CCG core offer	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 card re 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.	Joint Strategic Needs Assessment	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.	CCG core offer:	<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.	Childhood Accident Prevention	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.	Cancer Screening	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.	Teenage Pregnancy: 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.	Employment and skills	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
		10,455,800
	Public Health Grant	10,455,800

References

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