



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

**Date: Tuesday, 9 June 2015**

**Time: 6.00 p.m.**

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

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1.	<b>ATTENDANCES</b>  To note attendances, including officers, and any apologies for absence.	
2.	<b>MEMBERSHIP OF THE COMMITTEE 2015/16, INCLUDING CHAIRMAN AND VICE-CHAIRMAN</b>  To note the membership including Chairman and Vice-Chairman of the Health and Wellbeing Board for the Municipal Year 2015/16, as determined by Council at the Annual Meeting held on 28 May, 2015.	1 - 2
3.	<b>TERMS OF REFERENCE FOR THE COMMITTEE 2015/16</b>  To note the Committee's Terms of Reference (ToR) as agreed at the Annual Meeting of the Council held on 28 May, 2015.	3 - 4
4.	<b>MINUTES</b>  To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 3 March, 2015.	5 - 10
5.	<b>DECLARATIONS OF INTEREST</b>  Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.	
6.	<b>ACTION LOG</b>	

## **Health and Wellbeing Board - Tuesday, 9 June 2015**

- To receive an update from the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group. 11 - 12
7. **GREATER MANCHESTER HEALTH & SOCIAL CARE DEVOLUTION AND NEXT STEPS**
- To receive a joint presentation of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group, the Acting Corporate Director, Children, Families and Wellbeing, the Director of Public Health, and the Director of Strategic Development, Central Manchester University Hospital, NHS Foundation Trust. 13 - 26
8. **BETTER CARE FUND UPDATE**
- To receive a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group. To Follow
9. **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE**
- To receive a report of the Director of Public Health. 27 - 36
10. **TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE**
- To receive a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group. 37 - 40
11. **TRAFFORD COUNCIL UPDATE**
- To receive a report of the Acting Corporate Director, Children, Families and Wellbeing. To Follow
12. **HEALTHWATCH TRAFFORD UPDATE**
- To receive a report of the Chairman of HealthWatch Trafford. To Follow
13. **HEALTH & WELLBEING BOARD AND DEVELOPMENT WORKSHOP CONFIRMED DATES FOR 2015/16**
- To receive a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group. 41 - 42
14. **TRAFFORD PARTNERSHIP UPDATE**
- To receive a report of the Head of Partnerships & Communities. 43 - 46
15. **HEALTH & WELLBEING SUPPLEMENTARY STATEMENT**
- To receive a report of the Director of Public Health. 47 - 56
16. **KEY MESSAGES**
- To consider the key messages from the meeting.

**17. 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 D. Banks, Currell, A. Day, Dr. N. Guest (Chairman), J. Harding, B. Humphrey, M. Hyman, G. Lawrence, Supt Liggett, M. McCourt, Pearce, A. Razzaq, A. Vegh, S. Webster and A. Williams (Vice-Chairman)

Further Information

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

Chris Gaffey, Democratic and Scrutiny Officer.

Tel: 0161 912 2019

Email: [chris.gaffey@trafford.gov.uk](mailto:chris.gaffey@trafford.gov.uk)

This agenda was issued on **28 May, 2015**, by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any queries.

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## TRAFFORD COUNCIL

### MEMBERSHIP OF COMMITTEES 2015/16

#### Notes on Membership:

- (1) The Council Membership is nominated by the Leader of the Council.
- (2) The Accountable Officer Trafford Clinical Commissioning Group, namely Dr. Nigel Guest, will Chair the Board.
- (3) \* Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note at least one Councillor and one member of the CCG must be appointed.)

<b>COMMITTEE</b>		<b>NO. OF MEMBERS</b>
HEALTH AND WELLBEING BOARD		4
(plus the Corporate Director of Children, Families and Wellbeing* and 10 External Partners)		
<b>CONSERVATIVE GROUP</b>	<b>LABOUR GROUP</b>	<b>LIBERAL DEMOCRAT GROUP</b>
Councillors:-	Councillors:-	Councillors:-
Executive Member for Adult Social Services and Community Wellbeing	Shadow Executive Member for Adult Social Services and Community Wellbeing	
Executive Member for Children's Services		
<b>TOTAL</b>	<b>2</b>	<b>1</b>
		<b>0</b>

Membership of the Health and Wellbeing Board shall also comprise of:

- Accountable Officer Trafford Clinical Commissioning Group
- Trafford Representative, NHS England Area Team
- Director of Public Health\*
- Chair Health Watch Trafford\*
- Director of Commissioning, Clinical Commissioning Group
- Representative, Central Manchester Foundation Trust
- Representative, University Hospital of South Manchester
- Representative, Pennine Community Care Foundation Trust
- Representative, Greater Manchester West Mental Health Foundation Trust
- Representative, Trafford's Third Sector
- Representative, Greater Manchester Police Trafford Division

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## HEALTH AND WELLBEING BOARD

### Terms of Reference

1. To provide strong leadership and direction of the health and wellbeing agenda by agreeing priority outcomes for health and wellbeing.
2. To develop a shared understanding of the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).
3. To seek to meet those needs by producing a Joint Health and Wellbeing Strategy for Trafford and ensure that it drives commissioning of relevant services.
4. To drive a genuine collaborative approach to commissioning of improved health and care services which improve the health and wellbeing of local people and reduces health inequalities.
5. To promote joined-up commissioning plans across the NHS, social care and public health.
6. To have oversight of local Clinical Commissioning Group (CCG) and local authority commissioning plans.
7. To operate as a thematic partnership within the context of the Sustainable Community Strategy Trafford 2021 and align its work to the Trafford Partnership in that capacity.
8. To improve local democratic accountability and engage with the Health and Wellbeing Forum which includes Trafford residents, service providers and other key stakeholders to understand health and wellbeing needs in Trafford.
9. To monitor and review the delivery of health and wellbeing improvements and outcomes through robust performance monitoring.

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## HEALTH AND WELLBEING BOARD

**3 MARCH 2015**

### PRESENT

Councillor J. Bennett (Shadow Executive Member, Adult Social Services and Community Wellbeing)  
D. Brownlee (Corporate Director, Children, Families and Wellbeing)  
Councillor M. Cornes (Executive Member for Children's Services)  
A. Day (Chair, Healthwatch Trafford)  
Dr. N. Guest (Chief Clinical Officer, NHS Trafford CCG) Chair  
G. Lawrence (Chief Operating Officer, NHS Trafford CCG)  
Superintendent J. Liggett (Greater Manchester Police)  
A. Razzaq (Director of Public Health)  
S. Webster (Bluesci)  
Councillor M. Young (Executive Member, Adult Social Services and Community Wellbeing).

### Also Present

J. Pearce (Director, Service Development, Children, Family and Education)  
R. Bellingham (NHS England)  
C. Baker-Longshaw (Pennine Care NHS Foundation Trust),  
J. Crossley (Associate Director of Commissioning, Trafford CCG)  
K. Purnell (Head of Partnerships & Communities)  
T. Zatman (Programme Manager, Children, Families & Wellbeing)  
D. Eaton (Joint Director for Adults (Social Care))  
K. McMonagle (Coordinated Care Lead, Computer Sciences Corporation)  
S. Boyle (Global Clinical Adviser, Computer Sciences Corporation)  
T. Coney (Solution Architect, Computer Sciences Corporation)

### In attendance

R. Sheikh (Partnerships Officer)  
C. Gaffey (Democratic & Scrutiny Officer)  
R. M. Worsley (Democratic & Scrutiny Officer)

### **APOLOGIES**

Apologies for absence were received from Councillors Currell and M. McCourt

### **55. MINUTES**

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on Tuesday 6 January 2015, be approved as a correct record.

### **56. DECLARATIONS OF INTEREST**

No interests were declared.

### **57. ACTION LOG**

**Health and Wellbeing Board**  
**3 March 2015**

The contents of the Action Log were noted. The Chairman stated he had been invited to Chair a meeting regarding Primary Care Co-Commissioning, but advised he was unable to do this. It was suggested that the Vice-Chairman's name be put forward.

RESOLVED: That the progress against the actions on the Action Log be noted.

**58. BETTER CARE FUND UPDATE**

The Board received a report of the Associate Director of Commissioning, Clinical Commissioning Group providing an update of the progress of Trafford Better Care Fund and the next phase.

It was confirmed that the programme has now received full approval and progress has been made on all the individual schemes. Up to now the Clinical Commissioning Group had only been able to provide the Board with information relating to the process, but going forward the aim will be to provide more detailed information based on ongoing reports for each individual scheme. The Chairman advised that updates on these could be staggered over future meetings of the Board.

RESOLVED: That the report be noted.

**59. THE CARE ACT UPDATE**

The Board received a joint presentation from the Programme Manager for Children, Families & Wellbeing, and the Joint Director for Adults (social care), providing an update on The Care Act.

The Joint Director for Adults (social care) answered several questions from board members. It was confirmed that the e-learning platform will remain live and will enable users to revisit previously completed units.

Public communications have already begun (some radio announcements etc.) but the real impact will be felt in April 2015. Information will be provided on frequently asked questions, and the intention is to organise visits to other organisations such as GMP to provide a presentation, and more importantly, to answer questions. Members of the public will be directed to contact local authorities and information will be accessible via organisations and leaflets. Information relating to the financial reforms will not be available until October 2015.

The Executive Member for Adult Social Services and Community Wellbeing commented that the Care Account (which excludes hotel charges) will be open as of 1 April 2016, and assessments of self-funders who come forward can commence in October 2015. The Joint Director for Adults (social care) added that it is very difficult to gauge how many self-funders there will be.

It was confirmed that Trafford would be compliant with The Care Act by 1 April 2015 and the Joint Director for Adults (social care) had personally attended the legal training.

**Health and Wellbeing Board  
3 March 2015**

The Chair thanked the Programme Manager, Children, Families & Wellbeing and the Joint Director for Adults (social care) for the presentation.

RESOLVED: That the presentation be noted.

**60. PATIENT CARE CO-ORDINATION UPDATE**

The Board received a joint presentation from the Chief Operating Officer, NHS Trafford Clinical Commissioning Group, and representatives of Computer Sciences Corporation, giving an update on the Patient Care Co-Ordination.

Before introducing the Computer Science Corporation representatives, the Chief Operating Officer, NHS Trafford Clinical Commissioning Group gave a brief overview of the background to the Patient Care Co-ordination programme and explained the importance of co-ordinating to get the best use of community services. It was stated that moving funding into Primary and Community Care enables the focus to be kept on keeping people healthy and reducing the pressure on services by lowering the numbers of people attending hospitals.

The presentation detailed the Computer Sciences Corporation's vision for the programme and how this will be achieved. It was stated that the programme will work as a partnership, building bridges with GPs, HealthWatch and others. Some services will commence on 1 June 2015 with the full programme launching on 1 September 2015.

The Chairman thanked the Chief Operating Officer, NHS Trafford Clinical Commissioning Group, and the Computer Sciences Corporation representatives for the worthwhile presentation, who went on to answer several questions from Board Members. The aim of the new system will be to create an integrated system across Trafford, helping to break away from the traditional sequential process of care, and developing a parallel way of working, meaning the Patient Care Co-ordination Centre will be involved throughout the patient journey, from initial GP visits through to aftercare.

It was confirmed that a strict information governance policy is in place along with data sharing agreements. There will also be clear guidance on how information will flow. It will be important to have input from outside groups like GMP and the Third Sector.

The system is the first of its kind, and it was confirmed that the system will link into social care. It was advised that there is already a robust process in place to ensure that records would follow children who move in and out of the Borough.

RESOLVED: That the presentation be noted.

**61. TRAFFORD HEALTH AND WELLBEING BOARD STRATEGY ACTION PLAN**

The Board received a report of the Director of Public Health on progress made in relation to the Health and Wellbeing Strategy Action Plan, highlighting the 8 priority areas.

**Health and Wellbeing Board**  
**3 March 2015**

The Director of Public Health reminded the Board of the upcoming Governance Workshop on 10 March 2015. The Chairman reminded the Board that it was important, wherever possible, for all Members to attend. Advanced apologies were received from Councillor Michael Cornes, who advised he would be unable to attend due to a prior engagement.

It was agreed that Appendix 3 of the report would be emailed to The Chairman of Healthwatch as requested.

RESOLVED: That the report be noted.

**62. SEXUAL HEALTH ACTION PLAN UPDATE**

The Board received a report of the Director of Public Health to update the Health and Well Being Board on the sexual health commissioning arrangements and local action plan following the production of the Trafford Sexual Health Needs Assessment 2014. Particular attention was brought to the Sexual Health Action Plan in Appendix 2, which was actioned as a result of the presentation considered at the previous meeting held on 6 January, 2015 (Minute No.38).

The Chairman of Public Health answered questions relation to the performance of existing providers. It was confirmed that the number of patients accessing the service is increasing. Board Members asked for an update on the performance indicators presented in the previous meeting which appeared to show a decline in the performance of providers. The Corporate Director for Children, Families and Wellbeing commented that the Action Plan is a clear one, and advised Board Members that a discussion relating to specific providers could be discussed with Board Members in a separate meeting.

RESOLVED: That the sexual health commissioning arrangements, work in progress and action plan update, be noted.

**63. LOCALITY PLANNING**

The Board received a report from the Head of Communities & Partnerships, Trafford Council, providing an update on Locality Partnerships and the shift towards a new approach to locality working through locality planning.

The Head of Communities & Partnerships answered questions raised regarding the Asset Based Community Development, and the Third Sector representative from Bluesci reminded the Board of the importance of supporting and engaging with the significant number of small local businesses in Trafford, as well as all the people who work in the Borough.

RESOLVED:

- (1) That the Board noted the report.
- (2) That the Board gave their support to the Locality Partnerships for development of the locality plans.

**64. DEVO MANC**

**Health and Wellbeing Board  
3 March 2015**

The Board received a joint verbal update on Devo Manc from the Chairman and the Executive Member, Adult Social Services and Community Wellbeing.

The Chairman referred to this week's announcement for the devolution of £6billion of health and social care funding to Greater Manchester, and the signing of a Memorandum of Understanding. The Chairman stated that this sets out a roadmap for health and social care integration in the area, and is an exciting opportunity with many things to be discussed. It was confirmed that a Memorandum of Understanding within the Borough would be required.

The Executive Member, Adult Social Services and Community Wellbeing commented that this would mean decisions could now be taken from the bottom up, as opposed to the top down, a point that was agreed upon by other Board Members who believed this will enable the Borough to take control at a local level, and will allow local people to have a better understanding of the issues involved.

The Corporate Director for Families, Children and Wellbeing stated that the creation of a joint board may be required. It was noted that Trafford has prior experience of this due to our current involvement with other joint boards, and will therefore be beneficial in terms of progressing. From the local authority's perspective it will be a chance to tackle fundamental aspects of health and social care.

It was asked whether the devolution of this funding would result in some of the money having to be used to pay deficits. The Chairman advised the £6billion is the funding we are already receiving, and does not answer the question of the £1.1billion deficit, but the devolution we will enable us to make our own decisions, ensuring the funding can be used more effectively.

RESOLVED: That the update be noted.

**65. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE INCLUDING HEALTHIER TOGETHER**

The Board received a report of the Chairman providing an update on the work of the NHS Trafford Clinical Commissioning Group, and provided information and progress on key commissioning activities. It considered locality specific issues and referenced links to Greater Manchester and national issues where relevant.

It was confirmed that the Better Care Fund programme for Trafford has now been approved. It was also confirmed that the Trafford Community Contract had been extended by 2 years. This extension will facilitate the CCG to progress through continued working with Pennine Care NHS Foundation Trust and Trafford Council.

Work is continuing on the Healthier Together evaluation, with no further decisions to be taken this side of the General Election.

RESOLVED: That the report be noted.

**66. HEALTHWATCH TRAFFORD UPDATE**

**Health and Wellbeing Board  
3 March 2015**

The Board received a report from the Chairman of HealthWatch, Trafford, updating them on their recent activities.

The report stated that the regular, monthly drop-ins have continued, as well as the face to face engagement with young people. There were updates on specific areas of work since the last update in January, with all reports available on the HealthWatch website.

RESOLVED: That the report be noted.

**67. HEALTH FUNDING FOR SOCIAL CARE 2014/15**

The board received a joint report of the Corporate Director, Children, Families and Wellbeing, Trafford Council, and the Director of Finance, Trafford Council, outlining the monies allocated from the NHS to Trafford Social Care for the period of 2014/15. The report indicated where the additional monies are allocated and what the funds will be used for, the resultant increased activity and outcomes, as well as the monitoring and reporting arrangements for these monies.

The formal agreement of the Health & Wellbeing Board to this report was required to allow the release of the grant monies.

It was noted that the next update to the Board should be an early task for the financial year 2015/16, which would be an end of year report showing all data of progress.

RESOLVED: That the Health and Wellbeing Board agreed:

- (1) the allocation of the NHS Support for Social Care monies 2014/15
- (2) the outlined monitoring arrangements

**68. DATES OF FUTURE MEETINGS**

The Board received an oral update from the Chairman regarding the upcoming meeting dates of the Health and Wellbeing Board.

Future dates were discussed, with definitive dates to be confirmed in the coming weeks. The Board was again reminded of the upcoming Health and Wellbeing Workshop on 10 March, 2015.

RESLOVED: That the discussion regarding upcoming meeting dates be noted.

**69. ACKNOWLEDGEMENTS**

The Chairman confirmed that this would be the Corporate Director for Children, Families and Wellbeing's last meeting with the Health and Wellbeing Board, and thanked her for all of her hard work and support and wished her well for the future.

The meeting commenced at 6.40 pm and finished at 8.40 pm

## TRAFFORD COUNCIL

**Report to:** Health & Well Being Board  
**Date:** 9<sup>th</sup> June 2015  
**Report for:** Information  
**Report of:** Dr Nigel Guest, Chair of Health and Wellbeing Board

### Report Title

Health and Wellbeing Board Action Log 3<sup>rd</sup> March 2015

### Purpose

The Action Log provides an update on the actions from the last Health and Wellbeing Board meeting on 3<sup>rd</sup> March 2015

### Recommendations

That the Health and Well Being notes progress against the actions

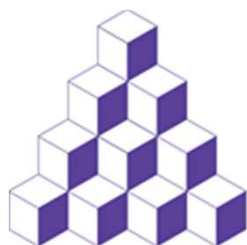
### Contact person for access to background papers and further information:

Name: Robina Sheikh, Communities Officer x1361

**ACTIONS ARISING: Health and Wellbeing Board Meeting 3<sup>rd</sup> March 2015***Date 9<sup>th</sup> June 2015*

<b>Action Ref No.</b>	<b>Meeting Date</b>	<b>Item No.</b>	<b>Item</b>	<b>Action</b>	<b>Action Lead</b>	<b>Status</b>
1	03/03/15	7	Minutes of the 3 <sup>rd</sup> March HWB Meeting	Approved by Nigel Guest and to be agreed by Board Members	Nigel Guest and Democratic Service	<b>Action to be agreed at HWBB 09/06/15</b>





**AGMA**  
ASSOCIATION OF  
GREATER MANCHESTER  
AUTHORITIES



Greater Manchester Association of  
Clinical Commissioning Groups

# Greater Manchester Health & Social Care Devolution and Next Steps

Dr Nigel Guest, John Peace, Darren Banks, Abdul Razzaq

# Purpose

- This briefing presentation to the Trafford Health and Well being Board provides a high-level overview of the GM Health and Social Care Devolution Programme structure including the following:
- **A summary of the key work streams, objectives and progress to date.**
- **An outline of the next steps for each work stream and how stakeholders can get involved.**

# Context

The overriding purpose of Greater Manchester Health and Social Care Devolution is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester (GM).

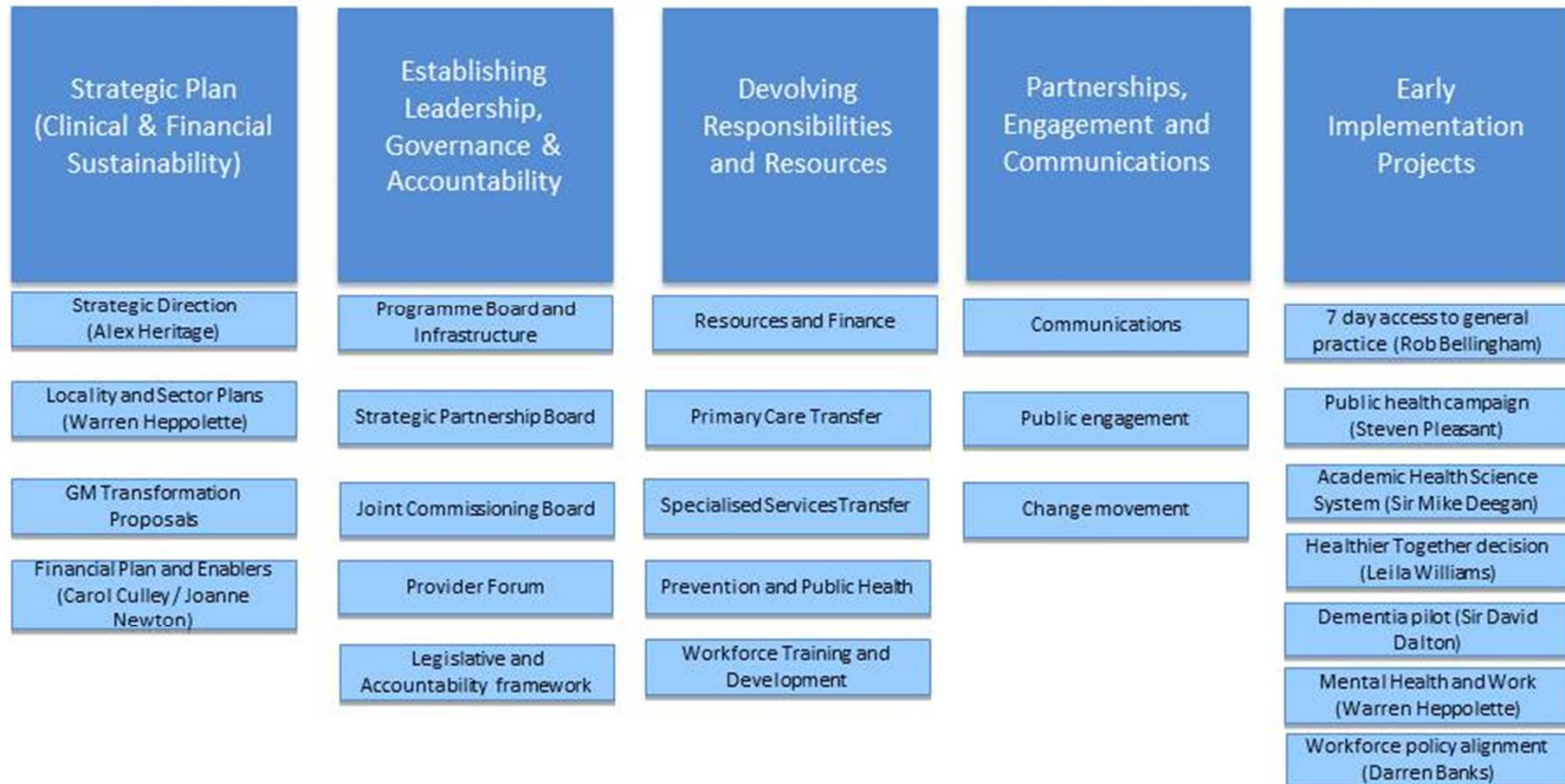
This requires a more integrated approach to the use of the existing health and care resources - around £6bn in 2015/16 - as well as transformational changes in the way in which services are delivered across Greater Manchester.

This trailblazing move sees NHS England, 12 NHS Clinical Commissioning Groups, 10 local authorities and 15 NHS providers agree a framework for health and social care - with plans for joint decision-making on integrated care to support physical, mental and social wellbeing.

# Programme Approach

Greater Manchester Health and Social Care Devolution Programme Board

GM Health and Social Care Devolution Transition Management Team



# Overview of Programme Work Streams:

Health & Social Care Devolution Programme

Strategic Plan  
(Clinical &  
Financial  
Sustainability)

Establishing  
Leadership,  
Governance &  
Accountability

Devolving  
Responsibilities  
and Resources

Partnerships,  
Engagement and  
Communications

Early  
Implementation  
Projects

# Programme Work Streams Update and Next Steps:

## Strategic Plan (Clinical & Financial Sustainability)

Progress Update	Proposed next steps	Considerations for GM Health and Social Care system
<ul style="list-style-type: none"> <li>• A <b>working group</b> has been established to develop some of the early work surrounding this</li> <li>• A draft work stream plan and suggested structure for the strategic plan has been developed</li> <li>• A task and finish group to develop the locality plan framework was established at the Wider Leadership Team and has met for the first time</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a Leadership Reference Group chaired by the work stream leads. An open invite will be circulated for those who are interested in contributing to the this work stream to attend</li> <li>• Sub-groups will be established to take responsibility for drafting individual parts of the plan</li> <li>• Appointment of 10 locality SROs to lead locality plans (email to go out to GM leaders imminently)</li> <li>• The Strategic Plan needs to be finalised and agreed by December 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Identify leaders for the supporting work streams (mental health, public health etc) to support the Leadership Reference Group</li> <li>• With local Authority partners, confirm the locality SRO for the locality plans.</li> </ul>

# Programme Work Streams Update and Next Steps:

## Establishing Leadership, Governance and Accountability

Progress Update	Proposed next steps	Considerations for GM Health and Social Care system
<ul style="list-style-type: none"> <li>• A <b>Governance Group</b> has been established and is meeting weekly</li> <li>• Suggested that the group's remit includes:               <ul style="list-style-type: none"> <li>• setting up the new boards</li> <li>• making proposals for changes in legislation</li> <li>• clarifying accountability issues</li> <li>• leading development of MOUs with national bodies</li> <li>• supporting legal transformation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Nomination of a CCG representative to join the Governance Group</li> <li>• Ensure alignment to the relevant parts of the Strategic Plan</li> <li>• Establish the new GM governance structures (including Health and Social Care Partnership Board, Executive Group and Joint Commissioning Board) by October 2015 to support shadow devolution of resources from this date</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm nominations to the Governance Group</li> <li>• Join initial informal/shadow sessions to shape the working arrangements of the new governance architecture</li> </ul>

# Programme Work Streams Update and Next Steps:

## Devolving Responsibilities and Resources

Progress Update	Proposed next steps	Considerations for GM Health and Social Care system
<ul style="list-style-type: none"> <li>This work stream is still in the very early stages but the lead is progressing the priorities detailed below</li> <li>Devolution CFO (Sarah Senior) will lead this work stream when in post from 01.06.15</li> </ul>	<ul style="list-style-type: none"> <li>Establish a <b>Devolving Responsibilities and Resources Group</b> equivalent to the Governance Group</li> <li>Establish a technical sub-group to draw on knowledge and expertise in the system further</li> <li>Align to relevant parts of the Strategic Plan</li> <li>Responsibilities and resources need to be devolved by October 2015 (in line with governance arrangements) and operating in shadow form</li> </ul>	<ul style="list-style-type: none"> <li>Confirm nominations to the <b>Devolving Responsibilities and Resources Group</b></li> </ul>



# Programme Work Streams Update and Next Steps:

## Partnerships, Engagement and Communications

Progress Update	Proposed next steps	Considerations for GM Health and Social Care system
<ul style="list-style-type: none"> <li>• A Communications &amp; Engagement Working Group has been established which includes expert representation from NHS England, GM CCGs, GM NHS providers and GM Councils</li> <li>• Short term communications plan agreed with immediate priorities to establish good communications with stakeholders immediately.</li> <li>• Principles communicated of encouraging localities and sectors to have their own conversations and explain and discuss this in their own way – building on the core materials and messaging provided</li> <li>• Discussions underway with GM Fire and Rescue Service, Marketing Manchester and NHS England for event support time with interviews next week for potential temporary event support</li> </ul>	<ul style="list-style-type: none"> <li>• Need to establish management structure for this work stream – potential for a Partnerships, Engagement and Communications Group to be established akin to those in Governance and Devolving Responsibilities</li> <li>• Drafting of an engagement strategy for the entire devolution programme, including ambitions for population activation as part of a movement for change</li> <li>• Provision of communications support to the Early Implementation projects</li> <li>• Development of a forward plan for conferences and events</li> <li>• Agreement of regular communications to stakeholders e.g. bulletins and briefing reports</li> </ul>	<ul style="list-style-type: none"> <li>• Securing effective, two-way links to locality work</li> <li>• Communicating the work widely and deeply across the health and social care system of GM and our partners.</li> </ul>

# Programme Work Streams Update and Next Steps:

## Early Implementation Projects

Progress Update	Proposed next steps	Considerations for GM Health and Social Care system
<ul style="list-style-type: none"> <li>• A long list of potential projects was drawn up from across CCGs, providers and local authorities and were prioritised using wide reaching criteria.</li> <li>• The seven projects that scored the highest were therefore selected to be taken forward. Proposals in all these areas are now being developed for detailed discussion and agreement across GM</li> <li>• Seven early implementation priorities and leads for these have been identified:               <ul style="list-style-type: none"> <li>• 7 Day Access to Primary Care (business case by end of May, access by end of Dec 2015)</li> <li>• Academic Health Science System (June 2015)</li> <li>• Healthier Together Decision (July 2015)</li> <li>• Public Health Campaign (Sept 2015)</li> <li>• Mental Health and Employment (Nov 2015)</li> <li>• Workforce Policy Alignment (Dec 2015)</li> <li>• Dementia Pilot (TBC)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Align to relevant parts of the Strategic Plan</li> <li>• Begin planning for implementation of these priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Securing organisational sponsorship and engagement to the early implementation projects</li> <li>• Supporting the development of the detailed proposals and implementation arrangements</li> </ul>

# Early Implementation Priorities

Seven early implementation priorities and leads for these have been identified:

- 7 Day Access to Primary Care (business case by end of May, access by end of Dec 2015) - lead Rob Bellingham, Director of Commissioning for the Greater Manchester Area Team.
- Academic Health Science System (June 2015) - lead Sir Michael Deegan, Chief Executive, Central Manchester University Hospitals NHS Foundation Trust.
- Healthier Together Decision (July 2015) – lead Ian Williamson, Chief Officer of Central Manchester CCG
- Public Health Campaign (Sept 2015) - lead Steve Pleasant, Chief Executive/ Lead Chief for Health, Tameside MBC / AGMA
- Mental Health and Employment (Nov 2015) - lead Warren Heppolette, Strategic Director Health and Social Care Reform
- Workforce Policy Alignment (Dec 2015) - lead Darren Banks, Director of Strategy, Central Manchester University Hospitals, NHS Foundation Trust
- Dementia Pilot (TBC) - lead Sir David Dalton, Chief Executive, Salford Royal NHS Foundation Trust

# Place Based Agreement

- Place based agreement with Public Health England (PHE) focussing on creating a unified Public Health system with NHS England and Local Authorities.

## Priorities:

- Start Well – Early Years;
- Live Well – Work and Health
- Aging Well – Dementia Friendly Communities
- Health Protection and resilience for all residents
- Social movements and co-production

# Early Implementation Priorities























Early implementation priorities include:

- Reducing the impact of hypertension.
- Increasing the impact of Health Checks and preventing diabetes.
- Developing enhanced outbreak management and response arrangements.
- Alcohol Licensing.

Section 7 Agreement:

- Complex Families.
- 0-5 Pathway.
- Cancer screening.

# High Level Programme Plan

Devolution Programme Plan on a page	2015									2016			 Critical milestones  Internal deadlines
	Apr 23 <sup>rd</sup>	May 19 <sup>th</sup>	Jun	Jul 15 <sup>th</sup>	Aug	Sep 18 <sup>th</sup>	Oct	Nov 20 <sup>th</sup>	Dec	Jan TBC	Feb	Mar TBC	
Programme Board				 				 					<ul style="list-style-type: none"> <li>• May need to add meetings in light of milestones</li> </ul>
Strategic Plan		1 <sup>st</sup> draft Outline Plan to Programme Board			End Aug: 1 <sup>st</sup> draft Outline Plan to Treasury				Programme Board review	Finalised Strategic Plan (inc. locality plans)			
Establishing Leadership, Governance and Accountability	Shadow GM Joint Commissioning Board set up			GM Health & Social Care Provider Forum set up									<ul style="list-style-type: none"> <li>• Need to identify milestones for:                             <ul style="list-style-type: none"> <li>- National and local partnerships</li> <li>- OD leadership development</li> <li>- Patient and public engagement</li> </ul> </li> </ul>
Devolving Responsibilities and Resource				GM business case for CSU services									
Early Implementation Priorities													<ul style="list-style-type: none"> <li>• Timeframe for Salford Dementia Pilot TBC</li> </ul>

## TRAFFORD COUNCIL

**Report to:** Health & Wellbeing Board  
**Date:** 9<sup>th</sup> June 2015  
**Report for:** Information  
**Report of:** Mr Abdul Razzaq

### Report Title

Joint Strategic Needs Assessment (JSNA) Update and Refresh Plan 2015/16

### Purpose

This paper describes the future vision and plans for the Trafford Joint Strategic Needs Assessment (JSNA). The redesign and refresh of the intelligence in the Trafford JSNA will take place during 2015/16, with initial outputs planned for September 2015.

### Recommendations

The Health and Well Being Board is asked to:

- Note the JSNA refresh 2015/16 work plan as outlined in Appendix B.
- Identify a JSNA lead from their organisation who will attend the JSNA steering group and support the contribution of their organisation to the work programme.
- Agree that the JSNA Steering Group will report into the Health and Well Being Programme Delivery Group.

Contact person for access to background papers and further information:

Name: Mr Abdul Razzaq

Phone: 0161 912 1319

## Trafford Joint Strategic Needs Assessment (JSNA) Update and Refresh Plan 2015/16

### 1. Purpose

- 1.1. This paper describes the future vision and plans for the Trafford Joint Strategic Needs Assessment (JSNA). The redesign and refresh of the intelligence in the Trafford JSNA will take place during 2015/16, with initial outputs planned for September 2015.

### 2. What is the Joint Strategic Needs Assessment (JSNA)

- 2.1. JSNAs are assessments of current and future health and social care needs of the community, these are needs that could be met by the Local Authority, CCG, or the local NHS<sup>i</sup>. The purpose of the JSNA is to improve health and wellbeing and reduce inequalities locally. Trafford Local Authority and Trafford Clinical Commissioning Group (CCG) have equal and joint duties to prepare the JSNA under the Health and Social Care Act 2012<sup>ii</sup>.

### 3. Trafford JSNA 2012-2016

- 3.1. The current JSNA covers 2012-2016 provides a comprehensive 'picture of place' including inequalities. It has been used as evidence to inform decisions about commissioning services and to inform actions to be taken by the Local Authority and CCG, and provides the evidence base for Trafford's Joint Health and Wellbeing Strategy.
- 3.2. Currently Trafford's JSNA sits within the *infotrafford portal* website available at [www.infotrafford.org.uk](http://www.infotrafford.org.uk). The JSNA is presented as PDF chapters that cover sections covering the full life course as well as significant conditions such as cancer and mental health, (see **Appendix A**). Some of the JSNA data is also mapped in visual form on the infotrafford portal.
- 3.3. The JSNA chapters have been added to and amended over time. The numerous chapters detailing the health needs of children and young people are the most recently updated ones, and provide a comprehensive picture of the health and social needs of our younger residents.
- 3.4. An analysis has recently been completed of the JSNA which demonstrates a need to update the data intelligence presented due to new data becoming available. In May 2015, a survey to determine how partners perceived and used the JSNA was shared with the members of the Health and Wellbeing Board (HWBB) and Trafford Safeguarding Children's Partnership. The results demonstrated an on-going need for timely and robust information and support to revise and redesign the current format.

### 4. National and Regional Picture

- 4.1. Nationally there has not been any updated guidance about JSNA's since 2013. There is an impetus to incorporate community asset based approaches into JSNA's. Whilst future policy and guidance is determined, robust and



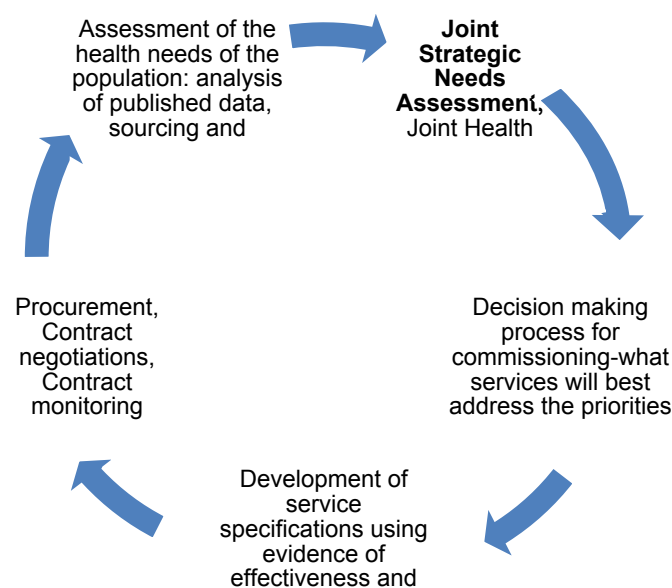
timely evidence is essential for local services to be able to commission locally appropriate services.

- 4.2. In the context of Greater Manchester Health and Social Care devolution programme, NHS England Memorandum of Understanding and the emerging Place Based agreements with Public Health England, the local JSNA will inform local commissioning and service plans to improve the health and well-being of Trafford's population.
- 4.3. A Trafford Health Profile is published annually by Public Health England (PHE) around July each year that presents an overall picture of the health and well-being of Trafford residents and health inequalities.

## 5. Why do we need a re-launched JSNA, what are the benefits?

- 5.1. The Health and Social Care Act 2012 identifies the need to have a strong local JSNA programme. With the Public Health function and team now embedded within the Council and providing healthcare population advice to the CCG, it is the appropriate to review and revise the current JSNA.
- 5.2. A reinvigorated JSNA will:
  - reduce duplication of intelligence analysis within and across partner organisations.
  - ensure that the products tell a story, linking health and social care information, providing community asset intelligence and setting the context for Trafford services and service users.
  - support a resilient Trafford, by ensuring preventative messages are clear and links to resources and information are included.
- 5.3. The JSNA is a key element of the commissioning cycle.

**Figure 1: The JSNA process and Commissioning Cycle**



- 5.4. A re-launched JSNA will support innovation and service integration at a local level by providing intelligence for commissioners and providers to redesign services effectively. It will support council members and voluntary sector organisations by providing a clear picture of the main issues at ward, locality and borough level, with links through to national resources.

## **6. Governance and Leadership**

- 6.1. The JSNA will require leadership oversight and governance to ensure it is a success. Other local authorities where the JSNA is a strong element of their commissioning process cite leadership from Council members and Strategic Directors as core to their success.
- 6.2. The JSNA Steering Group will be re-established with core membership from organisations represented on the Health and Wellbeing Board. The JSNA Steering Group will be accountable to the Health and Wellbeing Delivery Group with a regular reporting process to be agreed.
- 6.3. Task and finish groups will be established on a needs basis that will focus on specific outputs of the work programme, these may be physical groups or virtual, depending on the subject matter.

## **7. Product Deliverables**

- 7.1. The prioritisation of the topics and subsequent work plan for the JSNA refresh will be informed by the Health and Wellbeing Board and its identified key priority areas for 2015/16 such as the Care Act, Better Care Fund, joint local clinical and sustainability plan, corporate and operational plans, (**Appendix B** presents a proposed work plan for 2015/16).
- 7.2. There will be a strong focus on presenting visual data including innovative mapping and use of infographics, (see **Appendix C** for screenshot of proposed redesign).
- 7.3. The JSNA will be web-based with links from all the relevant partnership websites. It will be a consolidation of intelligence about the health and social care needs of Trafford's population.
- 7.4. It is proposed that the JSNA programme is integrated within the wider intelligence work of the partners with clear links to other information resources, strategies and work programmes relevant to the areas described. The intelligence will be timely, appropriate, robust and understandable to all those who access it. The refreshed JSNA should be seen as a valuable resource for health and social care professionals, council members and lay audiences.
- 7.5. The JSNA will aim to meet the needs of health and social care professionals, council elected members and residents. The information will be presented in a variety of ways, including locality profiles, ward level, Trafford level, specific groups or strata information. There will be service information, links to NICE and other national guidance. There will also be a feedback section on the home page to ensure on-going engagement.

- 7.6. The aim is to ensure the JSNA evolves as Trafford's population and services are reshaped.

## **8. Process**

- 8.1. A JSNA work programme will be shared with members of the Health and Well Being Programme Delivery Board for agreement. There will be a timetable developed for when updates and products are uploaded onto the site with an agreed sign-off process underpinning this. A communication strategy will be developed to ensure the JSNA is promoted widely and all partners are aware of any new data releases.

## **9. Rebranding and JSNA Hosting**

- 9.1. It is proposed that the refreshed JSNA will be rebranded. The refreshed JSNA will meet the guidance requirements but a rebranding would support greater engagement and ownership across the partnerships and borough and with residents.
- 9.2. Trafford Innovation and Intelligence Lab website would host the refreshed JSNA and this would support an amalgamation of the data currently live on this site.

## **10. Recommendations**

The Health and Well Being Board is asked to:

- Note the JSNA refresh 2015/16 work plan as outlined in Appendix B.
- Identify a JSNA lead from their organisation who will attend the JSNA steering group and support the contribution of their organisation to the work programme.
- Agree that the JSNA Steering Group will report into the Health and Well Being Programme Delivery Group.

## **Appendix A**

### Current Trafford JSNA Chapters

- Introduction and Summary
- Overview
- Pregnancy and Birth
- Children
- Young People
- Working Age Adults
- Disabled People
- Mental Health
- Getting Older
- Cancer
- Mortality
- Local Views
- GP Patient Survey
- Localities

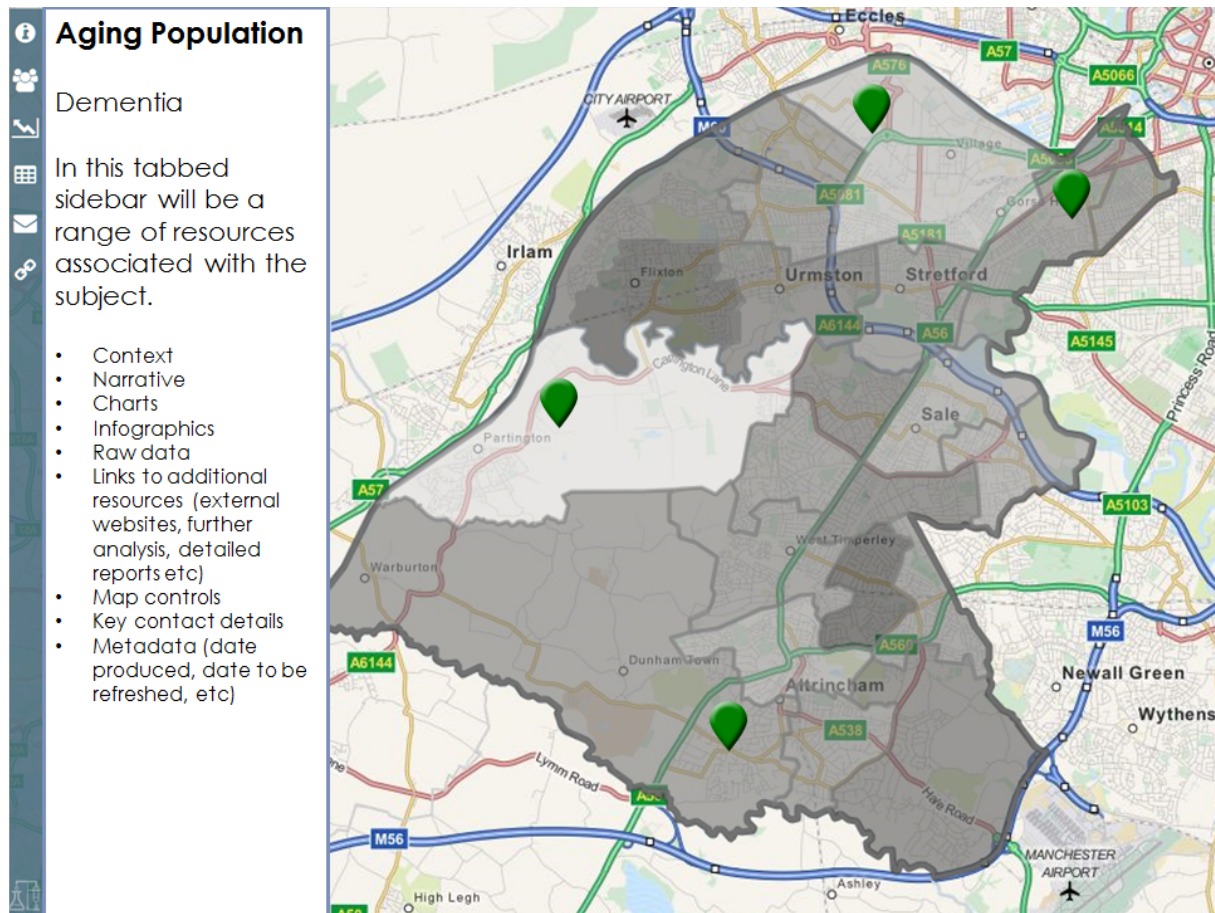
## Appendix B

### Proposed JSNA Work Plan 2015/16

	<b>Action</b>	<b>Date</b>
<b>1</b>	<b>Steering Group</b>	<b>Mid July 2015</b>
	<ul style="list-style-type: none"> <li>• Identify chair</li> <li>• Membership</li> <li>• TOR reference agreed</li> <li>• Governance agreed</li> </ul>	
<b>2</b>	<b>Agree sign off process</b>	<b>August 2015</b>
<b>3</b>	<b>Start product development</b>	<b>July 2015</b>
<b>a</b>	Life course <ul style="list-style-type: none"> <li>• Maternal, child health and preschool (reformat)</li> <li>• Children and young people (reformat)</li> <li>• Early adulthood</li> <li>• Middle adulthood</li> <li>• Older Adults</li> <li>• Frail and Elderly</li> </ul>	Complete Oct 2015 Complete Oct 2015 Complete April 2016 Complete April 2016 Complete Sept 2015 Complete Sept 2015
<b>b</b>	Key facts <ul style="list-style-type: none"> <li>• Births</li> <li>• Deaths</li> <li>• Ill health</li> <li>• Quality of life</li> <li>• Population and demographic information</li> </ul>	Complete Oct 2015
<b>c</b>	Inequalities	Complete April 2016
<b>d</b>	Major conditions <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Heart disease</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Respiratory</li> <li>• Obesity</li> <li>• Dementia</li> </ul>	Complete April 2016
<b>e</b>	Lifestyle <ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Alcohol</li> <li>• Drugs and Substance Misuse</li> </ul>	Complete April 2016
<b>f</b>	Locality Profiles	Completed Oct 2015
<b>g</b>	Primary Care	Completed Oct 2015
<b>h</b>	Social Care	Completed Oct 2015
<b>j</b>	Community Assets	Completed Oct 2015
<b>4</b>	<b>Communication and Engagement Plan</b>	<b>Agreed July 2015</b>

## Appendix C

### Screenshot of proposed redesign



## References

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<sup>i</sup> Department of Health, (2013) *Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies*,  
<http://webarchive.nationalarchives.gov.uk/>

<sup>ii</sup> Department of Health, (2013) *Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies*,  
<http://webarchive.nationalarchives.gov.uk/>

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## TRAFFORD COUNCIL

**Report to:** Health and Wellbeing Board  
**Date:** 9 June 2015  
**Report for:** Information  
**Report of:** Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical Commissioning Group

### Report Title

**NHS Trafford Clinical Commissioning Group Update**

### Summary

The report provides an update on the work of the NHS Trafford Clinical Commissioning Group and provides information and progress on key commissioning activities. It considers locality specific issues and references links to Greater Manchester and national issues where relevant.

### Recommendation(s)

**The Health and Wellbeing Board is asked to note the update report.**

Contact person for access to background papers and further information:

Name: Gina Lawrence, Chief Operating Officer, NHS Trafford Clinical Commissioning Group

Extension: 0161 873 9692

# NHS TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE

## 1.0 INTRODUCTION

- 1.1 This report provides an update to the Health and Wellbeing Board on key commissioning activities undertaken since the update provided at the last Health and Wellbeing Board meeting. This considers locality specific issues referencing links to Greater Manchester and national issues where relevant.

## 2.0 COMMISSIONING ACTIVITIES UPDATE

### 2.1 South Sector Work

The South Sector meetings are currently suspended during the Healthier Together Consultation. Meetings are however on-going between provider trusts to develop Healthier Together compatible models of care.

### 2.2 Patient Co-ordination Centre (PCC)

The contract for the Patient Care co-ordination Centre has been signed. The CCG are working with CSC on the implementation programme which includes working with all health and social care stakeholders to engage in the process.

### 2.3 Primary Care Co-Commissioning

Trafford CCG has held its first Primary Care Co-Commissioning Committee which has representatives from both the CCG and NHS England. As part of this initial meeting a Trafford's primary care programme for 2015/16 was presented which is being further developed to include work streams being led by NHS England.

### 2.4 Resilience Monies

Trafford CCG is working collaboratively with both South Manchester and Central Manchester CCG's to agree the priorities for investing in schemes to deliver resilience in Trafford locality for 2015/16. This process includes evaluating the schemes from 2014/15 together with new schemes which have been prioritised by all health and social care providers.

### 2.5 Estates Next Steps

The CCG is finalising the full business case for the South Trafford Health and Wellbeing Hub. This forms part of the Trafford Estates Strategy which the CCG is working on jointly with NHS Property Services.

### 2.6 Dementia

The CCG has achieved the national standard for dementia diagnosis in 2014/15, with a rate of 68.29%.

## 2.7 Cervical Cytology

The CCG has achieved a rate of 79.92% for cervical screening in 2014/15. The CCG's final year-end position reflected an increase of 1.90% overall, which is in excess of 1,200 more screens than undertaken during 2013/14.

## 3.0 **GREATER MANCHESTER UPDATES**

### 3.1 Healthier Together

Work is continuing on the Healthier Together evaluation, with no further decisions to be taken this side of the General Election.

## 4.0 **NATIONAL UPDATES**

### 4.1 Publication of NHS England Business Plan 2015/16

In March 2015 NHS England published its business plan for 2015/16, summarising the headline goals and priorities for the year ahead. The plan sets out ten priorities to improve quality and access to services for patients, drive better value for money and to build the foundations for the future health and care system.

The ten priorities are:

1. Improving the quality of care and access to cancer treatment
2. Upgrading the quality of care and access to mental health and dementia services
3. Transforming care for people with learning disabilities
4. Tackling obesity and preventing diabetes
5. Redesigning urgent and emergency care services
6. Strengthening primary care services
7. Timely access to high quality elective care
8. Ensuring high quality and affordable specialised care
9. Whole system change for future clinical and financial sustainability
10. Foundations for improvement

### 4.2 New Framework to Assure CCGs

The new Clinical Commissioning Group (CCG) assurance framework for 2015/16 has been published. The new framework describes the assurance process which supports CCGs to commission safe, high quality and cost effective services for patients. It includes a strengthened focus on a CCG's performance in delivering improvements for patients, as well as assessment of its capability to deliver core and additional delegated responsibilities.

### 4.3 Review of Maternity Services

Baroness Julia Cumberlege is to lead a major review of maternity services which is set to modernise care for women and babies across the country. The programme of work will assess current maternity care provision and consider

how services should be developed to meet the changing needs of women and babies.

## **5.0 RECOMMENDATIONS**

The Health and Wellbeing Board is asked to note the contents of the update.

## TRAFFORD COUNCIL

**Report to:** Health & Well Being Board  
**Date:** 9<sup>th</sup> June 2015  
**Report for:** Information  
**Report of:** Dr Nigel Guest, Chair of Health and Wellbeing Board  
**Report Title**

HWB Meeting Dates 2015/16

### **Purpose**

To inform the Board of the HWB Meeting Dates for 2015/16

### **Recommendations**

For the Board Members to make a note of the confirmed dates for 2015/16

Contact person for access to background papers and further information:

Name: Robina Sheikh, Communities Officer x1361

## **HWB Dates for Meeting 2015 -16**

**(6-8pm)**

### **2015**

9<sup>th</sup> June  
22<sup>nd</sup> September  
10<sup>th</sup> November

**Papers/reports submission dates – by Midday on:**

Thursday 28<sup>th</sup> May  
Thursday 10<sup>th</sup> September  
Thursday 29<sup>th</sup> October

### **2016**

12<sup>th</sup> January  
08<sup>th</sup> March

Thursday 17<sup>th</sup> December  
Thursday 25<sup>th</sup> February

## **HWB Development Workshop Dates 2015 -16**

**(6.30pm to 8.30pm)**

### **2015**

06<sup>th</sup> October  
01<sup>st</sup> December

### **2016**

02<sup>nd</sup> February  
29<sup>th</sup> March

## TRAFFORD PARTNERSHIP

**Report to:** Health and Wellbeing Board  
**Date:** 9<sup>th</sup> June 2015  
**Report for:** Presentation  
**Report of:** Kerry Purnell, Head of Partnerships and Communities

### Report Title

**Locality Working – Trafford Partnership Update**

### Purpose and Summary

The report sets out the key community engagement activities planned as part of the implementation of locality working, including the stakeholder workshops that will kick-start locality planning, the borough-wide marketing campaign to encourage residents to become more active in their community, and the 'community builder' development sessions for front-line staff.

### Recommendation(s)

The Health and Wellbeing Board notes the contents of this report and ensures relevant staff members attend the Locality Partnership Stakeholder Events and Community Building training.

### Contact person for further information:

Name: Kerry Purnell      Extension: 2115

## **1.0 Background**

Since summer last year, a Steering Group of Cllr John Lamb, Roger Sutton, Joanne Hyde, Kerry Purnell and Adrian Bates, have been leading a project to implement locality working across Trafford, working with Locality Partnerships, Ward Members and key stakeholders. Update reports have been presented to the Partnership Executive, and at the last Executive meeting on 26<sup>th</sup> March, at which the majority of CMT were present, it was agreed by all partner organisations that this new approach, and the processes to implement it, would be endorsed, supported and resourced.

## **1.1 The shift from locality planning to locality working**

As the project has developed, the emphasis has shifted from an initial review of Locality Partnerships, through the development of Locality Planning, to now focus on Locality Working, a new culture of working together across sectors and with residents and communities that makes the best use of all assets and resources within localities, driving innovative service delivery, shaping demand and enabling resident action. The Locality Plans and Locality Partnerships are tools to coordinate and govern locality working.

Principles of Locality Working are set out in the refreshed Community Strategy:

- See residents, communities, businesses and organisations as equal partners
- Bring people together to achieve things we cannot do alone
- Share power with local people, and add value to their local activity
- Align strategic priorities with local communities to deliver joint action
- Provide the tools and support to local people to take action
- Share information, skills and resources and collaborate with partners and people
- Be creative, dynamic, supportive and challenging in order to achieve our shared ambitions.

## **1.2 Stakeholder and community engagement**

For the Locality Plans to be effective for both partners and local communities, they must innovatively bring together strategic priorities and the views of local people to make the Locality Plans different to previous plans.

Each Locality Partnership will kick-start this with a stakeholder event in early June; inviting representatives from all sectors to an interactive workshop to open the community conversation, explore the data and intelligence, develop the asset mapping and start to shape the key themes for locality plans.

Throughout the summer, the Locality Partnerships will be leading the wider engagement of communities to ensure the locality plans reflect opportunities and challenges identified by local people, but more importantly involve local people in their ongoing delivery. It will involve appreciative enquiry and creative techniques, through a range of methods, and social media. To be able to do this effectively, the Locality Partnership members require development, so they understand locality working and are inspired to take the message out, and be able to carry out engagement effectively (see below).

## **1.3 Marketing and communication campaign**

From June 2015, we expect locality working to 'go-live', with the stakeholder events, public campaign and staff development. An easy-read guide to locality working will be produced, which will set out what locality working is and what it will achieve for public sector bodies, local businesses and the wider community.

At the same time, a large-scale public-facing borough-wide campaign will also be launched. This will encourage residents to get involved in their local community, take action and make a difference, and highlight the support that is available to them from agencies. This will build on campaigns such as 'Be Responsible' and on the Council's budget consultations which highlighted a changing role for residents. The campaign will include a digital campaign, outdoor adverts and a media campaign. The strength of this campaign relies on it being a Trafford Partnership campaign, promoted and supported by all organisations.

The Partnership Executive proposed a focus group of residents and partner communication officers be formed to develop the campaign, and this met on 10<sup>th</sup> April. It was agreed it should be a really positive and exciting message, short and snappy that is not in a typical public sector style, to capture people's imaginations and get them interested in becoming more active in their community.



This is the main driving factor in the campaign. We are targeting young professionals and families that are a large untapped pool of social capital, and who have not responded to previous more traditional volunteering recruitment campaigns. The campaign has to look different to what we have done in the past.

The campaign has two objectives:

- encouraging people to act in ways they would not normally e.g. visit a neighbour, volunteer for an organisation, join a local community group
- understand that they can contribute /influence/ shape the way that services are provided in their community

The campaign strapline is “**Be Bold .... Be the difference**”, which encompasses the different themes within community action. For example, we already have Be Responsible, and we can add Be Active to promote health and wellbeing, Be Neighbourly to communicate active citizenship messages, and so on. These sub headings will be used to target our audiences and convey the benefits to that group. Real resident’s stories will be used to champion those who are already making a difference in their communities (we have identified a range of people from across Trafford, with a spread of demographics and themes of work e.g. environment, health, safety)

#### **1.4 Community Builders**

Front-line staff will have a key role in this campaign, acting as ‘Community Builders’, on the ground enabling residents to take action by signposting and connecting them to other local people and supporting services. (See Community Builder factsheet for roles and qualities <http://www.traffordpartnership.org/about/Docs/Guidesheet-CommunityBuilders.pdf> )

We have identified a number of individuals within the Housing and Leisure Trusts, Police, Council and others. To ensure they have a consistent message, understand each other’s role, can identify where support and connections can be made, and have a culture of working together with the community, will need a coordinated training package (see below).

#### **1.5 Locality Working development tender and events**

To achieve the successful, effective and efficient implementation of locality working, through development and delivery of locality plans, led and governed by locality partnerships, a need has been identified to inspire, develop, train and support locality partnership members and partner agency staff.

- Inspire** – We need the locality partnership members to be inspired and enthused about leading locality working. This can be achieved by showcasing the positive impact this way of working will achieve, and setting out their role in leading it, engaging communities and connecting public, private and third sector providers with residents. It will build on previous events, for example with Cormac Russell.
- Appreciative enquiry** - Asking the right questions, listening effectively and maintaining a ‘community conversation’ will be essential if the locality partnerships are to make locality planning different to how we’ve done things before, marrying strategic priorities (top down) with community voice (bottom up). To do this, consistently, the locality partnership members require training in appreciative enquiry and other techniques, to have the skills and knowledge to bring the community (all sectors and residents) along with them.

iii) **Community Builders** - As the marketing campaign rolls-out encouraging local people to get involved and make a difference in their community, we need key people from organisations in place and prepared to take on a new role enabling, supporting and connecting. They may do this for their organisation already, but they now need to be doing this for the Trafford Partnership across a locality. So regardless of their specialism, they need to see their role in building their community.

The above will be delivered through three, identical, One Day Workshops for all Locality Partnership members and Community Builders (as identified by partner organisations). We expect each workshop to have roughly 100 participants. These will be held on three dates – 12<sup>th</sup>, 17<sup>th</sup> and 23<sup>rd</sup> June - to ensure maximum coverage.

## **1.6 Recommendations**

Note the information in this report and ensure relevant staff members attend the Locality Partnership Stakeholder Events and Community Building training.

## TRAFFORD COUNCIL

**Report to:** Health & Wellbeing Board  
**Date:** 9<sup>th</sup> June 2015  
**Report for:** Information  
**Report of:** Mr Abdul Razzaq

### Report Title

Trafford PNA Supplementary Statement Update

### Purpose

This purpose of the report is to update the Health and Well Being Board on the status of the Trafford Pharmaceutical Needs Assessment (PNA) supplementary statement as at 1<sup>st</sup> April 2015.

### Recommendations

The Health and Well Being Board is asked to:

- Note the update on the Trafford PNA supplementary statement.

Contact person for access to background papers and further information:

Name: Mr Abdul Razzaq

Phone: 0161 912 1319

## Trafford Pharmaceutical Needs Assessment (PNA) Supplementary Statement Update

### 1. Introduction

The Health and Social Care Act 2012 transfers responsibility for the developing and updating of Pharmaceutical Needs Assessments (PNA) to health and wellbeing boards (HWBBs). Under the Act, the Department of Health has powers to make Regulations.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.

The Trafford PNA was published on 1<sup>st</sup> April 2014.

### 2. Trafford PNA Supplementary Statement Update as at 1<sup>st</sup> April 2015

The last Trafford PNA supplementary statement was completed 31<sup>st</sup> October 2014 (see attached in **Appendix 1**).

Since then NHS England Lancashire and Greater Manchester Area Team have confirmed that there are no amendments in the pharmaceutical provision of Trafford; other than change of ownership which does not alter the PNA nor require a supplementary statement.

**Appendix 1: Pharmaceutical Needs Assessment (PNA) – Supplementary Statement – 31<sup>st</sup> October 2014**

Date Pharmaceutical Needs Assessment Published – 1<sup>st</sup> April 2014  
Date this Supplementary Statement issued – 31<sup>st</sup> October 2014

The following items have been identified (in bold) as need corrections, clarification, service provision or premise details update. This updated information supersedes some of the original information within the PNA v1.0 as indicated, and should be read in conjunction with that document and the supplementary statement issued on the 1<sup>st</sup> April 2014.

**ADDITIONAL PHARMACIES**

None

**ADDITIONAL DISTANCE SELLING PHARMACIES**

Empire Pharmacy, 122 Seymour Grove, Old Trafford, M16 0FF

Tel: 0161 258 6149

Monday: 8am to 11:30am

Tuesday: 7am to 10pm

Wednesday: 8am to 11am

Thursday: 7am to 10pm

Friday: 8am to 10am

Saturday: 9am to 10:30am

Sunday: CLOSED

Ward: LONGFORD

Services provided: Smoking Cessation

With the addition of the above distance selling pharmacy, and the changes in the supplementary statement issued in 1<sup>st</sup> April 2014, there are now 63 community pharmacies, one distance selling pharmacy and one appliance contractor in Trafford.

This should be noted when referring to the following sections/pages in the PNA v1.0:

<b>Section</b>	<b>Page</b>
Section 3.2.1	7
Section 6.1	40
Section 6.2	40
Section 6.4.2	46
Section 6.5 Table 10	51
Appendix 8	-

**PHARMACIES WHICH HAVE CLOSED**

None

## **CHANGES TO PHARMACY OPENING HOURS**

The opening hours of the additional pharmacy Elliot Pharmacy were previously excluded from the supplementary statement issued on 1<sup>st</sup> April 2014 in error. The opening hours of Elliot Pharmacy are as follows:

Monday:	7am to 10:30pm
Tuesday:	7am to 10:30pm
Wednesday:	7am to 10:30pm
Thursday:	7am to 10:30pm
Friday:	7am to 11pm
Saturday:	7am to 11pm
Sunday:	11am to 6pm

## **CHANGES TO PHARMACY LOCATION**

None

## **CHANGES TO LOCALLY COMMISSIONED SERVICES**

There have been a number of changes to locally commissioned services since the PNA was published on the 1<sup>st</sup> April 2014. An updated version of appendix 6 has been issued. See appendix 6 v2.0 attached.

## **UPDATED MAP OF PHARMACY LOCATIONS**

Due to the addition of a pharmacy an updated version of map 6: one mile boundary – pharmacies in Trafford (section 6.4.6 – page 49) has been issued. See attached.

Appendix 6 - Locally Commissioned Services v 2.0

Services commissioned by the Local Authority (LA)	Services commissioned by the CCG
CT – Chlamydia Testing	PC – Palliative Care
EC – Emergency Hormonal Contraception	MA – Minor Ailments
SC – Smoking Cessation	HL – Head Lice
SM – Supervised Methadone/Buprenorphine	
NE – Needle Exchange	

North

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Asda Pharmacy Asda Superstore, Barton Dock Road	M41 7ZA	Y	Y				Y		Y
Boots 69-72 The Mall, Stretford Arndale	M32 9BD	Y	Y	Y	Y	Y		Y	
Boots 10 Peel Avenue	M17 8BD	Y		Y			Y		
Brooks Bar Pharmacy 162 -164 Chorlton Road	M16 7WW	Y	Y	Y				Y	
C&T Associates 77 Great Stone Road	M32 8GR		Y	Y	Y			Y	
Elliot Pharmacy 60 Seymour Grove	M16 0LN								
Empire Pharmacy 122 Seymour Grove	M16 0FF			Y					
G Pennant Roberts 137 Ayres Road	M16 9WR			Y	Y			Y	
Gorse Hill Pharmacy 874 Chester Road	M32 0PA				Y			Y	
Lloyds Pharmacy The Delamere Centre, Delamere Avenue	M32 0DF	Y	Y	Y	Y	Y	Y	Y	
Lostock Pharmacy 431 Barton Road	M32 9PA	Y	Y	Y	Y	Y			
Rowland Pharmacy 6 Lime Grove	M16 0WL		Y		Y	Y		Y	
Tesco Instore Pharmacy Chester Road	M32 0RW								
The Co-operative Pharmacy 92 Mitford Street	M32 8AQ	Y	Y		Y			Y	
The Co-operative Pharmacy 65 Ayres Road	M16 9NH				Y			Y	

The Co-operative Pharmacy 201 Upper Chorlton Road	M16 0BH				Y			Y	
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### Central

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Boots 2 The Mall	M33 7XZ	Y	Y	Y					Y
Cohens Chemist Firsway Health Centre, 121 Firsway	M33 4BR		Y	Y	Y				Y
Hollowood Chemist 69 Washway Road	M33 7SS		Y			Y	Y		Y
John Hugall 143 Northenden Road	M33 3HF	Y	Y						Y
Mai's Pharmacy Ltd 10 North Parade, Derbyshire Road South	M33 3JS			Y					Y
Rowland Pharmacy 54 Coppice Avenue	M33 4WB				Y	Y			Y
Rowland Pharmacy 331 Norris Road	M33 2UP		Y	Y	Y	Y			Y
Rowland Pharmacy 16 Plymouth Road	M33 5JD		Y	Y					Y
Sainsbury's Pharmacy Sainbury's Superstore, Curzon Road	M33 7SA	Y		Y	Y		Y		Y
Tesco - The Pharmacy Hereford Street	M33 7XN			Y	Y				
The Co-operative Pharmacy 2 Eastway	M33 4DX							Y	
Village Pharmacy 23 Green Lane	M33 6PF		Y	Y					Y

### South

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Barry Bladon 219 Ashley Road	WA15 9SZ	Y	Y						Y
Boots 1 Stamford Quarter	WA14 1RJ	Y	Y		Y				
Boots Unit 8B, Altrincham Retail Park	WA14 5GR	Y	Y	Y	Y	Y			Y
Bowdon Pharmacy 6 Vale View	WA14 3BD		Y						

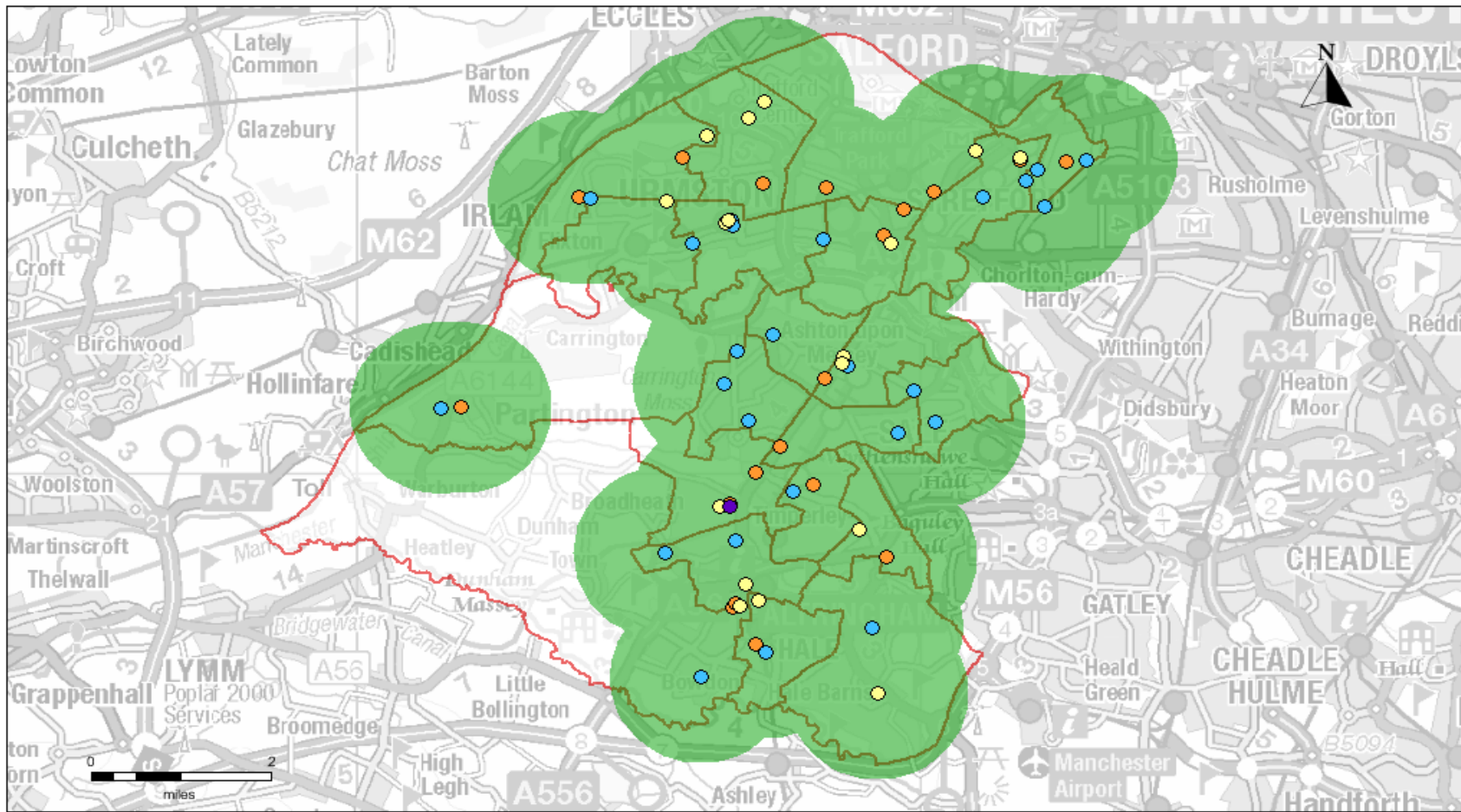



Broadheath Pharmacy 70 Manchester Road	WA14 4PJ	Y							Y
Broomwood Pharmacy 63 Briarfield Road	WA15 7DD	Y	Y	Y	Y	Y	Y	Y	
Cohens Chemist 177 Ashley Road	WA15 9SD		Y						Y
Hale Barns Pharmacy 311-313 Hale Road	WA15 8SS								
Helgason Pharmacy 8 Ashley Road	WA14 2DW				Y	Y			Y
Lloyds Pharmacy 321 Hale Road	WA15 8SS								
Lloyds Pharmacy 186 Grove Lane	WA15 8PU								
Oldfield Pharmacy 128 Seamons Road	WA14 4LJ	Y							Y
Pelican Pharmacy 344 Manchester Road	WA14 5NH								Y
Riddings Pharmacy 38 Riddings Road	WA15 6BP								Y
Rowlands Pharmacy Lloyd House	WA14 2DD								Y
Sainsbury's Pharmacy Lloyd Street	WA14 2SU		Y				Y		Y
Vittoria Healthcare Ltd. Station Pharmacy 102 Park Road	WA15 6TE								
Terry's Chemist 28 Sinderland Road	WA14 5ET								Y
Tesco Pharmacy Tesco Superstore Manor Road	WA15 9QT		Y	Y			Y		Y
The Co-operative Pharmacy 238 Stockport Road	WA15 7UN		Y		Y				Y
Timperley Pharmacy 250 Stockport Road	WA15 7UN			Y					

## West

Pharmacy Name/Address	Postcode	LA					CCG		
		CT	EC	SC	SM	NE	PC	MA	HL
Boots Unit 4, Eden Square Shopping Centre	M41 0TT		Y	Y					Y
Boots Unit 8A, Trafford Retail Park, Neary Way	M41 7FN		Y	Y					Y
Boots	M41 0SE		Y					Y	

179 Canterbury Road									
Conran Late Night Pharmacy 175 Moorside Road	M41 5SJ								
Davey Chemists 14a Warburton Lane	M31 4WJ			Y	Y	Y		Y	
Lloyds Pharmacy 3 Crofts Bank Road	M41 0TZ		Y						
Lloyds Pharmacy Davyhulme Medical Centre, 130 Broadway	M41 7WJ				Y				
Malcolm's Pharmacy 28 Flixton Road	M41 5AA		Y	Y	Y	Y			Y
Reeds Pharmacy 182 Church Road	M41 9FD		Y	Y					Y
Sainsburys Pharmacy Unit 24, Eden Square Shopping Centre	M41 0NA								Y
The Co-operative Pharmacy 2 Station Bridge, Station Road	M41 9SB		Y		Y	Y	Y		Y
The Co-operative Pharmacy 475 Moorside Road	M41 8TW		Y					Y	
The Co-operative Pharmacy 10 Woodsend Circle	M41 8GY		Y	Y					Y
The Co-operative Pharmacy Partington Health Centre, 91 Central Road	M31 4FY		Y				Y	Y	
Urmston Pharmacy 287B Stretford Road	M41 9NU							Y	



 <p><b>North West Commissioning Support Unit</b></p>	<p>Updated Map 6 (Section 6.4.6 - page 49) One Mile Boundary - Pharmacies in Trafford</p>	<p><b>Pharmacy Opening Hours</b></p> <ul style="list-style-type: none"> <li><span style="color: yellow;">●</span> Open later on weekdays and open Saturdays and Sundays</li> <li><span style="color: blue;">●</span> Open weekdays and on Saturdays</li> <li><span style="color: orange;">●</span> Open standard core hours Monday to Friday</li> </ul>	<p><b>Other</b></p> <ul style="list-style-type: none"> <li><span style="background-color: green; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> One mile boundary</li> <li><span style="border: 1px solid red; display: inline-block; width: 15px; height: 10px;"></span> Ward boundaries</li> <li><span style="color: purple;">●</span> Appliance supplier</li> </ul>	<p>Produced by the Strategic Medicines Optimisation Team at North West Commissioning Support Unit</p>
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